NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

June 3, 2020

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

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: May 15, 2020

AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, June 3, 2020 at 9:00 am. via teleconference.

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

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.

Pursuant to the Governors Declaration of Emergency Directive 006, public comment may be submitted through pharmacy@pharmacy.nv.gov or by telephonic appearance.

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.

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 March 19, 2020, Minutes (**FOR POSSIBLE ACTION)**

4. Approval of March 23, 2020, Emergency Meeting Minutes **(FOR POSSIBLE ACTION)**

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.

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

B. 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

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

D. 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

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))

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

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.

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

◈ REGULAR AGENDA ◈

6. 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. Kristin Hestdalen, MD	(19-228-CS-N)
B. Silvia Torres, R.Ph	(17-081-RPH-S)
C. Walgreens #07864	(17-081-PH-S)
D. Joshua Aighobahi	(19-035-RPH-A-S)
E. Felicia Aighobahi	(19-035-PT-S)
F. Divine Touch Services	(19-035-PH-S)
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)

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

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)**

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)**

10. General Counsel Report

11. Executive Secretary Report:

    A. Financial Report
    B. Temporary Licenses
    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

◈ PUBLIC HEARING ◈

Wednesday June 3, 2020 – 9:00 am

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)

◈ WORKSHOP ◈

Wednesday June 3, 2020 – 9:00 am

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.

    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.

    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.

    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)**

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

14. Date and Location of Next Scheduled Board Meeting:

    July 15-16, 2020 – Las Vegas, NV

15. 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)

16. 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 Kristopher Mangosing at (775) 850-1440, email kmangosing@pharmacy.nv.gov or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

No continuing education credit can be earned at this meeting.

This notice has been posted at www.notice.nv.gov and bop.nv.gov pursuant to Governor's Declaration of Emergency Directive 006.

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

March 19, 2020

BOARD MEETING

via teleconference
with public access at:
Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, Nevada

Board Members Present:

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

Board Staff Present:

Dave Wuest	Yenh Long	Brett Kandt	Shirley Hunting
Joe Dodge	Leo Basch	Kristopher Mangosing	

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

Mr. Wuest introduced and congratulated 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 March 19, 2020, 9:00 AM

There was no public comment.

3. Approval of January 15-16, 2020, Minutes

Board Action:

Motion: Wayne Mitchell moved to approve the January 15-16, 2020 Meeting Minutes.

Second: Jade Jacobo

Rolf Zakariassen abstained from voting on this matter due to his absence at the last meeting.

Action: Passed unanimously

4. Applications for Out-of-State Pharmacy License – Non Appearance

A. Alliance Medication Services LLC – Tamaqua, PA
B. Angels Pharmacy III LLC – Titusville, FL
C. Costco Pharmacy #1348 – Jeffersonville, IN
D. CVS/pharmacy #11339 – La Habra, CA
E. Equinox Home Care, Inc. – Newport Beach, CA
F. Fusion Rx Pharmacy – Fort Worth, TX
G. Hill Derm Pharmacy Inc. – Sanford, FL
H. HOMECARE RX INC. – Fairfield, NJ
I. Jewel Pharmacy – Riverside, IL
J. Lakeside Pharmacy – Lake Havasu City, AZ
K. Meridian Meds, LLC – Lehi, UT
L. Mixlab, Inc. – New York, NY
M. Nob Hill Discount Pharmacy – Tamarak, FL
N. SinfoniaRx, Inc. – Phoenix, AZ
O. Somerset Pharmacy Inc – Somerset, KY
P. Truepill NY LLC – Brooklyn, NY

Application for Out-of-State Compounding Pharmacy License – Non Appearance

Q. National Pharmacy – West Hollywood, CA

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

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

Applications for Out-of-State Wholesaler License – Non-Appearance

Background Check Not Required by Law.

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

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

Y. RedHill Biopharma, Inc. – Raleigh, SC

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

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

Z. Kaiser Foundations Hospital – Oakland, CA
AA. Phoenix Assurance, LLC – Memphis, TN

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

6. Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))
   None

7. Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))
   None

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

BB. Kaiser Foundation Hospitals – Livermore, CA

Application for Nevada Pharmacy License – Non Appearance

CC. The ER at McCarran NW – Reno, NV

Krystal Freitas recused from participation regarding Item 4 CC.

Helen Park recused from participation regarding Item 4 D due to Roseman University's grant partnership with CVS Health.

Rolf Zakariassen recused from participation regarding Item 4 D due to his employment.

Jade Jacobo requested clarification regarding Item 4 O's services provided.

Mr. Wuest stated that Board Staff would contact Item 4 O to clarify the services provided.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda with the exception of Items 4 D and 4 CC.

Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

Motion: Jade Jacobo moved to approve Agenda Item 4 CC.

Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

Motion: Jade Jacobo moved to approve Agenda Item 4 D.

Second: Wayne Mitchell

Action: Passed unanimously

5. Discipline

This agenda item has been continued to the next regularly scheduled Board Meeting.

6. Status conference: Simplot Western Stockmen's (19-216-WH).

Greg Brower was present as counsel representing Simplot Western Stockmen's.

Mr. Kandt provided a brief summary that in December 2019, the Board continued this disciplinary matter on the conditions that Simplot Western Stockmen's suspend activity in Nevada until they become compliant with NRS 639.500.

Mr. Kandt presented a Stipulation and Order for the Board's consideration that Simplot Western Stockmen's surrender wholesale license WH01894 and noted two typographical corrections.

Mr. Brower had no objection to Mr. Kandt's summary or the Stipulation and Order presented.

Mr. Brower stated that at this time Simplot Western Stockmen's has made the business decision to abandon becoming VAWD certified and/or to resume wholesaling products into Nevada.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order with corrections as presented by Board Staff.

Second: Wayne Mitchell

Action: Passed unanimously

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

24. Wholesalers Appearing Pursuant to NRS 639.500:

A. Anutra Medical, Inc. – Morrisville, NC

Jeff Danner, President, and Kevin Olcott, Vice President, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. Olcott disclosed that in 1990 he was charged for driving under the influence.

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

Mr. Danner disclosed that in 1995 he was arrested for theft, curfew violation, minor in possession and consumption.

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

Mr. Danner and Mr. Olcott answered questions to the Board's satisfaction.

Board Action:

Motion: Wayne Mitchell moved that Anutra Medical, Inc. is in compliance with NRS 639.500.

Second: Rolf Zakariassen

Action: Passed unanimously

B. Broughton Pharmaceuticals – Savannah, GA (Ownership Change)

Brad Allen, CEO, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Allen disclosed three reckless driving convictions on his record.

Mr. Allen answered questions to the Board's satisfaction regarding his treatment and recovery.

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

Board Action:

Motion: Wayne Mitchell moved that Broughton Pharmaceuticals is in compliance with NRS 639.500.

Second: Rolf Zakariassen

Action: Passed unanimously

C. Primary Pharmaceuticals, Inc. – Ocean Springs, MS

Mr. Wuest stated that after review, Primary Pharmaceuticals, Inc. had no issues with compliance with NRS 639.500.

D. Qualanex – Libertyville, IL

Robert Goll, Director of Technology, and Laura Johnson, Director of Quality and Regulatory, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. Goll disclosed that in 2002 he was arrested, but not convicted for reckless driving, and received two charges for DUI in 2006 and 2013.

Mr. Goll answered the questions to the Board's satisfaction and testified that he has had no issues since 2013.

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

Ms. Johnson disclosed a charge for DUI in 1987 and a charge for possession of marijuana in 1986.

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

Mr. Wuest stated that Ms. Johnson's disclosure was consistent with the results of her background check.

Board Action:

Motion: Jade Jacobo moved that Qualanex is in compliance with NRS 639.500.

Second: Rolf Zakariassen

Action: Passed unanimously

E. Reliance Wholesale Inc. – Collierville, TN

Josh Navarro, President Reliance Wholesale Inc., appeared and was sworn by President Park prior to answering questions or offering testimony.

Richard Dreitzer was present as counsel representing Reliance Wholesale Inc.

Mr. Navarro disclosed charges and convictions for boat registration violation, automobile theft, possession of burglary tools and probation violations in 1993 and 1995 and a 2012 charge for DUI that was reduced to reckless driving.

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

Mr. Navarro answered questions regarding his past arrests and probation.

Board Action:

Motion: Jade Jacobo moved that Reliance Wholesale Inc. is in compliance with NRS 639.500.

Second: Wayne Mitchell

Action: Passed unanimously

F. Salus Medical, LLC – Phoenix, AZ

Mr. Wuest stated that Salus Medical, LLC has voluntarily surrendered their license WH02487.

G. Vetsource - Portland, OR

Andrew Bain, COO Vetsource, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Bain disclosed a DUI charge in April 1990. He stated that he paid a fine and performed community services and has had no issues with law enforcement since.

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

Board Action:

Motion: Wayne Mitchell moved that Vetsource is in compliance with NRS 639.500.

Second: Krystal Freitas

Action: Passed unanimously

H. Victor Medical Company – Irvine, CA

Don Louchois, President Victor Medical Company, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Louchois disclosed that in 1994 he pled guilty to a charge of conspiracy and the unregistered manufacturing of an animal product.

Mr. Louchois stated that his company at the time was planning to manufacture an appetite stimulant used for horses that was unavailable at the time.

Mr. Wuest stated that Mr. Louchois' disclosure was consistent with the results of his background check.

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

Board Action:

Motion: Jade Jacobo moved that Victor Medical Company is in compliance with NRS 639.500.

Second: Wayne Mitchell

Action: Passed unanimously

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

Rob Liles, COO X-Gen Pharmaceuticals, Inc., appeared and was sworn by President Park prior to answering questions or offering testimony.

Alex Hirschfield was present as counsel representing X-Gen Pharmaceuticals, Inc.

Mr. Liles disclosed two charges and convictions for DUI in 2002 and 2011.

Mr. Wuest stated that Mr. Liles' disclosure was consistent with the results of his background check.

Mr. Liles answered questions to the Board's satisfaction regarding his past discipline.

Board Action:

Motion: Jade Jacobo moved that X-Gen Pharmaceuticals, Inc. is in compliance with NRS 639.500.

Second: Wayne Mitchell

Action: Passed unanimously

J. Brothers Healthcare, Inc. – Riverside, CA

Scott Carthey, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Carthey disclosed that in 2008 he was arrested and convicted for reckless driving with alcohol.

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

Mr. Carthey stated that he was on probation for six months and completed alcohol education and safe driving classes.

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

Board Action:

Motion: Krystal Freitas moved that Brothers Healthcare, Inc. is in compliance with NRS 639.500.

Second: Wayne Mitchell

Action: Passed unanimously

K. Direct Success Pharmacy Department - Farmingdale, NJ

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

Mr. McDaniel disclosed that in the 1980's he was charged but not convicted for possession of marijuana and charged for driving under the influence in 1985.

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

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

Board Action:

Motion: Wayne Mitchell moved that Direct Success Pharmacy Department is in compliance with NRS 639.500.

Second: Jade Jacobo

Action: Passed unanimously

L. Hospital Pharmaceutical Consulting – San Antonio, TX

Fred Battah appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Battah disclosed that he was arrested but not convicted due to his child calling 911 and hanging up the phone.

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

Board Action:

Motion: Jade Jacobo moved that Hospital Pharmaceutical Consulting is in compliance with NRS 639.500.

Second: Wayne Mitchell

Action: Passed unanimously

M. JAMS Rx Coconut Creek – Coconut Creek, FL

Peter Bizzarro, manager JAMS Rx Coconut Creek, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Bizzarro disclosed that in 1989 he received a ticket for minor in consumption of alcohol and was arrested the same year for failure to pay that ticket.

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

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

Board Action:

Motion: Wayne Mitchell moved that JAMS Rx Coconut Creek is in compliance with NRS 639.500.

Second: Jade Jacobo

Action: Passed unanimously

N. Lifeline Pharmaceuticals – Miami, FL
O. Lifeline Pharmaceuticals 2 – Ocean Springs, MS

Rick Nielsen, CEO and President Lifeline Pharmaceuticals, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Nielsen disclosed that in 1996 he was arrested but not convicted for disturbing the peace.

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

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

Board Action:

Motion: Wayne Mitchell moved that Lifeline Pharmaceuticals and Lifeline Pharmaceuticals 2 are in compliance with NRS 639.500.

Second: Rolf Zakariassen

Action: Passed unanimously

P. LLC Wholesale Supply – Tempe, AZ

Mr. Wuest stated that LLC Wholesale Supply has surrendered their license.

Q. Prodigy Health Supplier Corporation - Austin, TX

Kelli Skaggs, Vice President of Sales, Prodigy Health Supplier Corporation, appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Skaggs disclosed that in February 2012, she was arrested and convicted for DWI. Ms. Skaggs stated that she completed an alcohol education class and community service.

Mr. Wuest stated that Ms. Skaggs' disclosure was consistent with the results of her background check.

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

Board Action:

Motion: Krystal Freitas moved that Prodigy Health Supplier Corporation is in compliance with NRS 639.500.

Second: Richard Tomasso

Action: Passed unanimously

R. Propharma Distribution, LLC – Arvada, CO
S. Propharma Distribution, LLC – Franklin, NC

Levi Ellis, President Propharma Distribution, LLC, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Ellis disclosed that he was arrested but not convicted for eluding the police in 2005 and in 2006 he pled guilty and paid a fine for disturbing the peace.

Mr. Wuest stated that Mr. Ellis' disclosure was consistent with the results of his background check.

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

Board Action:

Motion: Wayne Michell moved that Propharma Distribution, LLC is in compliance with NRS 639.500.

Second: Rolf Zakariassen

Action: Passed unanimously

T. Reliable Pharmaceutical Returns, LLC – Nashville, TN

Jason Hime, Secretary Reliable Pharmaceutical Returns, LLC, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Hime disclosed that he had two DUI charges in his past. Mr. Hime testified that he has had no issues with alcohol since 2010.

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

Mr. Hime answered questions to the Board's satisfaction regarding his treatment.

Board Action:

Motion: Jade Jacobo moved that Reliable Pharmaceutical Returns, LLC is in compliance with NRS 639.500.

Second: Wayne Mitchell

Action: Passed unanimously

U. Sola Pharmaceuticals – Baton Rouge, LA

Keith Lanasa, CEO Sola Pharmaceuticals, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Lanasa disclosed that he was arrested and charged for DUI in October 2017.

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

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

Board Action:

Motion: Krystal Freitas moved that Sola Pharmaceuticals is in compliance with NRS 639.500.

Second: Richard Tomasso

Action: Passed unanimously

V. Terrain Pharmaceuticals – Reno, NV

James Maher, founding member Terrain Pharmaceuticals, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Maher disclosed that in October 2006 he pled no contest to charges of disorderly conduct and public intoxication. Mr. Maher explained that he paid a fine and attended a youth substance abuse program.

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

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

Board Action:

Motion: Wayne Mitchell moved that Terrain Pharmaceuticals is in compliance with NRS 639.500.

Second: Rolf Zakariassen

Action: Passed unanimously

W. Westminster Pharmaceuticals, LLC – Olive Branch, MS
X. Greenhill Trading Inc – Brooklyn, NY
Y. H & H Wholesale Services, Inc. – Troy, MI

Mr. Wuest stated that Board Staff is waiting for background check results for Items 24 W, 24 X, and 24 Y and explained that he would schedule these Items for the next meeting if necessary.

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

32. Review of Audit No. 20-05 - Board of Pharmacy Licensing Process **(Discussion Only)**

The Board heard this item in combination with Agenda Item 36 B.

33. General Counsel Report

34. Executive Secretary Report:

A. Financial Report

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

B. Temporary Licenses
C. Staff Activities:
1. Meetings with Other Health Care Boards
2. Opioid Prescribing for Nurses
3. Legislative Committee on Regulations
4. EBAC Meeting
D. Report to Board:
1. Licensing software update
2. COVID-19 report

Mr. Wuest summarized the Board's efforts regarding dealing with COVID-19 and regulatory waivers and guidance.

E. Board Related News
F. Licensing Activities Report
1. PMP Integration
2. Naloxone at Burning Man

35. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2)

A. **Amendment of Nevada Administrative Code (NAC) 453.510**: Schedule 1. The proposed amendment to NAC 453.510 will add Etizolam to the controlled substances listed in schedule 1. (LCB File No. R093-19)

Mr. Wuest and Ms. Long provided background information.

President Park opened the Public Comment.

There was no public comment.

Board Action:

Motion: Wayne Mitchell moved to adopt the proposed regulation.

Second: Jade Jacobo

Action: Passed unanimously

B. This agenda item has been continued to the next regularly scheduled Board Meeting.

36. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)

A. **Amendment of Nevada Administrative Code (NAC) 453.520: Schedule II.** The proposed amendment to NAC 453.520 will add a precursor to fentanyl, 4-Anilino-N-Phenethyl-4-Piperidine (ANPP) (some trade or other names: 4-ANPP; despropionyl fentanyl), to the list of controlled substances listed in Schedule II.

Ms. Long provided background information.

Ms. Long stated that the proposed language was requested by the Crime Lab.

Board discussion ensued regarding scheduling ANPP in Schedule I.

Mr. Wuest stated that Board Staff would research if ANPP is a commercially available product.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed amendment and bring this matter to Public Hearing with the modification to schedule ANPP in Schedule I.

Second: Wayne Mitchell

Action: Passed unanimously

B. **Amendment of Nevada Administrative Code (NAC) 639.** The proposed amendment relates to the licensing and regulation of wholesalers.

The Board heard this item in combination with Agenda Item 32.

Mr. Wuest provided background information regarding the audit.

Ms. Long read each audit recommendation into the record.

Mr. Kandt and Mr. Wuest discussed how Staff has updated licensing and background check procedures to comply with each recommendation and where it is listed in the proposed language.

President Park acknowledged Board Staff on taking accountability for the issues discovered by the audit and thanked Board Staff for their work on correcting the problem.

Board Action:

Motion: Richard Tomasso moved to adopt the proposed language and move forward to Public Hearing.

Second: Krystal Freitas

Action: Passed unanimously

C. This agenda item has been continued to the next regularly scheduled Board Meeting.

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

Mr. Kandt explained that the proposed amendment clarifies that the Executive Secretary may require an applicant to appear before the Board if the application discloses any information that would be grounds for discipline.

After discussion the Board expressed support of the proposed amendment.

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously

37. This agenda item has been continued to the next regularly scheduled Board Meeting.

38. Date and Location of Next Scheduled Board Meeting:

April 15-16, 2020 – Las Vegas, NV

39. Public Comment March 19, 2020, 12:30 PM

40. Adjournment

President Park adjourned the meeting.

4

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

March 23, 2020

BOARD MEETING

Teleconference Line
1-669-900-6833
Meeting ID: 113 761 560

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	Kristopher Mangosing

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 March 23, 2020, 2019 3:30 PM

There was no public comment.

3. Discussion and Possible Action on Adoption of Emergency Regulation pursuant to NRS 233B.0613 to Restrict the Prescribing and Dispensing of Chloroquine or Hydroxychloroquine in Response to COVID-19.

President Park opened the discussion regarding the possible adoptions of emergency regulation pursuant to NRS 233B.0613.

Mr. Wuest and Mr. Kandt provided background information regarding the emergency regulation process and proposed language.

Beth Slamowitz described the Governor's COVID-19 Medical Advisory Team's (MAT) concerns regarding the supply of chloroquine and hydroxychloroquine for use in an inpatient

DRAFT

setting. Ms. Slamowitz summarized the MAT's recommendations for the proposed emergency regulation.

The Board discussed the hoarding and stockpiling of chloroquine and hydroxychloroquine during the COVID-19 pandemic and the resulting shortage of supplies of these drugs for legitimate medical purposes. The Board noted that the FDA has not made any determination on the safety and efficacy of chloroquine or hydroxychloroquine for treating COVID-19.

The Board discussed an emergency regulation in NAC Chapter 639 to restrict the prescribing and dispensing of chloroquine and hydroxychloroquine for the next six months. These restrictions include prohibiting the prescribing and dispensing of chloroquine and hydroxychloroquine for a COVID-19 diagnosis or any new diagnosis made after the effective date of the regulation, and requiring an ICD-10 code and a limit to a 30-day supply for any new prescription for these drugs. The provisions of this emergency regulation would not apply to a chart order for an inpatient in an institutional setting or to an existing course of treatment for a diagnosis made before the effective date of the regulation.

Mr. Kandt read the proposed language into the recording including modifications indicated by the Board during discussion.

President Park opened the Public Comment.

There was no public comment.

Board Action:

Motion: Wayne Mitchell moved to adopt the emergency regulation, pursuant to NRS 233B.0613 as presented by Board Staff.

Second: Krystal Freitas

Action: Passed unanimously

4. Public Comment March 23, 2020 4:30 PM

Diane Rhee expressed support of the Emergency Regulation adopted by the Board.

30. Adjournment

President Park adjourned the meeting.

5

5A

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: Alegent Creighton Health

Physical Address: _____

Mailing Address: 12809 W Dodge Rd

City: OMAHA State: NE Zip Code: 68154

Telephone: 402-398-5503 Fax: 402-398-5506

Toll Free Number: 855-267-9234 (Required per NAC 639.708)

E-mail: ACHSpecialtyPharmacyNebraska@aleg Website: https://www.chihealth.com/en/services/pharmacy/spe

Managing Pharmacist: Kami Nolan License Number: 13759

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: 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

Greg Schardt

Print Name of Authorized Person

2/5/20

Date

Board Use Only	Date Processed: MAR 0 9 2020	Amount: 500 –

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nebraska

Parent Company if any: Catholic Health Initiatives

Mailing Address: 12809 W Dodge Rd

City: OMAHA State: NE Zip: 68154

Telephone: 402-398-5503 Fax: 402-398-5506

Contact Person: Greg Schardt

For any corporation non publicly traded, disclose the following:

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

a) _____
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: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 6 pm Saturday ____ am ____ pm

Sunday ____ am ____ pm 24 Hours 7/365

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, Greg Schardt

Responsible Person of Alegent Creighton Health dba CHI Health 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

Greg Schardt
Print Name of Authorized Person

2/5/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Nebraska)
) ss.
Douglas COUNTY)

I, Greg Schardt, 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 System Director of Specialty Pharmacy for Alegent Creighton Health dba CHI Health 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, Greg Schardt, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

ROBERT F. GRENIER
Name

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

Robert F. Grenier
NOTARY PUBLIC

State of Nebraska – General Notary
ROBERT F. GRENIER
My Commission Expires
December 18, 2021

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

ALEGENT CREIGHTON HEALTH

incorporated on February 5, 1992 and is duly incorporated under the law of Nebraska;

that all fees, taxes, and penalties owed to Nebraska wherein payment is reflected in the records of the Secretary of State and to which nonpayment affects the good standing of the corporation have been paid;

that its most recent biennial report required by section 21-19,172 has been delivered to the Secretary of State;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

September 17, 2019

Secretary of State

Verification ID bcd3f71 has been assigned to this document. Go to ne.gov/go/validate to validate authenticity for up to 12 months.

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

Public Health Licensure Unit
Certification of Licensure

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 9/17/2019.

Name:	CHI Health Specialty Pharmacy
Owner:	Catholic Health Initiatives
Address:	7710 Mercy Rd Ste 102, Omaha, NE
Type:	Community Pharmacy License
Number:	3000
Status:	Active
Issued:	04/24/2014
Expiration:	07/01/2020

Disciplinary/Non-Disciplinary Information:

No disciplinary/non-disciplinary actions taken against this license.

If you have questions about this information, please contact the Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

5B

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*** 03045

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: Allcare Plus Pharmacy LLC

Physical Address: 50 Bearfoot Road Northborough MA 01532

Mailing Address: 50 Bearfoot Road

City: Northborough State: MA Zip Code: 01532

Telephone: 833-383-3533 Fax: 844-740-1211

Toll Free Number: 833-383-3533 (Required per NAC 639.708)

E-mail: aren.leighton@rxallcare.com Website: allcareluspharmacy.com

Managing Pharmacist: John Leighton PharmD, Rph., AAHIVP, CSP. License Number: PH233100

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: Independent	☐ ☒	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

Aren Leighton — Print Name of Authorized Person

3/11/2020 — Date

Board Use Only Date Processed: 3·30·2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Massachusetts

Parent Company if any: IQVIA RDS Inc.

Mailing Address: 50 Bearfoot Road

City: Northborough State: MA Zip: 01532

Telephone: 833-383-3533 Fax: 844-740-1211

Contact Person: Aren Leighton

For any corporation non publicly traded, disclose the following:

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

a) IQVIA RDS Inc. 4820 Emperor Boulevard, Durham, NC 27703
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1000

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 8 am 6 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, Aren Leighton

Responsible Person of AllCare Plus 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

Aren Leighton
Print Name of Authorized Person

3/11/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Massachussetts)
) ss.
Worcester COUNTY)

I, Aren Leighton, 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 Vice President for Allcare Plus 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, Aren Leighton, 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
11th day of March, 2020.

NOTARY PUBLIC

SARA ELIZABETH FEDISH
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
May 9, 2025

Corporate Officer Information

AllCare Plus Pharmacy LLC

50 Bearfoot Road Northborough MA 01532
FEIN: 45-2733469

Daniel H. Apelian	**President**
Business Address:	50 Bearfoot Road Northborough MA 01532
Business Phone:	508-459-3515
Ownership:	0%
Aren Leighton	**Vice President**
Business Address:	50 Bearfoot Road Northborough MA 01532
Business Phone:	833-383-3533 x 3514
Ownership:	0%

For more information about the board, please visit our web site at http://www.mass.gov/dph/boards.

AllCare Plus Pharmacy
Controlled Substance Schedules II-VI
50 Bearfoot Road
Northborough MA 01532

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN PHARMACY

Controlled Substance Permit

AllCare Plus Pharmacy
Controlled Substance Schedules II-VI
50 Bearfoot Road
Northborough MA 01532

Signature

LICENSE NO.	EXPIRATION DATE	SERIAL NO.
CS89984	12/31/2021	1137728

Fold, Then Detach Along All Perforations

DPH CONTROL# 1772594

IMPORTANT

If you find this license, please return to: **Bureau of Health Professions Licensure, 239 Causeway St., Suite 500, 5th Fl., Boston, MA 02114.**

If your name or address changes, you must notify your Board to ensure the proper mailing of your next Renewal Reminder. Always refer to your license number when corresponding with your Board. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to any other entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: http://mass.gov/dph/boards

For more information about the board, please visit our web site at http://www.mass.gov/dph/boards.

AllCare Plus Pharmacy
John Joseph Leighton
50 Bearfoot Road
Northborough MA 01532

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN PHARMACY

Retail Drug Store Permit

AllCare Plus Pharmacy
John Joseph Leighton
50 Bearfoot Road
Northborough MA 01532

Signature

LICENSE NO.	EXPIRATION DATE	SERIAL NO.
DS89984	12/31/2021	1137780

Fold, Then Detach Along All Perforations

DPH CONTROL# 1772646

IMPORTANT

If you find this license, please return to: **Bureau of Health Professions Licensure, 239 Causeway St., Suite 500, 5th Fl., Boston, MA 02114.**

If your name or address changes, you must notify your Board to ensure the proper mailing of your next Renewal Reminder. Always refer to your license number when corresponding with your Board. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to any other entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: http://mass.gov/dph/boards

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, 5th Floor
Boston, MA 02114
Tel: 800-414-0168
Fax: 617-973-0983
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

AllCare Plus Pharmacy
John Joseph Leighton
50 Bearfoot Road
Northborough MA 01532

February 3, 2020

Certified Statement of Registration

To Whom It May Concern:

The individual named below is licensed in the Commonwealth of Massachusetts as a **Retail Drug Store Permit**.

Name of Licensee:	**AllCare Plus Pharmacy**
License Number:	**DS89984/CS89984**
Issue Date:	**12/29/2015**
License Status:	**Current**
Expiration Date:	**12/31/2021**
Disciplinary Actions:	**None**

David Sencabaugh
Director
Board of Registration in PHARMACY SEAL

Registration verification can be obtained at https://checkalicense.hhs.state.ma.us/.
The information provided in this 'Certified Statement' is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals 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.

IMS Health & Quintiles are now
IQVIA™

State Services
1025 Boulders Parkway
Suite 301
North Chesterfield, VA 23225
iqvia.com

March 16, 2020

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

RE: Application for Transfer of Ownership of **AllCare Plus Pharmacy – PH03045**

Dear Ladies and Gentlemen:

On behalf of our client, AllCare Plus Pharmacy (PH03045), please see the enclosed application and documentation regarding an anticipated acquisition and change of ownership that is expected to occur on or about April 10, 2020.

AllCare Plus Pharmacy, Inc. is currently owned by Daniel Apelian and Mark Janian. The anticipated acquisition will result in a 100% stock transfer from Mr. Apelian and Mr. Janian to IQVIA RDS Inc. After the acquisition, IQVIA RDS Inc. will be the sole owner of AllCare Plus Pharmacy.

As part of the anticipated acquisition, AllCare Plus Pharmacy will reorganize as a Limited Liability Company. We will provide you with the corporate documentation for the new LLC once formed.

The anticipated acquisition will not change the pharmacy's location, operations, or personnel. The current Pharmacist-In-Charge, John Leighton, PH233100, will remain in this role following the closing of the acquisition.

If you need further information, please contact Rebecca Moses at rebecca.moses@iqvia.com or 804-230-5038. Thank you for your time and assistance in this manner.

Sincerely,

Rebecca Moses
State Services

5C

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*** 02179

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: BioPlus Specialty Pharmacy Services, LLC

Physical Address: 376 Northlake Blvd., Altamonte Springs, FL 32701

Mailing Address: 376 Northlake Blvd.

City: Altamonte Springs State: FL Zip Code: 32701

Telephone: 407-830-8820 Fax: 800-269-5493

Toll Free Number: 866-514-8082 (Required per NAC 639.708)

E-mail: license@bioplusrx.com Website: www.bioplushealth.com

Managing Pharmacist: Nicholas Maroulis License Number: PS28571

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: Specialty

****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.

SCVost

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

Stephen C Vost — 3-18-2020

Print Name of Authorized Person — Date

Board Use Only	Date Processed: 4·2·2020	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: BPPH Borrower LLC

Mailing Address: 376 Northlake Blvd.

City: Altamonte Springs State: FL Zip: 32701

Telephone: 407-830-8820 Fax: 800-269-5493

Contact Person: Elvin Montanez

For any corporation non publicly traded, disclose the following:

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

a) 100% owned by BPPH Borrower LLC, 376 Northlake Blvd., Altamonte Springs, FL 32701
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: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 8:00 pm Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours Toll-Free

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, Stephen Vogt

Responsible Person of BioPlus Specialty 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.

SVogt

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

Stephen C Vogt

Print Name of Authorized Person

3-18-2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Seminole COUNTY)

I, Nicholas Maroulis, 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 BioPlus Specialty Pharmacy Services, 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, Nicholas Maroulis, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

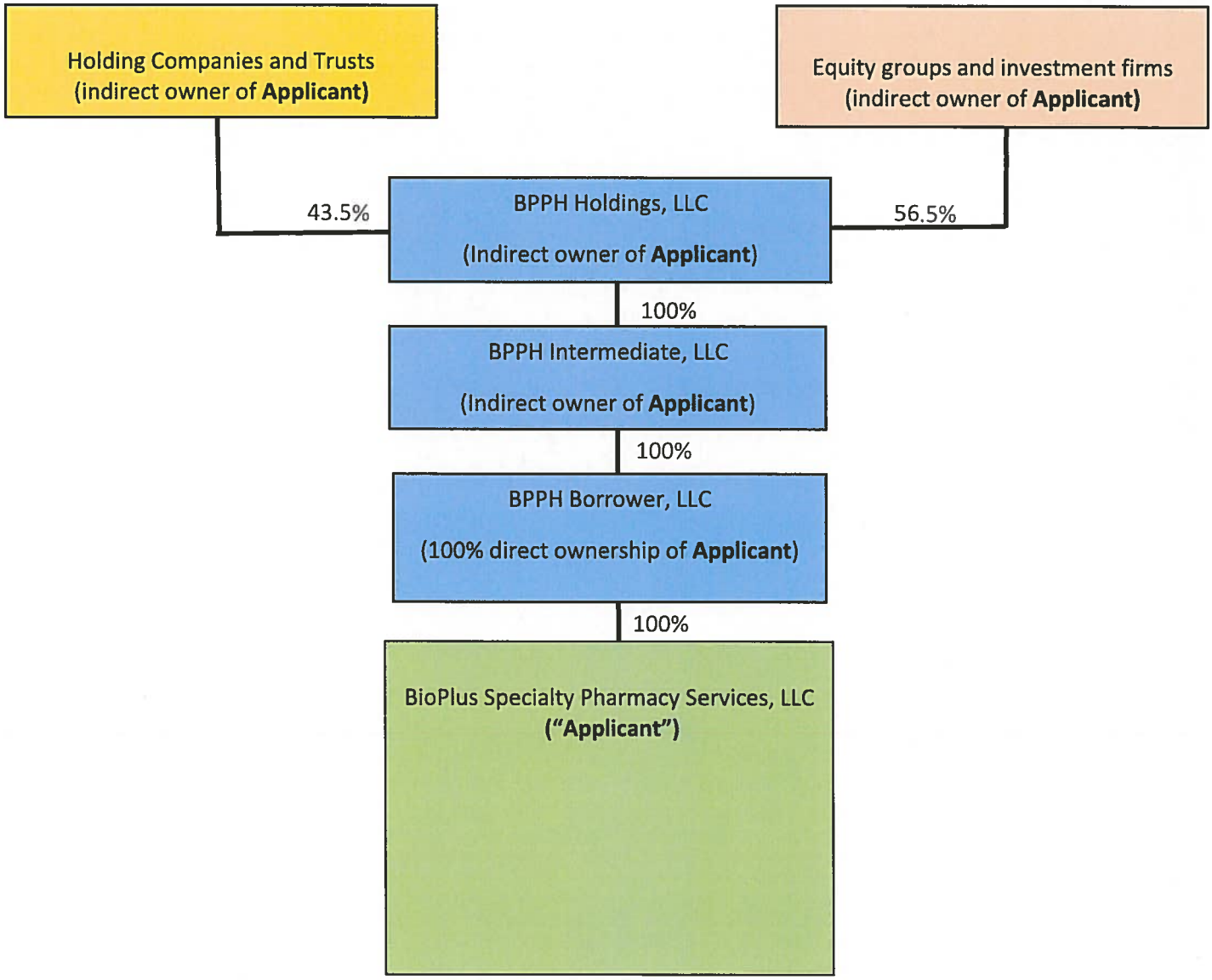
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
16th day of March, 2020.

NOTARY PUBLIC

CLAIRE D. REISENWEAVER
Notary Public - State of Florida
Commission # GG 364255
My Comm. Expires Oct 10, 2021

BioPlus Specialty Pharmacy Services, LLC
Final Corporation Structure



Department of Health

License Number: PH10680

Data As Of 2/26/2020

Profession	Pharmacy	
License	PH10680	
License Status	CLEAR/	
Qualifications	Community Pharmacy	Schedule II & III
License Expiration Date	2/28/2021	
License Original Issue Date	03/08/1989	
Address of Record	376 NORTHLAKE BLVD. ALTAMONTE SPRINGS, FL 32701 UNITED STATES	
Discipline on File	No	
Public Complaint	No	

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

AC# 8740516

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/16/2019	PH 10680	108395

he PHARMACY
amed below has met all requirements of
e laws and rules of the state of Florida.
xpiration Date: **FEBRUARY 28, 2021**
OPLUS SPECIALTY PHARMACY SERVICES,
INC.
oPlus specialty Pharmacy Services,
Inc.
'6 NORTHLAKE BLVD.
LTAMONTE SPRINGS, FL 32701

QUALIFICATION(S):
COMMUNITY PHARMACY
SCHEDULE II & III
3:1 PHARMACY TECHNICIAN RATIO APPROVED

Ron DeSantis
GOVERNOR

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 8740516

DATE	LICENSE NO.	CONTROL NO.
01/16/2019	PH 10680	108395

The PHARMACY named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: FEBRUARY 28, 2021
BIOPLUS SPECIALTY PHARMACY SERVICES, INC.

QUALIFICATION(S):
Community Pharmacy
Schedule II & III
3:1 Pharmacy Technician Ratio Approved

XPIRATION DATE: **FEBRUARY 28, 2021**

Your license number is PH 10680. 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 your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" 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 license, 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 user registration.
   b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then 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 for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

List of 1 NABP VIPPS-Accredited Pharmacies

Accreditation is valid for 3 years

Business Name Pharmacy Name	Website	End Date Membership Type
BioPlus Specialty Pharmacy Services, Inc 376 S Northlake Blvd, Suite 1008 Altamonte Springs, FL 32701 [-] 5 Stores	www.bioplusrx.com www.bioplus.pharmacy www.bioplusspecialty.pharmacy www.bioplushealth.com	07/05/20 Open to all

BioPlus Specialty Pharmacy Services	376 S Northlake Blvd Altamonte Springs, FL 32701
Dogwood Medical Pharmacy dba MedScripts Pharmacy	1325 Miller Road Greenville , SC 29607
Bioplus Specialty Pharmacy Services	100 Southcenter Ct, #100 Morrisville, NC 27560
Raina RX dba Route 300 Pharmacy	1208 Route 300, Suite 103 Newburgh, NY 12550
River Medical Pharmacy	4752 Research Drive San Antonio , TX 78240

Officer List

Stephen H. Garner, Vice President
Phone:
Email: sgarner@prohealthmed.com

Stephen C. Vogt, President
Phone:
Email: svogt@bioplusrx.com

5D

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: DSC LOGISTICS, LLC

Physical Address: 21705 W MISSISSIPPI attn: Therese Glynn ELWOOD, IL 60421

Mailing Address: 1750 S WOLF RD attn: Shane Gross

City: DES PLAINES State: ILLINOIS Zip Code: 60018

Telephone: 847.390.6800 Fax: 847.390.7272

Toll Free Number: 800.372.1960 (Required per NAC 639.708)

E-mail: terry.glynn@dsclogistics.com Website: www.dsclogistics.com

Managing Pharmacist: not applicable License Number: not applicable

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.

Edward Bowersox

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

EDWARD BOWERSOX - PRESIDENT

Print Name of Authorized Person

12/12/2019

Date

Board Use Only	Date Processed: 2-11-2020	Amount: 500-

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DELAWARE

Parent Company if any: CJ LOGISTICS LOGISTICS U.S.A. CORPORATION

Mailing Address: 1750 S WOLF RD

City: DES PLAINES State: ILLINOIS Zip: 60018

Telephone: 847.390.6800 Fax: 847.390.7276

Contact Person: DAVE BODE

For any corporation non publicly traded, disclose the following:

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

a) NO SHARES ISSUED
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: NOT APPLICABLE %: _____

Name: NOT APPLICABLE %: _____

Hours of Operation for the pharmacy:

Monday thru ~~Friday~~ Thursday 12 am 11:59 pm

~~Saturday~~ Friday 11:59 am 10 pm

Sunday 10 ~~am~~ pm 11:59 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, EDWARD BOWERSOX

Responsible Person of DSC LOGISTICS, 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

EDWARD BOWERSOX

Print Name of Authorized Person

12/12/2019

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF ILLINOIS)
) ss.
WILL COUNTY)

I, EDWARD BOWERSOX, 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 DSC LOGISTICS, 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, EDWARD BOWERSOX, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Edward Bowersox
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
12th day of December, 2019.

Gloria Foley
NOTARY PUBLIC

GLORIA FOLEY
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
December 07, 2021

CSC

CSC
251 Little Falls Drive
Wilmington, DE 19808-1674
800.927.9800
302.636.5454 fax
www.cscglobal.com

DSC LOGISTICS, LLC
Matter Number n/a

DELAWARE STATUS SEARCH

Entity Information

		Search Results Date/Time	**11-26-2019 17:45**
Entity Name	**DSC LOGISTICS, LLC**		
File Number	**7024091**	**Status**	**Good Standing since 20180820**
Entity Type	Limited Liability Company	**Corp Type**	General
Tax Type	Annual L.L.C. Tax	**Stock Corporation**	No
Residency	Domestic	**State**	DE
Incorporation Date	20180820		
Renew Date		**Expire Date**	
Bankruptcy	Unknown	**Bankrupt Date**	
Case No			
Orig Incorp Country		**Orig Date**	
Merged To Number			
Qtrly Filings	False	**Last Ann Rpt**	0
Foreign incorporation date	19890111		
Original foreign name	DSC LOGISTICS, INC.		
Original foreign kind	Corporation		

Registered Agent

Agent Name	CORPORATION SERVICE COMPANY			**Agent ID**	9000014
Address	251 LITTLE FALLS DRIVE				
	,WILMINGTON,New Castle				
State	DE	**Country**	US	**Zip**	19808

Stock Information

Amendment Number	0	**Effective Date**		**End Date**	
Description	**Class**	**Series**	**Authorized**	**Par Value**	**Designated shares**
		Total Shares Authorized			0
		No Par Shares			0

The information above is taken from the records of Delaware's Office of the Secretary of State and reflects information of record as of the thru date listed on this report. CSC cannot and does not independently verify the accuracy or completeness of this information and, accordingly, we make no guaranties or representations about the accuracy or completeness of the information and disclaim any warranties about it and any liability for errors or omissions. If you wish to obtain a certified copy of documents on file or an official good standing, please contact your CSC Customer Service Representative.

CSC
251 Little Falls Drive
Wilmington, DE 19808-1674
800.927.9800
302.636.5454 fax
www.cscglobal.com

DSC LOGISTICS, LLC
Matter Number n/a

DELAWARE STATUS SEARCH

Filing History (last 5 filings)

Filing Year	Document Code	Pages	Filing Date/Time	Effective Date	Filing Status	Merger Type
2018	Foreign Entity to Dom Alternative Entity	2	20180820T19:05:00:0000	20180820	Archived	

Taxes Due

Tax Year	Filing Fee	Total Tax	Penalty	Interest	Other	Paid	Balance
2019	0.00	300.00	0.00	0.00	0.00	0.00	300.00
2018	0.00	300.00	0.00	0.00	0.00	300.00	0.00
						Tax Balance	300.00

The information above is taken from the records of Delaware's Office of the Secretary of State and reflects information of record as of the thru date listed on this report. CSC cannot and does not independently verify the accuracy or completeness of this information and, accordingly, we make no guaranties or representations about the accuracy or completeness of the information and disclaim any warranties about it and any liability for errors or omissions. If you wish to obtain a certified copy of documents on file or an official good standing, please contact your CSC Customer Service Representative.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

BRUCE RAUNER
Governor

BRYAN SCHNEIDER
Secretary

JAY STEWART
Director
Division of Professional Regulation

December 3, 2015

Attn: Susan M. Winter
DSC Logistics, Inc.
1750 South Wolf Road.
Des Plaines, IL 60018

Dear Ms. Winter,

The Department of Financial and Professional Regulation received your letter dated November 12, 2015, inquiring whether DSC Logistics is required to be licensed in the State of Illinois. Specifically, you asked whether DSC Logistics must have a license in order to warehouse and distribute medication and medical devices in or out of Illinois in light of the Drug Supply Chain Security Act's (DSQA) preemption of state licensing laws. In relevant part, the DSQA states that "[n]o State shall regulate third-party logistics providers as wholesale distributors". Section 585(b)(2) of the Federal Food, Drug, and Cosmetic Act as amended by the DSQA.

Based upon the information you provided, DSC Logistics is a third-party logistics provider. As such, it is not required to seek licensure as a Wholesale Drug Distributer in the State of Illinois. Please note that the Department does not license medical device distributors or over-the-counter medication distributors.

This letter is not to be construed as providing legal advice or as statement reflecting the interpretation of the Department on the particular matter you described. Neither is it intended as an official opinion of the State of Illinois. Only the Attorney General of the State of Illinois is empowered to render formal opinions concerning the laws of this State.

Very truly yours,

Steven Monroy
Staff Attorney, Office of General Counsel
Division of Professional Regulation
Illinois Department of Financial and Professional Regulation
100 West Randolph Street, Ste. 9-300
Chicago, IL 60601
Phone: (312) 814-1951

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

PAT QUINN
Governor

BRENT E. ADAMS
Secretary

Jay Stewart
Director
Division of Professional Regulation

March 16, 2012

Susan Winter,
Executive Legal Assistant
& Licensing Administrator
DSC Logistics, Inc.
1750 S Wolf Rd.
Des Plaines, IL
60018

Re: Regulation of OTC Nicotine Products.

Dear Ms. Winter,

I am in receipt of your email dated 2/28/12 in which you asked whether a license is required to sell OTC nicotine products in the State of Illinois. The Illinois Department of Financial and Professional Regulation does not require licensure for the sale of such products. Should you have any additional questions please contact me at 312-814-2226.

This letter is to be construed as an informal statement reflecting the interpretation of the Department on the particular matter you described and is not intended as an official opinion of the State of Illinois. Only the Attorney General of the State of Illinois is empowered to render formal opinions concerning the laws of this State.

Sincerely,

Frank Smith
Law Clerk
General Counsel
IDFPR-Division of Professional Regulation
312-814-2226

100 W. Randolph, Suite 9-300 Chicago, IL 60601
Phone: 312/814-2226 Fax: 312/814-2887
Internet: www.idfpr.com

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

PAT QUINN
Governor

BRENT E. ADAMS
Secretary

Jay Stewart
Director
Division of Professional Regulation

June 11, 2012

Susan Winter
Executive Legal Assistant
& Licensing Administrator
DSC Logistics, Inc.
1750 S. Wolf Road
Des Plaines, IL 60018

Re: Regulation of Class I and Class II Medical Devices by the State of Illinois

Dear Ms. Winter:

I am in receipt of your email, dated June 8, 2012, in which you asked whether the State of Illinois regulates the warehousing and wholesale distribution of Class I and Class II Medical Devices that do not meet the definition of Home Medical Equipment. The Illinois Department of Financial and Professional Regulation (the "Department") does not regulate and/or require a license to warehouse and wholesale distribute such products. However, any product that meets the definition of Home Medical Equipment, as that term is defined in Section 10(6) of the Home Medical Equipment and Services Provider License Act (225 ILCS 51/10(6)), is regulated by the Department. Please feel free to contact me should you have any additional questions.

This letter is to be construed as an informal statement reflecting the interpretation of the Department on the particular matter you described and is not intended as an official opinion of the State of Illinois. Only the Attorney General of the State of Illinois is empowered to render formal opinions concerning the laws of this State.

Sincerely,

Marc Minarich
Law Clerk, Office of General Counsel

100 W. Randolph St., Suite 9-334-B Chicago, IL 60601
Phone: 312/814-2226 Fax: 312/814-3145
Internet: www.idfpr.com

DSC
1750 S. Wolf Rd. Des Plaines, IL 60018

Corporate Officer Information

Business Address: 1750 S. Wolf Rd., Des Plaines, IL 60018

Business number: 847.390.6800

Edward Bowersox – President

Home Address: Dockside Dr., Unit 1002, Naples, FL 34110

SS#

Maria Motev Grechanik – Secretary

Home Address: Pfingsten Rd., Glenview, IL 60025

SS#

Beth Wong – Treasurer

Home Address: S Swain Ave., Elmhurst, IL 60126

SS#

DSC LOGISTICS, LLC

A Delaware Limited Liability Company – since 08/20/2018

FEIN: 36-3620628

5E

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: EXPRESS Rx INC., DBA: EXPRESS Rx PHARMACY + MEDICAL

Physical Address: 1711 W. TEMPLE ST #100, LOS ANGELES CA 90026

Mailing Address: 1711 W. TEMPLE ST #100

City: LOS ANGELES State: CA Zip Code: 90026

Telephone: 213-353-0552 Fax: 213-353-0562

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: BORIS.G@ExpressRxInc.NET Website: ExpressRxInc.NET

Managing Pharmacist: DEKHKANOVA, LOLA License Number: 68190

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

BORIS GRINSHTEYN
Print Name of Authorized Person

03/24/20
Date

Board Use Only Date Processed: 4-2-2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: CALIFORNIA

Parent Company if any: N/A

Mailing Address: 1711 W. TEMPLE St #100

City: LOS ANGELES State: CA Zip: 90026

Telephone: 213-353-0552 Fax: 213-353-0562

Contact Person: BORIS GRINSHTEYN

For any corporation non publicly traded, disclose the following:

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

a) BORIS GRINSHTEYN (Name) DUNLEER PL. LOS ANGELES CA 90064 (Address)

b) MARK ZALTSMAN (Name) MURIETTA AVE., SHERMAN OAKS, CA 91423 (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. 50,000

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

4) What date did the corporation actually receive the cash assets? 03/23/2007

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 9:00 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: _____

EXPRESS RX INC

1711 W Temple St #100, Los Angeles, CA 90026

213-353-0552 (p) 213-353-0562 (f)

NPI: 1184777286 Tax ID: 20-8676225

01/07/2020

List of Corporate Officers

1. Boris Grinshteyn – President
2. Mark Zaltsman – Treasurer
3. Boris Grinshteyn - Secretary

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, BORIS GRINSHTEYN

Responsible Person of EXPRESS RX INC

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

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

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

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

BORIS GRINSHTEYN
Print Name of Authorized Person

03/24/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF_____)
) ss.
_____COUNTY)

I, BORIS GRINSHTEYN, 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 EXPRESS Rx INC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

3. I understand and acknowledge that the Pharmacy and any of its 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, BORIS GRINSHTEYN, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

BORIS GRINSHTEYN
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
___day of_____, 20___.

_____
NOTARY PUBLIC

See Attached Certificate

CALIFORNIA JURAT WITH AFFIANT STATEMENT
GOVERNMENT CODE § 8202

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 BORIS GRINSHTEYN
2
3
4
5
6

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 25 day of March, 2020, by
Date *Month* *Year*

(1) BORIS GRINSHTEYN

(2) —

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

ABRAHAM KANAAN
Notary Public – California
Los Angeles County
Commission # 2205116
My Comm. Expires Aug 11, 2021

Place Notary Seal Above

Signature _____
Signature of Notary Public

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: Affidavit for out-of-State Pharmacy License.

Document Date: _____ Number of Pages: One.

Signer(s) Other Than Named Above: _____

© 2013 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EXPRESS RX, INC.

FILE NUMBER:	C2973462
FORMATION DATE:	03/13/2007
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 January 16, 2020.

ALEX PADILLA
Secretary of State

MARCH 13, 2007

INCORPORATED UNDER THE LAWS

OF THE STATE OF CALIFORNIA

No 4

25,500 Share(s)

EXPRESS RX, INC.

Authorized Capital Stock: 75,000 Common Shares

This Certifies that BORIS GRINSHETYN is the record holder of TWENTY-FIVE THOUSAND FIVE HUNDRED Shares transferable only on the books of the Corporation by the holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed or assigned.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 15TH day of MARCH A.D. 2011

Secretary

President

MARCH 13, 2007

INCORPORATED UNDER THE LAWS

OF THE STATE OF CALIFORNIA

No 3

24,500 Share(s)

EXPRESS RX, INC.

Authorized Capital Stock: 75,000 Common Shares

This Certifies that MARK ZALTSMAN is the record holder of TWENTY-FOUR THOUSAND FIVE HUNDRED Shares transferable only on the books of the Corporation by the holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed or assigned.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 15TH day of MARCH A.D. 2011

Secretary

President

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

EXPRESS RX
1711 W TEMPLE ST #100
LOS ANGELES CA 90026

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: EXPRESS RX

License Type: PHARMACY

License Number: PHY 48605

Status: ACTIVE

Issue Date: 07/19/2007

Expiration Date: 07/01/2020

Address of Record: 1711 W TEMPLE ST #100 CA 93311 LOS ANGELES CA 90026

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Interim Executive Officer

By

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

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

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 48605
RECEIPT NO. 91280999

VALID UNTIL JULY 01, 2020

EXPRESS RX
1711 W TEMPLE ST #100
LOS ANGELES CA 90026

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) PHY

5F

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: IWO PHARMACY & WELLNESS

Physical Address: 2168 TEXAS PKWY, STE B, MISSOURI CITY, TX 77489

Mailing Address: 2168 TEXAS PKWY, STE B

City: MISSOURI CITY State: TX Zip Code: 77489

Telephone: 346-304-2903 Fax: 281-969-8106

Toll Free Number: 877-201-1487 (Required per NAC 639.708)

E-mail: CREDENTIALING@IPWPHARM.COM Website: N/A

Managing Pharmacist: FATEMEH KHAJEHEI License Number: 41171

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-RESIDENT	☐	☒ 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

FATEMEH KHAJEHEI
Print Name of Authorized Person

4-20-20
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: TEXAS

Parent Company if any: _____

Mailing Address: 2168 TEXAS PKWY, STE B

City: MISSOURI CITY State: TX Zip: 77489

Telephone: 346-304-2903 Fax: 281-969-7899

Contact Person: LAUREN HORTON

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Address

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 8:00 am 5:00 pm Saturday 9:00 am 3:00 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: 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

FATHY ELSAFTY- CORPORATE OFFICER

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
Harris) ss.
COUNTY)

I, FATEMEH KHAJEHEI, 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 IWO PHARMACY & WELLNESS (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, FATEMEH KHAJEHEI, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Fatemeh Khajehei
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 20th day of April, 2021.

NOTARY PUBLIC

LAUREN RAE HORTON
Notary Public, State of Texas
Comm. Expires 05-28-2023
Notary ID 132028134

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, FATEMEH KHAJEHEI

Responsible Person of IWO PHARMACY & WELLNESS

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

FATEMEH KHAJEHEI
Print Name of Authorized Person

4-20-2020
Date

PHARMACY PERSONNEL

OWNER: IWO PHARMACY & WELLNESS LLC

ADDRESS: 2168 TEXAS PKWY, STE B, MISSOURI CITY, TX 77489

FEIN: 83-1453495

PHONE #: 877-201-1487

OWNERSHIP: 100%

CORPORATE OFFICER: FATHY ELSAFTY

ADDRESS: 2168 TEXAS PKWY, STE B, MISSOURI CITY, TX 77489

DOB:

SS:

PHONE #:

PIC: FATEMEH KHAJEHEI

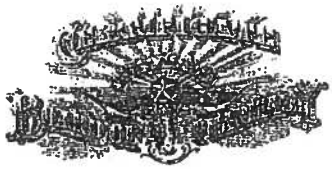
ADDRESS: 2168 TEXAS PKWY, STE B, MISSOURI CITY, TX 77489

DOB: (

SS

PHONE #:

LICENSE #: 41171



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

License No. **32465** Expiration Date: **2/28/2021**

Balances: 0

IWO PHARMACY & WELLNESS
2168 TEXAS PKWY STE B
MISSOURI CITY TX 77489

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

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

Rolando B. Pablos
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING
OF

Iwo Pharmacy & Wellness LLC
File Number: 803003469

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 04/30/2018

Effective: 04/30/2018

Rolando B. Pablos
Secretary of State

TEXAS STATE BOARD OF PHARMACY

Re:	IWO Pharmacy & Wellness
Address:	2168 Texas Parkway, Suite B Missouri City, Texas 77489
License No.:	32465
Date Issued:	February 12, 2019
Licensure Status:	Active
Expiration Date:	February 28, 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. IWO Pharmacy & Wellness (Texas Pharmacy License #32465) 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

January 21, 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.

TEXAS STATE BOARD OF PHARMACY

Re:	Joseph Haley Hall, R.Ph.
License No.:	16754
Date Issued:	January 28, 1965
Licensure Status:	Active
Expiration Date:	March 31, 2020
Granted by:	Examination
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Joseph Haley Hall, R.Ph. (Texas Pharmacist License #16754) 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

January 21, 2020
Date

5G

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*** 03386

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: Dogwood Pharmacy, LLC dba MedScripts Medical Pharmacy

Physical Address: 1325 Miller Road Ste K., Greenville, SC 29607

Mailing Address: 376 Northlake Blvd.

City: Altamonte Springs State: FL Zip Code: 32701

Telephone: 864-288-0014 Fax: 866-514-8299

Toll Free Number: 1-866-840-4067 (Required per NAC 639.708)

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

Managing Pharmacist: Erica Yelton License Number: 11378

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

Stephen C. Vogt

Print Name of Authorized Person

3-18-2010

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: Florida

Parent Company if any: BioPlus Parent, LLC

Mailing Address: 50 Kennedy Plaza, 12th Floor

City: Providence State: RI Zip: 02903

Telephone: 407-830-8820 Fax: 800-269-5493

Contact Person: Elvin Montanez

For any corporation non publicly traded, disclose the following:

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

a) 100% owned by BioPlus Parent, LLC, 50 Kennedy Plaza, 12th Floor, Providence, RI 02903
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: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours Toll-Free

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, Stephen Vogt

Responsible Person of Dogwood Pharmacy, LLC dba MedScripts Medical 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

Stephen C Vogt

Print Name of Authorized Person

3-18-2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF South Carolina)
) ss.
Greenville COUNTY)

I, Erica Yelton, 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 Dogwood Pharmacy, LLC dba MedScripts Medical 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, Erica Yelton, 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 March, 20 20.

NOTARY PUBLIC

JERRY WEBB HUDSPETH III
NOTARY PUBLIC
My Comm Exp
Jun 27 2029
STATE OF SOUTH CAROLINA

South Carolina Secretary of State

Business Entities Online

File, Search, and Retrieve Documents Electronically

DOGWOOD PHARMACY, INC.

Corporate Information

Entity Type: Corporation

Status: Good Standing

Domestic/Foreign: Foreign

Incorporated State: Florida

Important Dates

Effective Date: 03/15/2012

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: MICHAEL CALNAN

Address: 1325 MILLER ROAD SUITE K
GREENVILLE, South Carolina 29607

Official Documents On File

Filing Type	Filing Date
Authority	03/15/2012

For filing questions please contact us at **803-734-2158**

Copyright © 2020 State of South Carolina

Print this page

South Carolina Board of Pharmacy

DOGWOOD PHARMACY, INC.
MEDSCRIPTS MEDICAL PHARMACY
1325 MILLER RD STE K
GREENVILLE, SC 29607-6541

License number: 13938
License type: Pharmacy
Status: Active
First Issue Date: 04/17/2012
Expiration: 06/30/2020

Supervised By
Erica Pope Yelton - (PH)

Supervises
J. Webb Hudspeth II - (PH)
Andrew William Chastain - (PH)
MARGARET JEAN LINDSAY - (PHT)
DANIELLE G BOLAND - (PHT)
Elvin Montanez - (PH)

File a Complaint against this licensee

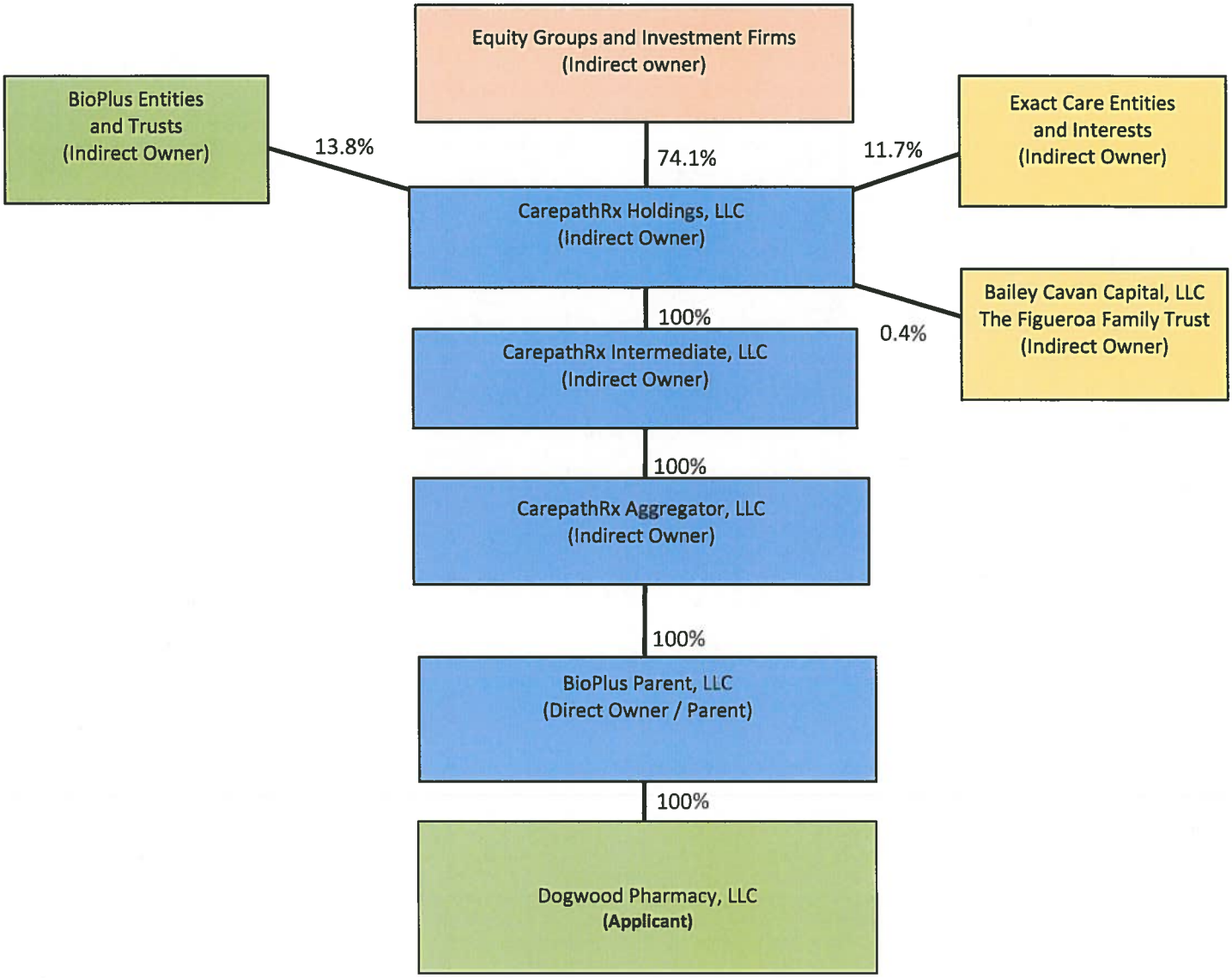
No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

Board Public Action History:

View Orders | View Other License for this Person

No Orders Found

Dogwood Pharmacy, LLC
Proposed and Final Corporation Structure



As of: 04-16-2020

Officer List

Stephen H. Garner, Vice President
DOB:
SSN:
Home Address: Highland Road, Winter Park, FL 32789
Phone:
Email: sgarner@prohealthmed.com

Stephen C. Vogt, President
DOB:
SSN:
Home Address: Barcelona Way, Winter Park, FL 32789
Phone:
Email: svogt@bioplusrx.com

5H

PH04214

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: Crosswind Pharmaceuticals, LLC dba Northwind Pharmacy

Physical Address: 4838 Fletcher Avenue Suite 2000

Mailing Address: 4838 Fletcher Avenue Suite 2000

City: Indianapolis State: IN Zip Code: 46203

Telephone: 317-288-9762 Fax: 317-653-1113

Toll Free Number: 888-334-0052 (Required per NAC 639.708)

E-mail: compliance@nwpharma.com Website: www.nwpharma.com

Managing Pharmacist: Julia Bartlow License Number: 26016293A

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: 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

PHILLIP BERRY

Print Name of Authorized Person

3-27-2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited X - LLC

Partnership Name: Crosswind Pharmaceuticals, LLC

Mailing Address: 4838 Fletcher Avenue Suite 2000

City: Indianapolis State: IN Zip Code: 46203

Telephone Number: 317-288-9762 Fax Number: 317-653-1113

Contact Person: Phillip Berry

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
Phillip Berry	L	100%

List names of 4 largest partners and percentage of ownership:

Name: Phillip Berry %: 100%

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: Not Applicable %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Phillip Berry

Responsible Person of Crosswind Pharmaceuticals, LLC dba Northwind 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

Phillip Berry

Print Name of Authorized Person

3-27-2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Indiana)
) ss.
Marion COUNTY)

I, Phillip Berry, 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 Crosswind Pharmaceuticals, LLC dba Northwind 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, Phillip Berry, 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
27th day of March, 2020.

NOTARY PUBLIC

Katie Marie Shelton
Notary Public
SEAL
Marion County, State of Indiana
My Comm. Exp. 08-30-2024

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Crosswind Pharmaceuticals, LLC dba Northwind Pharmacy

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye

Deborah J. Frye, Executive Director
Thu Mar 12 11:32:40 AM EST 2020

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information	
Facility Name:	Crosswind Pharmaceuticals, LLC dba Northwind Pharmacy
Address:	4838 Fletcher Avenue Suite 2000 Indianapolis, IN 46203
Owner Name:	

License Information	
Number Issued:	60006592A
License Type:	Pharmacy - Closed Door (III)
Status:	Active
Issue date:	12/16/2016
Expiration Date:	12/31/2021
Obtained By:	Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Thu Mar 12 11:32:40 AM EST 2020

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

CSR-Pharmacy

Registration Number	Expire Date
60006592B	12/31/2021

DRUG SCHEDULES

1	2	2N	3	3N	4	5
	Yes	Yes	Yes	Yes	Yes	Yes

Crosswind Pharmaceuticals, LLC dba Northwind Pharmacy

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

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

Pharmacy

License Number	Expire Date
60006592A	12/31/2021

Crosswind Pharmaceuticals, LLC dba Northwind Pharmacy

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CROSSWIND PHARMACEUTICALS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 22, 2016, and was in existence or authorized to transact business in the State of Indiana on March 25, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 25, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201611221168110 / 20201364193
All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate
Expires on April 24, 2020.

On December 28, 2018 I inspected Crosswind Pharmacy at their new Indianapolis location. They had been licensed at 9402 Uptown Drive Suite. Crosswind had made application for relocation of their permit to a new location. The pharmacy is now located at 4838 Fletcher Ave. Suite 2000, in Indianapolis 46203.
The inspection form that I provided to Crosswind showed that I had approved a move to their new location on Fletcher Ave. I am not able to edit the document that I provided to them, so please accept this email as proof of the new location.
Thank You
Timothy G. Thomas
Diversion/compliance Officer
Indiana Board of Pharmacy
IPLA of Indiana.

Timothy G. Thomas,Diversion/Compliance Officer

Indiana Professional Licensing Agency

Indiana Board of Pharmacy

402 West Washington Street Room W072

Indianapolis, IN 46204

tithomas@pla.in.gov

Phone: 317-753-4000

Fax: 317-233-4236

Website: pla.in.gov

5I

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: Optum Pharmacy 701, LLC

Physical Address: 8131 W Bostian Rd, Suite A350

Mailing Address: 8131 W Bostian Rd, Suite A350

City: Woodinville State: WA Zip Code: 98072

Telephone: 800-741-9061 Fax: 833-372-3355

Toll Free Number: 800-741-9061 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: optumrx.com

Managing Pharmacist: Sepideh Soleimanpour License Number: PH00039686 (WA)

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: Nonresident	☐	☑ 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.

Karen E. Peterson

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

Karen E. Peterson

Print Name of Authorized Person

3/20/2020

Date

Board Use Only Date Processed: 4-2-2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

Note: Entity is an LLC.

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware - State of Formation

Parent Company if any: OptumRx Administrative Services, LLC

Mailing Address: 1600 McConnor Parkway

City: Schaumburg State: IL Zip: 60173

Telephone: 800-282-3232 Fax: _____

Contact Person: orxpharmlic@optum.com

For any corporation non publicly traded, disclose the following:

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

a) No shares - entity is an LLC.
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - Entity is an LLC

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 %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:30 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours On call

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, Sepideh Soleimanpour

Responsible Person of Optum Pharmacy 701, 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

Sepideh Soleimanpour
Print Name of Authorized Person

3/20/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Washington)
~~King~~) ss.
Snohomish COUNTY)

I, Sepideh Soleimanpour, 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 Optum Pharmacy 701, 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, Sepideh Soleimanpour, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Sepideh Soleimanpour
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
24th day of March, 2020.

NOTARY PUBLIC

LISA JOHNSON
Notary Public
State of Washington
My Appointment Expires
May 24, 2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

No Deficiencies Found

December 19, 2019

Kimberly Christine Swigart
Optum Pharmacy 701, LLC
8131 W Bostian Rd Ste A350
Woodinville, WA, 98072-5029

Subject: Inspection Number: X2019-759
Pharmacy Type: Mail Order
License Number: PHAR.CF.61009053
Inspection Type: NEW LICENSURE - INITIAL

Dear Ms. Kimberly Christine Swigart,

This letter contains information regarding the recent inspection of Optum Pharmacy 701, LLC, 8131 W Bostian Rd Ste A350, Woodinville, WA, 98072-5029 by the Washington State Department of Health. Your state licensing inspection was completed on 12/19/2019.

During the inspection, no deficient practice was found.

Please contact me if there are questions regarding the inspection process. I may be reached at (360) 628-4703. I am also available by email at Tina.Lacey@doh.wa.gov.

I want to extend another "thank you" to you and to everyone that assisted me during the survey.

Sincerely,

Tina Lacey
Pharmacist Investigator

How was your pharmacy inspection experience?

Please take a few minutes to complete this brief survey. In order to provide you with the best possible service, we need your comments on how we do our job, especially if you can offer suggestions for improvement. Unless you choose to give us your contact information, this is an anonymous survey. The survey is voluntary and will not affect your current or future inspection results. All responses will be used solely to improve our pharmacy inspection service.

https://fortress.wa.gov/doh/opinio/s?s=PharmacyInspectionSurvey

Washington State Pharmacy Quality Assurance Commission
Telephone Contact Numbers

Management and Other Resources

Lauren Lyles, Executive Director	360-236-4853
Tracy West, Deputy Director	360-236-4988
Doreen Beebe, Program Manager	360-236-484

Pharmacist Investigator Supervisor

Websites

Washington State Pharmacy Quality Assurance Commission	www.doh.wa.gov/pharmacy
Washington Pharmacy Quality Assurance Commission (email)	WSPQAC@doh.wa.gov
Drug Enforcement Administration (DEA)	www.deadiversion.usdoj.gov
Food & Drug Administration (FDA)	www.fda.gov/cder
Consumer Product Safety Commission	www.cpsc.gov
U.S. Pharmacopeia (USP)	www.usp.org

Washington State Department of Health

This organization

Optum Pharmacy 701, LLC

is authorized by RCW 18.64 to have a

Pharmacy License

To Provide

Controlled Substance

Ancillary Utilization

Operated by: **Optum Pharmacy 701, LLC**

Located at: **8131 W Bostian Rd Ste A350**
Woodinville, WA 98072-5029

Pharmacy Type: **Mail Order**

Secretary

Status
ACTIVE

Effective Date
12/30/2019

Credential Number
PHAR.CF.61009053

Expiration Date
05/31/2020

Facility Search

DOH Home | Facilities Home

Search

Search

Facility Information

NEW SEARCH RESULTS

Facility Name: Optum Pharmacy 701, LLC

Address: 8131 W Bostian Rd Ste A350, Woodinville, WA, 98072-5029

Owner's Name: Optum Pharmacy 701, LLC

License #: PHAR.CF.61009053

Facility Status: ACTIVE

Facility Type: Pharmacy License

License Expires On: 05/31/2020

If you find any errors in this description, please complete the Feedbackform and send it to us.

Contact Us

Agency Contacts
Locations and Directions
Consumer Assistance and Support
Email Consumer Assistance and Support
Main: (360) 236-4700
Fax: (360) 236-4818

Social Media

Notices

Privacy Notice
Copyright Statement

Powered By

Alternate Format Requests

For people with disabilities, Web documents in other formats are available on request. To submit a request, please contact Consumer Assistance and Support.

v3.4.0

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTUM PHARMACY 701, 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

7571773 8300

SR# 20200565461

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

Authentication: 202262433

Date: 01-27-20

Optum Pharmacy 701, LLC
Officer and Ownership Information

Officers:

Name	Title
Michael Zeglinski	Chief Executive Officer, President
Peter Gill	Treasurer
Karen Peterson	Secretary
Heather Lang	Assistant Secretary
David Oberg	Assistant Secretary

The pharmacy is wholly owned by:
Optum Pharmacy 701, LLC
FEIN: 84-2827343
1600 McConnor Parkway
Schaumburg, IL 60173
800-282-3232

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: Optum Pharmacy 701, LLC

Nevada license number: Pending - New Pharmacy.

Websites in use or intended to be used: optumrx.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

3/17/2020
Date

5J

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: Overlake Pharmacy LLC

Physical Address: 4124 148th Avenue NE Suite J/A, Redmond, WA 98052

Mailing Address: 4124 148th Avenue NE Suite J/A

City: Redmond State: WA Zip Code: 98052

Telephone: 425-968-8766 Fax: 425-896-7251

Toll Free Number: 877-887-8374 (Required per NAC 639.708)

E-mail: pharmacywa@truepill.com Website: N/A

Managing Pharmacist: Thao Phan License Number: PH60475891

TYPE OF PHARMACY		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

Siddharth Viswanathan
Print Name of Authorized Person

01/24/2020
Date

Board Use Only Date Processed: MAR 0 9 2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General ✓ Limited _____

Partnership Name: Overlake Pharmacy LLC

Mailing Address: 4124 148th Avenue NE, Suite J/A

City: Redmond State: WA Zip Code: 98052

Telephone Number: 425-968-8766 Fax Number: 425-896-7251

Contact Person: Siddharth Viswanathan

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
Truepill Inc	G	100%

List names of 4 largest partners and percentage of ownership:

Name: Truepill Inc %: 100%

Name: _____ %: _____

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 5 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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Siddharth Viswanathan

Responsible Person of Overlake 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

Siddharth Viswanathan
Print Name of Authorized Person

1-27-2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CA)
) ss.
Alameda COUNTY)

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

1. I am the officer for Overlake 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, Siddharth Viswanathan, 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
___day of_____, 20___.

See Attached Notary Certificate

NOTARY PUBLIC

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____ _____

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Alameda

Subscribed and sworn to (or affirmed) before me on this 24 day of January, 20 20, by
Date *Month* *Year*

(1) Siddharth Viswanathan

(and (2) ———),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

A. P. KHAWAHIE
Notary Public – California
Alameda County
Commission # 2214850
My Comm. Expires Sep 18, 2021

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: _____ **Document Date:** _____

Number of Pages: _____ **Signer(s) Other Than Named Above:** _____

©2016 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "OVERLAKE PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-SIXTH DAY OF JULY, A.D. 2019, AT 5:59 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

Jeffrey W. Bullock, Secretary of State

7533989 8315

SR# 20196187285

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

Authentication: 203306717

Date: 07-29-19

Washington State Department of Health

This organization

Overlake Pharmacy, LLC

is authorized by RCW 18.64 to have a

Pharmacy License

To Provide

Controlled Substance

Operated by: **Siddharth Viswanathan**

Located at: **4124 148th Ave NE Ste J/A**
Redmond, WA 98052-5164

Pharmacy Type: **Community/Retail**

Secretary

Status
ACTIVE

Effective Date
10/15/2019

Credential Number
PHAR.CF.60997331

Expiration Date
05/31/2020

Facility Search

DOH Home | Facilities Home

Search

Search

Facility Information

NEW SEARCH RESULTS

Facility Name: Overlake Pharmacy, LLC

Address: 4124 148th Ave NE Ste J/A, Redmond, WA, 98052-5164

Owner's Name: Siddharth Viswanathan

License #: PHAR.CF.60997331

Facility Status: ACTIVE

Facility Type: Pharmacy License

License Expires On: 05/31/2020

If you find any errors in this description, please complete the Feedbackform and send it to us.

Contact Us

Agency Contacts
Locations and Directions
Consumer Assistance and Support
Email Consumer Assistance and Support
Main: (360) 236-4700
Fax: (360) 236-4818

Social Media

Notices

Privacy Notice
Copyright Statement

Powered By

Alternate Format Requests

For people with disabilities, Web documents in other formats are available on request. To submit a request, please contact Consumer Assistance and Support.

v3.4.0

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

January 07, 2020

Overlake Pharmacy LLC
4124 148th Ave. NE Suite J/A
Redmond, WA 98052

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Pharmacy License for **Siddharth Viswanathan /Overlake Pharmacy, LLC**

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.60997331
Credential Type:	Pharmacy License
Current Credential Status:	ACTIVE
First Credential Date:	10/15/2019
Current Expiration Date:	05/31/2020
Last Renewal Date:	10/15/2019
Pharmacy Type:	Community/Retail
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.

Stacy C Lillybridge, Health Services Consultant 1

5K

Rec 5-4

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: Placida Rx LLC

Physical Address: 2828 S. McCall Rd Ste 218

Mailing Address: 2828 S. McCall Rd. Ste 218

City: Englewood State: FL Zip Code: 34224

Telephone: 941-214-5498 Fax: 941-214-5508

Toll Free Number: 877-334-3152 (Required per NAC 639.708)

E-mail: Placidarx@gmail.com Website: N/A

Managing Pharmacist: Nicholas Petty License Number: PS58943

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,**

The board has a legal right to require an appearance at a schedule board meeting. If an appearance is **required**, your company will be notified in writing two (2) weeks prior to the meeting.

If you check off-site cognitive services on the application, Nevada Administrative Code 639.4916 requires "A pharmacist who is employed by an off-site pharmaceutical service provide to provide remote chart order processing services to a hospital or correctional institution pursuant to NAC 639.4915 must (a) Be licensed to practice in Nevada." Provide name and Nevada pharmacist license number. This does not have to be the managing pharmacist.

A license is usually issued and mailed within 15 days from the board meeting date, if approved.

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statues & Regulations" tab.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at pharmacy@pharmacy.nv.gov.

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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.

Donna Brasch

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

Donna Brasch

Print Name of Authorized Person

04/16/2020

Date

Board Use Only	Date Processed: 5/6/2020	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: Donna Brasch

Business Name: Captiva Pharmacy Holdings LLC

Current Business Address: 2828 S. McCall Rd Unit 218

City: Englewood State: FL Zip Code: 34224

Telephone: (941) 214-5498 Fax: (941) 214-5508

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

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: _____

State of Florida
Department of State

I certify from the records of this office that PLACIDA RX, LLC is a limited liability company organized under the laws of the State of Florida, filed on November 30, 2017.

The document number of this limited liability company is L17000245625.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on April 9, 2020, 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 Ninth day of April, 2020

Secretary of State

Tracking Number: 9943825957CU

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

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

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

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

April 13, 2020

Placida Rx LLC
28288. MCCALL RD. UN1T218
ENGLEWOOD, FL 34224

placidarxgmail.com

RE: License Certification for Placida Rx, Llc

To Whom It May Concern:

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

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH31478
ORIGINAL CERTIFICATION:	06/14/2018
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Susan Harris

Susan Harris
Operations Analyst I

/sh

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

Accredited Health Department
Public Health Accreditation Board

AC# 9289344

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/09/2019	**PH 31478**	**115939**

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy
Schedule II & III

Expiration Date: **FEBRUARY 28, 2021**
PLACIDA RX, LLC
Placida Rx, LLC
2828 SOUTH MCCALL RD
UNIT 218
ENGLEWOOD, FL - 34224

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 9289344

DATE	LICENSE NO.	CONTROL NO.
10/09/2019	**PH 31478**	**115939**

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : **FEBRUARY 28, 2021**

PLACIDA RX, LLC
Placida Rx, LLC

REGISTRANT SIGNATURE

QUALIFICATION(S):
Community Pharmacy
Schedule II & III

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
~~Sarasota~~ Charlotte ss.
COUNTY)

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

Donna Brasch
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
15 day of APRIL, 2020.

Suzanne Johnson
NOTARY PUBLIC

SUZANNE JOHNSON
MY COMMISSION # GG 367890
EXPIRES: September 15, 2023
Bonded Thru Notary Public Underwriters

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Donna Brasch

Responsible Person of Placida 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.

Donna Brasch

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

Donna Brasch

Print Name of Authorized Person

04/16/2020

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000243992

FILED
Apr 09, 2020
Secretary of State
3293699585CC

Entity Name: CAPTIVA PHARMACY HOLDINGS LLC

Current Principal Place of Business:

DONNA BRASCH
5794 VAN CAMP STREET
NORTH PORT, FL 34291

Current Mailing Address:

2828 S MCCALL ROAD UNIT 218
ENGLEWOOD, FL 34224 US

FEI Number: 32-0548425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRASCH, DONNA
5794 VAN CAMP STREET
NORTH PORT, FL 34291 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	BRASCH, DONNA
Address	5794 VAN CAMP STREET
City-State-Zip:	NORTH PORT FL 34291

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA BRASCH — OWNER — 04/09/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date

PLACIDA RX

5855 Placida Road Suite 300, Englewood, FL 34224
Phone: (941)214-5498 Fax: (941)214-5508

OWNERSHIP INFORMATION

Pharmacy Address

2828 S. McCall Rd.
Unit 218
Englewood, FL 34224

EIN: 82-3733751

Pharmacy Owner

Captiva Pharmacy Holdings, LLC
Van Camp St.
North Port, FL 34291

EIN: 35-2594366

Captiva Pharmacy Holdings, LLC

Donna Brasch
Van Camp St.
North Port, FL 34291

Title: Owner & Managing Member

Authorized Individuals

Nicholas Petty
Treviso Grand Cir. Apt
Nokomis, FL 34275

Title: Pharmacist in Charge

Board of Directors

Donna Brasch
Nicholas Petty

5L

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: Premier Care Pharmacy

Physical Address: 863 N 980 W · Orem, Ut · 84057

Mailing Address: 863 N 980 W · Orem · Ut · 84057

City: Orem State: Ut Zip Code: 84057

Telephone: 801-607-2138 Fax: 801·225·2388

Toll Free Number: 1-877-844-6901 (Required per NAC 639.708)

E-mail: premiercarepharmacy@live.com Website: www.premiercarepharmacy0.com

Managing Pharmacist: Aaron Nakken License Number: 6912332-1701

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.

Colleen Nakken

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

Colleen Nakken — Print Name of Authorized Person

2-19-2020 — Date

Board Use Only Date Processed: MAR 0 9 2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Utah

Parent Company if any: N/A

Mailing Address: 863 N 980 W

City: Orem State: Ut Zip: 84057

Telephone: 801-607-2138 Fax: 801-225-2388

Contact Person: Aaron Nakken

For any corporation non publicly traded, disclose the following:

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

a) Gary Nakken — Bluebird Rd · Orem · Ut 84057
Name Address

b) Colleen Nakken — Bluebird Rd · Orem · Ut 84057
Name Address

c) N/A
Name Address

d) N/A
Name Address

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

3) What was the price paid per share? $5,000

4) What date did the corporation actually receive the cash assets? 6-14-2013

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 _____ pm

Sunday N/A 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: _____

Details For:

Business Name: PREMIER CARE PHARMACY, INC.
Entity Number: 8709664-0142

Business Entity Details:

Status: Active
Registration Date: 06/14/2013
Business Type: Corporation - Domestic - Profit
Principal Business Address: 863 N 980 W
Orem, UT 84057 United States
Edit Address

Registered Agent Information

Registered Agent: GARY NAKKEN
1771 BLUEBIRD ROAD
Orem, UT 84057 United States
Edit Address
New

NAICS Information - Business Purpose

Code: 4461
Description: Health and Personal Care Stores
Edit

Registered Principals/Officers

+ Add principal/officer

Officer	COLLEEN NAKKEN Copy to another position	BLUEBIRD ROAD OREM, UT 84097 United States	Edit Address	Remove
Vice President	COLLEEN NAKKEN Copy to another position	LUEBIRD ROAD OREM, UT 84097 United States	Edit Address	Remove
Director	GARY NAKKEN Copy to another position	BLUEBIRD ROAD Orem, UT 84057 United States	Edit Address	Remove
Officer	GARY NAKKEN Copy to another position	3LUEBIRD ROAD Orem, UT 84057 United States	Edit Address	Remove

Access Code 5115647

Corp shares

FORM # UN-SO-3

Copyright 1974-80 by ALL STATE LEGAL SUPPLY CO
One Commerce Drive, Cranford, N.J. 07016

Premier Care Pharmacy
(NAME OF CORPORATION)

REGISTER of SHARES of STOCK ISSUED and OUTSTANDING

TOTAL AUTHORIZED CAPITAL STOCK

Class ..... Par Value ..... Class ..... Par Value ..... Class ..... Par Value .....

	DATE of ISSUE	NUMBER of SHARES ISSUED	CONSIDERATION PAID		* CUMULATIVE TOTAL (By Class) OUTSTANDING			TREASURY STOCK	NUMBER of SHARES RETIRED REDEEMED OR CANCELLED
			CASH	PROPERTY or SERVICES	CLASS: COMMON	CLASS:	CLASS:		
1	6/14/13	5,000			5,000				
2	6/14/13	5,000			10,000				
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									

Last figure in each column indicates grand total of that class issued and outstanding, to date of last entry.

*Where shares have been retired, redeemed or cancelled, enter the number of shares here and reflect the reduced total of outstanding shares in the appropriate *cumulative total column.*

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Colleen Nakken

Responsible Person of Premier Care 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.

Colleen Nakken

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

Colleen Nakken

Print Name of Authorized Person

2-20-2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
) ss.
Utah COUNTY)

I, Colleen Nakken, 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 Vice President for Premier Care 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, Colleen Nakken, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Colleen Nakken
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
20 day of February, 2020.

Alyssa Taylor
NOTARY PUBLIC

ALYSSA TAYLOR
Notary Public - State of Utah
Comm. No. 699713
My Commission Expires on
Mar 26, 2022

Certificate of Corp

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

PREMIER CARE PHARMACY, INC.
863 N 980 W
OREM UT 84057

February 24, 2020

CERTIFICATE OF EXISTENCE

Registration Number: 8709664-0142
Business Name: PREMIER CARE PHARMACY, INC.
Registered Date: JUNE 14, 2013
Entity Type: CORPORATION - DOMESTICE - PROFIT
Current 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

State License

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Premier Care Pharmacy

EFFECTIVE 10/16/2019
EXPIRATION 09/30/2021

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11491890-1704 Pharmacy - Class B
11491890-8913 Dispensing Controlled Substance License

Closed Door

DBA: None Associated

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.

PREMIER CARE PHARMACY
863 N 980 W
OREM UT 84057

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: **10/16/2019**

EXPIRATION DATE: **09/30/2021**

ISSUED TO: **Premier Care Pharmacy**
863 N 980 W
Orem UT 84057

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11491890-1704 Pharmacy - Class B
11491890-8913 Dispensing Controlled Substance License

Closed Door

DBAs: None Associated

Form #1

good standing

UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
LICENSEE LOOKUP & VERIFICATION SYSTEM

Details for Premier Care Pharmacy

License Information

Name:	Premier Care Pharmacy
City, State, Zip, Country:	Orem UT 84057 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class B
License Number:	11491890-1704
Obtained By:	Application
License Status:	Active
Original Issue Date:	10/16/2019
Expiration Date:	09/30/2021
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A

Specialty(s):
Closed Door

UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
LICENSEE LOOKUP & VERIFICATION SYSTEM

Details for Premier Care Pharmacy

License Information

Name:	Premier Care Pharmacy
City, State, Zip, Country:	Orem UT 84057 United States
Profession:	Pharmacy
License Type:	Dispensing Controlled Substance License
License Number:	11491890-8913
Obtained By:	Application
License Status:	Active
Original Issue Date:	10/16/2019
Expiration Date:	09/30/2021
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A

5M

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*** 03792

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: RARX, LLC

Physical Address: 1911 Church Street STE 202

Mailing Address: 1911 Church Street STE 202

City: Nashvillle State: TN Zip Code: 37203

Telephone: 844-319-2259 Fax: 844-319-2260

Toll Free Number: 844-319-2259 (Required per NAC 639.708)

E-mail: bwescott@rxpartnersmgt.com Website: www.rarxpharmacy.com

Managing Pharmacist: Leana Stigall License Number: 40184 TN

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

Brantley Wescott, Executive Vice President
Print Name of Authorized Person

04/15/2020
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: Bart E Ashley, Jr.

Business Name: Rx Partners, LLC

Current Business Address: 1911 Church Street

City: Nashville State: TN Zip Code: 37203

Telephone: 615-301-5953 Fax: 615-467-5558

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5:30 pm Saturday 9 am 1 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, Brantley Wescott

Responsible Person of RARX, 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

Brantley Wescott
Print Name of Authorized Person

04/15/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Tennessee)
) ss.
Davidson COUNTY)

I, Brantley Wescott, 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 Executive Vice President for RARX, 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, Brantley Wescott, 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 April, 2020

MARK R. BELL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

NOTARY PUBLIC
EXP: 05/09/2023

CERTIFICATE OF RX PARTNERS, LLC
Pursuant to Article 4 of the Asset Purchase Agreement

Effective as of December 31, 2019

This Certificate ("Certificate") is being delivered with reference to that certain *Membership Interest Purchase Agreement* dated effective December 31, 2019 ("Purchase Agreement"), by and between **ART MANAGEMENT HOLDINGS, LLC**, a Delaware limited liability company ("Seller"), and **RX PARTNERS, LLC**, a Tennessee limited liability company ("Buyer"). Capitalized terms that are used in this Certificate and not otherwise defined herein shall have the meanings ascribed to them in the Purchase Agreement.

The undersigned hereby certifies as of the effective date of this Certificate that all of Buyer's representations and warranties set forth in Article 4 of the Purchase Agreement are accurate as of the effective date of this Certificate as if made on the effective date of this Certificate.

IN WITNESS WHEREOF, the undersigned has executed this Certificate to be effective as of the date written above.

BUYER:

RX PARTNERS, LLC

By: _____
Bart E. Ashley, Jr., President

47115

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005378
EXPIRATION DATE: 07/31/2020

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

PHARMACY BOARD
PHARMACY
RARX, LLC

COMMISSIONER OF HEALTH

RARX, LLC
1911 CHURCH ST, SUITE 202
NASHVILLE TN 37203-2320

11172569
47115

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
PHARMACY
RARX, LLC
1911 CHURCH ST, SUITE 202
NASHVILLE TN 37203

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

ID NUMBER: 0000005378
EXPIRATION DATE: 07/31/2020

Diona E. Snyder
INTERIM DIRECTOR, HEALTH RELATED BOARDS

CONTROLLED SUBSTANCE REGISTRATION

COMMISSIONER

DCF171

1911Church St STE 202
Nashville, TN 37203
844.319.2259 • rarx@rxpartnersmgt.com

RARx, LLC Ownership:

Rx Partners, LLC (Owner 100%)
822965424
1911 Church Street
Nashville, TN 37203
615-301-5953

Bart (Ned) E Ashley, Jr. President, Managing Member (Owner Rx Partners, LLC 100%)

5 Old Natchez Trace
Franklin, TN 37069

Brantley L. Wescott, Pharm.D., Executive Vice President

1 Concord Rd
Brentwood, TN 37027

Leana Stigall, Pharm.D., PIC

Seven Oaks Blvd
APT 6205
Smyrna, TN 37167

Business Address for all:
1911Church Street Nashville, TN 37203
615-301-5953

Best Regards,

Brantley L. Wescott, Pharm.D.
Executive Vice President
bwescott @rxpartners mgt.com
615-301 -5953
1911Church Street
Nashville, TN 37203

5N

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: Rite RX Pharmacy

Physical Address: 6918 Stirling Road, Hollywood FL 33024

Mailing Address: Same as above

City:_____ State:_____ Zip Code: _____

Telephone: 800-931-6279 Fax: 888-620-0773

Toll Free Number: 800-931-6279 (Required per NAC 639.708)

E-mail: inbox@riterxpharmacy.com Website: N/A

Managing Pharmacist: Tanya Finlay License Number: PS50240 (FL)

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

Michael Suro

Print Name of Authorized Person

1/15/20

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: Florida

Parent Company if any: N/A

Mailing Address: 6918 Stirling Road

City: Hollywood State: FL Zip: 33024

Telephone: 800-931-6279 Fax: 888-620-0773

Contact Person: Maria Yeager

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. 0

3) What was the price paid per share? no

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: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 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: 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

Rite RX Pharmacy Corp, Owner and Operator
Mailing Address: 6819 Stirling Road, Hollywood FL 33024

Mike Suro, CEO
Mailing Address: 6819 Stirling Road, Hollywood FL 33024

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael Suro

Responsible Person of Rite RX 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

Michael Suro
Print Name of Authorized Person

1/15/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FLORIDA)
) ss.
BROWARD COUNTY)

I, Michael Suro, 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 for Rite RX Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

3. I understand and acknowledge that the Pharmacy and any of its 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, Michael Suro, 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
15th day of January, 2020.

NOTARY PUBLIC

MELINDA RILEY PAUL
Notary Public – State of Florida
Commission # GG 129148
My Comm. Expires Jul 27, 2021

State of Florida
Department of State

I certify from the records of this office that RITE RX PHARMACY CORP is a corporation organized under the laws of the State of Florida, filed on April 15, 2019, effective April 12, 2019.

The document number of this corporation is P19000031867.

I further certify that said corporation has paid all fees due this office through December 31, 2019 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of January, 2020

Secretary of State

Tracking Number: 9541665090CU

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

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

9294586

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/16/2019	PH 32274	115962

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy

Expiration Date: **FEBRUARY 28, 2021**
RITE RX PHARMACY CORP
Rite RX Pharmacy
6918 STIRLING ROAD
HOLLYWOOD, FL - 33024

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 9294586

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/16/2019	PH 32274	115962

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : FEBRUARY 28, 2021

RITE RX PHARMACY CORP
Rite RX Pharmacy

QUALIFICATION(S):
Community Pharmacy

Department of Health

License Number: PH32274

Data As Of 1/14/2020

Profession	Pharmacy
License	PH32274
License Status	CLEAR/
Qualifications	Community Pharmacy
License Expiration Date	2/28/2021
License Original Issue Date	08/12/2019
Address of Record	6918 Stirling Road HOLLYWOOD, FL 33024
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

AC# 9164636

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/20/2019	**PS 50240**	**291927**

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **SEPTEMBER 30, 2021**
TANYA RENAY FINLAY
6918 STIRLING ROAD
HOLLYWOOD, FL - 33024

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

Department of Health

TANYA RENAY FINLAY

License Number: PS50240

Data As Of 1/14/2020

Profession	Pharmacist
License	PS50240
License Status	CLEAR/ACTIVE
License Expiration Date	9/30/2021
License Original Issue Date	04/30/2013
Address of Record	6918 Stirling Road HOLLYWOOD, FL 33024 UNITED STATES
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

50

DocuSign Envelope ID: EF2B6392-4C24-4A09-9E5D-D2246DB63037

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*** 03428

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: River Medical Pharmacy, LLC dba River Medical Pharmacy

Physical Address: 4752 Research Dr.,San Antonio, TX 78240

Mailing Address: 4752 Research Dr.

City: San Antonio State: TX Zip Code: 78240

Telephone: 210-877-6180 Fax: 210-877-6202

Toll Free Number: 1-800-617-1490 (Required per NAC 639.708)

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

Managing Pharmacist: Heather Mulvihill License Number: 34835

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,**

DocuSign Envelope ID: EF2B6392-4C24-4A09-9E5D-D2246DB63037

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.

DocuSigned by:
Steve Vogt
D3E136E456FB40B...

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

Steve Vogt
Print Name of Authorized Person

3/26/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

DocuSign Envelope ID: EF2B6392-4C24-4A09-9E5D-D2246DB63037

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: BioPlus Parent, LLC

Mailing Address: 376 Northlake Blvd.

City: Altamonte Springs State: FL Zip: 32701

Telephone: 407-830-8820 Fax: 800-269-5493

Contact Person: Elvin Montanez

For any corporation non publicly traded, disclose the following:

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

a) 100% owned by BioPlus Parent, LLC, 50 Kennedy Plaza, 12th Floor, Providence, RI 02903
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: 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 Toll-Free On call

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

DocuSign Envelope ID: EF2B6392-4C24-4A09-9E5D-D2246DB63037

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Steve Vogt

Responsible Person of River Medical Pharmacy, LLC dba River Medical 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.

DocuSigned by:
Steve Vogt
D3E136E456FB40B...

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

Steve Vogt
Print Name of Authorized Person

3/26/2020
Date

DocuSign Envelope ID: EF2B6392-4C24-4A09-9E5D-D2246DB63037

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Bexar COUNTY)

I, Heather Mulvihill, 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 River Medical Pharmacy, LLC dba River Medical 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, Heather Mulvihill , do hereby swear under penalty of perjury that the assertions of this affidavit are true.

DocuSigned by:
Heather Mulvihill
BA19790FBA8E4E7...
3/26/2020

SUBSCRIBED AND SWORN TO
before me, a notary public this
___day of_____, 20___.

_____
NOTARY PUBLIC

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

License No. **29857** Expiration Date: **3/31/2021**

Balances: **1**

RIVER MEDICAL PHARMACY INC
4752 RESEARCH DR
SAN ANTONIO TX 78240

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Texas Pharmacy License # 29857

RIVER MEDICAL PHARMACY INC

License Information

License Status Active
License # 29857
Expiration Date 03/31/2021
Date License Issued 03/17/2015

Address

4752 RESEARCH DR
SAN ANTONIO, TX 78240
County BEXAR
Phone (210) 877-6180

Pharmacy Details

Prior Disciplinary Orders* No

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

Class of Pharmacy Community Pharmacy
Type of Ownership Corporation
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
MULVIHILL, HEATHER ANNE

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Other

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

Remedial Plans and Inspection Reports

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

Services Provided

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

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
BENHAM, STACEY DENISE WUTHRICH	33636	10/22/1992	08/31/2020	Relief	Active
HOFFMANN, BRYAN LEE	33787	03/02/1993	01/31/2022	Staff	Active
MULVIHILL, HEATHER ANNE	34835	08/01/1994	12/31/2021	PIC	Active

Page 1 of 1 20 View 1 - 3 of 3

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
DE LA CRUZ, KRYSTAL MARIA	179068	01/14/2011	09/30/2020	Staff	Active
MULVIHILL, NATALIE	262852	11/01/2016	11/30/2020	Staff	Active
SEIBOLD, KRISTEN AMBER	291954	01/01/2019	01/31/2021	Staff	Active

Page 1 of 1 20 View 1 - 3 of 3

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

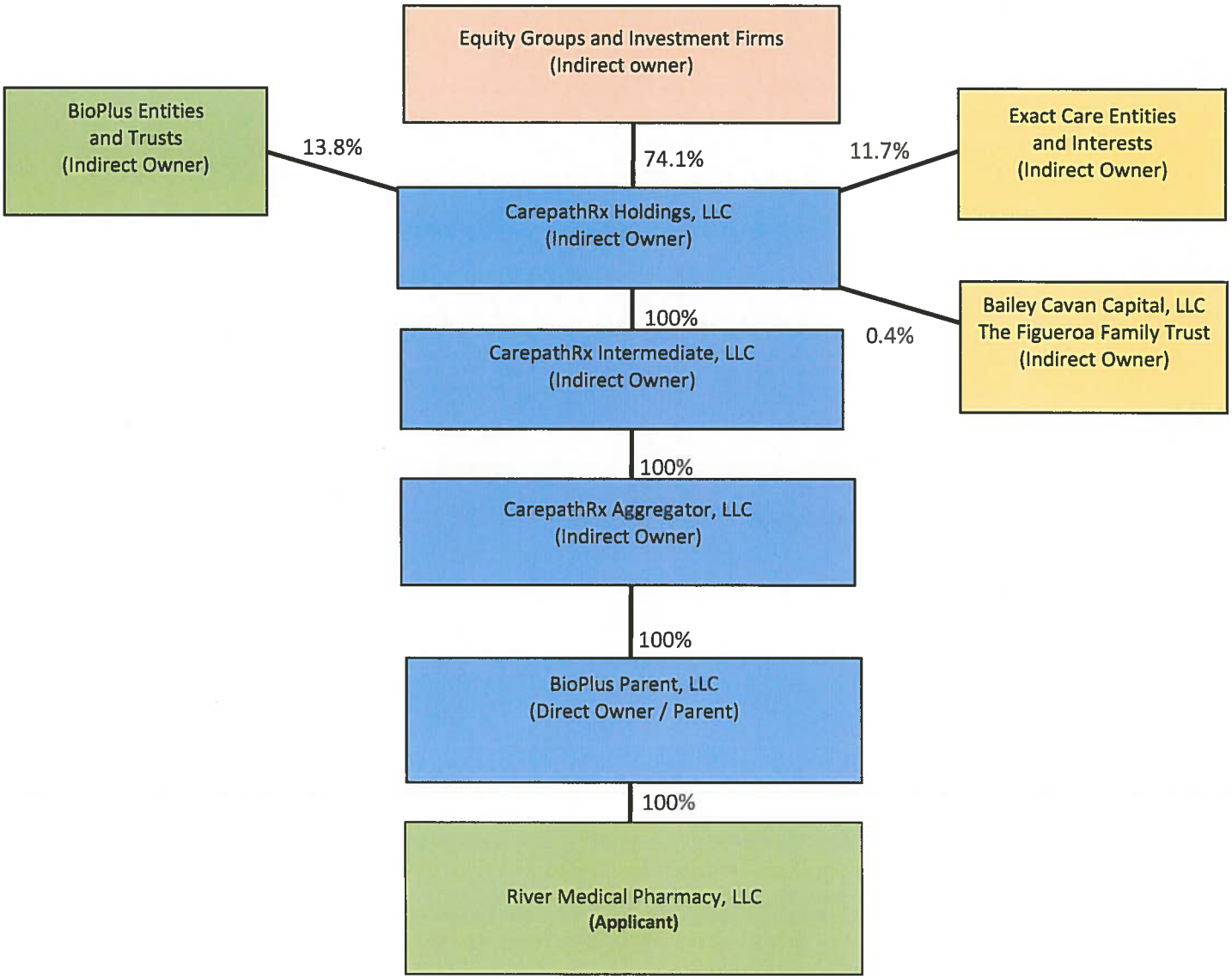
Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
RIVER MEDICAL PHARMACY, INC.	OWNER	4752 RESEARCH DR,	SAN ANTONIO	TX	78240
VOGT, STEPHEN C	OFFICER	,			
MONTANEZ, ELVIN MONTANEZ	OFFICER	,			
MACLEAY, MICHAEL R	OFFICER	,			
GARNER, H. STEPHEN	OFFICER	,			

Page 1 of 1 20 ▼ View 1 - 5 of 5

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

River Medical Pharmacy, LLC
Proposed and Final Corporation Structure



As of: 04-16-2020

Officer List

Stephen H. Garner, Vice President
DOB: (
SSN:
Home Address: Highland Road, Winter Park, FL 32789
Phone: 40
Email: sgarner@prohealthmed.com

Stephen C. Vogt, President
DOB: (
SSN:
Home Address: Barcelona Way, Winter Park, FL 32789
Phone:
Email: svogt@bioplusrx.com

DIVISION OF CORPORATIONS

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

Detail by Entity Name

Florida Profit Corporation
RIVER MEDICAL PHARMACY, INC.

Filing Information

Document Number	P11000089703
FEI/EIN Number	45-3667026
Date Filed	10/12/2011
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/15/2014

Principal Address

376 NORTHLAKE BOULEVARD
ALTAMONTE SPRINGS, FL 32701

Changed: 01/31/2018

Mailing Address

376 NORTHLAKE BOULEVARD
ALTAMONTE SPRINGS, FL 32701

Changed: 01/31/2018

Registered Agent Name & Address

LUSSIER, JAMES R
225 EAST ROBINSON STREET
LANDMARK CENTER II, SUITE 600
ORLANDO, FL 32801

Name Changed: 10/15/2014

Officer/Director Detail

Name & Address

Title D

MACLEAY, MICHAEL R
376 NORTHLAKE BLVD.
ALTAMONTE SPRINGS, FL 32701

Title D

VOGT, STEPHEN C
376 NORTHLAKE BLVD.
ALTAMONTE SPRINGS, FL 32701

Title D

GARNER, H. STEPHEN

376 NORTHLAKE BLVD.
ALTAMONTE SPRINGS, FL 32701

Annual Reports

Report Year	Filed Date
2018	01/31/2018
2019	02/13/2019
2020	02/21/2020

Document Images

02/21/2020 -- ANNUAL REPORT	View image in PDF format
02/13/2019 -- ANNUAL REPORT	View image in PDF format
01/31/2018 -- ANNUAL REPORT	View image in PDF format
01/18/2017 -- ANNUAL REPORT	View image in PDF format
03/29/2016 -- ANNUAL REPORT	View image in PDF format
02/23/2015 -- ANNUAL REPORT	View image in PDF format
10/15/2014 -- REINSTATEMENT	View image in PDF format
12/10/2012 -- Name Change	View image in PDF format
04/12/2012 -- ANNUAL REPORT	View image in PDF format
10/12/2011 -- Domestic Profit	View image in PDF format

Florida Department of State, Division of Corporations

5P

DocuSign Envelope ID: 71E47FD6-6CFD-4CBD-B432-C3645D3A9327

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*** 03957

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: Raina Rx, LLC dba Route 300 Pharmacy

Physical Address: 1208 Route 300, Suite 103, Newburgh, NY 12550

Mailing Address: 376 Northlake Blvd.

City: Altamonte Springs State: FL Zip Code: 32701

Telephone: 845-275-0816 Fax: 845-275-0846

Toll Free Number: 800-810-9274 (Required per NAC 639.708)

E-mail: info@route300pharmacy.com Website: www.route300pharmacy.com

Managing Pharmacist: Amar Patel License Number: 053122

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,**

DocuSign Envelope ID: 71E47FD6-6CFD-4CBD-B432-C3645D3A9327

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.

DocuSigned by:
Steve Vogt
Original Signature of Person Authorized to Submit Application, no copies or stamps

Steve Vogt
Print Name of Authorized Person

3/25/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

DocuSign Envelope ID: 71E47FD6-6CFD-4CBD-B432-C3645D3A9327

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: BioPlus Parent, LLC

Mailing Address: 50 Kennedy Plaza, 12th Floor

City: Providence State: RI Zip: 02903

Telephone: 407-830-8820 Fax: 800-269-5493

Contact Person: Elvin Montanez

For any corporation non publicly traded, disclose the following:

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

a) 100% owned by BioPlus Parent, LLC 50 Kennedy Plaza, 12th Floor, Providence, RI 02903
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: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours Toll-Free

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

DocuSign Envelope ID: 71E47FD6-6CFD-4CBD-B432-C3645D3A9327

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Steve Vogt

Responsible Person of Raina Rx, LLC dba Route 300 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.

DocuSigned by:
Steve Vogt
D3E136EA36FB40B...

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

Steve Vogt

Print Name of Authorized Person

3/25/2020

Date

DocuSign Envelope ID: 71E47FD6-6CFD-4CBD-B432-C3645D3A9327

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
Orange COUNTY)

I, Amar 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 Pharmacist-in-Charge for Raina Rx, LLC dba Route 300 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, Amar Patel, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

DocuSigned by:
Amar Patel
1AC33B6AACB9143E...
Name Amar Patel

SUBSCRIBED AND SWORN TO
before me, a notary public this
___day of_____, 20___.

_____
NOTARY PUBLIC

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 *

03/03/2020

Type : PHARMACY
Legal Name : RAINA RX LLC
Trade Name : ROUTE 300 PHARMACY
Street Address :
1208 ROUTE 300
SUITE 103
NEWBURGH, NY 12550-5003

Registration No : 034308
Date First Registered : 03/14/16
Registration Begins : 03/01/19
Registered through : 02/28/22
Supervisor : 053122 PATEL AMAR
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.

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2019-22

SUPERVISING PHARMACIST
AMAR PATEL

THIS IS TO CERTIFY

RAINA RX LLC
1208 ROUTE 300
SUITE 103
NEWBURGH, NY 12550-5003

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

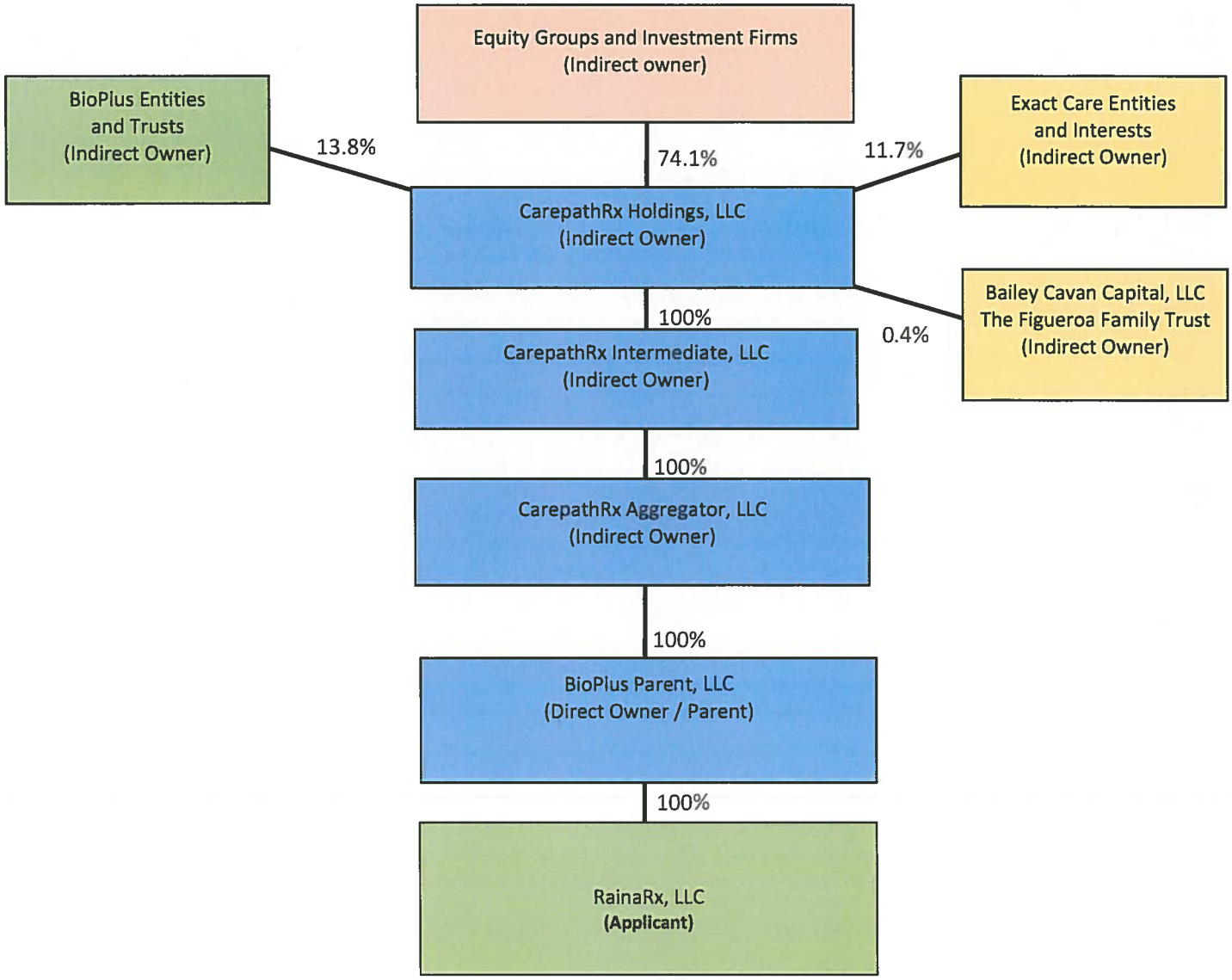
THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF MARCH, 2019.
THIS CERTIFICATE EXPIRES ON THE TWENTY-EIGHTH DAY OF FEBRUARY, 2022.

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
034308

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

RainaRx, LLC
Proposed and Final Corporation Structure



As of: 04-16-2020

Officer List

Stephen H. Garner, Vice President
DOB: (
SSN:
Home Address: ´) Highland Road, Winter Park, FL 32789
Phone: ,
Email: sgarner@prohealthmed.com

Stephen C. Vogt, President
DOB:
SSN: 2
Home Address: Barcelona Way, Winter Park, FL 32789
Phone:
Email: svogt@bioplusrx.com

5Q

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: SPRING MEDS INC.

Physical Address: 2810 W. 3RD ST, STE #3

Mailing Address: 2810 W. 3RD ST, STE #3

City: SIOUX FALLS State: SD Zip Code: 57104

Telephone: 888.305.1722 Fax: 888.305.1723

Toll Free Number: 888.305.1722 (Required per NAC 639.708)

E-mail: ccooper@springmeds.com Website: springmeds.com

Managing Pharmacist: Cynthia Cooper License Number: R6367

TYPE OF PHARMACY		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

Cynthia Cooper
Print Name of Authorized Person

4/10/2020
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: SOUTH DAKOTA

Parent Company if any: SPRING MEDS INC.

Mailing Address: 2810 W. 3RD ST., STE #3

City: SIOUX FALLS State: SD Zip: 57104

Telephone: 605.305.1722 Fax: 605.305.1723

Contact Person: Cynthia Cooper RPH/PIC, MARK SCOTT (PRESIDENT)

For any corporation non publicly traded, disclose the following:

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

a) MARK SCOTT, ARTHUR ST WINNIPEG, MANITOBA
Name Address

b) BRENT PENNER, IRVING PL WINNIPEG, MANITOBA
Name Address

c) _____
Name Address

d) _____
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 %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday / am / pm

Sunday / am / pm 24 Hours 888.305.1722

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

BRENT PENNER (SECRETARY)
MARK SCOTT (PRESIDENT)

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, CYNTHIA COOPER

Responsible Person of SPRING MEDS 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

CYNTHIA COOPER
Print Name of Authorized Person

4/10/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF South Dakota)
) ss.
Minnehaha COUNTY)

I, Cynthia Cooper, 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 SPRING MEDS INC. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

3. I understand and acknowledge that the Pharmacy and any of its 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, Cynthia Cooper, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name 4/14/20

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

NOTARY PUBLIC

KELSEY K DYCE
Seal
Notary Public
South Dakota

South Dakota
Department of Health
Controlled Substance Certificate

Issued To: SPRING MEDS INC PHARMACY

2810 W 3rd St, STE #3

Sioux Falls SD 57104

Registration Number

FS9162671

Business Activity

Pharmacy

Schedules

III , IV

This registration will expire on 02/28/2023 or if registrant fails to maintain registration with his/her professional board, retires from active practice of profession, or is found to be in violation of SDCL 34-20B and/or ARSD 44:58.

Kim Malsam-Rysdon

Secretary of Health

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF: OWNERSHIP, CONTROL LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

DB176424

ARTICLES OF INCORPORATION

DOMESTIC BUSINESS CORPORATION
SDCL 47-1A-120, 129 & 202

Secretary of State
500 E. Capitol Ave
Pierre, SD 57501-5070
(605) 773-4845

Filing Fee: $150

Total Fee: $150

Please Type or Print Clearly in Ink
Please submit one Original
Make payable to the SECRETARY OF STATE

Article I

The name of the Company: **Spring Meds, Inc.**

Article II

100 common shares

The number of shares the corporation is authorized to issue: **100 preferred shares**

The duration of the company if other than perpetual is: **Perpetual**

If the document is not to be effective upon filing by the Secretary of State, the delayed effective date is: _____

Article III

The address of the principal office in or out of the State of South Dakota where the company conducts its business:

Actual Street Address
4820 E. 57TH ST. STE B
SIOUX FALLS, SD 57108

Mailing Address
4820 E. 57TH ST. STE B
SIOUX FALLS, SD 57108

Article IV

SDCL 47-1A-202(4), 59-11-6

The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(b) The South Dakota Commercial Registered Agent's name & CRA#

CRA: **Taylor Law Firm, P.C. (2009892)**

Actual Street Address in this State
4820 E 57TH ST
SIOUX FALLS, SD 57108-8648

Mailing Address in this State

B0128-4142 01/27/2020 3:09PM Rec'd by SD SOS

BU128-4144 01/27/2020 3:09PM Rec'd by SD SOS

State of South Dakota

Office of the Secretary of State

Certificate of Incorporation

Domestic Business Corporation

I, Steve Barnett, Secretary of State of the State of South Dakota, hereby certify that the ARTICLES OF INCORPORATION for

Spring Meds, Inc.

BUSINESS ID# DB176424

with an effective date of: January 27, 2020, duly signed and verified,SDCL 47-1A-120, 129 & 202 has been received in this office and is found to conform to law.

ACCORDINGLY, and by virtue of the authority vested in me by law, I hereby issue this Certificate of Incorporation and attach hereto a duplicate of the ARTICLES OF INCORPORATION.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, January 27, 2020.

Steve Barnett

01/27/2020 3:09 PM

Steve Barnett
Secretary of State

South Dakota Board of Pharmacy

LICENSED FULL TIME PHARMACY

A license to conduct a Pharmacy as described above is hereby granted to the Registered Pharmacist-in-Charge named on the license for:

Spring Meds, Inc
2810 W 3rd st Suite 3
Sioux Falls SD 57104
License NO:100-2069

Renewal Date: Expiration Date: **06/30/2020**

Initial Issue Date: 03/23/2020 Fee Paid: $200.00

PDMP: REQUIRED TO REPORT TO PDMP UNTIL 06/30/2020
Pharmacist-in-Charge: CYNTHIA J COOPER #R-6367

LISTED PHARMACIST(S) are hereby charged with active management of the pharmacy named above for the duration of this license or until this license has been transferred by law.

Kari Shanna Koenders

EXECUTIVE DIRECTOR

SOUTH DAKOTA BOARD OF PHARMACY
4001 W Valhalla Blvd, Suite 106
Sioux Falls, SD 57106
Phone: 605-362-2737 www.pharmacy.sd.gov

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED IN PHARMACY TO WHICH IT APPLIES

General Information

- *Please make note license expiration date. It is your responsibility to renew this license before it expires.*
- *Renewal of this license can be completed between May 1st and June 30th each year. There is no grace period.*
- *Annual fee of $200.*
- *To change the pharmacist-in-charge, complete the PIC transfer form on the SD Board of Pharmacy website at this link: https://doh.sd.gov/boards/pharmacy/pharmacies.aspx*
- *To do a name or address change, complete the pharmacy notification form at the SD Board of Pharmacy website at this link: https://doh.sd.gov/boards/pharmacy/pharmacies.aspx*
- *For pharmacy change of ownership, complete a new application with all required documents if equal to or greater than 50% change at the parent level or below.*

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: SPRING MEDS INC.

Nevada license number: _____

Websites in use or intended to be used: springmeds.com

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

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.

SOUTH DAKOTA (TO DATE)

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

4/10/2020
Date

Pharmacy Policy and Procedure Manual

Version # 1, Effective April 1, 2020.

1. Pharmacy Information

Spring Meds Inc.
2810 W. 3rd Street Suite #3
Sioux Falls, SD.
57104

License # 100-2069
Phone number 1-888-305-1722
Fax number 1-888-305-1723
Email info@springmeds.com
Website www.springmeds.com

This is Spring Meds only location with no plans to move or open more locations within the next 12 months.

Spring Meds Pharmacy Hours are Monday to Friday 9am - 5pm central time.
Closed weekends and holidays.
The toll free phone numbers will be available 24/7. After regular hours there will be the ability to leave a message. Messages will be returned the next business day. There will be a pharmacist on call Saturdays 10am - 2pm. Spring Meds will expand its hours as required.

Contact information will be provided on all prescription labels, drug information sheets and websites. The toll free phone number, 1-888-305-1722 is accessible from anywhere in the USA.

Spring Meds is a closed door, mail order pharmacy. Spring Meds will only ship prescription products to states it is licensed in. Spring Meds will follow both the laws of South Dakota and the laws of the state it ships into.

Opening procedure requires a Pharmacist must be on duty at all times during opening hours.

2. Staff

Pharmacist in Charge - Cynthia Cooper
Other Pharmacists - none at this time
Pharmacy Technicians - none at this time
Other Staff - none at this time

All staff will be required to sign a Confidentiality Agreement.

3. Operations

A. Inventory Suppliers List:

1. Dakota Drug Inc.
1101 Lund Boulevard
Anoka, MN 55303
Phone: (866) 210-5887
Fax: (763) 421-0661

2. Top Rx
2950 Brother Boulevard
Bartlett, TN 38133
Toll Free: 800.542.8677
Fax: 888.501.6286

B. Procedure for Receiving Inventory
All orders received will be signed for. The order contents will be checked for accuracy as soon as it arrives against the invoice and initialed. Any discrepancies will be reported immediately to the wholesaler. All cold chain products will be removed from the order and immediately placed in the fridge.

C. Stock Layout
All inventory will be organized on shelves in the middle of the pharmacy alphabetically based on their chemical name.Cold chain products will be stored in the temperature monitored fridge. All controlled medications will be stored in the locked cabinet.

D. Drug References
Facts and Comparisons - available on pharmacist's computer desktop.
Physicians Desk Reference - available on pharmacist's computer desktop.

E. Equipment
GPS pharmacy software will be utilized as the pharmacy filling software which will store and process all patient and prescription information and print all reports and labels.
All computers will utilize Windows 10 Pro as their operating system.
A dedicated stock fridge will be used to store temperature sensitive medications.

F. Prescription Filling Workflow :
Prescription is received via fax or e-script on GPS system or taken verbally via physician order by telephone (received by pharmacist).
Order is entered into the GPS database by pharmacy technician or pharmacist.
Entered orders are checked and verified by the pharmacist including DUR review
Verified orders are counted and labelled in a dedicated filling workspace by either a technician or pharmacist and placed in an order tray.
The completed order is given a final physical check
Completed orders are packaged in the dedicated shipping workspace in the appropriate shipping packaging with shipping labels and postage attached.
Orders are picked up for delivery Monday to Friday. by USPS and tracking is provided by USPS.

G. Shipping Policy
Spring Meds will ship products by USPS,UPS,Fedex or DHL. All orders will be shipped within 24 hours after being completed.All orders shipped will be in discreet packaging with no indication of pharmaceuticals enclosed.

The shipping protocol for medications not requiring refrigeration is as follows :

1) Medication will be placed in either a protective poly envelope or a size appropriate box and sealed.
2) Appropriate shipping labels and postage will be applied to the box or envelope.
3) Orders will be assigned a tracking number and will be emailed to the patient once shipped.

The shipping protocol for medications requiring refrigeration (i.e.cold chain) is as follows :

1) Medication will be enclosed in a resealable (e.g. Ziploc) plastic bag.
2) The resealable plastic bag will be surrounded on a minimum of 2 sides by cool packs to maintain temperature in the range of 2- 8°C / 36- 46° F.
3) Medication and cool packs will be placed into a thermal bubble envelope and shipped in a clean,cardboard box (marked with the words “Perishable” and “Rush”) with the appropriate shipping labels attached.
4) Orders will be assigned a tracking number and will be emailed to the patient once shipped.
5) Cold chain medications will be shipped Monday through Thursday only. They will be shipped with next day or 2 day delivery service.

5R

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*** 03848

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: Tampa Family Pharmacy, LLC DBA TFP Wellness Systems

Physical Address: 2919 W. Swann Ave. #101 Tampa, FL. 33609

Mailing Address: 2919 W. Swann Ave. #101

City: Tampa State: FL. Zip Code: 33609

Telephone: 813-871-5161 Fax: 813-877-2479

Toll Free Number: 866-871-5670 (Required per NAC 639.708)

E-mail: Licensing@TFPSpecialty.com Website: Tampa Family Pharmacy.com

Managing Pharmacist: Melissa Castellana License Number: PS 27724

TYPE OF PHARMACY		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.

Melissa Castellana

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

Melissa Castellana

Print Name of Authorized Person

04-01-2020

Date

Board Use Only Date Processed: 3·30·2020 Amount: 500 –

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited X

Partnership Name: Tampa Family Pharmacy, LLC.

Mailing Address: 2919 W. Swann Ave. #101

City: Tampa State: FL. Zip Code: 33609

Telephone Number: 813-871-5161 Fax Number: 813-877-2479

Contact Person: Melissa Castellana

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
CAN Community Health, Inc.	L	80%
Crystal Campbell | Haley Miller	L/L	10% | 10%

List names of 4 largest partners and percentage of ownership:

Name: CAN Community Health, Inc. %: 80

Name: Crystal Campbell %: 10

Name: Haley Miller %: 10

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5:30 pm Saturday X am Closed X pm

Sunday X am closed X 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, Melissa Castellana

Responsible Person of Tampa Family 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.

Melissa P Castellana

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

Melissa Castellana

Print Name of Authorized Person

04-01-2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Hillsborough COUNTY)

I, Melissa Castellana, 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 Tampa Family 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, Melissa Castellana, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Melissa Castellana ~~04-01-2020~~ 03/24/2020 KS.
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
24th day of March, 2020.

Kayla A. Steely
NOTARY PUBLIC

Kayla A. Steely
Comm. #GG934925
Expires: Nov. 26, 2023
Bonded Thru Aaron Notary

State of Florida
Department of State

I certify from the records of this office that TAMPA FAMILY PHARMACY, LLC is a limited liability company organized under the laws of the State of Florida, filed on February 1, 2011, effective January 28, 2011.

The document number of this limited liability company is L11000013319.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on March 2, 2020, 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 Thirteenth day of March, 2020

Secretary of State

Tracking Number: 2075061203CU

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#8775561

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/02/2019	PH 25624	111308

The **PHARMACY** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**

TAMPA FAMILY PHARMACY
TFP Wellness Systems
2919 W. SWANN AVENUE
SUITE 101
TAMPA, FL 33609

QUALIFICATION(S):
SCHEDULE II & III
COMMUNITY PHARMACY
3:1 PHARMACY TECHNICIAN RATIO APPROVED

Ron DeSantis
GOVERNOR

DISPLAY IF REQUIRED BY LAW

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

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

March 26, 2020

Nevada State Board Of Pharmacy
985 Damonte Ranch PKWY, Suite 206
Reno, NV 89521

RE: License Certification for Tampa Family Pharmacy

To Whom It May Concern:

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

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH25624
ORIGINAL CERTIFICATION:	08/19/2011
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Willie Gaines

Willie Gaines
Regulatory Specialist II

/wg

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

Accredited Health Department
Public Health Accreditation Board

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

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

March 26, 2020

Nevada State Board Of Pharmacy
985 Damonte Ranch PKWY, Suite 206
Reno, NV 89521

RE: License Certification for Tampa Family Pharmacy

To Whom It May Concern:

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

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH25624
ORIGINAL CERTIFICATION:	08/19/2011
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Willie Gaines

Willie Gaines
Regulatory Specialist II

/wg

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

Accredited Health Department
Public Health Accreditation Board

5S

Lec 4/29/2020

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: ClearMD Pharmacy, LLC

Physical Address: 61 E Willow St, Millburn NJ 07041

Mailing Address: 61 E Willow St

City: Millburn State: New Jersey Zip Code: 07041

Telephone: (888) 717-7654 Fax: (973) 833-4126

Toll Free Number: (888) 717-7654 (Required per NAC 639.708)

E-mail: licensing@getclearmd.com Website: n/a

Managing Pharmacist: Ze Jiang License Number: New Jersey 28RI03616000

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
		☐	☑ Mail Service Sterile Compounding **
		☐	☑ Other Services: _____

All boxes must be checked

For the application to be complete

****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

Ze Jiang
Print Name of Authorized Person

4/14/2020
Date

Board Use Only Date Processed:_____ Amount: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: LLC - Delaware

Parent Company if any: ClearMD Holdings, LLC

Mailing Address: 61 E Willow St

City: Millburn State: NJ Zip: 07041

Telephone: (888) 717-7654 Fax: (973) 833-4126

Contact Person: Ze Jiang

For any corporation non publicly traded, disclose the following:

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

a) ClearMD Holdings, LLC 228 Park Ave S #80049, New York NY 10003
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: n/a %: _____

Name: _____ %: _____

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 _____

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

Name: Ze Jiang
Title: President & CEO

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Ze Jiang

Responsible Person of ClearMD 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

Ze Jiang
Print Name of Authorized Person

4/14/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey)
) ss.
Union COUNTY)

I, Ze Jiang, 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 ClearMD 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, Ze Jiang, 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
15th day of April, 2020.

Sebastian Rivera
NOTARY PUBLIC

SEBASTIAN M RIVERA
ID No. 50118639
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 12/16/2024

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLEARMD PHARMACY, 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 THIRD DAY OF MARCH, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

7629895 8300

SR# 20201879499

Authentication: 202504917

Date: 03-03-20

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

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Paul R. F
Actir

License Information

Accurate as of March 13, 2020 6:42 PM

Return to Search Results

Name: CLEARMD PHARMACY

Address: Millburn,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00775600

License Status: Active

Status Change Reason: License Issuance

Issue Date: 12/13/2019

Expiration Date: 6/30/2020

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 MULTICOLORED 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

CLEARMD PHARMACY
MICHAEL HEARN
61 E. Willow St.
Millburn NJ 07041

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

12/13/2019 TO 06/30/2020
VALID

28RS00775600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

5T

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: Meds LLC

Physical Address: 2017 N. Mendell St. Unit 100 Chicago Illinois 60614

Mailing Address: 2017 N. Mendell St. Unit 100

City: Chicago State: Illinois Zip Code: 60614

Telephone: 847-219-3948 Fax: None yet

Toll Free Number: 888-428-3791 (Required per NAC 639.708)

E-mail: admin@meds.co Website: NONE

Managing Pharmacist: Theodore Terziev License Number: 051.288724

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

Stephen Sullivan
Print Name of Authorized Person

Date 02/03/20

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: Delaware

Parent Company if any: Robin Holding LLC

Mailing Address: 2017 N. Mendell St. Unit 100

City: Chicago State: IL Zip: 60614

Telephone: 847-219-3948 Fax: None

Contact Person: Beatriz Galindo

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 Parent Company
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: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:-00 pm Saturday 9:00 am 2:00 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, Stephen Sullivan

Responsible Person of Meds, 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

Stephen Sullivan
Print Name of Authorized Person

02/05/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
) ss.
Cook COUNTY)

I, Stephen Sullivan, 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 for Meds, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

3. I understand and acknowledge that the Pharmacy and any of its 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, Stephen Sullivan, 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
3rd day of Feb, 2020.

NOTARY PUBLIC

OFFICIAL SEAL
YEKATERINA CHUDNOVSKY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/22/23

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
054.021426
051.288724

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

MEDS LLC
DBA MEDS HEALTH LLC
THEODORE TERZIEV
2017 N MENDELL ST UNIT 100 STE B
CHICAGO, IL 60614-3033

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

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

14240424

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: 4300320

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Deborah Hagan
Secretary

Cecilia Abundis
Acting Director
Division of
Professional
Regulation

CERTIFICATION OF LICENSURE

dba Meds Health LLC
Theodore Terziev
2017 N Mendell St Unit 100 Ste B

Licensee: License	Meds LLC
Number:	054.021426
Profession:	LICENSED PHARMACY
Date of Issuance:	01/31/2020
Expiration Date:	03/31/2022
License Status:	ACTIVE
License Method:	NON-EXAM
Disciplinary History:	Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 02/20/2020

Cecilia Abundis
Acting Director
Division of Professional Regulation

02/20/2020
Date

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

Facebook www.idfpr.com YouTube Tw itter

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Deborah Hagan
Secretary

Cecilia Abundis
Acting Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89509

Licensee:	Meds LLC
License Number:	054.021426
Profession:	LICENSED PHARMACY
Date of Issuance:	01/31/2020
Expiration Date:	03/31/2022
License Status:	ACTIVE
License Method:	NON-EXAM
Disciplinary History:	Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

SEAL
IL DEPT. OF FINANCIAL & PROFESSIONAL REGULATION
DIV. OF PROFESSIONAL REGULATION

11

Cecilia Abundis
Acting Director
Division of Professional Regulation

March 18, 2020
Date

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

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Deborah Hagan
Secretary

Cecilia Abundis
Acting Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89509

Licensee:	THEODORE V TERZIEV
License Number:	051.288724
Profession:	REGISTERED PHARMACIST
Date of Issuance:	03/14/2002
Expiration Date:	03/31/2022
License Status:	ACTIVE
License Method:	LIC BY EXAM
Disciplinary History:	Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

IL DEPT. OF FINANCIAL & PROFESSIONAL REGULATION
SEAL
DIV. OF PROFESSIONAL REGULATION

Cecilia Abundis
Acting Director
Division of Professional Regulation

March 18, 2020
Date

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

5U

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*** 03939

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: Total Care RX, Inc.

Physical Address: 223-10 Union Turnpike, Oakland Gardens, NY 11364

Mailing Address: 223-10 Union Turnpike

City: Oakland Gardens State: NY Zip Code: 11364

Telephone: (718) 762-7111 Fax: (718) 764-6491

Toll Free Number: (866) 868-2579 (Required per NAC 639.708)

E-mail: AdminLevel2@TotalCareRx.com Website: https://www.totalcarerx.com/

Managing Pharmacist: Benedict Lai Ho, Pharmacist-In-Charge License Number: 041975 (NY)

TYPE OF PHARMACY AND SERVICES PROVIDED

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

****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

Benedict Lai Ho, Pharmacist-In-Charge
Print Name of Authorized Person

12.17.2019
Date

Board Use Only Date Processed: MAR 0 9 2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: Total Care Midco, Inc.

Mailing Address: 223-10 Union Turnpike

City: Oakland Gardens State: NY Zip: 11364

Telephone: (718) 762-7111 Fax: (718) 764-6491

Contact Person: Benedict Lai Ho, Pharmacist-In-Charge

For any corporation non publicly traded, disclose the following:

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

a) Total Care Midco, Inc. (Name) 12121 Wilshire Blvd., Ste. 512, Los Angeles, CA 90025 (Address) (100%)

b) N/A (Name) N/A (Address)

c) N/A (Name) N/A (Address)

d) N/A (Name) N/A (Address)

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

3) What was the price paid per share? No par value

4) What date did the corporation actually receive the cash assets? December 11, 2019

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

The stock register has not yet been created.

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 10 am 6 pm (EST) Saturday 9 am 5 pm (EST)

Sunday 10 am 2 pm (EST) 24 Hours Toll-Free Line Available

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, Benedict Lai Ho, Pharmacist-In-Charge / Compliance Officer

Responsible Person of Total Care Rx, Inc.

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

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

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

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

Benedict Lai Ho, Pharmacist-In-Charge / Compliance Officer
Print Name of Authorized Person

12.17.2019
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
Queens COUNTY)

I, Benedict Lai Ho, 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 / Compliance Officer for Total Care Rx, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

3. I understand and acknowledge that the Pharmacy and any of its 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, Benedict Lai Ho, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Benedict Ho
Name

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

Virginia Hopkins
NOTARY PUBLIC

Virginia Hopkins
Notary Public: State of New York
No. 01HO4806294
Qualified in Kings County
Certificate Filed in New York County
Commission Expires 9/25/2022

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TOTAL CARE RX, INC. was filed on 09/01/2009, under the name of W.H. PHARMACY INC., 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.

A Certificate of Amendment W.H. PHARMACY INC., changing its name to TOTAL CARE RX, INC., was filed 11/13/2009.

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of December two thousand and nineteen.

Brendan C. Hughes
Executive Deputy Secretary of State

*201912170256 * SX*

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 *

12/17/2019

Type : PHARMACY
Legal Name : TOTAL CARE RX, INC.
Trade Name : WORLD'S FAIR PHARMACY
Street Address :
223-10 UNION TURNPIKE
OAKLAND GARDENS, NY 11364-0000

Registration No : 030056
Date First Registered : 07/29/10
Registration Begins : 07/01/19
Registered through : 06/30/22
Supervisor : 041975 HO BENEDICT L
Establishment Status : ACTIVE
Successor : 033943 COMMCARE PHARMACY-NYC, LLC/ TOTAL CARE RX WORLD'S FAIR PHAR

* 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.

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2019-22

SUPERVISING PHARMACIST
BENEDICT L. HO

THIS IS TO CERTIFY

TOTAL CARE RX, INC.
223-10 UNION TURNPIKE
OAKLAND GARDENS, NY 11364

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JULY, 2019.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF JUNE, 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
030056

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
1784

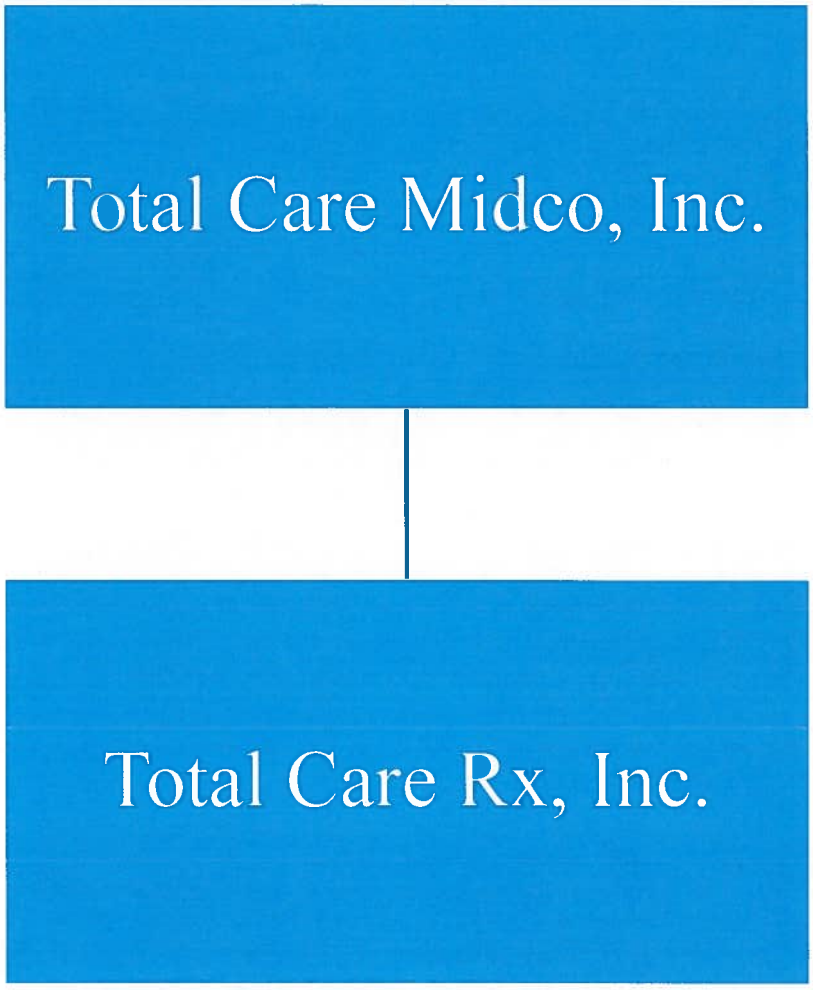
Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

LIST OF OFFICERS AND DIRECTORS

Name	Title
Sherri Ozeran-Cherman	Chief Executive Officer
Paul Valenti	Chief Financial Officer
Matthew Kraus	President & Director
Andrew Fischer	Secretary & Treasurer

This filing and any documents enclosed herewith constitute privileged and confidential trade secrets and/or commercial and financial information, disclosure of which would cause substantial harm to the competitive position of the Applicant. It is therefore exempt from disclosure under applicable state and federal records laws, including but not limited to 45 CFR § 5.31(d).

Post-Closing Organizational Chart
Total Care Rx, Inc.



This filing and any documents enclosed herewith constitute privileged and confidential trade secrets and/or commercial and financial information, disclosure of which would cause substantial harm to the competitive position of the Applicant. It is therefore exempt from disclosure under applicable state and federal records laws, including but not limited to 45 CFR § 5.31(d).

5V

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: Better Health Supplies, Inc.

Physical Address: 680 8th St, Ste 240, Unit G, San Francisco CA 94103
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 680 8th St, Ste 240, Unit G

City: San Francisco State: CA Zip Code: 94115

Telephone: 415-475-8444 Fax: 415-475-8444

E-mail: naama@joinbetter.com Website: store.joinbetter.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: ____ to ____ Tue: 10:00am to 5:30pm Wed: 10:00am to 5:30pm Thu: 10:00am to 5:30pm Fri: 10:00am 5:30pm

____ to ____ Sat: ____ to ____ Sun: ____ to ____ Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Naama S Breckler

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: _____

**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

Naama S Breckler
Print Name of Authorized Person

3/8/2020
Date

Board Use Only	Received: 3-26-2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Better Health Technologies, Inc.

Corporation Name: Better Health Supplies, Inc.

Mailing Address: 680 8th St, Suite 240 Unit G

City: San Francisco State: CA Zip: 94103

Telephone: 415-475-8444 Fax: 855-941-2522

Contact Person: Naama S Breckler

For any corporation non-publicly traded, disclose the following:

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

a) Naama S Breckler — Bush St, San Francisco, CA 94115
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? $0.01

4) What date did the corporation actually receive the cash assets? 12/17/2019

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.

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 "BETTER HEALTH SUPPLIES INC.", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2019, AT 6:37 O`CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.

Jeffrey W. Bullock, Secretary of State

7751049 8100
SR# 20198638764

Authentication: 204239957
Date: 12-17-19

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:37 PM 12/13/2019
FILED 06:37 PM 12/13/2019
SR 20198638764 - File Number 7751049

CERTIFICATE OF INCORPORATION
OF
BETTER HEALTH SUPPLIES INC.

ARTICLE I

The name of this corporation is **BETTER HEALTH SUPPLIES INC.**

ARTICLE II

A. The address of the corporation's registered office in the State of Delaware is 3500 South DuPont Highway in the City of Dover, County of Kent, 19901. The name of the corporation's registered agent at such address is Incorporating Services, Ltd.

B. The name and mailing address of the incorporator of the corporation is:

Naama Stauber Breckler
680 8th Street, Suite 240, Unit G
San Francisco, CA 94103

ARTICLE III

The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

ARTICLE IV

This corporation is authorized to issue one class of stock to be designated "Common Stock," with a par value of $0.01 per share. The total number of shares which the corporation is authorized to issue is 100.

ARTICLE V

Except as otherwise provided in this certificate of incorporation, in furtherance and not in limitation of the powers conferred by statute, the board of directors is expressly authorized to make, repeal, alter, amend and rescind any or all of the Bylaws of the corporation.

ARTICLE VI

The number of directors of this corporation shall be determined in the manner set forth in the Bylaws of this corporation.

ARTICLE VII

Elections of directors need not be by written ballot unless the Bylaws of the corporation shall so provide.

ARTICLE VIII

Meeting of stockholders may be held within or without the State of Delaware, as the Bylaws may provide. The books of the corporation may be kept (subject to any provision contained in the statutes) outside the State of Delaware at such place or places as may be designated from time to time by the board of directors or in the Bylaws of the corporation.

ARTICLE IX

A director of this corporation shall not be personally liable to this corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to this corporation or its stockholders, (ii) for acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law, (iii) under Section 174 of the General Corporation Law, or (iv) for any transaction from which the director derived any improper personal benefit. If the General Corporation Law is amended after approval by the stockholders of this Article 9 to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of this corporation shall be eliminated or limited to the fullest extent permitted by the General Corporation Law as so amended.

Any repeal or modification of the foregoing provisions of this Article 9 by the stockholders of this corporation shall not adversely affect any right or protection of a director of this corporation existing at the time of, or increase the liability of any director of this corporation with respect to any acts or omissions of such director occurring prior to, such repeal or modification.

ARTICLE X

To the fullest extent permitted by applicable law, this corporation is authorized to provide indemnification of (and advancement of expenses to) agents of this corporation (and any other persons to which General Corporation Law permits this corporation to provide indemnification) through bylaw provisions, agreements with such agents or other persons, vote of stockholders or disinterested directors or otherwise, in excess of the indemnification and advancement otherwise permitted by Section 145 of the General Corporation Law, subject only to limits created by applicable General Corporation Law (statutory or non-statutory), with respect to actions for breach of duty to this corporation, its stockholders and others.

Any amendment, repeal or modification of the foregoing provisions of this Article 10 shall not adversely affect any right or protection of a director, officer, agent or other person existing at the time of, or increase the liability of any director of this corporation with respect to any acts or omissions of such director, officer or agent occurring prior to such amendment, repeal or modification.

ARTICLE XI

The corporation reserves the right to amend, alter, change or repeal any provision contained in this certificate of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

THE UNDERSIGNED, being the incorporator hereinbefore named, for the purpose of forming a corporation to do business both within and without the State of Delaware and in pursuance of the General Corporation Law of Delaware, does make and file this Certificate, hereby declaring and certifying that the facts herein stated are true, and accordingly has hereunto set his hand this 13th day of December, 2019.

/s/ Naama Stauber Breckler
Naama Stauber Breckler, Incorporator

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BETTER HEALTH SUPPLIES 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 TWENTIETH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BETTER HEALTH SUPPLIES INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2019.

Jeffrey W. Bullock, Secretary of State

7751049 8300

SR# 20201222989

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

Authentication: 202428733

Date: 02-20-20

List of Officers and Directors

Naama Breckler - CEO

Better Health Supplies, Inc | www.joinbetter.com | Phone: 415-475-8444 | Fax: 415-475-8444
680 8th St. Suite 240, Unit G San Francisco, CA 94110

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/19/2019

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: Matthew Miller	
Embroker Insurance Services LLC 24 Shotwell St.	PHONE (A/C, No, Ext): (844)436-2765	FAX (A/C, No):
	E-MAIL ADDRESS: certificates@embroker.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
San Francisco CA 94103	INSURER A: ACE Property and Casualty Insurance Company	20699
INSURED	INSURER B:	
Better Health Supplies, Inc.	INSURER C:	
	INSURER D:	
680 8th St Suite 240, Unit G	INSURER E:	
San Francisco CA 94103	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 11225 **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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y	Y	D95176227	12/06/2019	12/06/2020	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$ 4,000,000
							PRODUCTS - COMP/OP AGG	$
								$
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			D95176227	12/06/2019	12/06/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
							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)

NSC, National Supplier Clearinghouse is listed as Additional Insured on the General Liability as per written contract. A waiver of subrogation applies to the additional insured with respect to the general liability policy as required by written contract.

CERTIFICATE HOLDER

NSC, National Supplier Clearinghouse
P.O Box 100142

Columbia SC 29202

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

5W

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: BioTAB, LLC

Physical Address: 11701 Borman Dr, Suite 107, St. Louis MO 63146
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 11701 Borman Dr, Suite 107

City: St. Louis State: MO Zip Code: 63146

Telephone: 877-246-8220 Fax: 888-230-2852

E-mail: License@Biotabhealthcare.com Website: WWW.Biotabhealthcare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:00 AM to 4:00 PM Tue: 7:00 AM to 4:00 PM Wed: 7:00 AM to 4:00 PM Thu: 7:00 AM to 4:00 PM Fri: 7:00 AM to 4:00 PM Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Pat Deatherage

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: Pneumatic compression 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: N/A 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:

Medicare 5151870001	MO Medicaid 626415608	CO Medicaid 9000172338
DC Medicaid 067417644	IN Medicaid 200876190A	KS Medicaid 200740250B
KY Medicaid 7100053010	MD Medicaid 130015600	NM Medicaid 74922033
OH Medicaid 2937951	OK Medicaid 200495330A	SC Mediciad DM1500
TN Medicaid 1526267	TX Medicaid 405349801	WI Medicaid 1124124953

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.

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

Tim Bacich
Print Name of Authorized Person

02/28/2020
Date

Board Use Only	Received: 3·26·2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: Timothy Andrew Bacich

List all previous names: N/A

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: St. Louis State: MO Country: United States

Citizenship: USA X other _____

If applicable, list Naturalization Number: N/A Passport Number: N/A

Current residence address: Overbrook Drive City: St. Louis

State: MO Zip Code: 63124 Telephone Number: _____ Fax Number: _____

Previous address (last 5 years): N/A
Address: _____ City: _____ State: ___ Zip Code: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Business Name: BioTAB, LLC

Current Business Address: 11701 Borman Dr, Suite 107

City: St. Louis State: MO Zip Code: 63146

Telephone Number: 877-246-8220 Fax Number: 888-230-2852

Previous Employment (last 5 years):

Name: N/A Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

BioTAB, LLC
LC0542021

was created under the laws of this State on the 9th day of September, 2003, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of October, 2019.

Secretary of State

Certification Number: CERT-10242019-0039

BioTAB Healthcare
BIOTAB, LLC
11701 BORMAN DR. STE. 107
ST. LOUIS, MO 63146

Business License

City of Maryland Heights, Missouri

001209

Know that: **BioTab, LLC**
BIOTAB HEALTHCARE
11701 Borman Dr, Ste 107
St. Louis, MO 63146

Business license renewal includes following additional addresses or suites:

has made application and met all applicable license regulations imposed by City of Maryland Heights ordinances, and is authorized to carry on the following business, trade or occupation as listed herein within the City of Maryland Heights for the period ending June 30, 2020 at the designated premises.

IN WITNESS WHEREOF, we have set our signatures as authorized by City Ordinance.

SEAL

City Clerk

Mayor

TO BE PROMINENTLY POSTED ON THE PREMISES

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/24/2020

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 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: VGM Insurance Services, Inc. 1111 W. San Marnan Dr. Waterloo IA 50701	CONTACT NAME: Kim Kulish PHONE (A/C, No, Ext): (866) 859-0172 FAX (A/C, No): E-MAIL ADDRESS: Kim.Kulish@vgm.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: BENCHMARK INSURANCE COMPANY — 41394
INSURED: Biotab LLC Biotab Healthcare LLC 11701 Borman Drive Suite 107 Saint Louis MO 63146	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	X COMMERCIAL GENERAL LIABILITY			D1019 P0949-4	03/6/2020	03/6/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	X Professional Liability						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:						Deductible	$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/30/2019

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 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: VGM Insurance Services, Inc.
1111 W. San Marnan Dr.
Waterloo IA 50701

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: BENCHMARK INSURANCE COMPANY	41394
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED: Biotab LLC
Biotab Healthcare LLC
11701 Bowman Drive, Suite 107
St. Louis, MO 63146

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			D1018 P0949-3	03/06/2019	03/06/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	X Professional Liability						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:						Deductible	$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/2020

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

StateFarm

The Matt Greer State Farm Agency
14323 S. Outer 40 Rd. Suite 300 N.
Chesterfield, MO 63017
314-576-9900

CONTACT NAME: Matt Greer
PHONE (A/C, No, Ext): 314-576-9900 FAX (A/C, No): 314-576-9901
E-MAIL ADDRESS: matt.greer.c5dm@statefarm.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm Fire and Casualty Company	25143
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Bio Tab LLC
11701 Borman Drive
St. Louis, Mo 63146

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 [ ] CLAIMS-MADE [ ] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			95-C8-A392-0	03/09/2020	03/09/2021	EACH OCCURRENCE	$ 3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$ 6,000,000
							PRODUCTS - COMP/OP AGG	$ 6,000,000
								$
	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)	$
								$
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			95-CM-W178-3	10/07/2019	10/07/2020	EACH OCCURRENCE	$ 3,000,000
							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)

CERTIFICATE HOLDER

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

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/06/2019

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

StateFarm

The Matt Greer State Farm Agency
14323 S. Outer 40 Rd. Suite 300 N.
Chesterfield, MO 63017
314-576-9900

CONTACT NAME: MATT GREER
PHONE (A/C, No, Ext): 314-576-9900 FAX (A/C, No): 314-576-9901
E-MAIL ADDRESS: matt.greer.c5dm@statefarm.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm Fire and Casualty Company	25143
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Bio Tab, LLC
11701 Borman Dr. Suite 107
St. Louis, MO 63146

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 [ ] CLAIMS-MADE [ ] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y	Y	95-KG-8564-0	06/11/2019	06/11/2020	EACH OCCURRENCE	$ 3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$ 6,000,000
							PRODUCTS - COMP/OP AGG	$ 6,000,000
								$
	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)	$
								$
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			95-CM-W178-3	06/11/2019	06/11/2020	EACH OCCURRENCE	$ 3,000,000
							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)

*Houston Methodist Hospital System is named as an Additional Insured excluding Worker's Compensation and Employers Liability
*general advertising and injury is included

CERTIFICATE HOLDER

Houston Methodist Hospital System
C/O Vendor Credentialing Service
616 Cypress Creek Pkwy Suite 800
Houston, TX 77090

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.

5X

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: Gordian Medical II, Inc.

Physical Address: 5834 Louetta Road Suite D Spring, TX 77379
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 17595 Cartwright Road

City: Irvine State: CA Zip Code: 92614

Telephone: (281) 205-7091 Fax: (281) 205-7093

E-mail: licensure@amtwoundcare.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00am to 3:00pm Tue: 9:00am to 3:00pm Wed: 9:00am to 3:00pm Thu: 9:00am to 3:00pm Fri: 9:00am to 3:00pm Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tina Sam

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: Ostomy, Urological, Tracheostomy, Surgical 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: 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:

Please see attached

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: N/A
- Advanced Practitioner of Nursing Name: N/A
- Physician's Assistant Name: N/A
- Physical Therapist Name: N/A
- Occupational Therapist Name: N/A
- Registered Nurse Name: N/A
- Respiratory Therapist Name: N/A

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

Joseph Del Signore

Print Name of Authorized Person

2·12·2020

Date

Board Use Only	Received: 3·26·2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: Gordian Medical, Inc.

Corporation Name: American Medical Technologies

Mailing Address: 17595 Cartwright Road

City: Irvine State: CA Zip: 92614

Telephone: (714) 556-0200 Fax:

Contact Person: Stoney Harville

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 Del Signore 17595 Cartwright Road Irvine, CA 92614
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? $150

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.

CUSTOMER NUMBER: 0008696501

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/16/19

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
PHARMACISTS MUTUAL INSURANCE COMPANY
808 HIGHWAY 18 WEST, PO BOX 370
ALGONA, IA 50511-0370

CONTACT NAME:
PHONE (A/C, No. Ext): 800-247-5930 FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Pharmacists Mutual Insurance Company	13741
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
GORDIAN MEDICAL II INC
BETTER BALANCE PHARMACY
5834 LOUETTA RD STE D
SPRING TX 77379-7884

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 CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER			BOP 0122735 07 Includes- Pharmacy Professional Liab Health Care Consultation Services Liability Hired Auto Liability Non-Owned Auto Liability	04/25/2019	04/25/2020	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ INCLUDED
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
							WATER LEGAL LIABILITY	$ 50,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						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 DESCRIPTIONS 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)

See Remarks for Location Schedule

CERTIFICATE HOLDER

FOR EVIDENCE 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
GAIL T. WOLFE, CISR, API

© 1988-2015 ACORD CORPORATION. All rights reserved.

AMT Medicaids

STATE	STATUS	PROVIDER NO.	EXPIRATION DATE
Arizona	Active	228661	06/01/20
Arkansas	Active	222434716	
California Crossover	Active	1063771798	
Colorado	Active	9000143125	
Connecticut	Active	1063771798	06/05/20
Idaho	Active	1063771798	
Illinois	Active	1063771798	05/31/20
Indiana	Active	300003799	12/31/99
Iowa	Active	1063771798	12/01/21
Kansas	Active	201149250A	06/30/20
Kentucky	Active	7100477670	09/30/20
Maryland	Active	4244362 00	
Michigan	Active	1063771798	10/01/24
Minnesota	Active	1063771798	12/01/21
Mississippi	Active	09722542	06/30/20
Montana	Active	1063771798	11/30/20
Nebraska	Active	10026638400	12/01/21
New Hampshire	Active	3108874	05/31/20
New Mexico	Active	58080708	05/31/20
North Carolina	Active		09/13/24
Oklahoma	Active	200699500A	12/31/20
Pennsylvania	Active	103234178 0001	12/23/21
South Carolina	Active	DM1648	
Tennessee	Active	Q030405	
Texas	Active	149338	
Utah	Active	3001875	12/01/21
Vermont	Active	1029386	12/31/21
Virginia	Active	1063771798	
Washington	Active	2149270	
Wyoming	Active	1063771798	

License Name	STATUS	LICENSE NO.	EXPIRATION DATE
Medicare-DMEPOS (CMS855S)	Active	7565280001	04/07/20
Medicare-Pharmacy (CMS855B)	Active	307543	07/08/23

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

Rolando B. Pablos
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 Gordian Medical II, Inc. (file number 801536663), a Domestic For-Profit Corporation, was filed in this office on January 19, 2012.

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 August 09, 2017.

Rolando B. Pablos
Secretary of State

Gordian Medical II, Inc.

dba American Medical Technologies

5834 Louetta Road Suite D
Spring, TX 77379

List of Principal Officers

Joseph A. Del Signore, *CEO*
17595 Cartwright Road
Irvine, CA 92614

David R. Simon, S*VP & General Counsel*
17595 Cartwright Road
Irvine, CA 92614

5Y

Rec 5/4

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: HARP MEDICAL SUPPLY

Physical Address: 12339 WAKE UNION CHURCH RD, SUITE 108 WAKE FOREST, NC 27857
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 12339 WAKE UNION CHURCH RD, SUITE 108

City: WAKE FOREST State: NC Zip Code: 27587

Telephone: 888-229-4460 Fax: 888-229-4460

E-mail: HARPMEDICALSUPPLY@PROTONMAIL.COM Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9-12 to 1230-5 Tue: 9-12 to 1230-5 Wed: 9-12 to 1230-5 Thu: 9-12 to 1230-5 Fri: N/A to ____ Sat: N/A to ____ Sun: N/A to ____ Holidays: ____ to CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: JAMES FOLEY

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: _____

**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: _____

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:

7778790001 _____ _____

_____ _____ _____

_____ _____ _____

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: N/A
- 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

JAMES FOLEY
Print Name of Authorized Person

2/24/2020
Date

Board Use Only	Received: 5/6/2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: JAMES FOLEY

List all previous names: N/A

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: LONDON ~~State~~: _____ Country: UK

Citizenship: USA _____ other IRELAND

If applicable, list Naturalization Number: _____ Passport Number: _____

* SEE ATTACHED COPY OF PERMINANT RESIDENT ALIEN CARD

Current residence address: KENSINGTON DR City: YOUNGSVILLE

State: NC Zip Code: 27596 Telephone Number: _____ Fax Number: N/A

Previous address (last 5 years):

Address: 2408 DEANWOOD DR City: RALEIGH State: NC Zip Code: 27615

Address: _____ City: _____ State: ___ Zip Code: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Business Name: HARP MEDICAL SUPPLY

Current Business Address: 12339 WAKE UNION CHURCH RD, SUITE 108

City: WAKE FOREST State: NC Zip Code: 27587

Telephone Number: 888-229-4460 Fax Number: 888-229-4460

Previous Employment (last 5 years):

Name: BURGER BACH Address: 1132 HERMITAGE RD

City: RICHMOND State: VA Zip Code: 23220

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

UNITED STATES OF AMERICA
PERMANENT RESIDENT
FOLEY JAMES T
Surname
FOLEY
Given Name
JAMES T
USCIS#
Category
AA3
United Kingdom
Date of Birth
Sex
M
Card Expires:
08/23/22
Resident Since:
08/25/93

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/23/2019

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 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
Cranford Agency, The
906 S. Fayetteville St.
Po Box 99
Asheboro NC 27204

CONTACT NAME: Amy Cranford Perkins
PHONE (A/C, No, Ext): 336-629-9100 FAX (A/C, No): 336-629-7337
E-MAIL ADDRESS: amy@cranfordagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Lloyd's Unds, Sponsoring Syndi	265
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Harp Medical Supply LLC
12339 Wake Union Ch Rd
Wake Forest NC 27587

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			HAH18-2469	09/20/2019	09/20/2020	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$Included
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$Included
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						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? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Professional Liab			HAH18-2469	09/20/2019	09/20/2020	$1000000 Per Claim $3000000 Aggregate $1000 Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Sale of Orthotics. Professional Liability is claims made Retro Sept 20, 2019.

CERTIFICATE HOLDER

Board of Certification/Accreditation, International
10461 Mill Run Circle
Suite 1250
Owings Mills, MD 21117

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
Danielle S Wade

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

5Z

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: Pathema DME LLC

Physical Address: 4300 N University Dr STE C101 Lauderhill FL 33351-6243
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 4300 N University Dr STE C101

City: Lauderhill State: FL Zip Code: 33351-6243

Telephone: (754) 200-9639 Fax: (877) 890-7464

E-mail: credential@pathemadme.com Website: www.pathemadme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 11:00Am to 05:00 Pm Tue: 11:00Am to 05:00 Pm Wed: 11:00Am to 05:00 Pm Thu: 11:00Am to 05:00 Pm Fri: 11:00Am to 05:00 Pm Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jack Avera

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: Orthosis Off the Shelf

**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:

Medicare# 7764230001	Medicaid SC# DM1644	
Medicaid VT# 6702674		

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.

Christopher Eaves

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

Christopher Eaves - President

Print Name of Authorized Person

3/18/2020

Date

Board Use Only	Received: 3·30·2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: Pathema DME Series

Corporation Name: Pathema DME LLC

Mailing Address: 4300 N University Dr STE C101

City: Lauderhill State: FL Zip: 33351-6243

Telephone: (754) 200-9639 Fax: (877) 890-7464

Contact Person: Christopher Eaves

For any corporation non-publicly traded, disclose the following:

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

a) Pathema DME Series Metro Office Park 7 Calle 1, Suite 204 Guaynabo, PR 00968
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? _____

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

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

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

Policy Number: NPP8587659

Date Entered: 01/17/2020

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2020

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
Provider Professional Insurance
4345 SW 72ND AVE STE A
MIAMI, FLORIDA 33155

CONTACT NAME:
PHONE (A/C, No, Ext): (305)740-5319 FAX (A/C, No): (305)740-3459
E-MAIL ADDRESS: gofarril01@gmail.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: WESTERN WORLD INSURANCE CO	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
PATHEMA DME, LLC
4300 N UNIVERSITY DRIVE SUITE C101
LAUDERHILL, FL 33351

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	
	[X] COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR			NPP8587659	05/15/2019	05/15/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
	[X] PROFESSIONAL LIABILITY						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ INCLUDED
	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						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (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	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

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
MARIO O'FARRILL

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

Produced using Forms Boss Plus software. www.FormsBoss.com; Impressive Publishing, LLC 800-208-1977

CITY OF LAUDERHILL
ANNUAL CERTIFICATE OF USE

To engage in or manage the business occupation listed below
From October 1, 2019 expires September 30, 2020
www.lauderhill-fl.gov

Name of Business

PATHEMA DME LLC
4300 N UNIVERSITY DRIVE # C101
LAUDERHILL , FL 33319

Business Number
24866

Business Classes

Description	Current	Total
BUSINESS DEVELOPMENT FEE	27.56	0.00
OFFICE SPACE - BUSINESS USE ONLY	201.02	0.00

Business Address: 4300 NW 76 AVE BAY C101

It is your responsibility to renew your Certificate of Use on or before Sept. 30th of each year. This certificate of use must be conspicuously displayed to the public view inside (near cash register or entrance) at the business location, except for rental units which do not have an on-site business office.

BUS. OFFICE/MAIL
ORDER MED SUPPLIES
NO CUSTOMER PICK-UP
NO OUTDOOR STORAGE

CITY OF LAUDERHILL
CERTIFICATE OF USE

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE

CINCINNATI, OH 45999

In reply refer to: 0241590225
Feb. 20, 2019 LTR 147C 0
83-3131337 000000 00 000
00001
BODC: SB

PATHEMA DME LLC
CHRISTOPHER EAVES SOLE MBR
20 S FEDERAL HWY A
DANIA FL 33004-3605

Employer identification number: 83-3131337

Dear Taxpayer:

Thank you for your inquiry of Feb. 20, 2019.

Your employer identification number (EIN) is 83-3131337. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call 800-829-4933.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number ( )_____ Hours _____

Keep a copy of this letter for your records.

Thank you for your cooperation.

Sincerely yours,

Susan M. O'Neill, Operations Mgr.
Accounts Management Operations 2

Certificate of Accreditation

Exemplary Provider® Award

Granted To

Pathema DME, LLC

dba Pathema DME

4300 N University Dr C101 Lauderhill, FL 33351

for demonstrating
Outstanding Healthcare Delivery Practices
and
Compliance to

Safety • Honesty • Caring®

Accreditation Quality Standards

DMEPOS

Durable Medical Equipment, Prosthetics, Orthotics and Supplies

EXPIRATION DATE: JUNE 30, 2022

Founder & CEO, The Compliance Team, Inc

026997

June 11, 2019

Date

DMEPOS

PHARMACY

RURAL HEALTH

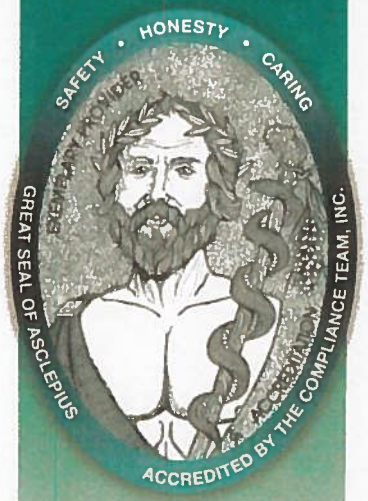
PATIENT-CENTERED MEDICAL HOME

CLINIC

PHYSICIAN

INFUSION

OCULARIST



The Promise of HEALTHCARE EXCELLENCE

TheComplianceTeam™
An accreditation organization.
P. O. Box 160, 905 Sheble Lane, Suite 102, Spring House, PA 19477
v: (215) 654-9110 | f: (215) 654-9068 | TheComplianceTeam.org

June 13, 2019

Christopher Eaves
President
Pathema DME, LLC
Pathema DME
4300 N University Dr C101
Lauderhill, FL 33351

LETTER OF ACCREDITATION

Dear Christopher,

Congratulations on your outstanding achievement and demonstrated commitment to delivering healthcare excellence. Pathema DME, LLC dba Pathema DME is now an official member of the League of Exemplary Providers®. Your official Accreditation Certificate and comprehensive scoring documentation are enclosed.

The Certificate of Accreditation verifies that Pathema DME, LLC dba Pathema DME has established processes that conform to the Evidence of Compliance requirements of The Compliance Team's Exemplary Provider® DMEPOSQuality Standards.

The scoring document registers a Passing Final Score as a result of the recent on-site evaluation conducted on June 11, 2019 at 4300 N University Dr C101 Lauderhill, FL 33351. Please review the documentation and comments and submit any follow-up action plan within 60 days.

Accreditation Period
Effective Date: June 11, 2019
Expiration Date: June 30, 2022

Leading up to your next on-site evaluation, The Compliance Team will review and evaluate Pathema DME, LLC dba Pathema DME outcomes data as prescribed by the program's "Safety-Honesty-Caring®" quality standards. In the meantime, our entire team congratulates you on achieving your EP™ status and wishes your organization continued success.

Sincerely,

Steve Simmerman
Executive Vice President

Product Category Addendum

The Compliance Team accredited the following Product Categories for

Pathema DME, LLC

Pathema DME

4300 N University Dr C101,
Lauderhill, FL 33351

June 11, 2019

DM06 Blood Glucose Monitors and Supplies (mail order)
OR03 Off-The-Shelf Orthotics

State of Florida
Department of State

I certify from the records of this office that PATHEMA DME LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on May 02, 2019, effective April 25, 2019.

The document number of this company is L19000112183.

I further certify that said company has paid all fees due this office through December 31, 2019, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 190502151947-100328750141#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Second day of May, 2019

Electronic Articles of Organization For Florida Limited Liability Company

L19000112183
FILED 8:00 AM
May 02, 2019
Sec. Of State
mtmoon

Article I

The name of the Limited Liability Company is:

PATHEMA DME LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4300 N UNIVERSITY DRIVE
#C101
LAUDERHILL, FL. 33351

The mailing address of the Limited Liability Company is:

4300 N UNIVERSITY DRIVE
#C101
LAUDERHILL, FL. 33351

Article III

The name and Florida street address of the registered agent is:

BRIDGETT ENGLISH
3901 S OCEAN DR.
UNIT C3Y
HOLLYWOOD, FL. 33019

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BRIDGETT ENGLISH

L19000112183
FILED 8:00 AM
May 02, 2019
Sec. Of State
mtmoon

Article IV

The name and address of person(s) authorized to manage LLC:

Title: P
CHRISTOPHER EAVES
2887 NW MELVILLE DR.
BEND, OR. 97703

Title: VP
SHAUNA FRASER
587 CONGRESS ST APT L
PORTLAND, ME. 04101

Article V

The effective date for this Limited Liability Company shall be:

04/25/2019

Signature of member or an authorized representative

Electronic Signature: HANNAH SARTIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

State of Florida
Department of State

I certify from the records of this office that PATHEMA DME LLC is a limited liability company organized under the laws of the State of Florida, filed on May 2, 2019, effective April 25, 2019.

The document number of this limited liability company is L19000112183.

I further certify that said limited liability company has paid all fees due this office through December 31, 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 Fourth day of March, 2020

Secretary of State

Tracking Number: 8167521623CU

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

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

4300 N University Dr, C101
Lauderhill, FL 3335
Ph: 754-200-9639
Fax: 877-890-7464

03/17/2020

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

Re: Application for Out of State MDEG License - Letter to notify that FL Health-care Licensing authority The Agency For Health Care Administration does not issue, or, per its regulation we are not required to obtain license for Durable Medical Equipment viz. Blood Glucose Monitors And Supplies (Mail Order) & Orthoses: Off-The-Shelf.

To, Concerned Licensing authority,

This is to bring your notice that, regarding our Nevada non resident DME license application for Pathema DME, LLC (EIN:83-3131337) - per Connecticut licensing regulations we are required to submit a copy of resident / home state license along with the application.

But per our Home / Resident State (Florida) licensing Authority, the Agency for Health Care Administration(AHCA) we are not required to obtain a license from AHCA, or AHCA does not issue a license for the DME products that we Pathema DME, LLC supply viz Blood Glucose Monitors And Supplies (Mail Order) & Orthoses: Off-The-Shelf.

To further support our explanation we are attaching the email communication had with the Agency for Health Care Administration(AHCA) for your review. Also you can refer National Supplier Clearing House License Directory to see the list equipment and its license requirement listed by each each state. Providing the linke for the same for your further review.

NSC License directory:
https://www.palmettogba.com/licensure/licdirec.nsf/StateLicenseInformation_N?openform&State=FL

In case any additional information is needed from our end to process the License application please reach out to us via email <credential@pathemadme.com>.

Thank you,
Christopher Eaves | President
PathemaDME
4300 N University Dr STE C101
Lauderhill FL 33351-6243
Phone: (916) 716-7117 | Fax: (877) 890-7464

Screencopy from National Supplier License Directoy
URL: https://www.palmettogba.com/licensure/licdirec.nsf/StateLicenseInformation_N?openform&State=FL

FL

Jump to a Product/Service:

Blood Glucose Monitors/ Supplies (Non-Mail Order)

License required (In-state)	Req. for suppliers (Out-of-state)	Licensing Agency	Verify Online	Req. for Pharmacies (in-state)	Notes
Automatic Ext Defibrillator (AEDS) and/or Supplies (DM01)					
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
Blood Glucose Monitors/ Supplies (Non-Mail Order) (DM05)					
No License Required	No			No	
Blood Glucose Monitors/Supplies (Mail Order) (DM06)					
No License Required	No			No	
Breast Prostheses and/or Accessories (PD01)					
No License Required	No			No	
Canes and/or Crutches (M01)					
No License Required	No			No	
Cochlear Implants (PD02)					
No License Required	No			No	
Commodes, Urinals, Bedpans (DM02)					
No License Required	No			No	
Continuous Passive Motion (CPM) Devices (DM03)					
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
Continuous Positive Airway Pressure (CPAP Devices) (R01)					
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
Contracture Treatment Devices: Dynamic Splint (DM04)					

License required (In-state)	Req. for suppliers (Out-of-state)	Licensing Agency	Verify Online	Req. for Pharmacies (in-state)	Notes
No License Required	No			No	
Oral Anticancer Drugs (A05)					
Community Pharmacy License	Yes	Florida Department of Health	Yes	Yes	
Oral Antiemetic Drugs (A06)					
Community Pharmacy License	Yes	Florida Department of Health	Yes	Yes	
Orthoses: Custom Fab (OR01)					
Orthotist License	Yes	Florida Department of Health, Board of Orthotists & Prosthetists	Yes	No	A
Prosthetist-Orthotist License	Yes	Florida Department of Health, Board of Orthotists & Prosthetists	Yes	No	A
Orthoses: Off the Shelf (OR03)					
No License Required	No			No	
Orthoses: Prefabricated (Custom Fitted) (OR02)					
Orthotic Fitter	Yes	Florida Department of Health, Board of Orthotists & Prosthetists	Yes	No	A D
Osteogenesis Stimulators (DM17)					
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
Ostomy Supplies (PD06)					
No License Required	No			No	
Oxygen Equipment and/or Supplies (R08)					
Medical Oxygen Retail Establishment Permit	See Note B	Florida Department of Business Professional Regulation, Division of Drugs, Devices and Cosmetics	Yes	No	B
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
Parenteral Equipment and Supplies (PE06)					
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
Parenteral Nutrients (PE05)					

4300 N University Dr, C101
Lauderhill, FL 3335
Ph: 754-200-9639
Fax: 877-890-7464

03/17/2020

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

Re: Organization structure for Pathema DME, LLC.

To, Concerned Nevada State Board of Pharmacy Licensing authority,

Pathema DME LLC is a Non Publicly traded / Closely held for profit organization incorporated with the Florida Secretary of State. The sole owner of the organization is Pathema DME Series which is a Puerto Rico incorporated Series LLC. Below listed the Organization and ownership structure to support the Non resident DME permit application.

Christopher Eaves - President
SSN -
DOB:
Office address: 4300 N University Dr Ste C101 Lauderhill FL 33351
Resident address: NW McCready Dr. Bend OR 97703-8650
Ph:

Jack Avera - Vice President
SSN -
DOB:
Office address: 4300 N University Dr Ste C101 Lauderhill FL 33351
Resident address: NE 28TH ST # D3 WILTON MANORS FL 33334-2537
Ph:

Pathema DME Series - Owner
FEIN: 66-0934612
Ownership in percentage - 100%
Metro Office Park 7 Calle 1, Suite 204
Guaynabo, PR 00968

Continued,

Sub : Business ownership organizational chart

PATHEMA DME LLC
4300 N UNIVERSITY DR STE C101
LAUDERHILL, FL 33351-6243
FEIN : 83-3131337

↓

Pathema DME Series
Metro Office Park 7 Calle 1, Suite 204
Guaynabo, PR 00968
FEIN: **66-0934612**

↓

BKV SLLC
Metro Office Park 7 Calle 1, Suite 204
Guaynabo, PR 00968
FEIN:**66-0822500**

↓

DARREN CHIAPPINELLI
Metro Office Park 7 Calle 1, Suite 204
204
Guaynabo, PR 00968
00968
SSN : 8
DOB:
Ownership - 50%

HARRY HATZIS
Metro Office Park 7 Calle 1, Suite
Guaynabo, PR
SSN:
DOB:
Ownership - 50%

In case any additional information is needed from our end to process the License application please reach out to us via email <credential@pathemadme.com>.

Thank you,
Christopher Eaves | **President**
PathemaDME
4300 N University Dr STE C101
Lauderhill FL 33351-6243
Phone: (916) 716-7117 | Fax: (877) 890-7464

5AA

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: Solara Medical Supplies, LLC

Physical Address: 38023 Schoolcraft Rd Livonia, MI 48150
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 2084 Otay Lakes Rd Ste 102

City: Chula Vista State: Ca Zip Code: 91913

Telephone: 888-568-8145 Fax: 800-999-2514

E-mail: compliance@solarmedicalsupplies.com Website: www.solara.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 5am to 5pm Tue: 5am to 5pm Wed: 5am to 5pm Thu: 5am to 5pm Fri: 5am to 5pm Sat: ____ to ____ Sun: ____ to ____ Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Martin Hoffman

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: _____

✓ **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: RA Inc. Telephone: 775-684-5724

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:

(CA) Medicare 1085580006 Medicaid 1356716534 (MI) _____
(MI) Medicare 1085580003 Medicaid 1356716534 (CA) _____
(NV) Medicaid 250005522 _____ _____

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: N/A
- Advanced Practitioner of Nursing Name: N/A
- Physician's Assistant Name: N/A
- Physical Therapist Name: N/A
- Occupational Therapist Name: N/A
- Registered Nurse Name: N/A
- Respiratory Therapist Name: N/A

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.

Mark Hoffman

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

Martin Hoffman

Print Name of Authorized Person

2/26/2020

Date

Board Use Only	Received: 3·26·2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: Solara Intermediate, LLC

Corporation Name: Solara Medical Supplies, LLC

Mailing Address: 2084 Otay Lakes Rd Ste 102

City: Chula Vista State: Ca Zip: 91913

Telephone: 619-552-2723 Fax: 619-680-5128

Contact Person: Martin Hoffman

For any corporation non-publicly traded, disclose the following:

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

a) Solara Intermediate, LLC 2084 Otay Lakes Rd Ste 102 Chula Vista Ca 91913
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? $18.50 per share

4) What date did the corporation actually receive the cash assets? 5/8/2018

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.

February 25, 2020
Nevada Board of Pharmacy

To whom it may concern:
Below is the requested list of our officers.

Officers/Board of Directors

Stephen Lynn Foreman, CEO
Vista Drive, Chula Vista, CA 91910 -3131
SSN:
DOB:
0% ownership
Start date: 1/7/2019

Aaron Andrew Heisler, CFO
Reflection Street, San Marcos, CA 92078 - 1064
SSN:
DOB:
0% ownership
Start date: 10/15/2018

Martin Adam Hoffman, VP of Compliance and Legal
Crane Canyon RD, Santa Rosa, CA 95404
SSN:
DOB:
0% ownership
Start date: 1/28/2019

If you have any additional questions or concerns, please call or email me.

Thank you,

Heather O'Neal
Compliance Coordinator
(800) 999-7516 ext 3124
Heather.oneal@solaramedicalsupplies.com

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/18/2019

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
Willis Towers Watson Insurance Services West, Inc. fka Willis Insurance Services of California, Inc.
c/o 26 Century Blvd
P.O. Box 305191
Nashville, TN 372305191 USA

CONTACT NAME:
PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378
E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Atlantic Specialty Insurance Company	27154
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Solara Medical Supplies, LLC
2084 Otay Lakes Road Suite 102
Chula Vista, CA 91913

COVERAGES CERTIFICATE NUMBER: W12659444 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 CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			711-01-68-45-0000	09/20/2019	09/20/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 1,000,000 $ 15,000 $ 1,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			711-01-68-45-0000	09/20/2019	09/20/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			711-01-68-45-0000	09/20/2019	09/20/2020	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		406-04-63-11-0000	09/20/2019	09/20/2020	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
A	Products - Completed Operations			750-00-01-60-0000	09/20/2019	09/20/2020	see below	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 38023, 38025, 38027 Schoolcraft Rd, Livonia, MI 48150
SEE ATTACHED

CERTIFICATE HOLDER

Insured Verification 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

© 1988-2016 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Willis Towers Watson Insurance Services West, Inc. fka Willis Insurance Services of California, Inc.	Solara Medical Supplies, LLC 2084 Otay Lakes Road Suite 102 Chula Vista, CA 91913
POLICY NUMBER See Page 1	
CARRIER: See Page 1 / NAIC CODE: See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products - Completed Operations Hazard
Each Claim or Suit Limit $10,000,000
Aggregate Limit $10,000,000
Retention $5,000
Retroactive Date 4/15/2015

INSURER AFFORDING COVERAGE: Atlantic Specialty Insurance Company NAIC#: 27154
POLICY NUMBER: 750-00-01-60-0000 EFF DATE: 09/20/2019 EXP DATE: 09/20/2020

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Professional Liability E&O	Each Claim	$10,000,000
Professional Liability E&O	Aggregate	$10,000,000
Retroactive Date - 4/15/2015	Retention:	$5,000

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SOLARA MEDICAL SUPPLIES, LLC

FILE NUMBER:	201814910111
FORMATION DATE:	05/25/2018
TYPE:	DOMESTIC LIMITED LIABILITY COMPANY
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 December 18, 2019.

ALEX PADILLA
Secretary of State

FSB

5BB

Rec 4/30/2020

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: Wellspect Inc

Physical Address: 1235 Friendship Rd Ste 205
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1235 Friendship Rd Ste 205

City: Braselton State: GA Zip Code: 30517

Telephone: 877-456-3742 Fax: 866-666-6250

E-mail: heidi.taylor@wellspect.com Website: www.wellspect.US

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9A to 4p Tue: 9A to 4p Wed: 9A to 4p Thu: 9A to 4p Fri: 9A to 4p Sat: Closed Sun: closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Eric Hymes

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 and Continence 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:_____ 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:

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 ☑

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: N/A
- Advanced Practitioner of Nursing Name: N/A
- Physician's Assistant Name: N/A
- Physical Therapist Name: N/A
- Occupational Therapist Name: N/A
- Registered Nurse Name: N/A
- Respiratory Therapist Name: N/A

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

Eric Hymes
Print Name of Authorized Person

4-29-2020
Date

Board Use Only	Received: 5.4.2020	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: _____

Corporation Name: Wellspect Inc

Mailing Address: 1235 Friendship Road, Ste 205

City: Braselton State: GA Zip: 30517

Telephone: 877-456-3742 Fax: 866-666-6250

Contact Person: Heidi Taylor

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. _____

3) What was the price paid per share? _____

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

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

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/06/2019

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
Willis of Maryland, Inc.
c/o 26 Century Blvd
P.O. Box 305191
Nashville, TN 372305191 USA

CONTACT NAME:
PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378
E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Travelers Property Casualty Company of Ame	25674
INSURER B: Phoenix Insurance Company	25623
INSURER C: Travelers Indemnity Company	25658
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Dentsply Sirona Inc.
Susquehanna Commerce Center
Attn: Tish Touras
221 West Philadelphia Street Suite 60W
York, PA 17405

COVERAGES **CERTIFICATE NUMBER:** W14097442 **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 CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	Y	Y	TC2J-GLSA-650G2920-TIL-19	05/01/2019	05/01/2020	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 0
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS 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	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N No (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	TC2N-UB-650G289A-19	05/01/2019	05/01/2020	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Workers Comp & Emp Liab.- Retro Per Statute		Y	TRJUB-650G2907-19	05/01/2019	05/01/2020	EL Each Accident	$1,000,000
							EL Disease-Pol. Limit	$1,000,000
							EL Disease-Each Empl	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Creekside Village Medical Office Building 300, 1235 Friendship Rd, Braselton, GA.
Friendship Road Properties, LLC is included as an Additional Insured as respects to General Liability.
Waiver of Subrogation applies in favor of Friendship Road Properties, LLC with respects to General Liability.
Waiver of Subrogation applies in favor of Friendship Road Properties, LLC with respects to Workers Compensation as permitted by law (Any person or org. for which the insured has agreed by written contract executed prior to loss to furnish this waiver.)

CERTIFICATE HOLDER

Friendship Road Properties, LLC
1467 Hwy 124
Suite 100
Auburn, GA 30011

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

Kathleen L. Bentz

© 1988-2016 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

Control Number : 20033124

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF AUTHORITY

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Wellspect Inc.
a **Foreign Profit Corporation**

has been duly formed under the laws of **Delaware** and has filed an application meeting the requirements of Georgia law to transact business as a **Foreign Profit Corporation** in this state.

WHEREFORE, by the authority vested in me as Secretary of State, the above **Foreign Profit Corporation** is hereby granted, on **03/04/2020**, a certificate of authority to transact business in the State of Georgia as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on **03/06/2020**.

Brad Raffensperger

Brad Raffensperger
Secretary of State

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLSPECT 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 FOURTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELLSPECT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

7852390 8300

SR# 20201913778

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

Authentication: 202515201

Date: 03-04-20

Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

2020 MAR -4 PM 4:45
SECRETARY OF STATE
CORPORATIONS DIVISION

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN PROFIT OR NONPROFIT CORPORATION

IMPORTANT Please provide the entity's primary email address when completing this form.
Primary Email Address: corporate-legal@dentsplysirona.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. Wellspect Inc.
Name of Corporation — Name Reservation Number (Optional)

Date business commenced (or proposed to commence) in Georgia: April 15, 2020
(NOTE: (1) Profit Corporations: If the date provided here is more than 30 days prior to the effective date of this application, a $500 penalty must be paid. Penalty is statutory and cannot be waived by Secretary of State. (2) Nonprofit Corporations: There is no late filing penalty.)

2. Corporation Service Company
Name* of Filing Person
251 Little Falls Drive — Wilmington — DE — 19808
Address — City — State — Zip Code
Filer's Email Address — 800-927-9801 Telephone Number

3. 1235 Friendship Rd., Ste 205 — Braselton — GA — 30517
Principal Office Mailing Address (may be P.O. Box) — City — State — Zip Code

4. Corporation Service Company — sop@cscglobal.com
Name* of Registered Agent in Georgia — Registered Agent's Email Address
40 Technology Pkwy South, #300
Registered Office Street Address in Georgia (post office box or mail drop not acceptable for registered office address)
Norcross — Gwinnett — GA — 30092
City — County — State — Zip Code

5. Wellspect Inc.
Corporation's Name in State or Country of Incorporation (Must match name on certificate of existence)

Check ONE: ☑ PROFIT ☐ NONPROFIT
Jurisdiction (Home State or Country): Delaware
Date of Incorporation in Home Jurisdiction: February 14, 2020

6. Eric Hymes / President — , Ballantyne Corporate Pl. — Charlotte — NC — 28277
Name* of Officer / CEO — Address — City — State — Zip Code
Peter Caradonna / Treasurer —) Lincoln St — Waltham — MA — 02451
Name* of Officer / CFO — Address — City — State — Zip Code
Heidi Taylor / Secretary — W. Philadelphia St, Ste 60W — York — PA — 17401
Name* of Officer / Secretary — Address — City — State — Zip Code

7. Effective Date: (Choose one) ☑ Upon filing ☐ Delayed effective date and/or time: _____
(A delayed effective date must be within 90 days of the filing date.)

8. **NOTICE:** Mail the following items to the Secretary of State at the above address:
(1) This application;
(2) An ORIGINAL certificate of existence or good standing, not more than 90 days old, certified by the home state or country. (Certificate from home state may not be more than 90 days old; copy of articles of incorporation from home state should NOT be submitted.); and
(3) Filing fee of $235.00 ($225 filing fee + $10 paper filing service charge) payable to "Secretary of State." Filing fees are non-refundable.
(4) If applicable, a copy of the resolution of the board of directors, certified by corporation's secretary, adopting a fictitious or trade name.

Signature of Authorized Person — Date: 03/04/2020
Print Name* — Title: President

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.

FORM CD 236
(Rev. 10/2019)

Wellspect

Wellspect Inc. Officers

(Incorporated in Delaware)

Eric Hymes, President
1235 Friendship Road, Suite 205
Braselton, GA 30517
770.545.2575
Eric.hymes@wellspect.com

Heidi K. Taylor, Secretary
1235 Friendship Road, Suite 205
Braselton, GA 30517
877.456.3742 ext. 66011
Heidi.taylor@wellspect.com

Peter Caradonna, Treasurer
1235 Friendship Road, Suite 205
Braselton, GA 30517
781.810.6135
Peter.caradonna@dentsplysirona.com

5CC

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: LifeCare Medical Supplies West Inc

Physical Address: 6415 Fort Apache Rd. ste 175 Las Vegas, NV 89148

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6415 Fort Apache Rd. Ste 175 [redacted]

City: Las Vegas State: NV Zip Code: 89148

Telephone: 702-665-5730 Fax: 702-780-4887

E-mail:_____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 6PM Tue: 9AM to 6PM Wed: 9AM to 6PM Thu: 9AM to 6PM

Fri: 9AM to 6PM Sat: 9AM to 3PM Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Liahona Briones

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: Woundcare & Incontinence 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:_____ 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:

Medicare	In process	
Medicaid	In process	

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. ~~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.

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

Reina Cabrera
Print Name of Authorized Person

3/19/2020
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: Cletus Amadi

Business Name: LifeCare Medical Supplies West Inc

Current Business Address: 6415 Fort Apache Rd. Ste 175

City: Las Vegas State: NV Zip: 89148

Telephone: 702-303-6790 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*.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/10/2020

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
IMA Select LLC
9393 W 110th Street
Suite 600
Overland Park KS 66210

CONTACT NAME: Gretta Toburen
PHONE (A/C, No, Ext): 913-982-3660 FAX (A/C, No): 913-982-3495
E-MAIL ADDRESS: gretta.toburen@imacorp.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Continental Insurance Company	35289
INSURER B : American Casualty Co. of Reading, Pennsylvania	20427
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED LIFEINF-02
LifeCare Infusion, Inc.
LifeCare Medical Supplies West, Inc.
6415 S Fort Apache Rd, Suite 175
Las Vegas NV 89148

COVERAGES CERTIFICATE NUMBER: 1655668184 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			HMA6079253437	9/1/2019	9/1/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	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 $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC680136055	11/29/2019	11/29/2020	X PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N/A					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
A	Professional Liability			HMA6079253437	9/1/2019	9/1/2020	Aggregate Per Claim	3,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Proof of Insurance

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

Brett Messner

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SECRETARY OF STATE

THE GREAT SEAL OF THE STATE OF NEVADA
ALL FOR OUR COUNTRY

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

LIFECARE MEDICAL SUPPLIES WEST INC

Nevada Business Identification # NV20191675098
Expiration Date: 12/31/2020

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 12/27/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191227468516
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **LIFECARE MEDICAL SUPPLIES WEST INC** did, on 12/16/2019, file in this office the original ARTICLES OF INCORPORATION-FOR-PROFIT that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/27/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191227468503
You may verify this certificate online at http://www.nvsos.gov

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 03/19/2020

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 LIFECARE Medical Supplies West Inc

Nature of MDEG

4415 S. Fort Apache Rd, Ste 175 Las Vegas NV 89148

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

BRIONES — Last Name
LIAHONA — First Name
MAGLASANG — Middle Name

LAI
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

CLACKAMAS CT — Present Residence Address-Street or RFD
LAS VEGAS — City
NV, 89122 — State/Zip

6415 S. FORT APACHE RD STE 135 — Present Business Address
Dates
LAS VEGAS — City
NV, 89148 — State/Zip

OFFICE ADMINISTRATOR — Present Position with the MDEG
Dates 01-01-2020

Phone: 702 665 - 5730
Fax: 702-780 - 4887

Email address: LAI@LIFECAREMEDICALRX.COM / LIAHONABRIONES@GMAIL.COM

Date of Birth
ORMOC CITY, PHILIPPINES — Place of Birth (City, County, State)

39 — Age
Social Security Number
FEMALE — Sex

BROWN — Color of Eyes
BROWN — Color of Hair
150 lbs — Weight
5'4 — 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 09-17-2015

Place LAS VEGAS, NEVADA (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.

01 - 2019	LIFECARE MEDICAL SUPPLIES	2080
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
PATIENT COORDINATOR	CUSTOMER SERVICE, CASH HANDLING & RECONCILIATION PROCESS DME ORDER, INVENTORY CONTROL	
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

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: _____

Date: _____

Case Number: _____

County: _____

Court: _____

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

.....

.....

.....

.....

.....

Date c 2020

I, LIAHONA BRIONES, 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

5DD

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: Acella Pharmaceuticals, LLC

Physical Address: 1880 McFarland Parkway, Suite 110

City: Alpharetta State: GA Zip Code: 30005

Telephone Number: 678-325-5341 Fax Number: 678-746-0717

Toll Free Number: 1-800-541-4802

E-mail: Website: www.acellapharma.com

Facility Manager: Harold A. Deas, Jr

Professional qualifications and experience of facility 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 ☐ 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)

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: _____

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.

Harold A Deas Jr

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

Harold A. Deas, Jr — 12/9/2019

Print Name of Authorized Person — Date

Board Use Only	Date Processed: _____	Amount: 500.00

(Limited Liability Company)

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Acella Holdings, LLC

Mailing Address McFarland Parkway, Suite

City: Alpharetta State: GA Zip: 30005

Telephone: 678-325-5341 Fax: 679746-0717

Contact Person: Harold A. Deas, Jr

For any corporation non-publicly traded, disclose the following:

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

a) Acella Holdings, LLC McFarland Parkway, Suite Alpharetta, GA 30005
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.

Acella Pharmaceuticals, LLC - Officers			
Full Name	**Title**	**D.O.B**	**Business Address**
Harold A. Deas, Jr	CEO, Treasure and Secretary	!	McFarland Parkway, Alpharetta, GA 30005
Chris Schwab	Vice President & General Counsel	5	McFarland Parkway, Alpharetta, GA 30005

STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Wholesaler Pharmacy

License No. PHWH004316 Status: Active

Acella Pharmaceuticals LLC
1880 McFarland Pkwy Ste 110
Alpharetta GA 30005

Expires: 6/30/2021
Issued: 3/16/2018

Real-time license verification is available at gadch mylicense com/verification

Above is your wall license to practice your profession. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address or otherwise need to update your records.

STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Wholesaler Pharmacy
License No. PHWH004316 - Active

Acella Pharmaceuticals LLC
1880 McFarland Pkwy Ste 110
Alpharetta GA 30005

Issued 3/16/2018
Expires 6/30/2021

Real-time license verification is available at gadch mylicense com/verification

ame:	Acella Pharmaceuticals LLC
wner:	
ddress:	1880 McFarland Pkwy Ste 110 Alpharetta GA 30005

Primary Source License Information

ofession:	Pharmacy	License No:	PHWH004316	License Status:	Active
cense Type:	Wholesaler Pharmacy	Obtained By Method:	Application	License Subtype:	
sue Date:	3/16/2018	Expiration Date:	6/30/2021	Last Renewal Date:	4/16/2019

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

No data available

You may close this window to return to your search results

ata current as of: June 10, 2019 11:29:24
his 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 oards of Dentistry and Pharmacy at 404-651-8000.

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)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Acella**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Acella Pharmaceuticals, LLC	3006691461	825380939	MANUFACTURE; RELABEL;	1880 McFarland Pkwy Ste 110, Alpharetta, Georgia (GA) 30005, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Sunday, Mar 22, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified 3/25/2020 MS

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 **Acella**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Acella Pharmaceuticals, LLC	3006691461	825380939	MANUFACTURE; RELABEL;	1880 McFarland Pkwy Ste 110, Alpharetta, Georgia (GA) 30005, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Wednesday, Mar 25, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACELLA 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 NINETEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACELLA PHARMACEUTICALS, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2007.

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

Jeffrey W. Bullock, Secretary of State

4453175 8300

SR# 20198772479

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

Authentication: 204265692

Date: 12-19-19

Harold A. Deas, Jr. (Art)

Dinsmore Road
Alpharetta, Georgia 30004

Phon **Fa** **Mobile**

Accomplishments

Twenty six years Pharmaceutical and Biotech industry experience in leadership positions of management, research, education, product developmen,t sales and marketing, with a track record of success in all these capacities.

As District and Area Manager, my teams have been leaders in market share and sales results for the past five years. With these results I received the District Manager of the Year award in 1998 and Sales Management Team of the Year award in 1999.

As project team leader on building a new sales force and sales force expansion I was responsible for recruiting, interviewing and hiring over fifty new top performing associates. This initial hiring included the role out of a new specialty strike force team that launched a billion dollar respiratory product. This hiring excellence has been documented by four years of region leading performance in the launching of six new products or indications.

Objective

Utilize my leadership skills to contribute to the success and expansion of a growth-oriented company in the biotech or pharmaceutical industry.

Experience

2017 – Present Alliant Pharmaceutical Services, LLC
Chief Executive Officer

2011 – Present Acella Pharmaceuticals, LLC
Chief Executive Officer

2007 - 2011 Acella Pharmaceuticals, LLC
Chief Operating Officer

2004 - 2007 Alliant Pharmaceuticals, LLC
Vice President, Sales and Marketing

2001-2004 Genentech, Inc Atlanta , GA
Regional Manager

- Responsible for building new sales team for a nine-state region, which will include 4 managers and thirty five sales associates
- Task force leader on sales force sizing and recruiting
- Was awarded the responsibility of implementing 24 nationwide advisory panels for over 300 top thought leaders in the field ofrespiratory medicine
- Task force member on distribution, reimbursement and managed care
- Regional responsibility for key opinion leader development

1999-2001 Aventis Pharmaceuticals Atlanta, GA

Area Sales

Manager

- Built new sales team for a five-stateregion, in which I was responsible for teaching and training, selling skills, product knowledge and the overall competencies of the job
- Achieved the highest percent to quota results in the region four out of five years. 100% of team exceeded plan and received sales award in 1999. Was awarded the Sales Management Team of the Year award in 1999

- In this position I have had zero negative turnover of associates
- Task force leader on recruiting, hiring and retention policies
- Team leader for developing collaborative goal setting and business plans for all promoted products across the area

Certify Excellence in Leadership Award 1999 and 2001

- Responsible for managing a $400,000 advertising and promotional budget for marketed products
- Developed and implemented strategy and tactics for diabetes product, which resulted in market share growth, double that of the region and the nation
- Highly successful managed care pull-through tactics, strategy and formulary acceptance

1996-1999 Hoechst Marion Roussel , Inc. Atlanta, GA

District Sales Manager

- Excellence in Leadership Award 1997
- Quarterly Excellence in Leadership Award 1997 and 1998

- Launched new Allergy product, which resulted in sales growth from zero to eighteen million dollars in thirty-six months
- Member of task force that developed Strategic Performance Management plan to be used as evaluation and development tool for all sales associates. This included standardized mid year and annual reviews as well as a behavioral anchored rating system for self evaluation and quarterly performance plan for developmental opportunities
- Responsible for management of operations budgets for promotion, salary and expenses

Implemented strategic plans to build product knowledge excellence across the team, which resulted in test score averages of 99%

1992-1996 Marion Merrell Dow, Inc. Atlanta, GA

Professional Education Research Specialist

In this position I was a member of the Global Therapeutic Marketing team for respiratory products. Responsibilities included development of the three-year market development and launch plans for Allegra

- Developed and implemented eight consultant meetings with thought leaders in the therapeutic areas of oncology cardiologyallergy, primary care and managed care
- Market preparation for investigational products in the field of oncology, neurology, respiratory, cardiolog, infectious disease and endocrinology
- Advocate development responsibility for eleven teaching institutions, ten managed care companies and twenty associations across five states
- Identified, recruited, marketed and monitored 25 clinical studies on investigational pharmaceutical products
- Responsible for advocate development and professional education across five states with an annual budget of $250,000 for programs and grants
- Provided presentations and training to internal personnel on investigational drug results including efficacy, safety, pharmacoeconomics and quality of life data
- This position resulted in speeding profitability of newly launched products
- Responsible for teaching, training and adherence to regulatory guidelines for the marketing and research of pharmaceutical products
- In 1996, received the Professional Education Researcher of the Year award

1985-1992 Marion Laboratories/Marion Merrell Dow Chattanooga , TN

Senior Professional Sales Representative/Field Trainer

- Expanded sales of core products over thirty percent each year for seven years
- Responsible for training new sales associates on all required competencies of the job
- Large account management and teaching institution experience
- Critical care sales experience including emergency room, cardiac catherization lab, SICU, CCU and ICU

- Recognized leader in selling skills and product knowledge
- Achieved 100% formulary coverage of all marketed products in institutional, federal and local accounts
- Received company's highest award four years in a row
- Received two national awards for outstanding sales results and overall job performance
- Promoted twice while in this position
- Promoted to District Sales Advisor

Education

1980-1984 University of South Carolina Columbia, South Carolina

- B.S., Biology and Chemistry

1996-2000 Edinburgh Business School Edinburgh, Scotland

- Masters in Business Administration

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. 107223576

Application/License No. _____

Avion Pharmaceuticals, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
McFarland Road, St Alpharetta, GA 30005, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty & 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
One Tower Square, Hartford, CT 06183 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 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 02/24/2020.
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 24th day of February, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Rena M. Casprowitz, 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

Rena M. Casprowitz NV #549630
Cragin & Pike, Inc. #257
W. Charleston Boulevard, Las Vegas, NV 89102

NOTARIAL ACKNOWLEDGEMENT

State of NEVADA

County of CLARK

On the 24th day of FEBRUARY in the year 2020, before me personally appeared RENA M. CASPROWITZ known to me to be the ATTORNEY-IN-FACT of the TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, known to me to be the person who executed the within Instrument, on behalf of the Corporation, therein names, and acknowledged to me that such Corporation executed the same.

Sarina Kowall

My commission expires 11/30/2021

SARINA KOWALL
Notary Public State of Nevada
No. 18-1012-1
My Appt. Exp. November 30, 2021

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 **Rena M Casprowitz** of **Las Vegas, Nevada,** 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.**

HARTFORD, CONN. — HARTFORD, CONN. — CORPORATE SEAL

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 CONNECTICUT

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 24th day of February, 2020

HARTFORD, CONN. — HARTFORD, CONN. — CORPORATE SEAL

Bond # 107223575

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.

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. 107223575

Application/License No. _____

Acella Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is McFarland Road, Ste & Alpharetta, GA 30005 (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 02/24/2020 (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 24th day of February, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Surety Company's Representative

Rena M. Casprowitz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent
Rena M. Casprowitz NV #549630
Cragin & Pike, Inc. #257
2603 W. Charleston Boulevard, Las Vegas, NV 89102
(702) 877-1111

NOTARIAL ACKNOWLEDGEMENT

State of NEVADA

County of CLARK

On the 24th day of FEBRUARY in the year 2020, before me personally appeared RENA M. CASPROWITZ known to me to be the ATTORNEY-IN-FACT of the TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, known to me to be the person who executed the within Instrument, on behalf of the Corporation, therein names, and acknowledged to me that such Corporation executed the same.

Sarina Kowall

My commission expires 11/30/2021

SARINA KOWALL
Notary Public State of Nevada
No. 18-1012-1
My Appt. Exp. November 30, 2021

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 **Rena M Casprowitz** of **Las Vegas, Nevada,** 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.**

HARTFORD, CONN. — HARTFORD, CONN. — CORPORATE SEAL

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 CONNECTICUT

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 24th day of February, 2020

Bond # 107223575

HARTFORD, CONN. — HARTFORD, CONN. — CORPORATE SEAL

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.

5EE

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: Althera Pharmaceuticals LLC

Physical Address: 89 Headquarter Plaza #1448

City: Morristown State: NJ Zip Code: 07960

Telephone Number: (973) 387-9771 Fax Number: (973) 775-9537

Toll Free Number: N/A

E-mail: charmaine.dias@altherainc.com Website: http://altherapharma.com

Facility Manager: Marie Charmaine Dias

Professional qualifications and experience of facility manager: See attached.

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: _____

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
Address:

Name: N/A
Address:

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.

Charmaine Dias

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

Marie Charmaine Dias

Print Name of Authorized Person

4/27/2020

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: Sanjeev Agarwal %: 76

Name: Marie Charmaine Dias %: 24

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Althera Pharmaceuticals LLC

Mailing Address: 89 Headquarter Plaza #1448

City, State Zip Code: Morristown, NJ 07960

Telephone Number: (973) 387-9771 Fax Number: (973) 775-9537

Contact Person: Marie Charmaine Dias

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 partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 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".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 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".

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0740139

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:

89 HEADQUARTERS PLZ MORRISTOWN, NJ 07960-

Reg. No.
5005766

ALTHERA PHARMACEUTICALS LLC
89 HEADQUARTERS PLZ
MORRISTOWN, NJ 07960-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:00 PM 08/14/2018
FILED 01:00 PM 08/14/2018
SR 20186162199 - File Number 7015417

CERTIFICATE OF FORMATION
OF
LIMITED LIABILITY COMPANY

FIRST: The name of the limited liability company is Althera Pharmaceuticals, LLC.

SECOND: The address of its registered office in the State of Delaware is 251 Little Falls Drive, Wilmington, DE 19808. The name of its Registered Agent at such address is The Company Corporation.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation on this 13th day of August, 2018.

The Company Corporation, Organizer

BY: /s/ Margaret Rosado
NAME: Margaret Rosado
Assistant Secretary

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF REGISTRATION

ALTHERA PHARMACEUTICALS, LLC
0450298742

The above-named FOREIGN LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 08/21/2018 and was assigned identification number 0450298742. Following are the articles that constitute its original certificate.

1. **Name:**
   ALTHERA PHARMACEUTICALS, LLC
2. **Registered Agent:**
   CORPORATION SERVICE COMPANY
3. **Registered Office:**
   PRINCETON SOUTH CORPORATE CTR
   STE 160, 100 CHARLES EWING BLVD
   EWING, NEW JERSEY 08628
4. **Business Purpose:**
   DEVELOPMENT AND COMMERCIALIZATION OF PHARMACEUTICAL PRODUCTS.
5. **Incorporated Under the Laws of:**
   DELAWARE ON 08/14/2018
6. **Effective Date of this filing is:**
   08/21/2018
7. **Main Business Address:**
   1448 89 HEAD QUARTERS PLAZA
   MORRISTOWN, NEW JERSEY 07960

Signatures:

MARIE C DIAS
AUTHORIZED REPRESENTATIVE

SANJEEV AGARWAL
AUTHORIZED REPRESENTATIVE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal 21st day of August, 2018

Elizabeth Maher Muoio
State Treasurer

Certificate Number 4060322022
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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

ALTHERA PHARMACEUTICALS, LLC
0450298742

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on August 21, 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:

MARIE CHARMAINE DIAS
1448
89 HEADQUARTER PLAZA
MORRISTOWN, NJ 07960

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of April, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6106416641

Verify this certificate online at

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

Drug Establishments Current Registration Site

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Althera**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Althera Pharmaceuticals,LLC	3015413583	116817996	MANUFACTURE;	89 Headquarters Plaza Suite 1448, Morristown, New Jersey (NJ) 07960, United States (USA)	12/31/2020

Showing 1 to 3 of 3 entries

Previous1Next

Data Current through: Wednesday, Apr 22, 2020

Verified MS 5/4/20

[redacted]

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 **Althera Pharmaceuticals**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Althera Pharmaceuticals,LLC	3015413583	116817996	MANUFACTURE;	89 Headquarters Plaza Suite 1448, Morristown, New Jersey (NJ) 07960, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Monday, Apr 27, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

ndc_nhric_labeler_codes_04_27_2020 [Read-Only] - Excel

File | Home | Insert | Page Layout | Formulas | Data | Review | View | Developer | Help | ACROBAT | Tell me what you want to do

Paste | Cut | Copy | Format Painter | Clipboard | Arial | 10 | Font | Wrap Text | Merge & Center | Alignment | General | Number | Conditional Formatting | Format as Table | Normal | Bad | Good | Neutral | Calculation | Check Cell | Styles

E8701

	A	B
1	NDC Labeler Code	Firm Name
695	70632	BNG Enterprises DBA Herbal Clean
696	70634	LGM PHARMA (YES PHARMA) LTD
697	70635	Quorum Bio CO.,LTD
698	70637	My Oxygen Company
699	70639	Qingdao Pana Life Bio Chem Co.,Ltd.
700	70640	LET IT BLOCK LLC
701	70641	White Girl Sunscreen
702	70642	Golden Sunrise Pharmaceutical Incorporation
703	70644	Genericus, Inc.
704	70645	7T Pharma LLC
705	70648	Ohio Lab Pharma
706	70651	Hameln Pharma Plus Gmbh
707	70652	Roothouse
708	70653	GRU INTERNATIONAL
709	70654	EINS CORPORATION
710	70655	Renaissance SSA, LLC
711	70656	Nanovita One, LLC
712	70657	MediSourceRx
713	70658	Creative Essences Inc
714	70661	Althera Pharmaceuticals LLC
715	70662	HK BioTech
716	70663	MESO SYSTEM, S.A.
717	70664	Unidrug Innovative Pharma Technologies Limited
718	70666	Nopsor USA Distribution Co., Inc.
719	70667	Bright Guard LLC
720	70668	Products on the Go LLC

NDCLabelerCode

Facility Name	Facility Type	License Number	License State	License Expire	Reporting Year	Address	Facility Contact Name	Facility Contact Email
Althera Pharmaceuticals,LLC	WDD	5005766	US-NJ	01/31/2021	2020	89 Headquarters Plaza Suite 1448 Morristown NJ	Charmaine Dias	charmaine.dias@altherainc.com

Showing 1 to 1 of 1 entries
Previous1Next

407

Wholesale Distributor and Third-Party Logistics Providers Reporting

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/WDD3PLREPORTING/WDD.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=WHOLESALE DISTRIBUTOR AND THIRD-PARTY LOGISTICS PROVIDERS REPORTING&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/WDD3PLREPORTING/WDD.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/WDD3PLREPORTING/WDD.CFM&TITLE=WHOLESALE DISTRIBUTOR AND THIRD-PARTY LOGISTICS PROVIDERS REPORTING&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/WDD3PLREPORTING/WDD.CFM&DESCRIPTION=WHOLESALE DISTRIBUTOR AND THIRD-PARTY LOGISTICS PROVIDERS REPORTING)

EMAIL (MAILTO:?SUBJECT=WHOLESALE DISTRIBUTOR AND THIRD-PARTY LOGISTICS PROVIDERS REPORTING&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/WDD3PLREPORTING/WDD.CFM)

PRINT

About this Database (https://www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/DrugSupplyChainSecurityAct/ucm423749.htm) | Back to Search Page (index.cfm)

Search Results for: "Althera"

Show 10 rowsCSV

Filter:

Facility Name	Facility Type	License Number	License State	License Expire	Reporting Year	Address	Facility Contact Name	Facility Contact Email

408

RESUME

Marie Charmaine Dias

Director Operations
Althera Pharmaceuticals LLC
Office Address: 89, Headquarters Plaza, Morristown, NJ 07960, USA
Email: charmaine.dias@altherainc.com
Phone: +1-973-387-9781

US Citizen

PROFILE

- Over 20 years of experience in business operations, with over 10 years in pharmaceutical business
- Proven organizational, problem solving and communication skill
- Co-investor and Co-founder of Althera in multiple continents including USA, Europe and Asia
- Built supply chain operations with supply and distribution in over 12 markets with over 50 SKUs
- Patent granted for 2 US patents
- Pending patents for additional 3 patents worldwide

PROFESSIONAL EXPERIENCE

Various roles with most recent as
Director Operations
Althera Pharmaceuticals LLC and Althera Life Sciences LLC
2010 – till date

- Leads Supply Chain operations for the company

- Previously responsible for development execution of three complex pharmaceutical products including successful registration in multiple markets
- Co-founder of the company
- Oversaw oversees business development and administrative activities

Various roles at General Electric Group of companies including
GE Life Sciences, USA, Europe and Asia
1998-2009

- Work areas included Operations, Administration and Human Resources
- Industries included Life Sciences, Media, Financial Services

EDUCATIONAL QUALIFICATIONS

M.A. **1994-1996,**
Tata Institute of Social Sciences
Specialization Areas: Personnel Management and Industrial Relations

B.A **1991- 1994**
Specialization: Psychology

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. S327848

Application/License No. _____

Althera Pharmaceuticals LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
89 Headquarter Plaza, Suite 1448, Morristown, NJ 07960, as
Address of Applicant/Principal
PRINCIPAL, and NGM Insurance Company, a
Surety Company
corporation organized under the laws of the state of Florida
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
55 West Street, Keene, NH 03431 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 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 23, 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 23rd day of April, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Surety Company's Representative

Donna M Chiancone Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Karen A. Read

Witness Travis Shaffer

Countersigned by:

Nevada Resident Agent

NGM INSURANCE COMPANY
A member of The Main Street America Group

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

> "SECTION 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them. "

does hereby make, constitute and appoint Donna M. Chiancone its true and lawful Attorney-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bond number S327848 dated April 23, 2020.

on behalf of Althera Pharmaceuticals LLC

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instrument was signed by the duly authorized officers of the NGM Insurance Company; the acts of said Attorney are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

> Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such officer and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 7th day of January, 2020.

NGM INSURANCE COMPANY By: Kimberly K. Law

Kimberly K. Law
Vice President,
General Counsel and Secretary

NGM INSURANCE COMPANY FOUNDED 1923 FLORIDA

State of Florida,
County of Duval.

On this 7th day of January, 2020, before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Kimberly K. Law of the NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Jacksonville, Florida this 7th day of January, 2020.

Lisa K Penton

Notary Public State of Florida
Lisa K Penton
My Commission GG 926597
Expires 12/17/2023

I, Nancy Giordano-Ramos, Vice President of the NGM 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. **IN WITNESS WHEREOF,** I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this 23rd day of April, 2020.

Nancy Giordano-Ramos

NGM INSURANCE COMPANY FOUNDED 1923 FLORIDA

WARNING: Any unauthorized reproduction or alteration of this document is prohibited.
TO CONFIRM VALIDITY of the attached bond please call **1-603-358-1343.**.
TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claim Dept. or call our Bond Claim Dept. at 1-603-358-1229.

THE MAIN STREET AMERICA GROUP

Trusted Choice

I certify that at the Annual Meeting of the Directors of the NGM Insurance Company duly called and held at Jacksonville, Florida on March 12th, 2020, the following officers were elected and remain in office:

CHRISTOPHER R. LISTAU ..... CHIEF EXECUTIVE OFFICER AND PRESIDENT

JEFFREY B. KUSCH ..... EXECUTIVE VICE PRESIDENT, AND CHIEF OPERATING OFFICER

THERESA E. BREUNIG-SILBERNAGEL ..... SENIOR VICE PRESIDENT, ENTERPRISE SOLUTIONS

KIMBERLY K. LAW ..... VICE PRESIDENT, GENERAL COUNSEL & SECRETARY

JOESEPH D. FREITAS ..... VICE PRESIDENT, CHIEF FINANCIAL OFFICER & TREASURER

MICHAEL D. LANCASHIRE ..... SENIOR VICE PRESIDENT, CLAIMS

DAVID S. MEDVIDOFSKY ..... SENIOR VICE PRESIDENT, HUMAN RESOURCES

NANCY L. GIORDANO-RAMOS, ROBERT T. HETZEL, JR.,
DARRYL J. OSMAN, JANET M. ROOT, JAMES E. VETTEL, SARAH C. BOURDEAU,
PRIYESH A. PATEL, STEVEN C. KILINGERMANN, JR, CHRISTOPHER L. COX ..... VICE PRESIDENTS

I further certify that the following statement of the Company is true as taken from the records of said Company as of December 31, 2019.

ADMITTED ASSETS

Bonds at Amortized Values	$ 79,179,842
Stocks at Market Value	159,926,010
First Mortgage Loans	9,832,000
Real Estate	3,883,439
Cash in Office and Banks	(18,354,291)
Short Term Investments	13,760,338
Agent's Balance (Less than 90 Days)	271,920,238
Accrued Interest	564,262
Other Assets	272,692,532
TOTAL ADMITTED ASSETS	793,404,370

LIABILITIES

Reserve for Losses	0
Reserve for Loss Adjustment Expenses	0
Reserve for Unearned Premiums	0
Reserve for Other Underwriting Expenses	43,754,439
Reserve for Taxes, Licenses, and Fees	5,657,282
Loss Drafts in Transit	0
Other Liabilities	123,348,281
Total Liabilities	172,760,002
Policyholders' Surplus	620,644,368
TOTAL	$ 793,404,370

Securities as deposited by law, included above = $ 5,512,528

I further certify that the following is true and exact excerpt from Article IV, Section 2 of the By-Laws of NGM Insurance Company which is still valid and existing.

The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

Subscribed and sworn to before me on this 16 day of March, 2020

Lisa K. Penton

Notary Public State of Florida
Lisa K Penton
My Commission GG 928597
Expires 12/17/2023

IN WITNESS THEREOF I hereunto subscribe my name and affix the seal of said company this 16 day of March, 2020

Kimberly K. Law

Kimberly K. Law
Vice President, General Counsel & Secretary

NGM INSURANCE COMPANY FOUNDED 1923 FLORIDA

68-1191 (3/20)

5FF

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 02552
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: Amring Pharmaceuticals Inc.

Physical Address: 1205 Westlakes Drive, Suite 275

City: Berwyn State: PA Zip Code: 19312 -2432

Telephone Number: (844) 304-4828 Fax Number: (610) 647-3000

Toll Free Number: N/A

E-mail: Website: www.amringusa.com

Facility Manager: Daniel J. Carbery

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors, Repackagers, Nursing Home Pharmacies, 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 D

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ 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
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: E0513152015-8

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.

Daniel J Carbery

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

Daniel Carbery

Print Name of Authorized Person

1/15/20

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: SEVER Life Sciences BV

Mailing Address: Hoofddorp, Netherlands

~~City:~~ _____ ~~State:~~ _____ ~~Zip:~~ _____

Telephone: [illegible] Fax: 41 58 301 0106

Contact Person: Erik Schropp

For any corporation non-publicly traded, disclose the following:

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

a) ~~Drapner~~ Draupnir Holding BV — Siriusdreef 41, 2132 WT Hoofddorp, Neth.
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

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 D

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 E

KVK

Business Register extract
Netherlands Chamber of Commerce

CCI number 74996207

The company / organisation does not want its address details to be used for unsolicited postal advertising or visits from sales representatives.

Legal entity

RSIN	860102233
Legal form	Besloten Vennootschap (comparable with Private Limited Liability Company)
Statutory name	SEVER Life Sciences B.V.
Corporate seat	Hoofddorp
First entry in Business Register	04-06-2019
Date of deed of incorporation	29-05-2019
Date of deed of last amendment to the Articles of Association	05-07-2019
Issued capital	EUR 500.000,00
Paid-up capital	EUR 500.000,00

Company

Trade name	SEVER Life Sciences B.V.
Company start date	29-05-2019 (registration date: 04-06-2019)
Activities	SBI-code: 6420 - Financial holdings
Employees	0

Establishment

Establishment number	000042904536
Trade name	SEVER Life Sciences B.V.
Visiting address	Hoofddorp
Date of incorporation	29-05-2019 (registration date: 04-06-2019)
Activities	SBI-code: 6420 - Financial holdings For further information on activities, see Dutch extract.
Employees	0

Sole shareholder

Name	Draupnir Holding B.V.
Visiting address	Hoofddorp
Registered under CCI number	34199037
Sole shareholder since	29-05-2019 (registration date: 04-06-2019)

WAARMERK
KAMER VAN KOOPHANDEL

A certified extract is an official proof of registration in the Business Register. Certified extracts issued on paper are signed and contain a microtext and UV logo printed on 'optically dull' paper.

2019-09-25 15:28:50

KVK

Business Register extract
Netherlands Chamber of Commerce

CCI number 74996207

Board members

Name	Schropp,
Date of birth	
Date of entry into office	29-05-2019 (registration date: 04-06-2019)
Title	Director
Powers	Jointly authorised (with other board member(s), see articles)

Name	Schram,
Date of birth	
Date of entry into office	29-05-2019 (registration date: 04-06-2019)
Title	Director
Powers	Jointly authorised (with other board member(s), see articles)

Name	Hobbs, J
Date of birth	
Date of entry into office	29-05-2019 (registration date: 04-06-2019)
Title	Director
Powers	Jointly authorised (with other board member(s), see articles)

Name	Pettigrew [illegible]
Date of birth	
Date of entry into office	29-05-2019 (registration date: 04-06-2019)
Title	Director
Powers	Jointly authorised (with other board member(s), see articles)

Name	Turner,
Date of birth	
Date of entry into office	04-07-2019 (registration date: 17-07-2019)
Title	Director
Powers	Jointly authorised (with other board member(s), see articles)

Name	Brunse,
Date of birth	
Date of entry into office	04-07-2019 (registration date: 17-07-2019)
Title	Director
Powers	Jointly authorised (with other board member(s), see articles)

WAARMERK
KAMER VAN KOOPHANDEL

A certified extract is an official proof of registration in the Business Register. Certified extracts issued on paper are signed and contain a microtext and UV logo printed on 'optically dull' paper.

2019-09-25 15:28:50

KVK

Business Register extract
Netherlands Chamber of Commerce

CCI number 74996207

Extract was made on 25-09-2019 at 15.28 hours.
For extract

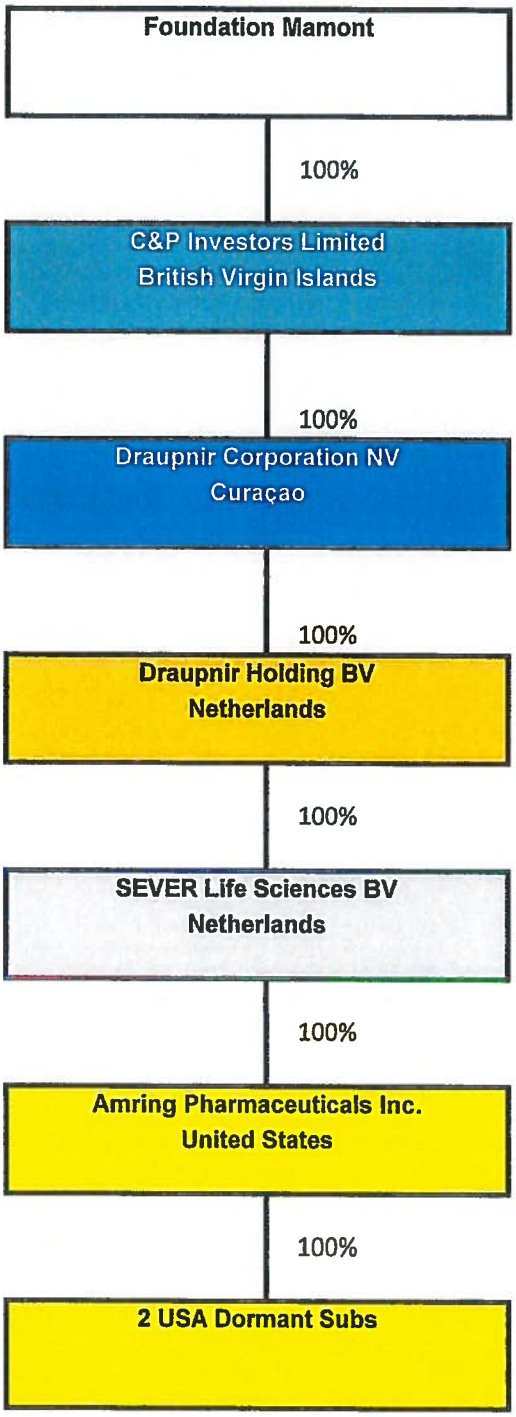
F.R. Sweertman, Manager Centrale Productie en Backoffice

WAARMERK
KAMER VAN KOOPHANDEL

A certified extract is an official proof of registration in the Business Register. Certified extracts issued on paper are signed and contain a microtext and UV logo printed on 'optically dull' paper.

2019-09-25 15:28:50

CONTEMPLATED GROUP STRUCTURE



Attachment B

Resident State License and Online Verification

Certificate of Registration

Certificate No. 3000010095
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Distributor (Prescription)
Devices

AMRING PHARMACEUTICALS INC.
1205 WESTLAKES DRIVE, SUITE 275
BERWYN, PA 19312

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: November 15, 2019
Expiration Date: The Last Day of December, 2020

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

Drug, Device and Cosmetic Program

Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **Amring Pharmaceuticals Inc.** Westlakes Drive, , Berwyn, PA 19312
  Certificate(s): **3000010095** issued: 11/15/2019 expires: 12/31/2020

Back to DD&C Home

Copyright © 2009-2018 Commonwealth of Pennsylvania. All Rights Reserved.

Assembly Version
Database Version

Attachment C

Facility Manager's Resume

DANIEL J. CARBERY

Media, PA19063

PROFILE

Motivated and results-driven President and General Manager with a successful track record building category-leading franchises and serving a U.S. and international customer base through highly demanding medical and retail distribution channels. Demonstrated ability to articulate and create a sense of ownership for the organization's mission with the leadership team, employees and investors. Strategically sophisticated, adept and operationally expert in key functions of a high-performing and diverse technology-driven business, including R&D, engineering, plant operations, marketing, product development and market development. Excellent collaboration, communication, interpersonal and leadership skills.

EXPERIENCE

AMRING PHARMACEUTICALS INC. Berwyn, PA **Jan 2015 – Present**
Present and General Manager
Founder and General Manager of specialty U.S. generic pharmaceutical business within the global, privately-held Ferring Group.

AXCENTRIA PHARMACEUTICALS, LLC. Telford, PA **Jan 2014 – Jan 2015**
CEO, Member of Board of Directors
Turned around privately-held startup development and manufacturing business in pharmaceutical, medical device, nutritional and consumer products segments. Hired to overhaul, refocus, and grow this manufacturer of liquids and semi-solids.

CARBERY STRATEGIC CONSULTING, Media, PA **2013 – 2014**
President
Provided strategy, operational, and leadership consulting services for life science companies.

- Provided business carveout project management and operational guidance to a medical device firm recently purchased by Private Equity firm and undergoing separation from a Big Pharma corporation.
- Provided business development, technology development, and market expansion strategy services to private consumer healthcare product company.

ENDO HEALTH SOLUTIONS INC., Chadds Ford, PA **2001 – 2012**
Rapidly growing diversified pharmaceutical company with sales of $3.2 billion and specializing in pain management, generic drugs, urology drugs, devices and services, and healthcare IT. Promoted to diverse leadership roles from Operations VP of branded business through General Manager of generic drug business and drug implant technology business. Extensively involved in leading company licensing and acquisition activities.

Senior Vice President /President, Qualitest Pharmaceuticals (2010 – 2012)
Selected to integrate and grow sixth largest U.S. generic drug business as Division President and General Manager with full responsibility for all P&L, strategy, commercial activities, business development and R&D.

- Led acquisition integration and created new business strategy with result of growing annual sales in two years from $480 million to $633 million and net income from 18% to 30% of sales on a run-rate basis.
- Optimized commercial product mix, implemented new R&D portfolio management approach, rationalized R&D projects, and significantly improved supply chain performance metrics.
- Created strategic roadmap to grow to $1.5 billion in sales and 25 billion dose units by 2015 through organic growth and targeted acquisitions to achieve strategic and sustainable scale as top 10 U.S. generic firm.

Senior Vice President, Specialty Generics and Technologies (2008 – 2010)
Selected as General Manager to turn around lagging portfolio of businesses while continuing to lead Global Operations function. Managed U.S. sales, R&D labs in NY and NJ, manufacturing in NJ, global supply chain partners and corporate quality and technical operations team.

ENDO HEALTH SOLUTIONS INC. (continued)

General Manager, Specialty Generics

- Refocused and grew $200 million combined brand/generic drug business into a Specialty Generics business with sales growth of 17% annually from 2007 - 2010, and built product development pipeline to over 35 drugs.
- Negotiated and closed business development deals, including product licensing and acquisition with public and private equity firms in Asia (APAC), Europe, and the U.S., including BioVeda China Fund, Alembic, Novast, and Stason. Worked extensively with trade relations firm and top law firms in U.S. and China, including Skadden Arps, Arnold & Porter and in-house counsel.
- Managed key product and technology growth partnerships, including Alembic Pharmaceuticals and Novast Pharmaceuticals in Asia, and Lohmann Therapie-Systeme in Europe.
- Developed and executed next-stage growth strategy and led due diligence assessment for $1.2 billion acquisition of Qualitest Pharmaceuticals to respond to accelerated consolidation and competition into the U.S. generics business.

General Manager, Implant Drug Delivery Venture

- Identified significant, but dormant, value-creating assets during acquisition of Indevus Pharmaceuticals.
- Created stand-alone internal business venture and implemented new strategy, business plan, and leadership team for polymer implant drug delivery platform over 18-month timeframe after acquisition.
- Acquired research funds, restarted product feasibility research, built focused $3 million R&D lab, and created operating team. Efforts led to successful IND filings with FDA for two drug implant products.
- Oversaw intellectual property creation and began out-licensing of two lead pipeline products to accelerate cash flow generation.
- Transitioned leadership role to corporate development team in December 2010 in order to focus on large Qualitest acquisition.

Senior Vice President, Operations (2001 – 2008)
Member of Senior Leadership Team / Operating Committee / Vice President, Operations
Hired by Endo Co-Founders in fourth year of startup to create sustainable and cost-effective supply chain network, and to transfer all legacy products from DuPont to Endo's supply chain. Promoted to member of corporate executive team and served on governance committees for corporate profitability, product development, and organizational development.

- Built leading-edge global pharmaceutical supply chain supporting over $1.4 billion in revenue based on highly agile management team and fully-leveraged external manufacturing and distribution network.
- Developed and implemented strategic operating plan to support company's rapid growth strategy which provided technology flexibility and capital efficiency using strategic third party distribution and manufacturing relationships.
- Managed both developmental and commercial business alliances and partnerships, including Mallinckrodt, United Parcel Services and Novartis in U.S. and Teikoku Pharmaceuticals in Japan.
- Managed end-to-end technology transfer of development programs to commercial manufacturing, distribution, and customer service.
- Negotiated multi-party development and manufacturing agreements, including small, innovative drug research companies and large, technology-based drug company, while aligning all parties' needs on intellectual property, investments, and long-term manufacturing.
- Developed and implemented unique organizational capabilities/skills assessment tools, leadership programs, and step-wise business structure changes critical to meeting growth driven strategic plan. Deeply involved in successful launch of key brands, including Opana ER, Voltaren Gel, Frova and Synera.

BLOCK DRUG COMPANY (GlaxoSmithKline), Jersey City, NJ **1997 – 2001**
Global $860 million consumer health and prescription drug product company with leading global brands and operating in over 30 countries. Hired to overhaul global manufacturing, supply chain, distribution and related financial and quality infrastructure and performance to reduce operating costs and capital investments and to improve market responsiveness.

Vice President Worldwide Operations
Managed restructuring and $250 million/year global supply chain operations for OTC and prescription drugs supporting over 30 markets.

- Managed $100 million global restructuring, including factory consolidation, financial integration of disparate business units, distribution network changes, global sourcing programs, technology transfers, product registration changes, and quality cost reduction programs. Restructuring yielded $25 million in annual profit improvement.

- Improved customer service and supply chain efficiency through rapid six month development and implementation of new sales and operations planning process across 27 corporate affiliates, 6 plants, and over 20 third party manufacturers.

KPMG LLP, Short Hills, NJ **1995 – 1997**

Manager
Oversaw product design, business development and project delivery for strategic and financial integration of business and environmental performance issues.

EARLY EXPERIENCE:

AMERICAN NUKEM, INC., Mahwah and Somerset, NJ
Sales, Engineering and Operations positions in startup environmental services company.

NABISCO BRANDS INC., East Hanover, NJ
Project Manager

PROCTER & GAMBLE, INC., Baltimore, MD
Distribution Team Manager/Project Engineer

MILITARY EXPERIENCE:

NEW JERSEY NATIONAL GUARD – Executive Officer

MARYLAND NATIONAL GUARD – Executive Officer, Fire Direction Officer

U.S. Army Field Artillery Course, Fort Sill, OK. Graduated with Honors.

EDUCATION

M.B.A., Rutgers, The State University of New Jersey, Newark, NJ
Graduated with Honors

B.S.E., Chemical Engineering, Princeton University, Princeton, NJ
Graduated with Honors

Attachment D

Proof of FDA Registration

Miele, Kerry M.

From:
Sent: Tuesday, June 16, 2015 8:00 AM
To: Carbery
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 16-JUN-15
Labeler DUNS: 079843051
Labeler Name: Amring Pharmaceuticals Inc.
Labeler Code: 69918

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

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)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **amring**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Amring Pharmaceuticals Inc.		079843051	LABEL;	Westlakes Drive, Suite , Berwyn, Pennsylvania (PA) United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, Feb 4, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Vertical

Attachment E

Corporate Officer and Director Information

Amring Pharmaceuticals Inc.

Daniel Carbery
President and Chief Executive Officer

Tatyana Kosheleva
Vice President, Treasurer and Chief Financial Officer

Richard Ciamacca, Esq.
Vice President, Secretary and General Counsel

Directors:

. Quinot
Antar, Esq.

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 "AMRING 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 THIRTEENTH DAY OF JANUARY, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

5069027 8300

SR# 20200231639

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

Authentication: 202178234

Date: 01-13-20

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. 83BSBIF1600

Application/License No. _____

AMRING PHARMACEUTICALS INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
Westlake Drive Berwyn, !
Address of Applicant/Principal
, as PRINCIPAL, and HARTFORD FIRE INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of CT
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, (
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 2/7/2020.
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 7th day of February, 2020.

APPLICANT/PRINCIPAL

COMPANY

AMRING PHARMACEUTICALS INC.

Authorized Representative

SURETY

HARTFORD FIRE INSURANCE COMPANY

Surety Company's Representative

Bartlomiej Siepierski, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Rachel Fore

Witness Aerie Walton

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Nancy M. McFalls, Notary Public
Tredyffrin Twp., Chester County
My Commission Expires April 12, 2021

Countersigned by:

Nevada ~~Resident~~ Agent, Christopher P Troha
Non Resident

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: AON RISK SERVICES CENTRAL INC
Agency Code: 83-553702

- [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 :

Derek J. Elston, Ann Mullins, Christopher P. Troha, Marcia K. Cesafsky, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

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 February 7th, 2020

Signed and sealed at the City of Hartford.

Kevin Heckman, Assistant Vice President

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF WILL

On this 7th day of February, 2020, before me, Paul M Allen, a Notary Public, within and for said County and State, personally appeared Bartlomiej Siepierski 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.

Paul M Allen

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

5GG

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: Cipla USA, Inc.

Physical Address: Independence Blvd., Suite

City: Warren State: NJ Zip Code: 07059

Telephone Number: (-8900 Fax Numbe -2481

Toll Free Number: N/A

E-mai .com Website: www.cipla.com

Facility Manager: Hindupur Nagraj Deep Sagar

Professional qualifications and experience of facility manager: Develop and implement strong legal policies, procedures and systems across NA to provide legal services in an efficient manner and ensure organization wide awareness on legal implications of business decisions.

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 ☐ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☒ Other: Gabapentin

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) Labeler code: 69097

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: CIPLA LTD
Address: CIPLA HOUSE, PENINSULA BUSINESS PARK, MARG, MUMBAI MAHARASHTRA, INDIA

Name: INVAGEN PHARMACEUTICALS, INC.
Address: OSER AVENUE, HAUPPAUGE, NY

Name: HIKMA PHARMACEUTICALS USA, INC.
Address: WILSON ROAD, COLUMBUS, OH

Name: SHILPA MEDICARE LIMITED
Address: HYDERABAD ROAD, RAICHUR – KARNATAKA, INDIA

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.

Biplab Mazumdar.

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

Biplab Mazumdar
Print Name of Authorized Person

NOVEMBER 12, 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: DE

Parent Company if any: InvaGen Pharmaceuticals Inc., USA

Mailing Address: c/o State License Servicing State Route 17A, Suit

City: Florida State: NY Zip: 10921

Telephone 1-2482 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) InvaGen Pharmaceuticals Inc., USA 7 Oser Avenue Hauppauge, NY 11788 [100% Sole Owner]
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. Cipla USA, Inc. [100% sole owner]

3) What was the price paid per share? No shares issues

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
P.O. Box 369, Trenton, New Jersey 08625-0369

0737432

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:

10 INDEPENDENCE BLVD STE 300 WARREN, NJ 07059-

Reg. No. 5005183

CIPLA USA, INC.
C/O STATE LICENSE SERVICING
STATE RTE 17A, S
FLORIDA, NY 10921-

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
P.O. Box 369, Trenton, New Jersey 08625-0369

0737432

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:

10 INDEPENDENCE BLVD STE 300 WARREN, NJ 07059-

Reg. No. 5005183

CIPLA USA, INC.
C/O STATE LICENSE SERVICING
STATE RTE 17A
FLORIDA, NY 10921-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Office Copy

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0737432

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:

10 INDEPENDENCE BLVD STE 300 WARREN, NJ 07059-

Reg. No. 5005183

CIPLA USA, INC.
C/O STATE LICENSE SERVICING
STATE RTE 17A
FLORIDA, NY 10921-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Auditor Copy

. .. .. Sedar

From: Pharmacy Board
Sent: Tuesday, March 17, 2020 12:05 PM
To: . Sedar
Subject: Fw: Cipla USA, Inc. - Notice of Change of Officers

Follow Up Flag: Follow up
Flag Status: Flagged

From: c .com lsnysupport.com>
Sent: Tuesday, March 17, 2020 11:37 AM
To: Pharmacy Board
Subject: Cipla USA, Inc. - Notice of Change of Officers

IMPORTANT NOTICE

State License Servicing, Inc.
State Route 1 , Suit Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

Date: March 17, 2020
To: Nevada State Board of Pharmacy
Re: Cipla USA, Inc., 10 Independence Blvd, Suite 300, Warren, NJ 07059, Permit #: Pending - Initial

Dear Licensing Authority:

State License Servicing, Inc. represents Cipla USA, Inc. in the servicing of their state licenses. This letter shall serve as notice that Cipla USA, Inc. is undergoing an officer change. Effective March 31, 2020 Nikhil Lalwani will be removed as CEO and will be replaced by Arunesh Verma, and Deepak Agarwal will be added as CFO. The revised officer list for Cipla USA, Inc. will be:

Arunesh Verma – CEO
Biplab Mazumdar – Secretary and Treasurer
Deepak Agarwal - CFO

New Officer List as of 3/31/2020

As well, please let your files reflect that there has not been any change of ownership, interest or tax identification numbers with this recent change. Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these are being completed and will be filed shortly.

If you need any additional information, please feel free to call or email me at the address below.

Kind Regards,

Jennifer Schneider
V.P. Client Services
-2482 ext
ilsny.com

THIS ELECTRONIC MAIL MESSAGE AND ANY ATTACHMENT IS CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR INDIVIDUALS NAMED ABOVE.
If the reader is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please reply to the sender to notify us of the error and delete the original message.
Thank You

Click Here to Respond to this Email

Cipla USA, Inc.

Corporate Address: 1560 Sawgrass Corporate Parkway, Suite 130, Sunrise, FL 33323 USA
FEIN: 99-0381385
www.cipla.com

Drug Labeler Code: 69097
Incorporation State: DE
Incorporation Date: 9/12/2012

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
WAR	Independence Blvd. Suite Warre.., NJ 07059 County: Somerset	N/A	N/A - Uses 3PL DEA		No	(908) 356-8900	

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	
Hindupur Nagraj Deep Sagar	Ave At Port IMP Weehawken, NJ 07086	Legal Manager	No	*All States*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
InvaGen Pharmaceuticals Inc., USA	Oser Avenue Hauppauge, NY 11788		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Biplab Mazumdar	Tennyson Dr lainsboro, NJ 08536-3016	Secretary and Treasurer	No
Nikhil Suresh Lalwani	Avenue at Port Imperial Apt. Weenawken, NJ 07086	CEO	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Incorp Services, Inc.

3PLS

Name	Address	Title	Prescribing Authority
UPS Supply Chain Solutions	Outer Loop Road Louisville, KY 40219		

For licensing issues, please contact State License Servicing, LLC (845) 544-2482 CIP@slsny.com

Company Particulars

449

Labeler Code

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 04, 2019

Records marked with (U): This information was removed from publication, because the record is uncertified.

You have searched Finished drug products

Search Results: '*69097*'

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	St M: Da
Abacavir	69097-514-03	300 mg/1	TABLET, FILM COATED	ORAL	ANDA078119	Cipla USA Inc.	69097-514	Abacavir	ABACAVIR SULFATE	HUMAN PRESCRIPTION DRUG	11/
Abacavir and Lamivudine	69097-362-02	600 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA091144	Cipla USA Inc.	69097-362	Abacavir and lamivudine	ABACAVIR SULFATE; LAMIVUDINE	HUMAN PRESCRIPTION DRUG	03/
Acyclovir	69097-656-38	50 mg/g	OINTMENT	TOPICAL	ANDA211794	Cipla USA Inc.	69097-656	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	01/
Acyclovir	69097-656-40	50 mg/g	OINTMENT	TOPICAL	ANDA211794	Cipla USA Inc.	69097-656	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	01/
ALBENDAZOLE	69097-237-72	200 mg/1	TABLET	ORAL	ANDA210434	Cipla USA Inc.	69097-237	albendazole	ALBENDAZOLE	HUMAN PRESCRIPTION DRUG	09/
ALBENDAZOLE	69097-237-73	200 mg/1	TABLET	ORAL	ANDA210434	Cipla USA Inc.	69097-237	albendazole	ALBENDAZOLE	HUMAN PRESCRIPTION DRUG	09/
ALENDRONATE SODIUM	69097-224-76	70 mg/1	TABLET	ORAL	ANDA076768	Cipla USA Inc.	69097-224	Alendronate sodium	ALENDRONATE SODIUM	HUMAN PRESCRIPTION DRUG	08/

National Drug Code Directory

f 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)

in 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 November 20, 2019

Records marked with (U): This information was removed from publication, because the record is uncertified.

You have searched Finished drug products

Search Results *'69097'*

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
Abacavir	69097-514-03	300 mg/1	TABLET, FILM COATED	ORAL	ANDA078119	Cipla USA Inc	69097-514	Abacavir	ABACAVIR SULFATE	HUMAN PRESCRIPTION DRUG	11/21/2017
Abacavir and Lamivudine	69097-362-02	600 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA091144	Cipla USA Inc	69097-362	Abacavir and lamivudine	ABACAVIR SULFATE, LAMIVUDINE	HUMAN PRESCRIPTION DRUG	03/28/2017
Acyclovir	69097-656-38	50 mg/g	OINTMENT	TOPICAL	ANDA211794	Cipla USA Inc	69097-656	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	01/18/2019
Acyclovir	69097-656-40	50 mg/g	OINTMENT	TOPICAL	ANDA211794	Cipla USA Inc	69097-656	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	01/18/2019
ALBENDAZOLE	69097-237-72	200 mg/1	TABLET	ORAL	ANDA210434	Cipla USA Inc	69097-237	albendazole	ALBENDAZOLE	HUMAN PRESCRIPTION DRUG	09/24/2018
ALBENDAZOLE	69097-237-73	200 mg/1	TABLET	ORAL	ANDA210434	Cipla USA Inc	69097-237	albendazole	ALBENDAZOLE	HUMAN PRESCRIPTION DRUG	09/24/2018
ALENDRONATE SODIUM	69097-224-76	70 mg/1	TABLET	ORAL	ANDA076768	Cipla USA Inc	69097-224	Alendronate sodium	ALENDRONATE SODIUM	HUMAN PRESCRIPTION DRUG	08/04/2008
ALENDRONATE SODIUM	69097-223-76	35 mg/1	TABLET	ORAL	ANDA076768	Cipla USA Inc	69097-223	Alendronate sodium	ALENDRONATE SODIUM	HUMAN PRESCRIPTION DRUG	08/04/2008
Alfuzosin Hydrochloride	69097-844-02	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/30/2016
Alfuzosin Hydrochloride	69097-844-05	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/30/2016
Alfuzosin Hydrochloride	69097-844-07	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/30/2016

Verified DZ

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
Alfuzosin Hydrochloride	69097-844-12	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/30/2016
amantadine hydrochloride	69097-925-12	100 mg/1	TABLET	ORAL	ANDA207571	Cipla USA Inc	69097-925	amantadine hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/31/2017
Amantadine hydrochloride	69097-926-07	100 mg/1	CAPSULE	ORAL	ANDA207570	Cipla USA Inc	69097-926	Amantadine hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/30/2016
Ambrisentan	69097-386-19	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc	69097-386	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/26/2019
Ambrisentan	69097-387-02	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc	69097-387	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/26/2019
Ambrisentan	69097-387-19	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc	69097-387	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/26/2019
Ambrisentan	69097-386-02	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc	69097-386	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/26/2019
AMLODIPINE BESYLATE	69097-127-15	5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc	69097-127	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/26/2007
AMLODIPINE BESYLATE	69097-128-15	10 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc	69097-128	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/26/2007
Amlodipine Besylate	69097-838-05	10 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc	69097-838	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/2016
Amlodipine Besylate	69097-836-15	2.5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc	69097-836	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/2016
Amlodipine Besylate	69097-837-05	5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc	69097-837	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/2016
Amlodipine Besylate	69097-837-15	5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc	69097-837	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/2016
AMLODIPINE BESYLATE	69097-126-05	2.5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc	69097-126	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/26/2007
AMLODIPINE BESYLATE	69097-126-15	2.5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc	69097-126	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/26/2007
AMLODIPINE BESYLATE	69097-128-05	10 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc	69097-128	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/26/2007
Amlodipine Besylate	69097-836-05	2.5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc	69097-836	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/2016
Amlodipine Besylate	69097-838-15	10 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc	69097-838	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/2016
AMLODIPINE BESYLATE	69097-127-05	5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc	69097-127	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/26/2007
Amlodipine besylate and Benazepril hydrochloride	69097-143-02	2.5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-143	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2016
Amlodipine besylate and Benazepril hydrochloride	69097-145-02	5 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-145	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2016

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
Amlodipine besylate and Benazepril hydrochloride	69097-146-12	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-146	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2018
Amlodipine besylate and Benazepril hydrochloride	69097-144-06	5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-144	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2018
Amlodipine besylate and Benazepril hydrochloride	69097-145-12	5 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-145	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2018
Amlodipine besylate and Benazepril hydrochloride	69097-146-02	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-146	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2018
Amlodipine besylate and Benazepril hydrochloride	69097-146-06	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-146	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2018
Amlodipine besylate and Benazepril hydrochloride	69097-143-06	2 5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-143	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2018
Amlodipine besylate and Benazepril hydrochloride	69097-144-12	5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-144	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2018
Amlodipine besylate and Benazepril hydrochloride	69097-145-06	5 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-145	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2018
Amlodipine besylate and Benazepril hydrochloride	69097-144-02	5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-144	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2018
Amlodipine besylate and Benazepril hydrochloride	69097-143-12	2 5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-143	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2018
ATAZANAVIR	69097-445-03	200 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-445	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/2018
ATAZANAVIR	69097-444-03	150 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-444	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/2018
ATAZANAVIR	69097-446-02	300 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-446	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/2018
ATAZANAVIR	69097-443-03	100 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-443	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	08/09/2018
ATAZANAVIR	69097-443-02	100 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-443	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	08/09/2018
ATAZANAVIR	69097-446-03	300 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-446	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/2018
ATAZANAVIR	69097-445-02	200 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-445	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/2018
ATAZANAVIR	69097-444-02	150 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-444	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/2018

Showing 1 to 50 of 500 entries

Previous 1 2 3 4 5 ... 10 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

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)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **invagen**

CSVExcel

Filter: haupp

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
InvaGen Pharmaceuticals, Inc	3003950641	165104469	ANALYSIS; MANUFACTURE;	Oser Ave., Hauppauge, New York (NY) 11788, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries (filtered from 2 total entries)
Previous1Next
Data Current through: Wednesday, Nov 20, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S M D
ALENDRONATE SODIUM	69097-223-76	35 mg/1	TABLET	ORAL	ANDA076768	Cipla USA Inc.	69097-223	Alendronate sodium	ALENDRONATE SODIUM	HUMAN PRESCRIPTION DRUG	08/
Alfuzosin Hydrochloride	69097-844-02	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc.	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/
Alfuzosin Hydrochloride	69097-844-05	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc.	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/
Alfuzosin Hydrochloride	69097-844-07	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc.	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/
Alfuzosin Hydrochloride	69097-844-12	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc.	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/
amantadine hydrochloride	69097-925-12	100 mg/1	TABLET	ORAL	ANDA207571	Cipla USA Inc.	69097-925	amantadine hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/
Amantadine hydrochloride	69097-926-07	100 mg/1	CAPSULE	ORAL	ANDA207570	Cipla USA Inc.	69097-926	Amantadine hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/
Ambrisentan	69097-386-19	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc.	69097-386	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/
Ambrisentan	69097-387-02	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc.	69097-387	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/
Ambrisentan	69097-387-19	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc.	69097-387	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S M D
Ambrisentan	69097-386-02	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc.	69097-386	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/
AMLODIPINE BESYLATE	69097-127-15	5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc.	69097-127	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/
AMLODIPINE BESYLATE	69097-128-15	10 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc.	69097-128	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/
Amlodipine Besylate	69097-838-05	10 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc.	69097-838	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/
Amlodipine Besylate	69097-836-15	2.5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc.	69097-836	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/
Amlodipine Besylate	69097-837-05	5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc.	69097-837	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/
Amlodipine Besylate	69097-837-15	5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc.	69097-837	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/
AMLODIPINE BESYLATE	69097-126-05	2.5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc.	69097-126	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/
AMLODIPINE BESYLATE	69097-126-15	2.5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc.	69097-126	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/
AMLODIPINE BESYLATE	69097-128-05	10 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc.	69097-128	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/
Amlodipine Besylate	69097-836-05	2.5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc.	69097-836	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/
Amlodipine Besylate	69097-838-15	10 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc.	69097-838	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/
AMLODIPINE BESYLATE	69097-127-05	5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc.	69097-127	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/
Amlodipine besylate and Benazepril hydrochloride	69097-143-02	2.5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-143	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S M D
Amlodipine besylate and Benazepril hydrochloride	69097-145-02	5 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-145	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-146-12	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-146	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-144-06	5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-144	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-145-12	5 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-145	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-146-02	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-146	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-146-06	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-146	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-143-06	2.5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-143	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-144-12	5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-144	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-145-06	5 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-145	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-144-02	5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-144	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-143-12	2.5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-143	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
ATAZANAVIR	69097-445-03	200 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-445	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09
ATAZANAVIR	69097-444-03	150 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-444	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S M D
ATAZANAVIR	69097-446-02	300 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-446	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/
ATAZANAVIR	69097-443-03	100 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-443	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	08/
ATAZANAVIR	69097-443-02	100 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-443	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	08/
ATAZANAVIR	69097-446-03	300 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-446	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/
ATAZANAVIR	69097-445-02	200 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-445	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/
ATAZANAVIR	69097-444-02	150 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-444	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/

Showing 1 to 50 of 502 entries

Previous 1 2 3 4 5 ... 11 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

DEA

U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

DIVERSION CONTROL DIVISION

DEA Registration Validation Result:

DEA Number: RU0337887

This DEA Number is ACTIVE

Name (Last, First): UPS SUPPLY CHAIN SOLUTIONS INC ,

Business Activity: DISTRIBUTOR

Business Address 1: 1920 OUTER LOOP

Business Address 2:

Business Address 3:

City: LOUISVILLE

State: KY

Zip: 402193431

Schedules: Schedule III Narcotic, Schedule III Non Narcotic, Schedule IV, Schedule V

Fee Status: Paid

Expire Date: 05-31-2020

The U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Division maintains registrant data and is considered the primary source of information on DEA registrants. The website https://www.deadiversion.usdoj.gov is the official location for real time online verification.

DEA Registration Validation:

DEA Number to be validated (Required - Not Case Sensitive)

Validate

Logout

good standing

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

CIPLA USA INC.
0450318628

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on October 29, 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:

INCORP SERVICES INC
208 WEST STATE STREET
TRENTON, NJ 08608-1002

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of November, 2019

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6102248939

Verify this certificate online at

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

SAGAR
Avenue at Port Imperial, Weehawken, NJ 07086
M: 4088 ✉ gmail.com

EDUCATION

- 92.5% in Class X and XII; CBSE; DAV Boys Senior Secondary School, Chennai.
- B.A., L.L.B, ILS Law College, Pune Class of 2011, 62.5%; in the top 0.1% of University of Pune.
- Merit List Rank No. 9 in year III and IV.
- Diploma in Mergers & Acquisitions from Asian School of Cyber Law, Pune.
- Diploma in Cyber Law from Asian School of Cyber Law, Pune.

WORK EXPERIENCE

Associate Director, Legal and Compliance
Cipla USA, Inc., Warren, NJ; March 31, 2017 – till date

- Implement the legal strategy for NA, in coordination with Global CLO, to ensure it is in line with overall company legal strategy
- Implement a litigation strategy across all businesses in NA by taking inputs from key stakeholders to protect the best interests of Cipla
- Develop and implement strong legal policies, procedures and systems across NA to provide legal services in an efficient manner and ensure organization wide awareness on legal implications of business decisions
- Drive adherence to all applicable statutory compliances and laws of the land to prevent litigation and mitigate risks and damages, by setting up policy monitoring systems
- Implement mechanism for allocation of in-house as well as outsourced work

Manager, Legal
Cipla USA, Inc., Sunrise, FL; April 2016 – March 31, 2017

- Assist the Chief Legal Officer in developing and implementing the vision and strategy for the Legal Department to ensure adequate legal support is provided to the business and key stakeholders in a timely manner
- Provide specialized advice on legal issues to a number of in-house clients, drawing upon expertise across a range of legal specialties
- Partner closely with other departments to evaluate legal impact of major decisions, assess the company's legal position during disputes and provide appropriate resolutions and end-to-end legal support while ensuring that the company's legal position is protected.

Manager, Legal, Cipla Limited, Mumbai; August 2011 – December 2015 (~5 years)

- Single point of contact for all legal matters relating to North America, In-licensing, Respiratory, Speciality and Cipla New Ventures with reporting to Head of legal.
- Drafting, reviewing, vetting, negotiating, concluding various Agreements and documents including Development, License, Supply and Distribution Agreements, Leave and License, Lease, Letter of Intent, Memorandum of Understanding, Non-Disclosure Agreements, Consultancy Agreements, Service Agreements, Contract Manufacturing Agreements, Loan Licensing Agreements and other commercial documents for the territories of North America, European Union;
- Drafting Notices, replies to notices, Power of Attorney, Affidavits, Indemnities, etc.
- Preparing reports on status of litigation matters;
- Contracts Management of all North American contracts;
- Well versed with concepts relating to NDA, ANDA, Para IV, 505b(ii), Authorised Generics;
- Independently negotiating on all commercial contracts relating to North America;
- Coordinating and integrating with other functions to obtain inputs and close commercial contracts;

- Identifying external legal counsel suiting the legal requirements;
- Creating database of all North American contracts and preparing analysis reports on contracts;
- Coordinating with the Compliance Team on matters relating to compliance such as framing of policies such as Document Retention Policy;

Trilegal, Delhi; November 2010
Extensive research on Companies Act, 1956 regarding winding up and its tax implications, share transfer agreements; issuing of statement in lieu of prospectus for a public company; criminal matters regarding bail. Assisted and advised on laws governing Floating Production, Storage and Offloading (FPSO) units in India.

Fox Mandal Little & Co., Mumbai; June 2010
Researched and Assisted on advice on Zero Coupon Bonds; Drafted opinions on matters relating to customs for a large shipping Company.

Godfrey Philips India, Delhi; May 2010
Was involved in advising on matters regarding Service Tax.

Khaitan & Co., Delhi; June 2009
Was involved in research and assisted in the preparation of legal opinions relating to competition law in the EU; multiple winding up petitions filed by a single party; submitted a research article on the Doctrine of Frustration.

Singh & Singh Advocates, Delhi; November 2008
Assisted in writing legal opinions in the field of Intellectual Property Law and in matters relating to Telecom Disputes.

Dua Associates, Chennai; June 2008
Assisted in drafting Due Diligence Reports on two manufacturing sector Companies; researched and assisted on drafting legal opinions relating to legal remedies available to a power generating company

Kundalia Associates, Kolkata; May 2008
Worked on several queries, assisted in drafting of a JV Agreement and was involved in research on various aspect of corporate law.

Advocate Pankaj Sharma, Jodhpur High Court; May and October 2007
Worked with the General Corporate Team and assisted in the preparation of a Due Diligence Report. Researched on various corporate laws including company law and labour Laws.

CO-CURRICULAR ACTIVITIES

- Winner of Jitendra Chauhan National Moot Court Competition, Mumbai 2008.
- Second runners-up for State Moot court competition held at Balaji College, Pune 2010.
- Adjudicated for 62nd Mukherjee Memorial Parliamentary Debate, held at St. Stephens College, Delhi.

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. 2450532

Application/License No. _____

Cipla USA, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is Independence Blvd, Warren, Ste NJ 07059 (Address of Applicant/Principal), as PRINCIPAL, and Great American Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is East Fourth Street, Cincinnati, OH 45202 (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 ($25,000), 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 14, 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 regarc[illegible] the license of Applicant/Principal that are impose pursuant to NRS 622 [illegible] Applicant/Principal fails to pay.

Rec. 2/19/20
updated
ZIP
Matthes

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 January, 20 20.

APPLICANT/PRINCIPAL

COMPANY
Cipla USA, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Great American Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Pamela Wylie
Witness Pamela Wylie

Witness Karla Luongo

Countersigned by:

Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than FOUR

No. 0 20979

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
STEPHEN SCHLUSSEL	ALL OF	ALL
ROBYN ROST	NEW YORK	$10,000,000.00
WILLIAM F. MARONEY		
MAUREEN GRANDE		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 5TH day of DECEMBER, 2017.

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 5TH day of DECEMBER, 2017, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 05-18-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 14TH day of January, 2020.

Assistant Secretary

GREAT AMERICAN INSURANCE GROUP

301 East Fourth Street
16th Floor
Cincinnati, OH 45202

GAIG.com

GREAT AMERICAN INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS AS OF DECEMBER 31, 2018

ADMITTED ASSETS

Bonds	$	3,874,400,270
Stocks		1,257,698,534
Mortgage loans on real estate		325,454,841
Real estate (net of encumbrances)		58,221,275
Cash and short-term investments		318,171,232
Other invested assets		594,596,935
Receivable for securities		1,021,461
Investment income due and accrued		35,251,279
Agents' and premium balances		601,673,429
Reinsurance recoverable on loss and loss expense payments		65,592,566
Net deferred tax asset		163,195,781
Receivable from affiliates		10,011,326
Receivable from Federal Crop Insurance Corporation		466,667,511
Company owned life insurance		179,861,963
Funds held as collateral		10,213,307
Funded deductibles		28,192,144
Other admitted assets		35,871,182
Total	$	8,026,095,036

LIABILITIES, CAPITAL AND SURPLUS

Unpaid losses and loss expenses		$	3,789,091,910
Reserve for underwriting expenses			275,457,294
Federal and foreign income taxes			5,335,703
Reserve for unearned premiums			1,343,186,228
Ceded reinsurance premiums payable			111,234,346
Funds held under reinsurance treaties			521,260,285
Retroactive reinsurance ceded			(144,437,953)
Other liabilities			219,050,289
Total liabilities			6,120,178,102
Capital stock	$ 15,440,600		
Paid in surplus	809,251,710		
Special surplus funds	102,620,000		
Unassigned funds	978,604,624		
Policyholders' surplus			1,905,916,934
Total		$	8,026,095,036

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners.

STATE OF OHIO

SS.:

COUNTY OF HAMILTON

Robert J. Schwartz, Vice President and Controller, and Stephen Beraha, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2018.

Subscribed and sworn to before me

this 18th day of February, 2019

NOTARIAL SEAL STATE OF OHIO

Controller

Assistant Secretary

Public Notary

JENNIFER A. MEYER
Notary Public, State of Ohio
My Commission Expires 11-08-2021

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than FOUR

No. 0 20979

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
STEPHEN SCHLUSSEL	ALL OF	ALL
ROBYN ROST	NEW YORK	$10,000,000.00
WILLIAM F. MARONEY		
MAUREEN GRANDE		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 5TH day of DECEMBER, 2017.

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 5TH day of DECEMBER, 2017, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 05-18-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 14TH day of January, 2020.

Assistant Secretary

S1029AF (06/15)

GREAT AMERICAN INSURANCE GROUP

301 East Fourth Street
16th Floor
Cincinnati, OH 45202

GAIG.com

GREAT AMERICAN INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS AS OF DECEMBER 31, 2018

ADMITTED ASSETS

Bonds	$	3,874,400,270
Stocks		1,257,698,534
Mortgage loans on real estate		325,454,841
Real estate (net of encumbrances)		58,221,275
Cash and short-term investments		318,171,232
Other invested assets		594,596,935
Receivable for securities		1,021,461
Investment income due and accrued		35,251,279
Agents' and premium balances		601,673,429
Reinsurance recoverable on loss and loss expense payments		65,592,566
Net deferred tax asset		163,195,781
Receivable from affiliates		10,011,326
Receivable from Federal Crop Insurance Corporation		466,667,511
Company owned life insurance		179,861,963
Funds held as collateral		10,213,307
Funded deductibles		28,192,144
Other admitted assets		35,871,182
Total	$	8,026,095,036

LIABILITIES, CAPITAL AND SURPLUS

Unpaid losses and loss expenses		$	3,789,091,910
Reserve for underwriting expenses			275,457,294
Federal and foreign income taxes			5,335,703
Reserve for unearned premiums			1,343,186,228
Ceded reinsurance premiums payable			111,234,346
Funds held under reinsurance treaties			521,260,285
Retroactive reinsurance ceded			(144,437,953)
Other liabilities			219,050,289
Total liabilities			6,120,178,102
Capital stock	$ 15,440,600		
Paid in surplus	809,251,710		
Special surplus funds	102,620,000		
Unassigned funds	978,604,624		
Policyholders' surplus			1,905,916,934
Total		$	8,026,095,036

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners.

STATE OF OHIO

COUNTY OF HAMILTON

SS.:

Robert J. Schwartz, Vice President and Controller, and Stephen Beraha, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2018.

Subscribed and sworn to before me

this 18th day of February, 2019

NOTARIAL SEAL STATE OF OHIO

Controller

Assistant Secretary

Public Notary

JENNIFER A. MEYER
Notary Public, State of Ohio
My Commission Expires 11-08-2021

5HH

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: Ferndale Laboratories, Inc.

Physical Address: 780 W. 8 Mile Road

City: Ferndale State: MI Zip Code: 48220

Telephone Number: (248) 548-0900 Fax Number: (248) 548-0279

Toll Free Number: _____

E-mail: contactus@ferndalelabs.com Website: www.ferndalepharmagroup.com

Facility Manager: Lori Sloane

Professional qualifications and experience of facility manager: Associate VP, Manufacturing

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: OTC 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
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.

Anya Stimmel

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

Anya Stimmel — 1/16/2020

Print Name of Authorized Person — 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: Michigan

Parent Company if any: Ferndale Pharma Group, Inc.

Mailing Address: 780 W. 8 Mile Road

City: Ferndale State: MI Zip: 48220

Telephone: (248) 548-0900 Fax:

Contact Person: Anya Stimmel, Regulatory Affairs Administrative Assistant

For any corporation non-publicly traded, disclose the following:

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

a) Gioconda C. McMillan — 780 W. 8 Mile Road, Ferndale, MI 48220
Name — Business Address

b) James T. McMillan II — 780 W. 8 Mile Road, Ferndale, MI 48220
Name — Business Address

c) Pravin M. Patel — 780 W. 8 Mile Road, Ferndale, MI 48220
Name — Business Address

d) Vasilos & Margaret Ann Stolakis — 780 W. 8 Mile Road, Ferndale, MI 48220
Name — Business Address

2) Provide the number of shares issued by the corporation. 50,000,000

3) What was the price paid per share? $0.005

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.

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

FERNDALE LABORATORIES, INC.

was validly incorporated on October 4 , 1897 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS ★ Corporations, Securities & Commercial Licensing Bureau ★

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of February , 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 20028712060

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

FERNDALE LABORATORIES, INC.

was validly incorporated on October 4 , 1897 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 31st day of October , 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 19106498770

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

PARENT COMPANY: FERNDALE PHARMA GROUP, INC.

FERNDALE LABORATORIES, INC.
780 W. EIGHT MILE ROAD
FERNDALE, MI 48220
FEDERAL ID #: 38-0632550

STATE OF INCORPORATION: MICHIGAN
DATE OF INCORPORATION: 10/04/1897

COMPANY OFFICERS AND DIRECTORS

James Thayer McMillan II	Chairman, CEO
Christopher J. Stein	President and COO
Mark Diekman	Senior Vice President CFO

Verified 2/6/2020 DZ

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)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Ferndale Laboratories**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Ferndale Laboratories, Inc.	1811212	005320536	ANALYSIS; MANUFACTURE; PACK;	780 West Eight Mile Rd., Ferndale, Michigan (MI) 48220, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Thursday, Jan 2, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

5306006152APP19

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

VOID

FERNDALE LABORATORIES INC
780 W 8 MILE RD
FERNDALE, MI 48220

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

P025941

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
MANUFACTURER LICENSE

FERNDALE LABORATORIES INC
780 W 8 MILE RD
FERNDALE, MI 48220

LICENSE NO.
5306006152

EXPIRATION DATE
6/30/2020

19212080737

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

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. 354037403

Application/License No. _____

Ferndale Laboratories, Inc., doing or intending to do business as a
(Applicant / Principal)
Pharmaceutical wholesaler, whose address for purposes of service is
780 W Eight Mile Rd. Ferndale MI 48220 as
(Address of Applicant/Principal)
PRINCIPAL, and Liberty Mutual Insurance Co., a
(Surety Company)
corporation organized under the laws of the state of MA
(state of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
157 Berkeley, Boston MA 02116 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED 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 13, 2017.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

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 13th day of September, 2017.

APPLICANT/PRINCIPAL

Authorized Representative

MARK DIEKMAN

SURETY COMPANY

Surety Company's Representative

MARI D. MACERI, 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 Todd Fannon

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.
This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7853470

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Annette Bosman; Lisa M. Miller; Mari D. Maceri; Michael Leon Miller; Richard Scott McAdams; Susan I. Kirouac

all of the city of Saint Clair Shores, state of MI each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 1st day of August, 2017.

THE OHIO CASUALTY INSURANCE COMPANY 1919 — LIBERTY MUTUAL INSURANCE COMPANY 1912 — WEST AMERICAN INSURANCE COMPANY 1991

The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

On this 1st day of August, 2017, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

TERESA PASTELLA COMMONWEALTH OF PENNSYLVANIA NOTARY PUBLIC

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 13th day of September, 2017.

THE OHIO CASUALTY INSURANCE COMPANY 1919 — LIBERTY MUTUAL INSURANCE COMPANY 1912 — WEST AMERICAN INSURANCE COMPANY 1991

By: Renee Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

Liberty Mutual.

Liberty Mutual Insurance Company
175 Berkeley Street
Boston MA 02117

CHANGE RIDER

To be attached to and form a part of surety bond number 354-037-403, dated the 13th day of September, 2017, issued by Liberty Mutual Insurance Company, a Massachusetts stock insurance company, as surety (the "Surety"), on behalf of

Ferndale Laboratories, Inc., as principal (the "Principal"),

in favor of

Nevada State Board of Pharmacy, as obligee (the "Obligee").

The Principal and the Surety hereby consent to changing the attached bond as follows:
Add location: 780 W. 9 Mile Road, Ferndale MI 48220

This change is effective the 8th day of April, 2020. The attached bond shall be subject to all of its terms, conditions and limitations except as herein modified.

IN WITNESS WHEREOF, said Principal and Surety have caused these presents to be duly signed and sealed this 20th day of April, 2020.

WITNESS / ATTEST

_____

Ferndale Laboratories, Inc.
(Principal)

By:_____(Seal)
Name:
Title:

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By:_____(Seal)
Sheila Griffin Attorney-in-Fact

ACCEPTED:

Nevada State Board of Pharmacy
_____
(Obligee)

By:_____(Seal)
Name:
Title:
Date:_____

CURRICULUM VITAE

CONTACT INFORMATION

Name	Lori Lynn Sloane		
Address	[illegible] North Lyon Trail		
City/ST/Zip	South Lyon, MI 48178		
Telephone	[illegible]	**Mobile Phone**	[illegible]
Email Address	lsloane@ferndalelabs.com		

EMPLOYMENT HISTORY

FERNDALE LABORATORIES, INC., Ferndale, MI
Associate Vice President, Manufacturing FEB 2013 – Present

- Responsible for capital purchases. Purchased equipment required for compliance with the Drug Qualities and Securities Act (DQSA), complete packaging lines.
- Maintains a high standard of quality while improving efficiencies.
- Responsible for establishing and maintaining efficient manufacturing systems.
- Responsible for ensuring compliance with current good manufacturing practices per 21 CFR §210/211 and 21 CFR §820.
- Responsible for reviewing and approving all quality-related documentation including batch records, forms, annual product reviews, validation protocols and reports.
- Serves as the Designated Representative for the wholesale distribution of drug products and medical devices shipped from the Ferndale location.

Director, Quality Assurance MAY 2008 – FEB 2013
Sr. Manager, Quality Assurance MAY 2006 – MAY 2008

- Directly managed Quality Control, Quality Assurance, Manufacturing, Safety and Facilities Engineering staff.

ROCKWELL MEDICAL TECHNOLOGIES, INC., Wixom, MI
Corporate Quality Assurance Manager, AUG 2004 – MAY 2006
Quality Control / Chemistry and Microbiology Laboratory Manager, AUG 2001 – AUG 2004

PARK METALLURGICAL, Detroit, MI
Quality Control Laboratory Technician, JUL 2000 – AUG 2001

EDUCATION

High School	Fitzgerald High School, Warren, MI, SEP 1988 - MAY 1992
University	Michigan State University, East Lansing, MI, BS Zoology AUG 1992 -MAY 1997
Graduate School	Eastern Michigan University, Ypsilanti, MI, Graduate-Level Coursework in Quality Science SEP 2005 – MAY 2006

PATENTS

Walsh, Lori. 2010. Packaging of Ferric Pyrophosphate for Dialysis. US Patent US7857977 B2, filed July 12, 2005 and issued December 28, 2010.

511

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 WH02226

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: Horizon Therapeutics USA, Inc.

Physical Address: 150 Saunders Road Suite 400

City: Lake Forest State: IL Zip Code: 60045

Telephone Number: (224) 383-3000 Fax Number: _____

Toll Free Number: N/A

E-mail: statelicense@horizonpharma.com Website: www.horizonpharma.com

Facility Manager: Barry Moze

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 ☐ 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)

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: 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.

Barry Moze

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

Barry Moze

Print Name of Authorized Person

12/3/19

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: See attached Ownership Info

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 0

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.

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.003279

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:
12/31/2020

LICENSED WHOLESALE DRUG DISTRIBUTOR

HORIZON THERAPEUTICS USA INC
GEORGE HAMPTON
150 SAUNDERS RD STE 400
LAKE FOREST, IL 60045-2523

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

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

14083573

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: 3609121

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
HORIZON THERAPEUTICS USA INC	Lake Forest, IL 60045	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004003279	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	05/25/2011	10/29/2018	12/31/2020	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004576	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	06/20/2018	10/29/2018	12/31/2020	N
158002749	PUBLIC ACCOUNTANT CE SPONSOR	ACTIVE	07/02/2019	07/02/2019	12/31/2019	N

Generated on: 1/7/2020 11:44:20 AM

HORIZON THERAPEUTICS USA, INC. AND SUBSIDIARIES 56-2523161
(FKA HORIZON PHARMA USA, INC. AND SUBSIDIARIES)

FEDERAL ELECTIONS

==========

REGULATION REFERENCE: §1.368-3(A)

STATEMENT PURSUANT TO §1.368-3(A) BY HORIZON THERAPEUTICS USA, INC. (FKA HORIZON PHARMA USA, INC.), 56-2523161, A CORPORATION A PARTY TO A REORGANIZATION

1. TAXPAYER NAME	TAXPAYER IDENTIFICATION #
HORIZON PHARMA, INC.	27-2179987
HORIZON THERAPEUTICS USA, INC. (FKA HORIZON PHARMA USA, INC.)	56-2523161

2. DATE OF THE REORGANIZATION:OCTOBER 31, 2018

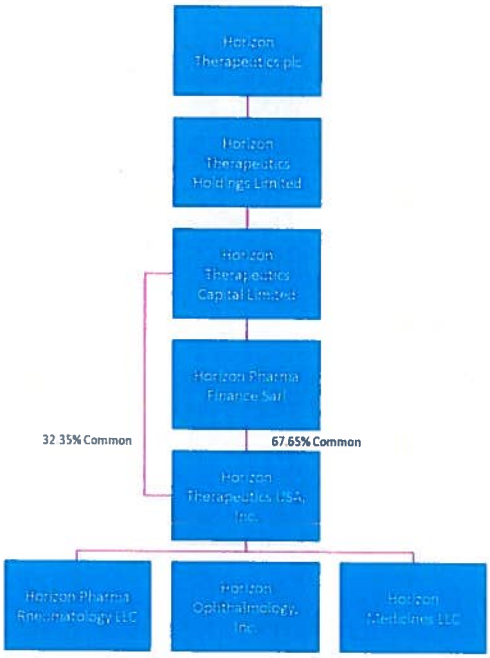
3. AGGREGATE FAIR MARKET VALUE AND BASIS, DETERMINED IMMEDIATELY BEFORE THE EXCHANGE, OF THE ASSETS, STOCK, OR SECURITIES OF THE TARGET CORPORATION TRANSFERRED IN THE TRANSACTION: AVAILABLE UPON REQUEST

4. DATE AND CONTROL NUMBER OF ANY PRIVATE LETTER RULING(S) ISSUED IN CONNECTION WITH THE REORGANIZATION: NOT APPLICABLE

5. REORGANIZATION SUMMARY:
PRIOR TO THE TRANSACTIONS DESCRIBED BELOW, HORIZON PHARMA, INC. WHOLLY OWNED ALL OF THE OUTSTANDING SHARES OF HORIZON THERAPEUTICS USA, INC. (FKA HORIZON PHARMA USA, INC.).

ON OCTOBER 31, 2018, HORIZON PHARMA, INC. MERGED WITH AND INTO HORIZON THERAPEUTICS USA, INC. (FKA HORIZON PHARMA USA, INC.) WITH HORIZON THERAPEUTICS USA, INC. (FKA HORIZON PHARMA USA, INC.) SURVIVING.

Horizon Therapeutics Legal Entity Chart



HORIZON

HORIZON

OWNERSHIP INFO

Horizon Therapeutics USA, Inc.
150 Saunders Rd. Suite 400
Lake Forest, Illinois 60045

State of Formation: Delaware

Horizon Therapeutics USA, Inc. is the wholly owned subsidiary of:
Horizon Pharma Finance SARL and Horizon Therapeutics Capital Limited
150 Saunders Road, Suite 400
Lake Forest, Illinois 60045

Horizon Therapeutics plc. Is the Grandparent Company and is publicly traded on the NASDAQ (HZNP):
150 Saunders Rd. Suite 400
Lake Forest, Illinois 60045

HORIZON THERAPEUTICS USA, INC. EXECUTIVE OFFICERS

NAME	TITLE
Timothy P. Walbert	President, CEO
Paul Hoelscher	EVP, Chief Financial Officer
Jeffrey W. Sherman, M.D., FACP	Chief Medical Officer
Brian K. Beeler	EVP, General Counsel
Barry Moze	EVP, Chief Administrative Officer

HORIZON THERAPEUTICS USA, INC. BOARD OF DIRECTORS

NAME	
Timothy P. Walbert	150 S. Saunders Rd. Ste 400, Lake Forest, IL 60045
Paul Hoelscher	150 S. Saunders Rd. Ste 400, Lake Forest, IL 60045
Jeffrey W. Sherman	150 S. Saunders Rd. Ste 400, Lake Forest, IL 60045

HORIZON

Description of Operations

Horizon Therapeutics USA, Inc. ("Horizon") is a Virtual Manufacturer. Horizon's office in Lake Forest, IL is a corporate office. Horizon's products, ACTIMMUNE, BUPHENYL, KRYSTEXXA, PROCYSBI, RAVICTI, and RAYOS, are manufactured by contract manufacturers and distributed via a licensed third-party logistics provider (3PL). The drugs will be sold to Wholesalers, Hospitals, Pharmacies, and Physicians.

Horizon's hours of operation are 8:00am-5:00pm Central Time.

Horizon utilizes the following contract manufacturers...

ACTIMMUNE (BLA 103836)
Almac (Nireland)
22 Seagoe Industrial Estate
Craigavon, Armagh BT63 SQD, UK
FDA Establishment No: 3004444888

BUPHENYL (NDA Powder 020573 | Tablet 020572)
Patheon Bourgoin FR
40 Boulevard de Champaret
Bourgoin-Jallieu 38 300, France
CS 11006 38307
FDA Establishment No: 3004468553

KRYSTEXXA (BLA 125293)
Exelead US
6925 Guion Rd.
Indianapolis, IN 46268
FDA Establishment No: 1000517970

PROCYSBI (NDA 203389)
Patheon Cincinnati
2110 E Galbraith Rd.
Cincinnati, OH 45237
FDA Establishment No: 1510437

HORIZON

RAVICTI (NDA 203284)
RAVICTI manufactured in two locations
AndersonBrecon (UK) Limited (PCI Wales)
Pharos House, Wye Valley Business Park
Brecon Road, Hay-on-Wye, Hereford, HR3 5PG,
United Kingdom
FDA Establishment No: 3001670824

Lyne Laboratories, Inc.
Street 10 Burke Dr.
Brockton, MA 02301
FDA Establishment No: 1000513191

RAYOS (NDA 202020)
Patheon Bourgoin
40 Boulevard de Champaret
Bourgoin-Jallieu 38 300, France
CS11006 38307
FDA Establishment No: 3004468553

Labeler Code: 75987

Third Party Logistics Information:
For distribution into the commercial supply channels, Cardinal SPS and Cardinal Health Specialty Pharmaceutical Services acts as Horizon's Third Party Logistics (3PL) provider to manage the storage and distribution of Horizon's product to customers throughout the United States. Cardinal Health's address is:

Cardinal SPS
15 Ingram Blvd., Suite 100
La Vernge, TN 37086

Cardinal Health dba Specialty Pharmaceutical Services
501 Mason Rd.
Ste. 200
La Vergne, TN 37086

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 December 11, 2019

You have searched Finished drug products

Search Results: *'Horizon Therapeutics'*

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 Name
ACTIMMUNE	75987-111-11	100 ug/.5mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA103836	Horizon Therapeutics USA, Inc.	75987-111	Interferon gamma-1b	INTERFERON GAMMA-1B	HUMAN PRESCRIP DRUG
Ravicti	75987-050-07	1.1 g/mL	LIQUID	ORAL	NDA203284	Horizon Therapeutics, Inc.	75987-050	glycerol phenylbutyrate	GLYCEROL PHENYLBUTYRATE	HUMAN PRESCRIP DRUG
Ravicti	75987-050-06	1.1 g/mL	LIQUID	ORAL	NDA203284	Horizon Therapeutics, Inc.	75987-050	glycerol phenylbutyrate	GLYCEROL PHENYLBUTYRATE	HUMAN PRESCRIP DRUG

Showing 1 to 3 of 3 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 2/13/2020 DZ

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORIZON THERAPEUTICS USA, 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-FOURTH 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 SAID "HORIZON THERAPEUTICS USA, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2005.

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

Jeffrey W. Bullock, Secretary of State

3989145 8300

SR# 20197723246

Authentication: 203862330

Date: 10-24-19

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

CERTIFICATE OF AMENDMENT
TO
AMENDED AND RESTATED CERTIFICATE OF INCORPORATION
OF
HORIZON PHARMA USA, INC.

Horizon Pharma USA, Inc. (the "***Company***"), a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "***DGCL***"), does hereby certify as follows:

FIRST: The name of the Company is Horizon Pharma USA, Inc.

SECOND: The Company filed its original Certificate of Incorporation with the Secretary of State of the State of Delaware on June 22, 2005.

THIRD: The Board of Directors of the Company, acting in accordance with the provisions of Sections 141 and 242 of the DGCL, adopted resolutions amending Article I of the Company's Amended and Restated Certificate of Incorporation to read in its entirety as follows:

"**I.**

The name of this corporation is Horizon Therapeutics USA, Inc. (the "Corporation")."

[SIGNATURE PAGE FOLLOWS]

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:16 PM 09/16/2019
FILED 12:16 PM 09/16/2019
SR 20197048155 - File Number 3989145

IN WITNESS WHEREOF, the Company has caused this Certificate of Amendment to Amended and Restated Certificate of Incorporation to be signed by its Chief Executive Officer this 16th day of September, 2019.

HORIZON PHARMA USA, INC.

By: _____

Name: Timothy Walbert

Title: Chief Executive Officer

HORIZON THERAPEUTICS

NEVADA

Top 4 Suppliers:

NONE

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. PA0512854

Application/License No. _____

Horizon Therapeutics USA Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
150 S. Saunders Rd., Lake Forest, IL 60045, as
Address of Applicant/Principal
PRINCIPAL, and International Fidelity Insurance Company, a
Surety Company
corporation organized under the laws of the state of New Jersey
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Newark Center 20th Floor Newark, NJ 07102-5207 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 December 20, 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.

POWER OF ATTORNEY

Bond # PA0512854

INTERNATIONAL FIDELITY INSURANCE COMPANY
ALLEGHENY CASUALTY COMPANY

One Newark Center, 20th Floor, Newark, New Jersey 07102-5207 PHONE: (973) 624-7200

KNOW ALL MEN BY THESE PRESENTS: That **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and **ALLEGHENY CASUALTY COMPANY** a corporation organized and existing under the laws of the State of New Jersey, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

KATHY L. DELGRECO, RACHEL A. CHAVERIAT, MICHELLE LUTE-HEATHERLY, SANDRA KING, JESSICA FREDERICK, JULIE KARNES, REBECCA J. HOBBS, BONNIE L. RICE, MARIAH SMITH, MARY Y. VOLMAR, ANDREA ALLMAN, JOY M. WILLIAMS, CAROLYN E. WHEELER, VICKI NOBINGER, LORETTA M. JONES, SANDY MCELHANEY, THELMA M. LETT

Knoxville, TN

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 20th day of July, 2010 and by the Board of Directors of **ALLEGHENY CASUALTY COMPANY** at a meeting duly held on the 10th day of July, 2015 :

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

Kenneth Chapman
Executive Vice President, International Fidelity Insurance Company and Allegheny Casualty Company

ALLEGHENY CASUALTY COMPANY 1936 NEW JERSEY

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **INTERNATIONAL FIDELITY INSURANCE COMPANY and of ALLEGHENY CASUALTY COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NEW JERSEY No. 50079910 My Comm. Exp. 04-04-2023

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, December 20, 2019

A00795

Irene Martins, Assistant Secretary

Barry J. Moze

(S. Elm Street, Burr Ridge, Illinois 60527
}(C); bmoze@horizonpharma.com

PROFESSIONAL SUMMARY

A proven executive with over 26 years of demonstrated national and international advisory, consulting and leadership experience, specializing in clarity of strategies as well as alignment of structure and processes to maximize company value. A leader in the building of organizational behaviors and competencies in order to drive effective organizations.

WORK EXPERIENCE

Horizon Pharma

EVP, Chief Administrative Officer - May 2014 to Present

- Specializes in leadership of core operations and company improvements on a global scale
- Leads cross-functional teams on the implementation and maintenance of life cycle management
- Drives and coordinates multiple facets of acquisition integration, including business logistics aspects as well as human capital affairs
- Directly responsible for oversight of strategic plan, operations and employees for all of Human Resources, Information Technology, Strategic Program Office, Advocacy, Operations, Facilities and Corporate Security

Crystal Clear Communications, LLC

Partner/Owner - December 1988 to May 2014

- Specialized in working with corporate officers and boards, assisting with the development and execution of global strategies
- Worked with executive leadership of Fortune 500 and Fortune 1000 companies to devise and launch cross-company organizational development
- Cultivated and aligned organizational behaviors and competencies to strengthen overall corporate culture
- Coordinated with executives and leaders at all levels to strengthen and enforce strategic and business plans and maximize value
- Coordinated efforts with leadership in every branch to create a cohesive and dynamic work environment that maximized efficiency and improved operations
- Worked one on one with leaders at every level to promote best in class practices as well as to attract, retain and develop top tier talent to stimulate workforce productivity and longevity

Asset Management Incorporated

President/Owner – January 1989 to December 2001

- Investment advisory professional dedicated to long term wealth management
- Managed extensive portfolios for high wealth individuals to increase profitability and achieve both short and long term financial objectives
- Developed business and financial strategies for companies to promote financial diversification and sustainable wealth practices in alignment with their goals

Review Services Incorporated

President/Owner - January 1978 to December 1988

- Financial planning and analysis for clients on a variety of economic levels
- Created and maintained long and short term growth strategies to maximize opportunity for client gain
- Analyzed markets to mold and develop individual strategies for each client and provide sound investment advice in conjunction with successful decision-making and execution

5JJ

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: Kawasumi Laboratories America, Inc.

Physical Address: 10002 Princess Palm Ave, Suite 324 Tampa, FL 33619

City: Tampa, FL State: Zip Code: 33619 Telephone

Number: 813-630-5554 Fax Number: 813-343-4349

Toll Free Number: n/a

E-mail: com Website: www.kawasumiamerica.com

Facility Manager: Tracie Lowe

Professional qualifications and experience of facility manager: Officer - 16 years of experience

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 ☐ 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)

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: Kawasumi Laboratories America, Inc.
Address: Shinagawa Intercity Towe, Minato-Ku

Name: N/A
Address: N/A

Name: N/A
Address: N/A

Name: N/A
Address: N/A

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

Tracie Lowe

Print Name of Authorized Person

7/3/2019

Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: FLORIDA

Parent Company if any: Kawasumi Laboratories, Inc. Japan

Mailing Address: Shinagawa Intercity To

City: Konan, Minato-Ku State: _____ Zip: Japan

Telephone _____ Fax: _____

Contact Person: Takaaki Ishikawa

For any corporation non publicly traded, disclose the following:

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

a) Kawasumi Laboratories, Inc. Shinagawa Intercity T Minato-ku
Name Business Address Tokyo

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. 0

3) What was the price paid per share? 0

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

Include with the application for a non publicly traded corporation continued

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification. N/A

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration. N/A

Complete two (2) sets 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 FBI for its report. This form is enclosed. Each officer and director of the corporation must submit fingerprints. Please contact the board if fingerprint cards are needed. Enclosed

(A) Submit a list containing each employee(s) who handle the drugs on a daily basis.
N/A, no drugs are handled by our organizations.

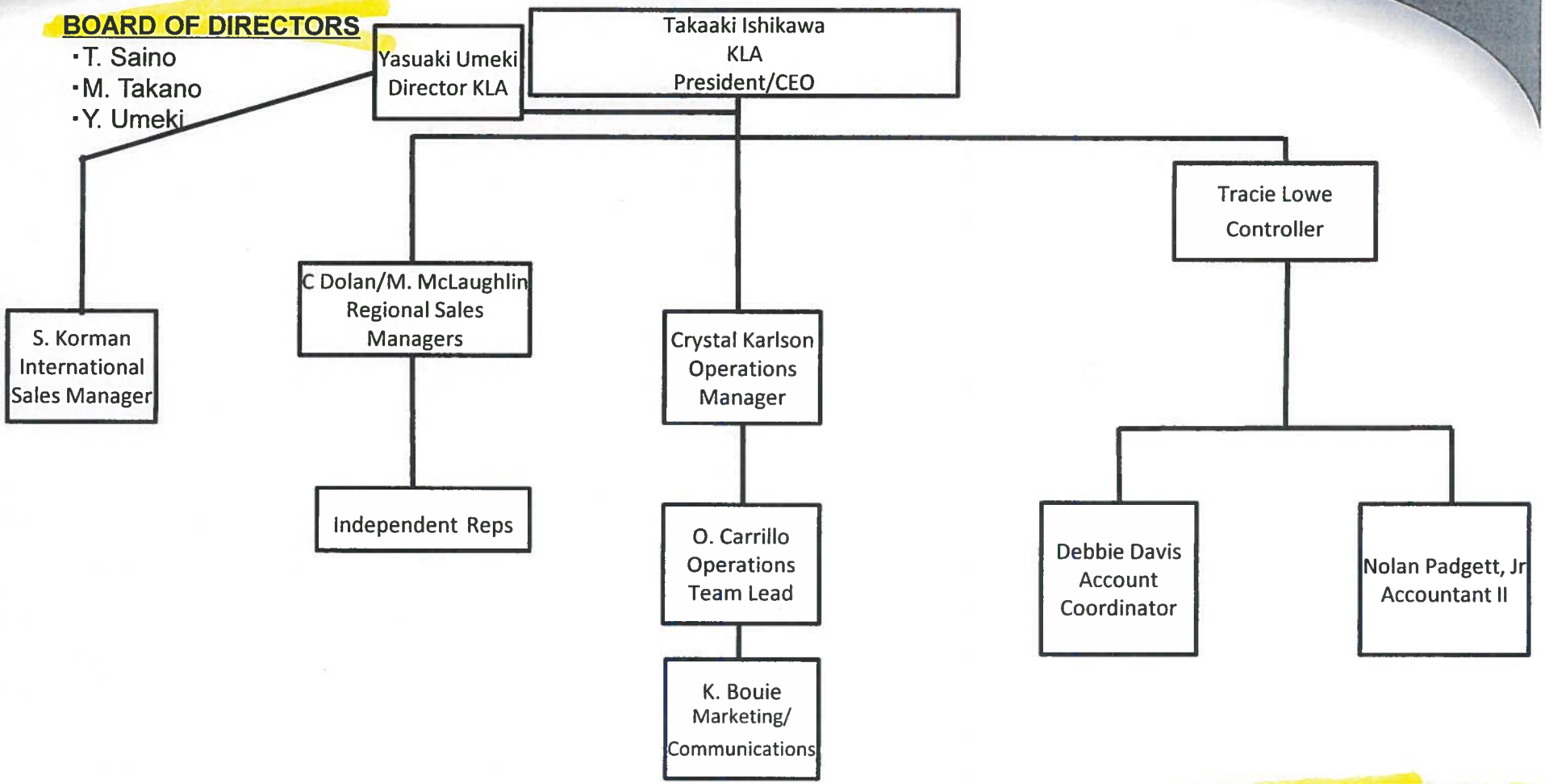
Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only". Enclosed

(A) Our Operations manager Crystal Karlson handles all Products.

KAWASUMI
KAWASUMI LABORATORIES AMERICA, INC.

KLA Organization (FY19)
Headcount 9

BOARD OF DIRECTORS
- T. Saino
- M. Takano
- Y. Umeki



CORPORATE OFFICERS
- M. Takano (President)
- T. Lowe (Treasurer)
- Y. Umeki (Secretary)

State of Florida
Department of State

I certify from the records of this office that KAWASUMI LABORATORIES AMERICA, INC. is a corporation organized under the laws of the State of Florida, filed on February 25, 1991.

The document number of this corporation is S34281.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on January 22, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-second day of January, 2020

Secretary of State

Tracking Number: 3877137593CC

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

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

Explanation of State Licenses

Is the firm licensed by all other states in which the firm ships?

If yes, please attach proof of licensure:

If no, please describe why not:

KLA Response

Kawasumi Laboratories of America (KLA) is located in the State of Florida, and Florida only licenses medical devices manufacturers. The Florida Board of Pharmacy does not regulate medical device wholesale distributors (Fla. Stat. §465.004).

KLA will be entering into a business relationship with a 3PL located in the state of GA. In doing so, KLA will be moving to a new address (10002 Princess Palm Ave., Tampa, FL 33619), which requires KLA to secure new licenses both: 1) to satisfy the change of location/address; and 2) to ensure appropriate licensure for all customers to which KLA's products will be distributed to as part of our new business relationship with our 3PL.

Before we initiate this new relationship, KLA is applying for wholesale distributor (or equivalent) licenses in the following states:

- Georgia
- Tennessee
- New York
- California
- New Jersey
- Louisiana

These applications are all pending at this time.

We are also intending to ship our product to the following additional states: Texas, Virginia, Illinois, and North Carolina. However, these states either do not license out of state wholesale distributors, or do not license wholesale distributors of medical devices; therefore, no license has been sought.

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or FEI Number :** *1000113359*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
KAWASUMI LABORATORIES AMERICA, INC.[9]	FL/USA	1055927	2020
• Set, Transfer (Blood/plasma) - KAWASUMI LABORATORIES PHLEBOTOMY SET [10]			Complaint File Establishment
• Set, I.v. Fluid Transfer - KAWASUMI LABORATORIES PHLEBOTOMY SET [11]			Complaint File Establishment
• Set, Administration, Intravascular - IV ADMINISTRATION SET; IV ADMINISTRATION SET SECONDARY ADMINISTRATION SET; IV ADMINISTRATION SET WITH NEEDLELESS ACCESS CONNECTOR; KAWASUMI LABORATORIES IV ADMINISTRATION SET, STANDARD [12]			Complaint File Establishment
• Set, Administration, Intravascular - IV ADMINISTRATION SET WITH .22 MICRON FILTER; IV ADMINISTRATION SET WITH .22 MICRON FILTER, NEEDLELESS ACCESS CONNECTOR; KAWASUMI LABORATORIES IV ADMINISTRATION SET WITH FILTER [13]			Complaint File Establishment
• Set, Administration, Intravascular - KAWASUMI SMALL VEIN INFUSION SET; SMALL VEIN INFUSION SET [14]			Complaint File Establishment

• Show all *21* Listings For *KAWASUMI LABORATORIES AMERICA, INC.*[15] *FL/USA*

Can't find what you're looking for? Try a new search[16]

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=1000113359&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName20%ASC
8. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=1000113359&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
9. ./rl.cfm?rid=10889
10. ./rl.cfm?lid=569636&lpcd=KSB
11. ./rl.cfm?lid=569636&lpcd=LHI
12. ./rl.cfm?lid=569637&lpcd=FPA

Verified 3/30/2020 MS

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S34281

FILED
Apr 22, 2019
Secretary of State
7568664824CC

Entity Name: KAWASUMI LABORATORIES AMERICA, INC.

Current Principal Place of Business:

PRINCESS PALM AVE
SUIT
TAMPA,

Current Mailing Address:

B
[illegible] 33623-4355 US

FEI Number: 62-1457241

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOWE, TRACIE CPA
PALMS DR
SUI
BRANDON, US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TRACIE LOWE 04/22/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER	Title	PRESIDENT
Name	LOWE, TRACIE L	Name	TAKAAKI, ISHIKAWA
Address	PALMS DR SUITE	Address	[illegible], MINAMI-SENGENCHO NISHI-KU, YOKOHAMA
City-State-Zip:	BRANDON	City-State-Zip:	[illegible]
Title	SECRETARY		
Name	UMEKI, YASUAKI		
Address	ONE BROADWAY H FLOOR		
City-State-Zip:	CAMBRIDG		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACIE LOWE TREASURER 04/22/2019

Electronic Signature of Signing Officer/Director Detail — Date

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. 21BSBIH0219

Application/License No. _____

Kawasumi Laboratories America, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
Princess Palm Ave, ST Tamp, _____, as
Address of Applicant/Principal
PRINCIPAL, and Hartford Fire Insurance Company, 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
One Hartford Plaza, Hartforc _____ 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 January 23, 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.

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: EAGLE AMERICAN INS AGENCY LLC
Agency Code: 21-211419

- [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 Richard J. Leonard

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. 21BSBIH0219
Naming Kawasumi Laboratories America, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT
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 January 30, 2020.
Signed and sealed at the City of Hartford.

Kevin Heckman, Assistant Vice President

CRYSTAL D. KARLSON

´´ Tanbark Ridge Place • Plant C

Operations Manager

Dedicated and technically skilled business professional with a versatile support skill set developed through years of experience with Kawasumi Laboratories America, Inc.

Excel in network solutions, systems and process improvements proven to increase efficiency.

Offer advanced computer skills in MS Office Suite and other applications/systems.

Experience

Kawasumi Laboratories America, Inc. (Tampa, FL) — 1997 to Present

Operations Manager, 2004 to present

Marketing Assistant, 2002 to 2004

Customer Service Representative, A/P-A/R Clerk, 1998 to 2002

Administrative Assistant, 1997 to 1998

Promoted four times during my 13-year tenure with Kawasumi, culminating in current responsibility for coordinating all computer network, inventory control, and warehouse functions and supervising a team of four Customer Service and Warehouse staff.

Education

Gaither Sr. High School — 1996

Academic Diploma

Specialized Training / Continuing Education

Basic Spanish	2000
Crystal Reporting Software (14 CPE Credits)	2003
Management Seminar – Effective Management	2004
Supervisory Training - Compliance (7 credit hours)	2006
Supervisory Training - Leadership (7 credit hours)	2006
Supervisory Training - Development (7 credit hours)	2006
Business Protection 101 – Disaster Recovery	2008

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. 21BSBIH0219

Application/License No. _____

Kawasumi Laboratories America, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
Princess Palm Ave, STE 324, Tampa, _____, as
Address of Applicant/Principal
PRINCIPAL, and Hartford Fire Insurance Company, 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
One Hartford Plaza, Hartford, CT 06155 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 January 23, 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.

21BSBIH0219

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 January, 2020.

APPLICANT/PRINCIPAL

Kawasumi Laboratories America, Inc.

Authorized Representative

Notary Public State of Florida
Sira A Schroff
My Commission GG 235961
Expires 08/25/2022

SIGNED and SEALED in the presence of:

Witness

Witness

Notary Public State of Florida
Sira A Schroff
My Commission GG 235961
Expires 08/25/2022

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Richard J. Leonard, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by: URS Agents, LLC

By: Kathy Clark, Assistant Secretary

Nevada Resident Agent

Sister
Witnessed
Tracie Lowe
Lakishia Bowie &
Olga Castillo

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: EAGLE AMERICAN INS AGENCY LLC
Agency Code: 21-211419

- [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 Richard J. Leonard

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. 21BSBIH0219
Naming Kawasumi Laboratories America, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT
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 January 30, 2020.

Signed and sealed at the City of Hartford.

Kevin Heckman, Assistant Vice President

5KK

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: Lynch Biologics, LLC

Physical Address: 5526 Joseph St

City: Franklin, TN State: Zip Code: 37064 Telephone

Number: 615-567-6364 Fax Number: 615-567-6643

Toll Free Number: _____

E-mail: customerservice@lynchbiologics.com Website: www.lynchbiologics.com

Facility Manager: Hans Kestler

Professional qualifications and experience of facility manager: 25 years in commercial operations in medical product manufacturing and commercialization.

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: _____

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: CARDINAL HEALTH - SPECIALTY PHARMACEUTICAL SERVICES
Address: 15 INGRAM BLVD, LA VERGNE, TN 37086

Name: LUITPOLD PHARMACEUTICALS / AMERICAN REGENT
Address: 5 RAMSEY RD SHIRLEY, NY 11967

Name: COLLAGEN MATRIX, INC
Address: 15 THORNTON RD. OAKLAND, NJ 07436

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

Hans Kestler
_____ _____ 7/22/19
Print Name of Authorized Person 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: _____

Mailing Address: 5526 Joseph Street

City: Franklin State: TN Zip: 37064

Telephone: 615-567-6364 Fax: 615-567-6643

Contact Person: Hans Kestler

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) _____
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: _____

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

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

Owner's Name: SAMUEL E. LYNCH

Business Name: LYNCH BIOLOGICS, LLC

Current Business Address: 5526 JOSEPH ST.

City: FRANKLIN State: TN Zip Code: 37064

Telephone: 800-874-2334 Fax: 615-567-6643

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 sole owner

***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 Page 9 for Fingerprint Submission Instructions.

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".

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. 107156884

Application/License No. _____

Lynch Biologics, LLC, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

5526 Joseph Street Franklin TN 37064, 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

ONE TOWER SQUARE HARTFORD CT 06183 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 09/25/2019.
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

25TH day of SEPTEMBER, 2019.

APPLICANT/PRINCIPAL

COMPANY SIGN HERE

Lunch Biologics, LLC

Authorized Representative

LAURA GERMAN
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY, TN

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Surety Company's Representative

MICHAEL NESCHKE, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent
MICHAEL NESCHKE

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 **MICHAEL K NESCHKE** of **MOUNT JULIET**, **Tennessee**, 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.**

HARTFORD, CONN. — TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONN. — TRAVELERS CASUALTY AND SURETY COMPANY

CORPORATE SEAL — ST. PAUL FIRE AND MARINE INSURANCE COMPANY

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 — CONNECTICUT

_____
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 25 day of September, 2019

HARTFORD, CONN. — TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONN. — TRAVELERS CASUALTY AND SURETY COMPANY

CORPORATE SEAL — ST. PAUL FIRE AND MARINE INSURANCE COMPANY

_____
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.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LYNCH BIOLOGICS, 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 THIRTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "LYNCH BIOLOGICS, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LYNCH BIOLOGICS, LLC" WAS FORMED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2013.

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

Jeffrey W. Bullock, Secretary of State

5394749 8300E

SR# 20200241033

Authentication: 202176097

Date: 01-13-20

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

25801

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005264
EXPIRATION DATE: 08/31/2020

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

PHARMACY BOARD
MANUFACTURER
LYNCH BIOLOGICS LLC

COMMISSIONER OF HEALTH

LYNCH BIOLOGICS LLC
5526 JOSEPH STREET
FRANKLIN TN 37064-9528

11443357

25801

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
MANUFACTURER
LYNCH BIOLOGICS LLC
CARDINAL HEALTH 15 INGRAM BLVD
LA VERGNE TN 37086

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

ID NUMBER: 0000005264
EXPIRATION DATE: 08/31/2020

INTERIM DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

DCF171

Last Updated: 2/15/2020

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-778-4504

Health Care Facilities

Licensed Facilities

Current Listings

Type = Pharmacy-Manufacturer/Wholesaler/Distributor
County = All
Results = 1

Click here to return to the search page

1	LYNCH BIOLOGICS LLC CARDINAL HEALTH 15 INGRAM BLVD La Vergne, TN 37086 Attn: Joel Wayment 615-793-1200	Rank: Manufacturer	Facility License Number: 00005264 Status: Licensed Date of Original Licensure: 08/07/2018 Date of Expiration: 08/31/2020 **No Disciplinary Actions**

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
LYNCH BIOLOGICS LLC
5526 Joseph Street
Franklin , TN 37064
Registration Number: 3011175224
FEI Number*: 3011175224
Status: Active
Date Of Registration Status: 2020

Owner/Operator:
Lynch Biologics LLC[6]
5526 Joseph Street
Franklin, TN US 37064
Owner/Operator Number: 10058000[7]

Official Correspondent:
Kathy Remsen
5526 Joseph Street
Franklin, TN 37064
Phone: 901-6064856

* 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=10058000&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10058000&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 02/24/2020

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

Verified D3

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=10058000&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10058000&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or FEI Number :** *3011175224*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
LYNCH BIOLOGICS LLC[9]	TN/USA	3011175224	2020

- Bone Grafting Material, Dental, With Biologic Component - Gem 21S [10] — Specification Developer; Complaint File Establishment
- Biologic Material, Dental - Gem 21S [11] — Specification Developer; Complaint File Establishment

Can't find what you're looking for? Try a new search[12]

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=3011175224&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName20%ASC
8. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3011175224&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
9. ./rl.cfm?rid=220118
10. ./rl.cfm?lid=579502&lpcd=NPZ
11. ./rl.cfm?lid=579502&lpcd=NQA
12. ./rl.cfm

Page Last Updated: 02/24/2020

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:

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=3011175224&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName20%ASC
8. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3011175224&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
9. ./rl.cfm?rid=220118
10. ./rl.cfm?lid=579502&lpcd=NPZ
11. ./rl.cfm?lid=579502&lpcd=NQA
12. ./rl.cfm

Hans K. Kestler

5 Sunset Rd. Brentwood, TN 37027

MOBILE: 5 EMAIL:

Accomplished and dynamic executive with a proven track record of commercial success in the medical device and pharmaceutical/biotechnology arenas. A strategist, who maintains a hands-on sales approach with focus on year-after-year success exceeding revenue, profit and business growth objectives. Adept in start-up as well as small and mid-cap public companies. Excels in fast paced environments. Has led and motivated worldwide teams and managed the P&L for business divisions exceeding $400M in revenue. Extensive global experience.

Global Commercialization ◇ Strategy and Operational Planning ◇ P&L and General Management
Corporate Branding ◇ Acquisitions, Licensing and Integrations ◇ Product Development
Value Creation from Scratch to Scale ◇ Clinical/Regulatory/Quality

SELECTED ACHIEVEMENTS

- **$60M USD first year product launch.** Responsible for the largest product launch in Wright Medical company history, developed the plan and led the cross functional team responsible for exceeding first year sales plan on a global basis. Revenue of Augment Bone Graft now approaching $100M USD/yr.
- **$100M and $380M strategic exits of business units.** Business head for two separate events, the first a 4X multiple on sales, resulting in $100M USD cash return to the parent corporation for sale of craniofacial business to Daiichi Sankyo. The second, a $380M USD cash/stock merger resulting in significant shareholder value in BioMimetic transaction with Wright Medical.
- **Integrated two $200M USD businesses.** Integration leader for International business, combined two businesses (Wright and Tornier) across over 40 countries integrating sales channels, back office teams including ERP systems resulting in continued double market growth (15%) and achieving profit targets ahead of schedule.
- **Turned around an underperforming $40M USD business unit.** Created a commercial and operational global strategy to return Wright's Biologics business from a declining growth rate (-6%) to above market growth (13%) with double digit EBITA in less than 15 months with no new product introductions. This business is now the fastest growing business unit for the company (40% growth).
- **Successfully rebranded two publicly traded companies.** Created powerful corporate positioning via a data driven process resulting in 20+% improvement year over year improvement in "market leader score" as scored by customers and non-customers, via blinded survey.

PROFESSIONAL EXPERIENCE

LYNCH BIOLOGICS, LLC
Franklin, TN

General Manager and Chief Commercial Officer (July 2018 – Present)

Brokered the reacquisition of the rhPDGF craniofacial business from Daiichi Sankyo and co-founded Lynch Biologics. Focused on the application of recombinant protein therapeutics for use in the wound care, veterinary and craniofacial markets. Accountable for all operations and commercial activities.

- Acquired a market leading product line and vertically integrated it into Lynch Bio in less than three months while exceeding growth and EBITDA objectives.
- Fixed complicated drug and device supply chain to support scale of business.

ORTHOGENRX, INC
Doylestown, PA

Chief Commercial Officer (Jan 2017 – June 2018)

Responsible for all commercial activities for the company including sales, marketing, market access/reimbursement and commercial operations. Focused on the Viscosupplementation/Hyaluronic Acid buy-and-bill market.

- Built a $20M USD business first year post launch, taking 11% share of a slow growth market.
- Drove $4.5M USD in bottom line free cash flow due to targeted business development strategy.
- Key activities include setting sales structure and culture, establishing market access and pricing programs, rebranding and future planning for additional product launches.

WRIGHT MEDICAL TECH, INC (NAS: WMGI)// BIOMIMETIC THERAPEUTICS, INC (NAS: BMTI)
Memphis, TN // Franklin, TN 2006 - 2016

Built distinguished 10+ year record of achievement and advancement with this $900M USD global producer of orthopedic medical devices and biologics.

Vice President, International Marketing and R&D - WMGI (June 2015 – Dec 2016)

PROMOTED and RETAINED to lead Marketing and R&D across the combined Upper, Lower and Biologics International business units based in London, United Kingdom post-merger with Tornier, Inc.

- Responsible for $400M USD in revenue across International business unit.
- Relocated to London, U.K. to establish new International Office.
- Created a strategy based on focused brands, and focused geographies to improve top line sales (double market growth) while improving gross margin by 20% across International resulted in achieving 70+% margin contribution.

- Developed process and led team on obsolescence strategy to refine the International portfolio. Eliminated 50% of the SKU's for improved efficiency with added focus on premium brands with no revenue dis-synergy.
- Improved forecast accuracy across 9 key subsidiary markets from less than 10% to over 90% resulting in $6M reduction in capital expenditures.

Vice President, Global Commercial Operations - WMGI (March 2013 – June 2015)

RETAINED by Wright Medical to lead commercial operations post-merger with BioMimetic, Therapeutics, Inc. Focused effort on Biologics business on a Global basis. Strategies drove turnaround of the Biologics business from a negative growth business to above market rates in 15 months. Significant focus on international markets including Asia Pac (focus on Australia, China and Japan), Latin America (focus on Brazil and Columbia) and Europe (focus on the EU5) and other developing countries.

- Built launch plan for US launch of Augment® Bone Graft, realizing $60M USD in first year sales with 80+% margin.
- Developed pipeline strategy for rhPDGF technology, opening potential $1B USD markets.
- Created strategies for International Expansion, resulting in 2-4x market growth rates in focused International markets
- Member of six different High Performance Management Systems (HPMS) teams, driving the strategic focus of the corporation
- International Integration Lead for the merger with Tornier, Inc. setting the metrics for revenue achievement, synergy and EBITA targets for the International Division.

Vice President, Orthopedics and Sports Medicine - BMTI (January 2008 – March 2013)

PROMOTED. Member of executive management team reporting to President & CEO and Board of Directors. Led merger with Wright Medical resulting in $380M cash/stock deal. Responsible for global commercial and product development operations for BMTI, developer of class III Medical device (drug/device combination) products. Leader of Commercialization Committee, member of Disclosure, Compliance and Research Committees.

- Directed Sales, Marketing, Brand and Market Access in support of global commercialization establishing coding guides, reimbursement strategies, marketing collaterals and pricing strategies.
- Led Regulatory, Clinical and Quality for execution of commercial and development strategies worldwide, including developing the companies first IND as well as executing an orphan drug strategy for a novel product use.
- Increased sales over 350% in two years adding new market opportunities globally and expanding product portfolio via in license activity.
- Managed extensive network of Key Opinion Leaders and advisory boards in lower extremity/upper extremity orthopedics, spine and sports medicine.

Vice President, Orofacial Healthcare - BMTI (April 2006 – January 2008)

P&L and general management responsibilities for Orofacial Healthcare business unit. Developed and directed Pre-Clinical, Regulatory, Quality and Clinical Strategy and Staff for the development of drug-device (PMA) products. Supported PMA process for first growth factor product approved for use in dentistry. Final quality and regulatory sign-off authority for all marketing materials. Responsible for establishment and development of periodontal and oral maxillofacial market development through commercial licensee sales and marketing organization (Daiichi Sankyo/Luitpold Pharmaceuticals' Osteohealth Company).

- Executed the completion of five "bridging" studies and facilitated the publication of all five studies into peer-reviewed periodontal/maxillofacial journals in support of marketing.
- In licensed new matrix materials for additional clinical applications; wrote and received IDE approval for clinical trials for label expansion.
- Created new regulatory strategy for company's first Orphan Drug Designation - rhPDGF-BB for the treatment of bisphosphonate-induced Osteonecrosis of the Jaw (ONJ).
- Built $25M global business, developed, implemented and executed strategy of divestiture of orofacial business totaling $100M in cash, with continued downstream royalties/Sole Source Supply Agreement.

BIOTECHNOLOGY INSTITUTE (BTI)
Vitoria Spain/Blue Bell, PA

Vice President Sales and Marketing (March 2005 – March 2006)

P&L and general management responsibilities for establishment of US operations of a private, family-owned dental implant company. Developed small corporate office with Marketing, Sales, Shipping/Receiving and established contracts for Regulatory/Finance/Legal services.

- Developed Key Opinion Leader (KOL) advisory board.
- Established corporate branding at key dental tradeshows.
- Launched 5 new technologies in less than 12 months, exceeding revenue targets.

BIORA, INC // STRAUMANN USA
Chicago, IL // Waltham, MA 2002 - 2005

Area Vice President - Straumann (April 2004 – March 2005)

Promoted to P&L position responsible for fully integrated sales force including 40 Territory Managers and 5 Regional Sales Directors post merger of BIORA and Straumann. Developed performance metrics and exceeded forecast for assigned Area. Achieved revenue targets of $50M+ and maintained gross margins of 80+%. Managed continued change of low performing territories/regions.

- Served as Marketing and Sales liaison for corporate (Basel, Switzerland) international product development teams for both regenerative and implant new product development.
- Managed KOL and key account/university accounts.

Regional Sales Director – BIORA (April 2003 – April 2004)

Promoted to manage East Region for Biora, Inc. Directed 8 Territory Managers to exceed quota and maintain pricing levels. Managed change of 50% of sales force and developed territory manager profile and training to institute performance culture in East Region.

- Successfully lead team through acquisition/merger/integration to form full-line sales force for Straumann USA.
- Maintained 40% growth for mature product line.
- Region of the Year 2004.

Territory Manager – BIORA (April 2002 – April 2003)

Mid Atlantic Territory Sales Leader for therapeutic Amelogenin product targeting Periodontal Surgeons. Developed budgeting, forecasting and sales metrics to enhance performance and exceed plan.

- Exceeded quota by 65%.
- Territory of the year 2003.

FRIADENT/DENTSPLY
Irvine, CA

Territory Manager (October 2001 – March 2002)

Responsible for the establishment of new expansion territory in New England. Full-line sales of regenerative and implant products. Developed KOLs for territory. Exceeded sales plan.

OSTEOHEALTH COMPANY, a DIVISION OF DAIICHI SANKYO
Shirley, NY 1996 – 2001

Senior Territory Manager & Sales Trainer (August 1998 – September 2001)

Promoted after developing mentorship program to facilitate new approach to managing and coaching sales team. Responsible for five Territory Managers' sales objectives; created and provided training to improve technical product knowledge. Assisted with profiling, screening and hiring of new Territory Managers in both US and Canada.

Territory Manager (September 1996 – August 1998)

Managed sales within a large geographic territory covering northeast corridor of the United States. Exceeded quota. Presidents Club award winner.

STRATEGIC ADVISOR EXPERIENCE (June 2008 – Present)

SNOASIS MEDICAL, LLC

Denver, CO

Member of Board of Advisors to Snoasis Medical. Board seat created to provide strategic direction to President/CEO for commercialization and launch of placental-tissue base technologies for medical and dental applications worldwide. Company has surpassed sales targets with 3x market growth and exceeded profitability timelines with minimal outside funding.

BIBLIOGRAPHY

Over 20 published peer reviewed journal articles and presentations at scientific educational courses.

PATENT APPLICATIONS AND PATENTS PENDING

US Patent 9,642,892: Platelet-Derived Growth Factor Compositions and Methods for Treatment of Tendinopathies; 2017.

US Patent 8,870,954: Platelet-Derived Growth Factor Compositions and Methods for Treatment of Tendon and Ligament Injuries; 2014.

US Patent 8,492,335: Platelet-Derived Growth Factor Compositions and Methods for Treatment of Tendinopathies; 2013.

Several Applications Pending.

FORMAL EDUCATION

Bachelor of Science Health Policy and Administration, Focus on Biology and Science
The Pennsylvania State University, University Park, PA

College of Health and Human Development Honor Society
Ann Marie Brown Scholarship/Internship Award Winner

FELLOWSHIP TRAINING

Nashville Healthcare Council Fellowship Program – 2013

Co-Chaired by Senator William Frist, MD and Prof. Lawrence Van Horn of the Owen School of Management at Vanderbilt University. Leadership development program designed to bring together emerging leaders from across the healthcare industry to explore new solutions to the many challenges facing the U.S. healthcare system.

APPLICABLE CONTINUING EDUCATION AND TRAINING

2015	Sales Force Effectiveness	Miller Heiman
2011	Compliance in a Regulated Industry	Duval Group, LLP
2011	Global Regulatory and Reimbursement	Pacific Bridge Medical
2010	Legislation of Biosimilars and Healthcare	Hogan & Lovells, LLP
2010	Medical Device Research & Reimbursement	Q1 Productions
2009	Patent Law	Morrison & Foerster, LLP
2008	Compliance – Reprints and Journals	Arnall Golden Gregory, LLP
2007	Regulation of Combination Products	FDA Strategies, LLC
2006	Strategies for Regulatory Success in Asia	Pacific Bridge Medical
2006	Quality Systems and ISO Training	Internal Training Course
2005	e-Myth Mastery Course	Michael Gerber
2004	Leadership Defined	International Leadership Conf
2004	SPIN® Selling for Executive Managers	Learning Solutions
2003	"Above the Gap Selling"	Advantage Performance Group
2002	SPIN® Selling Seminar	Huthwaite International
1998	Consultative Selling	Richardson Group

PERSONAL INTERESTS

Family, Travel, Photography, Ice Hockey and Motorsports
USA Hockey Level IV (out of V) volunteer coach

REFERENCES AVAILABLE UPON REQUEST

5LL

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 02637

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: Meitheal Pharmaceuticals, Inc.

Physical Address: 8700 W. Bryn Mawr Avenue, Suite 600S

City: Chicago State: IL Zip Code: 60631

Telephone Number: (224) 443-4617 Fax Number: (847) 789-8750

Toll Free Number: N/A

E-mail: MPI@slsny.com Website: www.meithealpharma.com

Facility Manager: Gail L. Giambi

Professional qualifications and experience of facility manager: Quality assurance professional with extensive experience ensuring quality in regulated pharmaceutical environments. Vice President, Quality at Meitheal Pharmaceuticals, Inc. since January 2017.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers

☒ Other: Distributors, US Government

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

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: 71288 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: Nanjiang King-Friend Biochemical Pharmaceutical Co. LTD
Address: No. 16 Xuefu Road, Nanjing High and New Technology Development Zone, Nanjing, Jiangsu 210061, China

Name: Kindos Pharmaceutical Co., Ltd.
Address: No. 8-9 Kexin Road, Chengdu Hi-Tech Comprehensive Bonded Zone, Chengdu, Sichuan, 611731, China

Name: Astral Steritech Private Limited
Address: 911, GIDC Makarpura Vadodara, 390010, Gujarat, India

Name: Gland Pharma Ltd.
Address: Unit II, Block C, Phase I, Visakhapatnam Special Economic Zone (VSEZ), Duvvada, Visakhapatnam, Andhra Pradesh 530049 India

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.

V Wohlfeil

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

Victoria A. Wohlfeil

Print Name of Authorized Person

Dec. 16, 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: DE

Parent Company if any: Multiple Owners, see below

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) Hong Kong King-Friend Industry, Co., Ltd. — Suite 2808, 28F, Exchange Tower, 33, Wang Chiu Road, Kowloon Bay, Kowloon, China — 83.333% Ownership
Name — Business Address

b) Lyfe Charles Limited — 1468 Nanjing Rd., Suite 1804, United Plaza, Shanghai, China 200040 — 16.660% Ownership
Name — Business Address

c) Thomas J. Shea — 7255 West Lunt Ave., Chicago, IL 60631 — 0.007% Ownership
Name — Business Address

d) _____
Name — Business Address

2) Provide the number of shares issued by the corporation. 69,048,031

3) What was the price paid per share? $1.65 per share

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.

Meitheal Pharmaceuticals, Inc.

Corporate Address: 8700 W. Bryn Mawr Avenue, Suite 600S, Chicago, IL 60631 USA
FEIN: 81-4701700
www.meithealpharma.com

Drug Labeler Code: 71288
Incorporation State: DE
Incorporation Date: 12/2/2016

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
DPI	8700 W. Bryn Mawr Avenue Suite 600S Chicago , IL 60631 County: Cook	N/A	N/A - No CS		No	(224) 443-4617	(847) 789-8750

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Gail L. Giambi	S Oakleaf Rd. Algonquin, IL 60102	Designated Representative	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Lyfe Charles Limited	Nanjing Rd. Suite 1804, United Plaza Shanghai, 200040 China		16.660	
Hong Kong King-Friend Industry, Co., Ltd.	Suite 2808, 28F, Exchange Tower, 33 Wang Chiu Road, Kowloon Bay, Kowloon China		83.333	
Thomas J Shea	West Lunt Ave. Chicago, IL 60631		.007	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Thomas J. Shea	West Lunt Ave. Chicago, IL 60631	Chief Executive Officer	No
Victoria A. Wohlfeil	Ashbury Lane Barrington Hills, IL 60010	General Counsel and Corporate Secretary	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
CT Corporation

3PLS

Name	Address	Title	Prescribing Authority
Integrated Commercialization Solutions, Inc.	420 International Blvd Suite 500 Brooks, KY 40109		

For licensing issues, please contact State License Servicing, LLC (845) 544-2482 MPI@slsny.com

Company Particulars

551

Cert. Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEITHEAL 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 FOURTH DAY OF DECEMBER, A.D. 2019.

Jeffrey W. Bullock, Secretary of State

6236259 8300

SR# 20198426627

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

Authentication: 204139132

Date: 12-04-19

Home State

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.004432

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:
12/31/2020

LICENSED WHOLESALE DRUG DISTRIBUTOR

MEITHEAL PHARMACEUTICALS INC
GAIL GIAMBI
8700 W BRYN MAWR AVE STE 600S
CHICAGO, IL 60631-3529

BRYAN A. SCHNEIDER
SECRETARY

JESSICA BAER
DIRECTOR

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

13385612

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: 4073481

Nevada State Board Of Pharmacy

NV Permit 555

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/02/2019
Amount: $ 500.00
License #: WH02637

Meitheal Pharmaceuticals, Inc.
8700 W Bryn Mawr Ave #600S
Chicago IL 60631

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler
Expires:10/31/2020
Meitheal Pharmaceuticals, Inc.
8700 W Bryn Mawr Ave #600S
Chicago IL 60631

License #
WH02637
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Expires: 10/31/2020
STATUS: Active

License Type: Wholesaler
License #: WH02637

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Managing Pharmacist :

Meitheal Pharmaceuticals, Inc.
8700 W Bryn Mawr Ave #600S
Chicago IL 60631

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 07/22/2019.

From: **compliance** compliance@slsnysupport.com
Subject: Meitheal Pharmaceuticals, Inc. - Confirmation of Change of Ownership
Date: November 25, 2019 at 10:29 AM
To: pharmacy@pharmacy.nv.gov

IMPORTANT NOTICE

State License Servicing, Inc.
1751 State Route 17A, Suite 3, Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

Date: November 25, 2019
To: Nevada State Board of Pharmacy
Re: Meitheal Pharmaceuticals, Inc., 8700 W. Bryn Mawr Avenue, Suite 600S, Chicago , IL 60631, Permit #: WH02637

Dear Licensing Authority:

State License Servicing, Inc. represents Meitheal Pharmaceuticals, Inc. in the servicing of their state licenses. This letter shall serve as confirmation of an earlier notification that Meitheal Pharmaceuticals, Inc. has undergone a change of ownership of their company effective October 31, 2019. There has been no change in officers or FEIN. The ownership change is as follows:

From:
Lyfe Charles Limited - 100%

To:
LYFE Charles Limited - 16.660%
Hong Kong King-Friend Industry Co., Ltd. - 83.333%
Other Owners <5% - 0.007%
Total - 100%

Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these are being completed and will be filed shortly.

If you need any additional information, please feel free to call or email me at the address below.

Kind Regards,

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@slsny.com

[illegible]

Click Here to Respond to this Email

IMPORTANT NOTICE

FDA 557
labeler

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 February 04, 2020

You have searched Finished drug products

Search Results: '*71288*'

Back to Search Page () | Search Again ()

CSV Excel

Display All **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
Ampicillin and Sulbactam	71288-007-75	10 g/1, 5 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA090578	Meitheal Pharmaceuticals Inc.	71288-007	Ampicillin Sodium and Sulbactam Sodium	AMPICILLIN SODIUM; SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	12/17/2018
Ampicillin and Sulbactam	71288-005-20	1 g/1, .5 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA090579	Meitheal Pharmaceuticals Inc.	71288-005	Ampicillin sodium and Sulbactam sodium	AMPICILLIN SODIUM; SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	12/17/2018
Ampicillin and Sulbactam	71288-006-30	2 g/1, 1 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA090579	Meitheal Pharmaceuticals Inc.	71288-006	Ampicillin sodium and Sulbactam sodium	AMPICILLIN SODIUM; SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	12/17/2018
Atracurium Besylate	71288-701-05	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA091488	Meitheal Pharmaceuticals Inc.	71288-701	Atracurium Besylate	ATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	05/15/2018
Atracurium Besylate	71288-702-10	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA091489	Meitheal Pharmaceuticals Inc.	71288-702	Atracurium Besylate	ATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	05/15/2018

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
Bleomycin	71288-107-20	30 [USP'U]/1	POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAPLEURAL; INTRAVENOUS; SUBCUTANEOUS	ANDA205030	Meitheal Pharmaceuticals Inc.	71288-107	Bleomycin Sulfate	BLEOMYCIN SULFATE	HUMAN PRESCRIPTION DRUG	08/31/2018
Bleomycin	71288-106-10	15 [USP'U]/1	POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAPLEURAL; INTRAVENOUS; SUBCUTANEOUS	ANDA205030	Meitheal Pharmaceuticals Inc.	71288-106	Bleomycin Sulfate	BLEOMYCIN SULFATE	HUMAN PRESCRIPTION DRUG	08/31/2018
Carboplatin	71288-100-45	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA077096	Meitheal Pharmaceuticals Inc.	71288-100	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG	06/19/2017
Carboplatin	71288-100-05	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA077096	Meitheal Pharmaceuticals Inc.	71288-100	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG	06/19/2017
Carboplatin	71288-100-51	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA077096	Meitheal Pharmaceuticals Inc.	71288-100	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG	06/19/2017
Carboplatin	71288-100-15	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA077096	Meitheal Pharmaceuticals Inc.	71288-100	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG	06/19/2017
Cefepime	71288-008-15	1 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA091048	Meitheal Pharmaceuticals Inc.	71288-008	cefepime hydrochloride	CEFEPIME HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/17/2018
Cefepime	71288-009-20	2 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA091048	Meitheal Pharmaceuticals Inc.	71288-009	cefepime hydrochloride	CEFEPIME HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/17/2018
Cisatracurium Besylate	71288-712-06	10 mg/5mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211668	Meitheal Pharmaceuticals Inc.	71288-712	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019

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
Cisatracurium Besylate	71288-714-11	20 mg/10mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211669	Meitheal Pharmaceuticals Inc.	71288-714	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019
Cisatracurium Besylate	71288-713-21	200 mg/20mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211668	Meitheal Pharmaceuticals Inc.	71288-713	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019
Cytarabine	71288-109-20	2 g/20mL	INJECTION, SOLUTION	INTRATHECAL; INTRAVENOUS; SUBCUTANEOUS	ANDA205696	Meitheal Pharmaceuticals Inc.	71288-109	cytarabine	CYTARABINE	HUMAN PRESCRIPTION DRUG	09/01/2018
DAPTOMYCIN	71288-018-10	500 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA212513	Meitheal Pharmaceuticals Inc.	71288-018	DAPTOMYCIN	DAPTOMYCIN	HUMAN PRESCRIPTION DRUG	06/26/2019
Enoxaparin Sodium	71288-410-89	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-410	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
Enoxaparin Sodium	71288-410-81	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-410	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
Enoxaparin Sodium	71288-410-85	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-410	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
Enoxaparin Sodium	71288-410-83	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-410	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
Enoxaparin Sodium	71288-410-87	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-410	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
Enoxaparin Sodium	71288-411-81	150 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-411	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019

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
Enoxaparin Sodium	71288-411-83	150 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-411	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
FOSAPREPITANT	71288-418-10	150 mg/5mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA212309	Meitheal Pharmaceuticals Inc.	71288-418	FOSAPREPITANT	FOSAPREPITANT DIMEGLUMINE	HUMAN PRESCRIPTION DRUG	11/15/2019
Fulvestrant	71288-555-86	50 mg/mL	INJECTION	INTRAMUSCULAR	ANDA209714	Meitheal Pharmaceuticals Inc	71288-555	Fulvestrant	FULVESTRANT	HUMAN PRESCRIPTION DRUG	11/21/2019
GEMCITABINE	71288-114-50	1 g/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA091365	Meitheal Pharmaceuticals Inc.	71288-114	GEMCITABINE HYDROCHLORIDE	GEMCITABINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2018
GEMCITABINE	71288-113-10	200 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA091365	Meitheal Pharmaceuticals Inc.	71288-113	GEMCITABINE HYDROCHLORIDE	GEMCITABINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2018
Glycopyrrolate	71288-407-03	.2 mg/mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	Meitheal Pharmaceuticals Inc.	71288-407	Glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	05/15/2019
Glycopyrrolate	71288-407-04	.2 mg/mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	Meitheal Pharmaceuticals Inc.	71288-407	Glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	05/15/2019
Glycopyrrolate	71288-408-06	.2 mg/mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	Meitheal Pharmaceuticals Inc.	71288-408	Glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	05/15/2019
Glycopyrrolate	71288-408-21	.2 mg/mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	Meitheal Pharmaceuticals Inc.	71288-408	Glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	05/15/2019

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
Heparin Sodium	71288-421-96	1000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-421	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-424-96	10000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-424	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-419-96	1000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-419	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-420-96	1000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-420	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-422-96	5000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-422	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-423-96	5000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-423	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-425-96	10000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-425	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-400-03	1000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211005	Meitheal Pharmaceuticals Inc.	71288-400	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-402-02	1000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-402	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019

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
Heparin Sodium	71288-403-02	5000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-403	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-402-11	1000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-402	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-402-31	1000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-402	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-404-05	10000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-404	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-403-11	5000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-403	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-404-02	10000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-404	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Levoleucovorin	71288-105-25	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211002	Meitheal Pharmaceuticals Inc.	71288-105	levoleucovorin calcium	LEVOLEUCOVORIN CALCIUM	HUMAN PRESCRIPTION DRUG	08/16/2019
Levoleucovorin	71288-105-18	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211002	Meitheal Pharmaceuticals Inc.	71288-105	levoleucovorin calcium	LEVOLEUCOVORIN CALCIUM	HUMAN PRESCRIPTION DRUG	08/16/2019
Levoleucovorin	71288-104-10	50 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA211003	Meitheal Pharmaceuticals Inc	71288-104	levoleucovorin calcium	LEVOLEUCOVORIN CALCIUM	HUMAN PRESCRIPTION DRUG	08/22/2019

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
Melphalan hydrochloride	71288-112-90		KIT	INTRAVENOUS	ANDA209826	Meitheal Pharmaceuticals Inc.	71288-112	Melphalan hydrochloride		HUMAN PRESCRIPTION DRUG	06/30/2019
Meropenem	71288-015-31	1 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA204858	Meitheal Pharmaceuticals Inc.	71288-015	Meropenem	MEROPENEM	HUMAN PRESCRIPTION DRUG	11/04/2019
Meropenem	71288-014-21	500 mg/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA204858	Meitheal Pharmaceuticals Inc.	71288-014	Meropenem	MEROPENEM	HUMAN PRESCRIPTION DRUG	11/04/2019
Methocarbamol	71288-716-10	100 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211504	Meitheal Pharmaceuticals Inc.	71288-716	Methocarbamol	METHOCARBAMOL	HUMAN PRESCRIPTION DRUG	12/17/2018
Oxaliplatin	71288-101-10	5 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA207325	Meitheal Pharmaceuticals Inc.	71288-101	Oxaliplatin	OXALIPLATIN	HUMAN PRESCRIPTION DRUG	10/01/2017
Oxaliplatin	71288-101-20	5 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA207325	Meitheal Pharmaceuticals Inc.	71288-101	Oxaliplatin	OXALIPLATIN	HUMAN PRESCRIPTION DRUG	10/01/2017
PHENYLEPHRINE HYDROCHLORIDE	71288-807-02	10 mg/mL	INJECTION	INTRAVENOUS	ANDA210334	Meitheal Pharmaceuticals Inc.	71288-807	PHENYLEPHRINE HYDROCHLORIDE	PHENYLEPHRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/27/2018

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
PHENYLEPHRINE HYDROCHLORIDE	71288-808-76	10 mg/mL	INJECTION	INTRAVENOUS	ANDA210333	Meitheal Pharmaceuticals Inc.	71288-808	PHENYLEPHRINE HYDROCHLORIDE	PHENYLEPHRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/27/2018
PHENYLEPHRINE HYDROCHLORIDE	71288-808-77	10 mg/mL	INJECTION	INTRAVENOUS	ANDA210333	Meitheal Pharmaceuticals Inc.	71288-808	PHENYLEPHRINE HYDROCHLORIDE	PHENYLEPHRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/27/2018
Topotecan	71288-127-15	4 mg/15mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA201166	Meitheal Pharmaceuticals Inc.	71288-127	Topotecan Hydrochloride	TOPOTECAN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/02/2019

Showing 1 to 61 of 61 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

U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

Follow FDA | En Español

Search FDA

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Home > Drug Databases > NDC

National Drug Code Directory

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

Current through February 20, 2020

Verified DZ 2/20/2020

You have searched Finished drug products

Search Results: *'71288'*

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
Ampicillin and Sulbactam	71288-007-75	10 g/1, 5 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA090578	Meitheal Pharmaceuticals Inc	71288-007	Ampicillin Sodium and Sulbactam Sodium	AMPICILLIN SODIUM, SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	12/17/2018	N/A	ANDA	1 BOTTLE in 1 CARTON (71288-007-75) > 1 INJECTION, POWDER, FOR SOLUTION in 1 BOTTLE
Ampicillin and Sulbactam	71288-005-20	1 g/1, 5 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA090579	Meitheal Pharmaceuticals Inc	71288-005	Ampicillin sodium and Sulbactam sodium	AMPICILLIN SODIUM, SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	12/17/2018	N/A	ANDA	10 VIAL, SINGLE-DOSE in 1 CARTON (71288-005-20) > 1 INJECTION, POWDER, FOR SOLUTION in 1 VIAL, SINGLE-DOSE (71288-005-21)
Ampicillin and Sulbactam	71288-006-30	2 g/1, 1 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA090579	Meitheal Pharmaceuticals Inc	71288-006	Ampicillin sodium and Sulbactam sodium	AMPICILLIN SODIUM, SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG	12/17/2018	N/A	ANDA	10 VIAL, SINGLE-DOSE in 1 CARTON (71288-006-30) > 1 INJECTION, POWDER, FOR SOLUTION in 1 VIAL, SINGLE-DOSE (71288-006-31)
Atracurium Besylate	71288-701-05	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA091488	Meitheal Pharmaceuticals Inc	71288-701	Atracurium Besylate	ATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	05/15/2018	N/A	ANDA	10 VIAL, SINGLE-DOSE in 1 CARTON (71288-701-05) > 5 mL in 1 VIAL, SINGLE-DOSE (71288-701-06)
Atracurium Besylate	71288-702-10	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA091489	Meitheal Pharmaceuticals Inc	71288-702	Atracurium Besylate	ATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	05/15/2018	N/A	ANDA	10 VIAL, MULTI-DOSE in 1 CARTON (71288-702-10) > 10 mL in 1

GAIL GIAMBI

5 S. Oakleaf Road Algonquin, IL 60102 | (8 | ε

QA COMPLIANCE MANAGEMENT

Quality Assurance professional with extensive experience ensuring quality in regulated pharmaceutical environments. Proven expertise in quality systems, quality control, sterility assurance, sterilization, and aseptic manufacturing. Successful in leading, influencing and motivating both direct reports and other team members. Excellent organizational and communication skills with a reputation for multitasking and solving problems in fast-paced environments.

Areas of Expertise

- FDA/Regulatory Compliance
- Product Launch & Project Management
- Quality Management Systems
- Microbiological Test Methods
- Environmental Monitoring and Media Fill Programs
- Training
- Investigations/CAPA
- Team Leadership Development
- Aseptic Manufacturing
- Risk Mitigation
- Isolator Technology
- Validations (Process, Equipment, Cleaning)

Professional Experience

Meitheal Pharmaceuticals, Inc., Chicago, Illinois January 2017 - Present
Vice President, Quality

- Accountable for the management and oversight of all quality activities for the company.
- Oversee ongoing development and operation of the quality function and the quality management system.
- Manages support for product development, product launches, and commercial product release and shipments to ensure compliance with required regulations.
- Implemented all applicable quality modules of the Quality Management System within the TrackWise Digital System from Sparta Systems.
- Responsible for the supplier audits and ongoing performance evaluations to ensure compliance with applicable regulations.

Medefil, Inc., Glendale Heights, Illinois July 2016 – December 2016
Vice President, Quality

- Supervised staff of twenty (20) responsible for quality assurance and quality control functions for the facility.
- Responsible for the product development laboratories conversion to meet all applicable GMP requirements.
- Supported project team to meet new labeling requirements for devices within applicable timelines.
- Responsible for the handling and updating of the CE Technical and Medical Device Master Files for the prefilled syringe products.

Sagent Pharmaceuticals, Inc., Schaumburg, Illinois May 2008 – July 2016
Senior Director/Director, Quality Assurance (January 2010 – July 2016)

- Supervised staff of five (5) responsible for review of batch record documentation and change controls.
- Responsible for the quality oversight of Contract Manufacturers via non-conformance report reviews, FDA 483 and warning letter responses, risk assessments, product recalls, and compliance remediation plans.
- Supported product launch activities as Quality Assurance representative on project management teams. Executed packaging and shipping protocols for new products.
- Managed the conversion of Quality Management Systems into Trackwise.
- Led project to implement cold chain packaging to end users.

Senior Manager (May 2008 – January 2010)

- Developed quality management systems for greenfield site in China. Provided guidance for isolator environmental monitoring and loading configurations for VHP cycle development.
- Responsible for review of batch record documentation, finished product testing, and supporting shipment documentation.
- Subject matter expert within company for reviews of Quality Management Systems, aseptic processing, environmental monitoring, microbiological sections of submissions, and microbiological test methods.

GAIL GIAMBI
S. Oakleaf Road Algonquin, IL 60102 |

Catalent Pharma Solutions, Woodstock, Illinois July 2006 – May 2008

Business Unit Director (September 2007 – May 2008)

- Managed two (2) Manufacturing Business Units with a staff of over 200 employees and 16 direct reports.
- Responsible for schedule adherence to a 24 hour/5 day a week manufacturing facility to meet the demand of over 12 customers with a monthly output of over 48M units.
- Continuous improvements to decrease deviations, increase machine yields and labor utilization.

QA Manager (July 2006 – September 2007)

- Managed, developed, and evaluated a staff of 22 and three (3) direct reports.
- Responsible for QA floor coverage, batch release, and CAPA program.
- Directed site audit program for FDA, customer and internal audits.
- Led project to decrease open plant CAPAs by 80%.
- Chairperson for the Woodstock plant Material Review Board.
- Instituted new programs such as real-time batch record review, paper recycling within the plant, and investigational review board.

Hospira Inc., Lake Forest/North Chicago, Illinois August 1993 – July 2006

Program Manager, Solutions Optimization (February 2005-July 2006)

- Leader of cross-functional team responsible for site transfer of Large Volume Parenteral filling line.
- Responsibilities included facilitated effective meetings, tracked of action items, updated project plans and deliverables, and identified issues and resolved to meet project timelines.

Senior Group Leader, Manufacturing Quality Assurance (April 2002-February 2005)

- Supervised, developed, and evaluated a staff of 25, including six (6) direct supervisors.
- Responsible for Quality Assurance floor coverage and final product inspection testing in the manufacturing areas.
- Key contact for Quality Assurance support on product processes in the manufacturing areas.
- Reviewed validations (equipment, cleaning, and process) and plant change control documentation.
- Leader of a performance team to implement a 5'S program within the plant.
- Project leader to develop a computer system to track the life cycle of all batch records within the plant.

Group Leader, Biological Quality Assurance (February 1997-April 2002)

- Managed, developed, and evaluated a staff of 11 non-exempt technicians.
- Set testing priorities and coordinated laboratory activities to meet production release goals.
- Completed all investigations, deviations and related corrective/preventative actions in a timely manner.
- Directed project to move sterility testing into isolator barrier technology.
- Developed and maintained a department operating budget tracking system to ensure budget goals were met.

Hospital Products and Chemical and Agricultural Divisions (August 1993-February 1997)

- Performed fermentations in shaken flasks of actinomycetes, myxobacteria, and fungi.
- Planned and performed package integrity/maintenance of sterility experiments.

Education

ASQ Certified Quality Engineer	2003
Loyola University of Chicago- Bachelor of Science-Cum Laude, Major: Biology	1990-1993
Hope College- Holland, Michigan	1989-1990

GAIL GIAMBI

S. Oakleaf Road Algonquin, IL 60102 | m

Awards

Recognition as key contributor to Sagent Heparin Launch	July 2010
Hospira Staff Award for Implementation of the Batch Record Tracking System	October 2004
Abbott Laboratories HPD Staff Award for Abbokinase CBER Release Request Samples	July 2002

Special Training & Skills

- Quality Risk Management (ICH Q9)
- Limulus Amebocyte Lysate Workshop
- Pharmaceutical Supply Chain
- LIMS (Laboratory Information Management Systems
- Pharmaceutical Freeze-Drying Workshop
- Vaporized Hydrogen Perioxide Workshop
- Trackwise
- Salesforce platform

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. 755053

Application/License No. _____

Meitheal Pharmaceuticals, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
8700 W Bryn Mawr. Ave, Ste. 600S , Chicago, IL 60631, as
Address of Applicant/Principal
PRINCIPAL, and International Fidelity Insurance Company, a
Surety Company
corporation organized under the laws of the state of New Jersey
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Newark Center, Newark, NJ 07102-5207 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 1/29/2019.
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 31 day of January, 2019.

APPLICANT/PRINCIPAL

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Surety Company's Representative

Chris Eley, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Bond # 755053 571

INTERNATIONAL FIDELITY INSURANCE COMPANY
ALLEGHENY CASUALTY COMPANY

One Newark Center, 20th Floor, Newark, New Jersey 07102-5207 PHONE: (973) 624-7200

KNOW ALL MEN BY THESE PRESENTS: That **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and **ALLEGHENY CASUALTY COMPANY** a corporation organized and existing under the laws of the State of New Jersey, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

JASON JENKINS, AMELIA MCSHANE, CHRIS ELEY

Little Rock, AR

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 20th day of July, 2010 and by the Board of Directors of **ALLEGHENY CASUALTY COMPANY** at a meeting duly held on the 10th day of July, 2015 :

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** have each executed and attested these presents on this 31st day of December, 2017

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

George R. James
Executive Vice President (International Fidelity Insurance Company) and
Vice President (Allegheny Casualty Company)

ALLEGHENY CASUALTY COMPANY 1936 NEW JERSEY

On this 31st day of December, 2017 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **INTERNATIONAL FIDELITY INSURANCE COMPANY and of ALLEGHENY CASUALTY COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ MY COMMISSION EXPIRES 04-16-2019 NOTARY PUBLIC STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2019

CERTIFICATION

I, the undersigned officer of **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 1/31/2019

A00589

Maria H. Branco
Maria H. Branco, Assistant Secretary

5MM

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: Millicent U.S., Inc.

Physical Address: 120 Eagle Rock Avenue, Suite #307

City: East Hanover State: NJ Zip Code: 07936

Telephone Number: 862-701-5097 Fax Number: 862-701-5098

Toll Free Number: N/A

E-mail: jim.black@millicentpharma.com Website: Pending

Facility Manager: James C. Black

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

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)

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 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

James C. Black
Print Name of Authorized Person

12/7/2019
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: Millicent Pharma Limited

Mailing Address: 120 Eagle Rock Avenue, Suite #307

City: East Hanover State: NJ Zip: 07936

Telephone: 862-701-5097 Fax: 862-701-5098

Contact Person: James C. Black

For any corporation non-publicly traded, disclose the following:

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

a) Millicent Pharma Limited Block 4, FL2, Quayside Business PK, Mill St., Dundalk, Louth A91-KA9R
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. 100

3) What was the price paid per share? $.01

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

Resident State License and Online Verification

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738060

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:

120 EAGLE ROCK AVE, STE 307 EAST HANOVER, NJ 07936-

Reg. No.
5005540

MILLICENT U.S., INC.
120 EAGLE ROCK AVE, STE 307
EAST HANOVER, NJ 07936-

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 10/30/2019

Registration Number: 5005540 **Registered as:** Manufacturer and Wholesale

Parent Company Name: MILLICENT U.S., INC.

Trade Name:

Original Issue Date: 12/05/2018 **Expiration Date:** 01/31/2020

Current Issue Date: 12/05/2018

Disciplines: No

Attachment B

Facility Manager's Resume

JAMES C. BLACK, MBA

[illegible] Heck Avenue, Ocean Grove, NJ 07756

C. [illegible]

SUMMARY

Successful Supply Chain and Trade Operations Executive with extensive and diverse experience across all functions supporting Trade / Wholesale & Retail channels. Proficient Trade contracting and business strategies improving customer service, performance management, distribution operations, and systems implementation.

QUALIFICATIONS

- Responsible for key Trade wholesaler and retail relationships including Mckesson, Cardinal, AmerisourceBergen, CVS, Walgreens, RiteAid, and Wal-Mart.to ensure full placement and sufficient representation of products in the supply chain.
- Development and implementation of order processing, Accounts Receivable and inventory management departments and systems in start-up environments.
- Interfacing with sales to develop pricing and promotional programs to support corporate objectives.
- Successfully managing supply chain activity using demand planning tools based on trade sales and prescription activity to ensure and efficient scheduling, sufficient supply and timely delivery of required products.

EXPERIENCE & ACCOMPLISHMENTS

MILLICENT U.S., INC. , East Hanover, NJ — **11/2018 to present**

Senior Director, Distribution and Government Contracts

- Established and managed the distribution function for this start-up virtual pharmaceutical manufacturer, ensuring that all products were properly inventoried and available at our key wholesaler direct customers and downstream retail partners.
- Assisted with the initial application submission for State licenses. Maintained files for retention and calendar for renewals.
- Assisted in the launch of our exclusive distributor, Prasco, ensuring that all services (OTC, pick-pack-ship, and returns processing were properly implemented and operating successfully.
- Developed demand plan with finance, supply chain, and marketing which is used as the primary forecasting tool for scheduling manufacture of all products, leading to improved manufacturing and delivery schedules and minimizing production risks.
- Successfully completed implementation of Cumberland Consulting Group government pricing model, resulting in automating calculations for BP, mAMP, qAMP, NFAMP and FCP and improved efficiency and accuracy.

GEMINI LABORATORIES, LLC, Bridgewater, NJ — **12/2014 to 10/2018**

Senior Director, Supply Chain and Trade Relations

- Established and managed the distribution function for this start-up virtual pharmaceutical manufacturer, ensuring that all products were properly inventoried and available at our key wholesaler direct customers and downstream retail partners.
- Assisted with the initial application submission for State licenses. Maintained files for retention and calendar for renewals.
- Coordinated with our 3PL to ensure that all direct customer State and DEA licenses were on hand and in proper order.
- Identified 3PL and negotiated contract terms to provide OTC, pick-pack-ship, returns processing, and government pricing services.
- Negotiated Distribution Service Agreements (DSA's) with Big 3 wholesalers for this start-up pharmaceutical company.
- Developed demand plan with finance, supply chain, and marketing which is used as the primary forecasting tool for scheduling manufacture of all products, leading to improved manufacturing and delivery schedules and minimizing production risks.
- Interfaced with sales to develop pricing and promotional programs to support corporate objectives

PAR PHARMACEUTICAL COMPANY

Consultant, Trade Finance — *Consulting* — **04/2014 to 08/2014**

- Providing interim transitional services to integrate recently acquired JHP functions into Par.

WARNER CHILCOTT (*acquired by ACTAVIS 10/2013*), Rockaway, NJ — **1996 - 2014**

Director, Trade Relations — *Corporate restructuring, Actavis purchase* — **01/2007 to 03/2014**

Senior Manager, Customer Relations — **03/2002 to 12/2006**

Customer Service Manager — **10/1996 to 02/2002**

- Managed the distribution function for this $3.5 billion company, ensuring that all products were properly inventoried and available at our key wholesaler direct customers and downstream retail partners.
- Coordinated with our 3PL and internal compliance department to ensure that all internal and external State and DEA licenses were properly filed with copies kept on hand and current.
- Successfully established the WC Order-to-Cash (SOX compliant) processes and departments in this start-up company resulting from the divestiture by Warner-Lambert, 3 months prior to expiration of Transitional Services Agreement.

- Identified 3PL and reverse 3PL candidates and negotiated favorable contract terms to provide pick-pack-ship and returns processing. In successive contract renewals, renegotiated reduced rates on average of 5% annually.
- Initiated Distribution Management Agreements (DMA's) on a selected basis with Mckesson, Cardinal, AmerisourceBergen and HD Smith. Established scorecard to monitor performance using Valuetrak. Renegotiated significantly reduced terms, saving the company well in excess of $5mm annually from 2009 thru 2013.
- Team lead on ERP task force to test and implement order management, accounts receivable, and inventory modules of SAP. Project was successfully launched in an abbreviated timeline of 6 months.
- Successfully completed implementation of Model N Government Pricing module, replacing manual process. Automating calculations for BP, mAMP, qAMP, NFAMP and FCP has resulted in a higher level of accuracy leading to a reduction in Medicaid/340B pricing restatement and true-up rebate payments that in prior years exceeded $3MM in additional rebate payments.
- Developed trade strategy and implementation protocols for managing product life cycle initiatives and new product launches. The 4 most recent programs have resulted in 70 to 85% conversion rate, significantly improved compared to historical conversion rates that ranged from 30 to 50%.
- Worked with tax department to identify most advantageous state tax environment to operate in. Explored options having nominal business impact with optimal tax savings.
- Key functional team lead responsible for integrating Order-to-Cash functions resulting from the acquisition of P&G Pharmaceuticals. Integration completed on time.
- Managed transition of several divested products from WC to other manufacturers covering sales, distribution, chargebacks, contract administration, government pricing and returns.
- Developed a 2 plus year demand plan with finance, supply chain, and marketing which was used as the primary tool for scheduling manufacture of all products, leading to improved manufacturing and delivery schedules and minimizing production risks.
- Negotiated Dual Pricing contract with VA/DOD, expected to result in a reduction of rebate payments up to $30MM over the 5 year term of the contract.
- Managed A/R with no bad debt in 10 years, deductions less than 0.5%, and average DSO of 33 over past 5 years.
- Team lead on Model N committee to test and implement the Contract, Chargebacks and Tricare modules.
- Functional lead on EPedigree/track-and-trace implementation committee.

ARIS ISOTONER, Division of SARA LEE, New York, NY

Senior Manager, Client Services **06/1994 to10/1996**

- Developed strong interdepartmental relationships with sales and distribution leading to improved credibility with customers in this turnaround environment.
- Restructured job responsibilities of staff to improve efficiency and effectiveness while providing each employee a challenge commensurate with their respective experience.
- Facilitated Inventory and Order Management task force sessions charged with troubleshooting systems issues (ACS and PkMS software, AS400 platform) and increasing customer satisfaction.
- Improved monthly DSO to 38 days in 1995 from 42 days in 1994.
- Minimized losses resulting from bad debt to .04% of sales in 1995.
- Chaired Quality of Life Task Force established to provide solutions to perceived problems and promote interdepartmental cooperation.

JVC COMPANY OF AMERICA, Pine Brook, NJ

Branch Controller **05/1992 to 06/1994**

Credit Operations Manager **03/1988 to 04/1992**

- Increased sales 10% annually from 1988 to1994 while limiting annual bad debt expense to less than .05% of total sales for same period.
- Consolidated work force for annual payroll savings of over $450k.
- Renegotiated facility lease that resulted in annual savings of $275k.
- Improved average DSO from 52 days to 33 days between 1988 to 1989 and maintained comparable levels through 1994.
- Reduced month end charge back balance from $2,179k in April 1988 to a $50k per month average from October 1989 through January 1994.

SKC COMPANY OF AMERICA, Rutherford, NJ

Credit Manager **02/1986 to 03/1988**

- Successfully established customer service and credit and collection departments in this start-up company.
- Key member of senior management team responsible for developing SKC's marketing strategies, forecasting potential sales, and designing promotional activities to achieve them.

WARNER-LAMBERT COMPANY, Morris Plains, NJ

Credit Analyst **05/1984 to 02/1986**

- Assessed financial condition and credit worthiness through financial statement and trend analyses for mid-sized and large pharmaceutical companies and recommended appropriate credit lines.

EDUCATION

RUTGERS GRADUATE SCHOOL OF MANAGEMENT, Newark, NJ
MBA, Finance and Business Administration

COLUMBIA UNIVERSITY, New York, NY
BA, Sociology

Attachment C

FDA Registration

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 *'72495'*

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
Femring	72495-202-10	1 mg/d	RING	VAGINAL	NDA021367	Millicent US, Inc	72495-202	estradiol acetate	ESTRADIOL ACETATE	HUMAN PRESCRIPTION DRUG	12/10/2018	N/A	NDA
Femring	72495-201-05	.05 mg/d	RING	VAGINAL	NDA021367	Millicent US, Inc	72495-201	estradiol acetate	ESTRADIOL ACETATE	HUMAN PRESCRIPTION DRUG	12/10/2018	N/A	NDA

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 DZ

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 November 07, 2019

You have searched Finished drug products

Search Results *'millicent'*

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
Femring	72495-201-05	.05 mg/d	RING	VAGINAL	NDA021367	Millicent US Inc	72495-201	estradiol acetate	ESTRADIOL ACETATE	HUMAN PRESCRIPTION DRUG	12/10/2018	N/A	NDA
Femring	72495-202-10	1 mg/d	RING	VAGINAL	NDA021367	Millicent US Inc	72495-202	estradiol acetate	ESTRADIOL ACETATE	HUMAN PRESCRIPTION DRUG	12/10/2018	N/A	NDA

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

Attachment D

Nature of Business

Millicent U.S., Inc. (Millicent) is a virtual manufacturer of prescription drugs. Millicent will utilize a facility operated by an affiliated company to manufacture its product and a licensed third party logistics provider to warehouse and distribute. The company will not physically handle product. Provided below is the contact information for the third party logistics provider and physical manufacturer.

Third Party Logistics Provider:

Prasco LLC
6125 Commerce Court
Mason, Ohio 45040

Physical Manufacturer:

Millicent Pharma (NI) Limited
Old Belfast Rd.
Millbrook, Larne, UK BT40 2SH

Attachment E

Corporate Officer Information

Millicent U.S., Inc.
120 Eagle Rock Avenue, Suite #307
East Hanover, NJ 07936

Roger M. Boissonneault
President

Donald A. McClenaghan
Secretary

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 "MILLICENT U.S., 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 NOVEMBER, 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

6861324 8300

SR# 20198015477

Authentication: 203976885

Date: 11-11-19

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. PB00352000083

Application/License No. _____

Millicent U.S., Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
120 Eagle Rock Avenue, Suite #307, East Hanover, NJ 07936, as
Address of Applicant/Principal
PRINCIPAL, and Philadelphia Indemnity Insurance Company, a
Surety Company
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, PA 19004-1403 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 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 10, 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.

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 10th day of February, 20 20.

APPLICANT/PRINCIPAL

COMPANY
Millicent U.S., Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Philadelphia Indemnity Insurance Company

Surety Company's Representative

Frances Rodriguez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Kemal Brkanovic

Witness Alicia McKay

Countersigned by:

Nevada ~~Resident~~ Agent, Aklima Noorhassan
Non-Resident

388

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 **Cynthia Farrell, Debra A. Deming, Sandra Diaz, Peter Healy, Susan A. Welsh, Francesca Kazmierczak, Aklima Noorhassan, Anne L. Potter and Frances Rodriguez of AON Risk Services Northeast, Inc.**, 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 10th day of February, 20 20.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus
(in thousands, except par value and share amounts)

Admitted Assets	As of December 31, 2018	2017
Bonds (fair value $7,036,118 and $6,911,411)	$ 7,018,246	$ 6,708,174
Preferred stocks (fair value $46,324 and $50,134)	46,213	48,537
Common stocks (cost $14,897 and $31,965)	14,853	33,817
Mortgage loans	473,067	400,590
Real estate	1,514	3,294
Other invested assets (cost $211,099 and $234,382)	219,251	240,475
Derivatives	157	-
Receivables for securities sold	1,109	399
Cash, cash equivalents and short-term investments	65,668	140,468
Cash and invested assets	7,840,078	7,575,754
Premiums receivable, agents' balances and other receivables	968,504	831,770
Reinsurance recoverable on paid losses	34,694	33,955
Accrued investment income	82,576	86,998
Receivable from affiliates	5,480	6,611
Federal income taxes receivable	-	4,869
Net deferred tax asset	121,266	113,125
Other assets	5,586	89
Total admitted assets	$ 9,058,184	$ 8,653,171

Liabilities and Capital and Surplus		
Liabilities:		
Net unpaid losses and loss adjustment expenses	$ 4,581,608	$ 4,263,696
Net unearned premiums	1,616,043	1,533,201
Reinsurance payable on paid loss and loss adjustment expenses	30,374	23,933
Ceded reinsurance premiums payable	89,591	80,592
Commissions payable, contingent commissions and other similar charges	234,551	225,361
Federal income taxes payable	3,141	-
Funds held	61,944	83,909
Accrued expenses and other liabilities	37,562	33,890
Payable to affiliates	13,148	10,761
Provision for reinsurance	-	1
Payable for purchased securities	20,741	81,458
Total liabilities	$ 6,688,703	$ 6,336,802
Capital:		
Common stock, par value of $10 per share; 1,000,000 shares authorized, 450,000 shares issued and outstanding	4,500	4,500
Surplus:		
Gross paid-in and contributed surplus	386,071	386,071
Unassigned surplus	1,978,910	1,925,798
Total surplus	2,364,981	2,311,869
Total capital and surplus	2,369,481	2,316,369
Total liabilities and capital and surplus	$ 9,058,184	$ 8,653,171

The undersigned, being duly sworn, says: That she is the Executive Vice President and Chief Financial Officer of Philadelphia Indemnity Insurance Company; that said Company is a corporation duly organized in the state of Pennsylvania, and licensed and engaged in the State of Pennsylvania and has duly complied with all the requirements of the laws of the said State applicable of the said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress. And that to the best of her knowledge and belief the above statement is a full, true and correct statement of

Attest:

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Kimberly A. Kessleski, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Dec. 18, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Karen Gilmer-Pauciello, EVP & CFO

Sworn to before me this 21st day of May 2019.

Kimberly Kessleski, Notary

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

5NN

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: MorphoSys US Inc.

Physical Address: 470 Atlantic Avenue, Suite 1401

City: Boston State: MA Zip Code: 02210

Telephone Number: 617-505-2150 Fax Number: N/A

Toll Free Number: N/A

E-mail: _____ Website: morphosys.com

Facility Manager: Gladys G. Feisthammel

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: _____

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: Biologics

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 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.

Gladys G. Feisthammel

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

Gladys G. Feisthammel

Print Name of Authorized Person

13 Jan 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: MorphoSys AG

Mailing Address: 470 Atlantic Avenue, Suite 1401

City: Boston State: MA Zip: 02210

Telephone _____ Fax: N/A

Contact Person: Gladys G. Feisthammel

For any corporation non-publicly traded, disclose the following:

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

a) MorphoSys AG — Semmelweisstrasse7,82152 Planegg, Germany
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. 500

3) What was the price paid per share? $20.00

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 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

Resident State License and Verification

Enclosed is a copy of the resident state license. Please note that the resident state licensing agency, the Massachusetts Department of Public Health (Department), no longer completes license verification forms. Provided is proof of licensure from the Department's website and an e-mail from the state verifying licensure.

470 ATLANTIC AVENUE
FOURTH FLOOR
BOSTON, MA 02210
ATTN: DAVID R TREXLER PRESIDENT

RECIPIENT'S COPY

NEW

COMMISSIONER OF PUBLIC HEALTH

803172

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000466	09/03/2019	09/03/2020	Virtual Drug Manufacturers

ISSUED TO

MORPHOSYS US INC.
470 ATLANTIC AVENUE
FOURTH FLOOR
BOSTON, MA 02210
ATTN: DAVID R TREXLER PRESIDENT

NEW

Massachusetts Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500, Boston, MA 02114
Tel: 617-973-0949 Fax: 617-753-8233

Updated January 31, 2020

Verified 2/6/2020 DZ

The List of licensed Virtual Drug Manufacturers in Massachusetts

Company name	Doing Business As	Address	City	State	Zip	MCSR No.	Issue Date	Expire Date
ACER THERAPEUTICS INC.	ACER THERAPEUTICS INC.	ONE GATEWAY CENTER, STE. 351	NEWTON	MA	02458	MA0000214	2/12/2019	2/12/2020
AGIOS PHARMACEUTICALS, INC.	AGIOS PHARMACEUTICALS, INC.	88 SIDNEY STREET	CAMBRIDGE	MA	02139	MA0000290	3/27/2019	3/27/2020
AKCEA THERAPEUTICS, INC.	AKCEA THERAPEUTICS, INC.	22 BOSTON WHARF ROAD	BOSTON	MA	02210	MA0000125	11/26/2019	11/26/2020
ALNYLAM PHARMACEUTICALS, INC.	ALNYLAM PHARMACEUTICALS, INC.	675 WEST KENDALL STREET	CAMBRIDGE	MA	02142	MA0000478	9/18/2019	9/18/2020
AMAG PHARMACEUTICALS, INC.	AMAG PHARMACEUTICALS, INC.	1100 WINTER STREET	WALTHAM	MA	02451	MA0000303	3/27/2019	3/27/2020
ARGENX, US INC.	ARGENX, US INC.	33 ARCH STREET	BOSTON	MA	02110	MA0000579	12/30/2019	12/30/2020
BEIGENE USA, INC.	BEIGENE USA, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MA0000339	4/16/2019	4/16/2020
BIOFRONTERA INC.	BIOFRONTERA INC.	120 PRESIDENTIAL WAY	WOBURN	MA	01801	MA0000430	5/13/2019	5/13/2020
BIOVERATIV U.S. LLC	BIOVERATIV U.S. LLC	225 SECOND AVENUE	WALTHAM	MA	02451	MA0000226	2/12/2019	2/12/2020
BLUEBIRD BIO, INC.	BLUEBIRD BIO, INC.	60 BINNEY STREET	CAMBRIDGE	MA	02142	MA0000252	2/12/2019	2/12/2020
BLUEPRINT MACHINES CORPORATION	BLUEPRINT MEDICINES CORPORATION	45 SIDNEY STREET	CAMBRIDGE	MA	02139	MA0000187	1/30/2020	1/30/2021
CEQUR CORPORATION	CEQUR CORPORATION	734 FOREST STREET	MARLBOROUGH	MA	01752	MA0000480	9/18/2019	9/18/2020
COLLEGIUM PHARMACEUTAL, INC.	COLLEGIUM PHARMACEUTICAL, INC.	100 TECHNOLOGY CENTER	STOUGHTON	MA	02072	MA0000163	11/13/2019	11/13/2020
DECIPHERA PHARMACEUTICALS LLC	DECIPHERA PHARMACEUTICALS LLC	200 SMITH STREET	WALTHAM	MA	02451	MA0000505	10/21/2019	10/21/2020
DYAX CORP.	DYAX CORP.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000428	12/27/2019	12/27/2020
ENZYVANT THERAPEUTICS, INC.	ENZYVANT THERAPEUTICS, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MA0000492	9/25/2019	9/25/2020
EPIZYME, INC.	EPIZYME, INC.	400 TECHNOLOGY SQUARE	CAMBRIDGE	MA	02139	MA0000238	2/12/2020	2/12/2021
EUSA PHARMA (US) LLC	EUSA PHARMA (US) LLC	15 WAYSIDE ROAD	BURLINGTON	MA	01803	MA0000442	4/23/2019	4/23/2020
GAMIDA CELL INC.	GAMIDA CELL INC.	673 BOYLSTON STREET	BOSTON	MA	02116	MA0000543	11/27/2019	11/27/2020
GELESIS, INC.	GELESIS, INC.	501 BOYLSTON ST.	BOSTON	MA	02116	MA0000264	2/12/2019	2/12/2020
GENZYME CORPORATION	GENZYME CORPORATION	50 BINNEY STREET	CAMBRIDGE	MA	02142	MA0000327	3/11/2019	3/11/2020
IMMUNOGEN, INC.	IMMUNOGEN, INC.	830 WINTER STREET	WALTHAM	MA	02451	MA0000288	3/4/2019	3/4/2020
IPSEN BIOPHARMACEUTICALS, INC.	IPSEN BIOPHARMACEUTICALS, INC.	ONE MAIN STREET	CAMBRIDGE	MA	02142	MA0000199	2/4/2019	2/4/2020
IRONWOOD PHARMACEUTICALS, INC.	IRONWOOD PHARMACEUTICALS, INC.	100 SUMMER STREET	BOSTON	MA	02110	MA0000555	12/9/2019	12/9/2020
KALA PHARMACEUTICALS, INC.	KALA PHARMACEUTICALS, INC.	490 ARSENAL WAY, SUITE 120	WATERTOWN	MA	02472	MA0000149	12/4/2019	12/4/2020
KARYOPHARM THERAPEUTICS INC.	KARYOPHARM THERAPEUTICS INC.	85 WELLS AVENUE	NEWTON	MA	02459	MA0000202	2/12/2019	2/12/2020
KERYX BIOPHARMACEUTICALS, INC.	KERYX BIOPHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	MA	02142	MA0000365	4/19/2019	4/19/2020
MORPHOSYS US INC.	MORPHOSYS US INC	470 ATLANTIC AVENUE	BOSTON	MA	02210	MA0000466	9/3/2019	9/3/2020
PARTNER THERAPEUTICS, INC.	PARTNER THERAPEUTICS, INC.	19 MUZZEY STREET	LEXINGTON	MA	02421	MA0000137	11/26/2019	11/26/2020
RHYTHM PHARMACEUTICALS, INC.	RHYTHM PHARMACEUTICALS, INC.	222 BERKELEY STREET	BOSTON	MA	02116	MA0000567	12/19/2019	12/19/2020
SAGE THERAPEUTICS, INC.	SAGE THERAPEUTICS, INC.	215 FIRST STREET	CAMBRIDGE	MA	01242	MA0000151	12/27/2019	12/27/2020
SCPHARMACEUTICALS INC.	SCPHARMACEUTICALS INC.	2400 DISTRICT AVE, SUITE 310	BURLINGTON	MA	01803	MA0000353	4/3/2019	4/3/2020
SHIRE HUMAN GENETIC THERAPIES INC.	SHIRE HUMAN GENETIC THERAPIES INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000416	12/27/2019	12/27/2020
SHIRE US INC.	SHIRE US INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000389	12/27/2019	12/27/2020
SHIRE-NPS PHARMACEUTICALS, INC.	SHIRE-NPS PHARMACEUTICALS, INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000404	12/27/2019	12/27/2020
STEALTH BIOTHERAPEUTICS INC.	STEALTH BIOTHERAPEUTICS INC.	275 GROVE STREET	NEWTON	MA	02466	MA0000454	8/19/2019	8/19/2020
SUNOVION PHARMACEUTICALS INC.	SUNOVION PHARMACEUTICALS INC.	84 WATERFORD DRIVE	MARLBOROUGH	MA	01752	MA0000341	4/8/2019	4/8/2020
TESARO, INC.	TESARO, INC.	1000 WINTER STREET	WALTHAM	MA	02451	MA0177003	11/26/2019	11/26/2020
TETRAPHASE PHARMACEUTICALS, INC.	TETRAPHASE PHARMACEUTICALS, INC.	480 ARSENAL WAY	WATERTOWN	MA	02472	MA0000276	2/12/2020	2/12/2021
VERASTEM, INC.	VERASTEM ONCOLOGY	117 KENDRICK STREET	NEEDHAM	MA	02494	MA0000240	2/12/2019	2/12/2020
VIROPHARMA BIOLOGICS, INC.	VIROPHARMA BIOLOGICS, INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000377	12/27/2019	12/27/2020
AEGERION PHARMACEUTICALS, INC.	AEGERION PHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	MA	02142	MA0000062	5/20/2019	5/20/2020
DOMPE U.S., INC.	DOMPE U.S., INC.	ONE MARINA PARK DRIVE	BOSTON	MA	02210	MA0000175	12/17/2019	12/17/2020
ROMEG THERAPEUTICS, LLC	ROMEG THERAPEUTICS, LLC	400 TRADE CENTER	WOBURN	MA	01801	MA0000024	12/28/2018	12/28/2019
SERVIER PHARMACEUTICALS, LLC	SERVIER PHARMACEUTICALS, LLC	200 PIER FOUR BOULEVARD	BOSTON	MA	02210	MA0000086	7/30/2019	7/30/2020

https://www.mass.gov/service-details/registration-verification-for-mcsr

Massachusetts Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500, Boston, MA 02114
Tel: 617-973-0949 Fax: 617-753-8233

The List of licensed Virtual Drug Manufacturers in Massachusetts

Company name	Doing Business As	Address	City	State	Zip	MCSR No.	Issue Date	Expire Date
ACER THERAPEUTICS INC.	ACER THERAPEUTICS INC.	ONE GATEWAY CENTER, STE. 351	NEWTON	MA	02458	MA0000214	2/12/2019	2/12/2020
AGIOS PHARMACEUTICALS, INC.	AGIOS PHARMACEUTICALS, INC.	88 SIDNEY STREET	CAMBRIDGE	MA	02139	MA0000290	3/27/2019	3/27/2020
ALNYLAM PHARMACEUTICALS, INC.	ALNYLAM PHARMACEUTICALS, INC.	675 WEST KENDALL STREET	CAMBRIDGE	MA	02142	MA0000478	9/18/2019	9/18/2020
AMAG PHARMACEUTICALS, INC.	AMAG PHARMACEUTICALS, INC.	1100 WINTER STREET	WALTHAM	MA	02451	MA0000303	3/27/2019	3/27/2020
BEIGENE USA, INC.	BEIGENE USA, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MA0000339	4/16/2019	4/16/2020
BIOFRONTERA INC.	BIOFRONTERA INC.	120 PRESIDENTIAL WAY	WOBURN	MA	01801	MA0000430	5/13/2019	5/13/2020
BIOVERATIV U.S. LLC	BIOVERATIV U.S. LLC	225 SECOND AVENUE	WALTHAM	MA	02451	MA0000226	2/12/2019	2/12/2020
BLUEBIRD BIO, INC.	BLUEBIRD BIO, INC.	60 BINNEY STREET	CAMBRIDGE	MA	02142	MA0000252	2/12/2019	2/12/2020
BLUEPRINT MACHINES CORPORATION	BLUEPRINT MEDICINES CORPORATION	45 SIDNEY STREET	CAMBRIDGE	MA	02139	MA0000187	1/30/2019	1/30/2020
CEQUR CORPORATION	CEQUR CORPORATION	734 FOREST STREET	MARLBOROUGH	MA	01752	MA0000480	9/18/2019	9/18/2020
COLLEGIUM PHARMACEUTAL, INC.	COLLEGIUM PHARMACEUTICAL, INC.	100 TECHNOLOGY CENTER	STOUGHTON	MA	02072	MA0000163	11/13/2019	11/13/2020
DECIPHERA PHARMACEUTICALS LLC	DECIPHERA PHARMACEUTICALS LLC	200 SMITH STREET	WALTHAM	MA	02451	MA0000505	10/21/2019	10/21/2020
DYAX CORP.	DYAX CORP.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000428	12/27/2018	12/27/2019
ENZYVANT THERAPEUTICS, INC.	ENZYVANT THERAPEUTICS, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MA0000492	9/25/2019	9/25/2020
EPIZYME, INC.	EPIZYME, INC.	400 TECHNOLOGY SQUARE	CAMBRIDGE	MA	02139	MA0000238	2/12/2019	2/12/2020
EUSA PHARMA (US) LLC	EUSA PHARMA (US) LLC	15 WAYSIDE ROAD	BURLINGTON	MA	01803	MA0000442	4/23/2019	4/23/2020
GELESIS, INC.	GELESIS, INC.	501 BOYLSTON ST.	BOSTON	MA	02116	MA0000264	2/12/2019	2/12/2020
GENZYME CORPORATION	GENZYME CORPORATION	50 BINNEY STREET	CAMBRIDGE	MA	02142	MA0000327	3/11/2019	3/11/2020
IMMUNOGEN, INC.	IMMUNOGEN, INC.	830 WINTER STREET	WALTHAM	MA	02451	MA0000288	3/4/2019	3/4/2020
IPSEN BIOPHARMACEUTICALS, INC.	IPSEN BIOPHARMACEUTICALS, INC.	ONE MAIN STREET	CAMBRIDGE	MA	02142	MA0000199	2/4/2019	2/4/2020
IRONWOOD PHARMACEUTICALS, INC.	IRONWOOD PHARMACEUTICALS, INC	301 BINNEY STREET	CAMBRIDGE	MA	02142	MA0000315	3/27/2019	3/27/2020
KALA PHARMACEUTICALS, INC.	KALA PHARMACEUTICALS, INC.	490 ARSENAL WAY, SUITE 120	WATERTOWN	MA	02472	MA0000149	12/4/2019	12/4/2020
KARYOPHARM THERAPEUTICS INC.	KARYOPHARM THERAPEUTICS INC.	85 WELLS AVENUE	NEWTON	MA	02459	MA0000202	2/12/2019	2/12/2020
KERYX BIOPHARMACEUTICALS, INC.	KERYX BIOPHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	MA	02142	MA0000365	4/19/2019	4/19/2020
MORPHOSYS US INC.	MORPHOSYS US INC.	470 ATLANTIC AVENUE	BOSTON	MA	02210	MA0000466	9/3/2019	9/3/2020
PARTNER THERAPEUTICS, INC.	PARTNER THERAPEUTICS, INC	19 MUZZEY STREET	LEXINGTON	MA	02421	MA0000137	11/26/2019	11/26/2020
SAGE THERAPEUTICS, INC.	SAGE THERAPEUTICS, INC.	215 FIRST STREET	CAMBRIDGE	MA	01242	MA0000151	12/27/2019	12/27/2020
SCPHARMACEUTICALS INC.	SCPHARMACEUTICALS INC.	2400 DISTRICT AVE, SUITE 310	BURLINGTON	MA	01803	MA0000353	4/3/2019	4/3/2020
SHIRE HUMAN GENETIC THERAPIES INC.	SHIRE HUMAN GENETIC THERAPIES INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000416	12/27/2018	12/27/2019
SHIRE ORPHAN THERAPIES LLC	SHIRE ORPHAN THERAPIES LLC	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000391	12/27/2018	12/27/2019
SHIRE US INC.	SHIRE US INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000389	12/27/2018	12/27/2019

Valenti, Amanda C.

From: Walker, Ryan (DPH us>
Sent: Tuesday, December 10, 2019 1:30 PM
To: Valenti, Amanda C.
Subject: RE: MorphoSys US Inc. - License Verification

EXTERNAL MESSAGE

Amanda, see below in red for my response.

Thanks,

Ryan Walker, MPA
Director, MCSR

From: Valenti, Amanda C. [.com]
Sent: Tuesday, December 10, 2019 12:16 PM
To: Walker, Ryan (DPH)
Subject: MorphoSys US Inc. - License Verification

Dear Ryan,

On behalf of our client, MorphoSys US Inc. (license #: MA0000466), kindly verify the information requested below and send verification back to me.

Please include the following information in the e-mail:

Company Name: **MorphoSys US Inc.**
License
Date of Issuance: 9/3/2019
Expiration Date: 9/3/2020
Disciplinary Actions (Y/N) (If necessary, provide details regarding the action)?

Please feel free to contact me if you have any questions.

Thanks in advance!

Regards,

Amanda

Amanda C. Valenti
Regulatory Assistant
PORZIO LIFE SCIENCES, LLC
A wholly-owned subsidiary of PORZIO, BROMBERG & NEWMAN, P.C.
Southgate Parkway, Morristown

Attachment B

Facility Manager's Resume

GLADYS GRISEL FEISTHAMMEL GONZALEZ

Fairways Lane, Methue..
mobile)
home)
:om

SUMMARY OF QUALIFICATIONS

- A proven Quality leader professional with over 21 years industry experience supporting product lifecycle/programs in pre-clinal phases through commercial, GxP (cGMP/GLP/GCP) and Good Product Distribution, industry knowledge and over 12 years of managerial experience; working in QA/QC within Commercial and Development Environments (on-site and virtual) Contract manufacturing and laboratories management. Technical subject matter expert in Sterile and Lyophilized products, Personal Care/OTC products, Solid (tablets/capsules/ powder pouch), solid and liquid dosage and Biological processes.
- Experience with QMS system, Lims, Trackwise, Master Control, QUMAS , SAP, JD Eduards, Oracle and Veeva.
- Responsible for initiation and revision of Quality Agreements and assessing /approving CTAs as applicable.
- Experience in working with regulatory authority experience – ANVISA, EU, US, Health Canada, JAPAN, MHRA, and Mexico.
- Key-player in over five product launches; including Cystic fibrosis disease products, parenteral operations (Penicillin, Erythromycin and Cardiolite) and treatments for myeloma, lymphoma and ovarian cancers. Instrumental in the 50% reduction of cycle times for Product Release and CAPA closure.
- US citizen. Bi lingual English and Spanish. I am available for relocation.

COMPETENCIES

• **Quality System**: Quality Lead to ensure the following but not limited to is in compliance: Managing CAPAs, Deviations, Change Controls, QTAs, MVPs, product disposition, etc. for commercial and clinical products.
• **QC/Analytical Development**: Method transfers and validation documentation, Protocol assessment and approval, review of data package, review and approval final reports, Specifications / test methods review and approval, stability protocols assessments and implementations.
• **Contract Manufacturing, Distributions and Laboratories:** Conduct on-site audits per regulatory requirements, review and approve the associated documentation to their activities, ensure meeting compliance with QMS, serve as a Quality Lead for commercial, development and clinical programs.
• **Transfer of Technology**: CDMO site audits, QP interaction CMC Team to support clinical and commercial, including regulatory assessments.

PROFESSIONAL EXPERIENCE

TESARO, Inc. (a GSK Company), Waltham, MA
September 2017 – Present
Senior Manager, Quality Assurance Commercial

- Quality liaison for the Contract Manufacturing Organizations for Regulatory Starting Materials, APIs, Drug Product and Finished Product for ZEJULA and VARUBI/VARUBY.
- Review and approve MBRs, TMs, specifications, deviations, OOS, CAPA, Change Control, APRs and negotiations of Quality Agreements.
- Active partner with CMC colleague to provide QA leadership, guidance, and direction on site selection, technology transfer and validation of a commercial product to a secondary supplier.

GLADYS GRISEL FEISTHAMMEL GONZALEZ

- Active participation in Qualification of suppliers and audits.
- Disposition executed batch records for bulk drug substance, drug product and packaging operations for US market and work with QP to enable disposition of product to EU market.
- Monitor and track Quality metrics for assigned vendors to identify and react to emerging trends. Present metrics during Quarterly Business Review meetings with CMOs.
- Responsible of QA oversight for analytical method transfer and validations and manufacturing validation activities.
- Support Regulatory submission or notifications of for assigned projects.
- Veeva, Master Control and Oracle.

Acetylon Pharmaceuticals, Inc., Boston, MA
May 2014 – December 2016
Senior Quality Manager

- Developed and maintained Acetylon's Quality Systems to ensure alignment with global GxP regulatory compliance requirements and current industry standards.
- Led audits of external (vendor) quality systems, batch record review, documentation/ training management, and led teams in the evaluation of cGMP quality systems for API and final drug product selection.
- Disposition executed batch records for bulk drug substance, drug product and packaging operations for US market and work with QP to enable disposition of product to EU market and Quality Agreements negotiations.
- Performed GMP Vendor audits and ensured timely closure of audit reports and CAPA follow- up. Maintained a database to track and trend audit commitments.
- Supported Clinical Operation activities as required -approval of labels, audits, complaint investigations and released of CTM.
- Participated CMC Team meetings and assessments.
- Monitored the manufacturing activities and initiatives to release products such as batch records, Change Controls, Investigations/Deviation as a Quality Lead.
- Supported submission of INDs, CTAs, IMPDs for assigned projects.

Compliance Consultant
07/2010 – 04/2014
See below the specific location and summary of responsibilities.

MedImmune/ AstraZeneca – Biologics, MD
09/2013 – 04/2014
COMPLIANCE CONSULTANT (Associate Director Level)
LANTHEUS MEDICAL IMAGING – Echocardiography and Nuclear Medicine, MA
04/2011 – 09/2013
COMPLIANCE CONSULTANT (Associate Director Level)
ELI LILLY/ALNARA – Biologics, MA
07/2010 -- 04/2011
COMPLIANCE CONSULTANT (Sr Manager Level)

- Consulting Manager/AD within Quality and Compliance Departments
- As a Lead Consultant, I was responsible for assessed and led the changes implemented to clients': Investigation/CAPA tools, Quality Systems, Validation activities, Product disposition processes/activities for US and EU market (with QP interaction).
- Negotiated Quality Agreements with CDMOs, contract laboratories and EU clinical sites.
- Reviewed and approved validation documentation for manufacturing and analytical methods.
- Supported cGxP. GLP activities as requested by clients.
- Man in the plant in relation to manufacturing activities.
- Supported execution of site Inspection Readiness Activities, Internal Audits, site Regulatory Agency Inspections and CDMOs audits activities and associated processes.

GLADYS GRISEL FEISTHAMMEL GONZALEZ

- Ensured Investigations and CAPAs were properly addressed and closed at CDMO or Firm Site.

Vertex Pharmaceuticals, Inc., Cambridge, MA
June 2008 – March 2010
GMP Quality Manager

- Led the Quality group for Phase 2/3 development phases included registration and validation activities for manufacturing from the RSM – API- DS – DP – FD with the development, implementation of quality systems and overall manufacturing strategy.
- Led all development packaging and labeling activities to support clinical programs, including the audits.
- Directly supervised 5 direct reports.
- Managed disposition of CTM and other cGMP activities for contract manufacturing/testing laboratories for API, Drug Substance, Drug Product and Finished Product.
- Supported the clinical sites audits.
- Participated with the development and implementation with the Nation Specific product distribution process in support of clinical studies.
- Negotiated Quality Agreements with CDMOs, contract laboratories and EU clinical sites.
- QP interactions.
- CDMOs and contract laboratories audits.
- Supported submission of INDs, CTAs, IMPDs, and NDAs for assigned projects.
- QDoCs and Trackwise

Allergan/Actavis PLC. (former Andrx/Watson Pharmaceutical), Davie, FL
August 2006 – June 2008
Quality Engineer

- Participated in lifting FDAs "Official Action Indicated" by execution of the remediation plan.
- Conducted manufacturing/laboratory/maintenance investigations and product complaints.
- Supported investigation process for the whole product cycle (incoming – pharmacy-blend- fluid bed (GLATT)-compression/encapsulation, laser drill for fast release-coating-packaging/labeling activities; including the in process testing and release testing.
- Reviewed and approved investigation reports and CAPA's to ensure compliance and change control (Trackwise)
- Evaluated Annual Product Review to identify trends for investigations and CAPA effectiveness.
- Conducted internal audits, risk assessments and wrote periodic trend reports.

Colgate-Palmolive Guayama, PR
June 2004 – August 2006
Site Quality Head

- Directed, motivated and scheduled a team of 16 direct reports responsible for QA and QC.
- Directed the product final disposition for personal and house care products.
- Implemented the six-stream process for product release and successfully redesigned the Quality System for the site.
- Directed day to day operations concerning the in-process testing, labeling issuance, returned goods, customer complaints investigations, internal inspections, raw material releases or rejections and preparation and issuance of cleaning validation protocols.
- Developed the Tracking and Trending System for Investigations and CAPAs and established the Calibration System for the QC Lab and Production Areas.
- Hosted site Regulatory Agency Inspections, Global Company Inspections and Internal Audits to ensure compliance with FDA and company policies.
- Prepared and participated in the Quarterly Product Review and Annual Product Reviews for the North Division.

GLADYS GRISEL FEISTHAMMEL GONZALEZ

Watson Pharmaceuticals, Inc., Miami, FL
April 1998 – November 1999
Quality Assurance Supervisor

- Oversaw batch/record reviews for product final disposition (solid dosage/control 2, 3, 4 drug substances) with 12 direct reports.
- Directed day to day operations concerning the incoming sampling, pharmacy, blend, encapsulation/compression, coating, packaging/labeling, in-process testing, label control room and issuance, returned goods, customer complaints investigations, internal inspections, raw material releases or rejections and preparation and issuance of cleaning validation protocols.
- Implemented a system to conduct investigations and perform internal audits to ensure compliance with the FDA and DEA regulations.
- Successfully implemented a system to maintain the training records and a database for the site.

Teva Pharmaceuticals Industries, Ltd. (former IVAX Pharmaceutical), Miami, FL
January 1996 – April 1998
Quality Assurance Supervisor

- Supervised, coached and developed five QA Auditors.
- Executed cycle-time reports, out of compliance reports, Certificate of Analysis (COA), budget versus product reports, assistance/payroll reports and department monthly reports.
- Released/rejected Raw Materials, Packaging Components, Intermediates and Finished Products.
- Reviewed Characterization/Validation documents for Softgel and Solid Dosage.
- Implemented the following procedures: Stability Program; Returned Goods and Vendor Certification Program.

Wyeth Pharmaceutical Co. Ltd. (former Lederle Pharmaceutical, Inc.), Carolina, PR
October 1991 – September 1995
Analyst

- Performed release testing analysis on raw materials and finished products for parenteral and injectable products
- Conducted investigations when an Out of Specification (OOS) result was generated.
- Executed testing for Stability and Validation projects.
- Well-versed in the operation and maintenance of the following instruments: GC, HPLC, Atomic Abs, All-wet Chemistry, Moisture Ovens, and FTIR.
- Lims, QDoCs and Trackwise.

EDUCATION

Sacred Heart University, Santurce, PR
Bachelor Science, Concentration in Chemistry

AFFILIATIONS

- American Society of Quality (ASQ)
- American Chemical Society (ACS)

Attachment C

FDA Registration

From: CDER Electronic Drug Registration and Listi gov>
Sent: Tuesday, November 26, 2019 8:18 AM
To: Bakhtiani, Leer com>; CDER Electronic Drug Registration and Listing gov>
Cc: David Trexle s.com>
Subject: RE: Request for FEI for MorphoSys US Inc.

The following FEI has been assigned by ORA:

FEI Number

Firm Name
MORPHOSYS US INC
Physical Address
Atlantic Ave, Boston US
Mailing Address
Atlantic Ave, Boston, M ., US

Thank you,
eDRLS Staff (dm)

From: Bakhtiani, Leen com>
Sent: Monday, November 25, 2019 11:43 PM
To: CDER Electronic Drug Registration and Listing .gov>
Cc: David Trexler com>
Subject: Request for FEI for MorphoSys US Inc.

Hello eDRLS Team,
We recently submitted an electronic establishment registration on behalf of MorphoSys US Inc. (Main contact at Morphosys US Inc. is David Trexler included on this email). We would like to request an FEI number assignment for the establishment. As this is needed for an upcoming BLA application, could you provide the FEI in a few days.

The Core ID of the file is d it was submitted on 25 November 2019.

Please let David or me know if you have any questions.

Kind regards,
Leena

ug Establishments Current Registration Site

Verified 2/6/2020 DZ

Search

ch Results for **morphosys**

/ Excel

Filter:

m Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
hoSys US Inc.		100556743	LABEL; MANUFACTURE;	470 Atlantic Avenue, Suite 1401, Boston, Massachusetts (MA) 02210, United States (USA)	12/31/2020

ing 1 to 1 of 1 entries

Previous 1 N

Current through: Tuesday, Feb 4, 2020

n to Drug Firm Annual Registration Status Home Page

f you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
age 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

Attachment D

Nature of Business

MorphoSys US Inc. (MorphoSys) is a virtual manufacturer of prescription drugs. MorphoSys will utilize a contract manufacturer to produce its product and a licensed third party logistics provider to warehouse and distribute. The company will not physically handle product. Provided is the contact information for the third parties.

Contract Manufacturer:

Millmount Healthcare Limited
CityNorth Business Campus,
Stamulle
Meath
FDA Registratio[illegible]

Third Party Logistics Provider:

Integrated Commercialization Solutions, LLC
[illegible] nternational Blvd.
[illegible]

Attachment E

Corporate Officer and Director Information

MorphoSys US Inc.
470 Atlantic Avenue, Suite 1401
Boston, MA 02210

Corporate Officers:

David Trexler
President

Christopher Krawtschuk
Treasurer

Benjamin Looker
Secretary

Board of Directors:

David Trexler
Jens Holstein
Jean-Paul Kress

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 "MORPHOSYS 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 SIXTEENTH 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 "MORPHOSYS US INC." WAS INCORPORATED ON THE SECOND DAY OF JULY, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

6959317 8300

SR# 20200332845

Authentication: 202203201

Date: 01-16-20

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

BANK OF AMERICA

BANK OF AMERICA - CONFIDENTIAL PAGE: 1
DATE: APRIL 13, 2020
IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68171331

APPLICANT
MORPHOSYS US INC.
470 ATLANTIC AVENUE, SUITE 1401
BOSTON, MA 02210

BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
SUITE 206
RENO, NV 89521

ATTN: EXECUTIVE SECRETARY

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

AMOUNT
NOT EXCEEDING USD 25,000.00
NOT EXCEEDING TWENTY FIVE THOUSAND AND 00/100'S US DOLLARS

EXPIRATION
FEBRUARY 28, 2021 AT OUR COUNTERS

WE HEREBY ESTABLISH IN YOUR FAVOR OUR IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER 68171331 WHICH IS AVAILABLE WITH BANK OF AMERICA N.A. BY PAYMENT AGAINST PRESENTATION OF THE ORIGINAL OF THIS LETTER OF CREDIT AND YOUR DRAFTS AT SIGHT DRAWN ON BANK OF AMERICA N.A., ACCOMPANIED BY THE DOCUMENTS DETAILED BELOW:

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF MORPHOSYS US INC., WE, BANK OF AMERICA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF $ 25,000.00.

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

2. WE ARE ADVISED BY THE APPLICANT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR A STATE LICENSE.

3. WE ARE FURTHER ADVISED BY THE APPLICANT THAT THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. UPON THE OCURRENCE OF ANY DEFAULT BY APPLICANT/LICENSEE AS DETERMINED BY THE BOARD IN ITS SOLE DISCRETION UNDER THIS AGREEMENT, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.

5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED OR OVERNIGHT COURIER SERVICE.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT WITHIN THE EXPIRATION DATE.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE PRINCIPAL SUM. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELLED IN WHOLE UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION, WHICH (I) SHALL BE IN THE FORM OF ATTACHMENT B ATTACHED HERETO, AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD.

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

13. THIS CREDIT MAY NOT BE TRANSFERRED, EITHER IN WHOLE OR IN PART.

14. THIS CREDIT SHALL, IF NOT CANCELED AS PROVIDED HEREIN, EXPIRE ON FEBRUARY 28, 2021.

THEREFORE, BANK OF AMERICA, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 14TH DAY OF APRIL, 2020.

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

ATTACHMENT A
CERTIFICATE FOR DRAWING

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
1 FLEET WAY,
SCRANTON, PA 18507

APPLICANT:
MORPHOSYS US INC.
470 ATLANTIC AVENUE, SUITE 1401
BOSTON, MA 02210

IRREVOCABLE LETTER OF CREDIT NUMBER 68171331

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
RENO, NV 89521
ATTN:EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY OF THE NEVADA STATE BOARD OF PHARMACY (BOARD) (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

1. A LAWFUL ORDER IMPOSING FINES AND/OR COST AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68171331 (CREDIT).

2. THE UNDERSIGNED IS AUTHORIZED UNDER THE TERMS OF THE CREDIT TO PRESENT THIS CERTIFICATE OF DRAWING AS THE SOLE MEANS FOR DEMANDING PAYMENT ON THE CREDIT.

3. THE BOARD IS THEREFORE MAKING A DRAWING UNDER THE CREDIT IN THE AMOUNT OF $_____.

4. THE AMOUNT DEMANDED DOES NOT EXCEED THE PRINCIPAL SUM.

5. SUMS RECEIVED SHALL BE USED BY THE BOARD IN ACCORDANCE WITH THE TERMS OF THE CREDIT.

6. THE AMOUNT OF DRAWING REQUESTED SHALL BE PAYABLE TO THE BOARD IN LAWFUL, IMMEDIATELY AVAILABLE FUNDS TO BE RECEIVED BY THE BOARD AT THE ABOVE ADDRESS NO LATER THAN 5:00 PM EASTERN TIME ON THE _____ DAY OF _____ 20_____

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE AS OF THE __DAY OF_____, 20__.

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

NEVADA STATE BOARD OF PHARMACY
BY
_____
(INSERT NAME)
EXECUTIVE SECRETARY

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

ATTACHMENT B
CERTIFICATE FOR CANCELLATION

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
PA6-580-02-30
1 FLEET WAY
SCRANTON, PA 18507

APPLICANT:
MORPHOSYS US INC.
470 ATLANTIC AVENUE, SUITE 1401
BOSTON, MA 02210

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68171331

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. THE LICENSE FOR WHICH THE CREDIT WAS ISSUED HAS EXPIRED, BEEN REVOKED, BEEN CANCELLED OR OTHERWISE IS NO LONGER IN EFFECT, THEREBY MAKING THE CANCELLATION OF THE CREDIT APPROPIATE.

2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT AND RETURNS THE ATTACHED ORIGINAL LETTER OF CREDIT AND AMENDMENT(S), IF ANY.

THEREFORE, THE UNDERSINGED HAS EXECUTED AND DELIVERED THIS CANCELLATION AS OF THE ___DAY OF _____, 20__.

NEVADA STATE BOARD OF PHARMACY

BY

_____
(INSERT NAME)
EXECUTIVE SECRETARY

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

THIS STANDBY LETTER OF CREDIT IS SUBJECT TO INTERNATIONAL CHAMBER OF COMMERCE (ICC) INTERNATIONAL STANDBY PRACTICES, 1998 (ISP98).

IF YOU REQUIRE ANY ASSISTANCE OR HAVE ANY QUESTIONS REGARDING THIS TRANSACTION, PLEASE CALL 800-370-7519 .

Vincent Leonardo

AUTHORIZED SIGNATURE

THIS DOCUMENT CONSISTS OF 7 PAGE(S).

BANK OF AMERICA

BANK OF AMERICA - CONFIDENTIAL PAGE: 1
DATE: APRIL 13, 2020
IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68171331

APPLICANT
MORPHOSYS US INC.
470 ATLANTIC AVENUE, SUITE 1401
BOSTON, MA 02210

BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
SUITE 206
RENO, NV 89521

ATTN: EXECUTIVE SECRETARY

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

AMOUNT
NOT EXCEEDING USD 25,000.00
NOT EXCEEDING TWENTY FIVE THOUSAND AND 00/100'S US DOLLARS

EXPIRATION
FEBRUARY 28, 2021 AT OUR COUNTERS

WE HEREBY ESTABLISH IN YOUR FAVOR OUR IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER 68171331 WHICH IS AVAILABLE WITH BANK OF AMERICA N.A. BY PAYMENT AGAINST PRESENTATION OF THE ORIGINAL OF THIS LETTER OF CREDIT AND YOUR DRAFTS AT SIGHT DRAWN ON BANK OF AMERICA N.A., ACCOMPANIED BY THE DOCUMENTS DETAILED BELOW:

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF MORPHOSYS US INC., WE, BANK OF AMERICA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF $ 25,000.00.

ORIGINAL

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

2. WE ARE ADVISED BY THE APPLICANT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR A STATE LICENSE.

3. WE ARE FURTHER ADVISED BY THE APPLICANT THAT THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. UPON THE OCURRENCE OF ANY DEFAULT BY APPLICANT/LICENSEE AS DETERMINED BY THE BOARD IN ITS SOLE DISCRETION UNDER THIS AGREEMENT, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.

5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED OR OVERNIGHT COURIER SERVICE.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT WITHIN THE EXPIRATION DATE.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE PRINCIPAL SUM. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELLED IN WHOLE UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION, WHICH (I) SHALL BE IN THE FORM OF ATTACHMENT B ATTACHED HERETO, AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD.

ORIGINAL

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

13. THIS CREDIT MAY NOT BE TRANSFERRED, EITHER IN WHOLE OR IN PART.

14. THIS CREDIT SHALL, IF NOT CANCELED AS PROVIDED HEREIN, EXPIRE ON FEBRUARY 28, 2021.

THEREFORE, BANK OF AMERICA, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 14TH DAY OF APRIL, 2020.

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

ATTACHMENT A
CERTIFICATE FOR DRAWING

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
1 FLEET WAY,
SCRANTON, PA 18507

APPLICANT:
MORPHOSYS US INC.
470 ATLANTIC AVENUE, SUITE 1401
BOSTON, MA 02210

IRREVOCABLE LETTER OF CREDIT NUMBER 68171331

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
RENO, NV 89521
ATTN:EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY OF THE NEVADA STATE BOARD OF PHARMACY (BOARD) (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

1. A LAWFUL ORDER IMPOSING FINES AND/OR COST AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68171331 (CREDIT).

2. THE UNDERSIGNED IS AUTHORIZED UNDER THE TERMS OF THE CREDIT TO PRESENT THIS CERTIFICATE OF DRAWING AS THE SOLE MEANS FOR DEMANDING PAYMENT ON THE CREDIT.

3. THE BOARD IS THEREFORE MAKING A DRAWING UNDER THE CREDIT IN THE AMOUNT OF $_____.

4. THE AMOUNT DEMANDED DOES NOT EXCEED THE PRINCIPAL SUM.

5. SUMS RECEIVED SHALL BE USED BY THE BOARD IN ACCORDANCE WITH THE TERMS OF THE CREDIT.

6. THE AMOUNT OF DRAWING REQUESTED SHALL BE PAYABLE TO THE BOARD IN LAWFUL, IMMEDIATELY AVAILABLE FUNDS TO BE RECEIVED BY THE BOARD AT THE ABOVE ADDRESS NO LATER THAN 5:00 PM EASTERN TIME ON THE _____ DAY OF _____ 20_____

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE AS OF THE __DAY OF_____, 20__.

ORIGINAL

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

NEVADA STATE BOARD OF PHARMACY
BY

_____
(INSERT NAME)
EXECUTIVE SECRETARY

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

ATTACHMENT B
CERTIFICATE FOR CANCELLATION

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
PA6-580-02-30
1 FLEET WAY
SCRANTON, PA 18507

APPLICANT:
MORPHOSYS US INC.
470 ATLANTIC AVENUE, SUITE 1401
BOSTON, MA 02210

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68171331

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. THE LICENSE FOR WHICH THE CREDIT WAS ISSUED HAS EXPIRED, BEEN REVOKED, BEEN CANCELLED OR OTHERWISE IS NO LONGER IN EFFECT, THEREBY MAKING THE CANCELLATION OF THE CREDIT APPROPIATE.

2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT AND RETURNS THE ATTACHED ORIGINAL LETTER OF CREDIT AND AMENDMENT(S), IF ANY.

THEREFORE, THE UNDERSINGED HAS EXECUTED AND DELIVERED THIS CANCELLATION AS OF THE ___DAY OF _____, 20__.

NEVADA STATE BOARD OF PHARMACY

BY

_____
(INSERT NAME)
EXECUTIVE SECRETARY

ORIGINAL

BANK OF AMERICA

BANK OF AMERICA - CONFIDENTIAL

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

THIS STANDBY LETTER OF CREDIT IS SUBJECT TO INTERNATIONAL CHAMBER OF COMMERCE (ICC) INTERNATIONAL STANDBY PRACTICES, 1998 (ISP98).

IF YOU REQUIRE ANY ASSISTANCE OR HAVE ANY QUESTIONS REGARDING THIS TRANSACTION, PLEASE CALL 800-370-7519 .

Vincent Lemando

AUTHORIZED SIGNATURE

THIS DOCUMENT CONSISTS OF 7 PAGE(S).

500

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: Olympus America, Inc.

Physical Address: 3500 Corporate Parkway

City: Center Valley State: PA Zip Code: 18034

Telephone Number: 484-896-5000 Fax Number: 484-896-7128

Toll Free Number: 800-401-1086

E-mail: Steve.Thomas@Olympus.com Website: https://www.olympusamerica.com/

Facility Manager: Steven B. Thomas

Professional qualifications and experience of facility manager: Regulatory Affairs and Quality Assurance. Maintain vigilance of nonconforming products, including the disposition of damaged product and administering ship holds when necessary. Responsibilities also include ensuring that nonconforming product is quarantined, if necessary.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Clinics

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) N/A

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 - Only prescription devices are sold, no pharmaceutical products.
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: NV19961142796

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.

Steve Thomas

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

Steven B. Thomas — 1/7/2020

Print Name of Authorized Person — 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: Olympus Corporation of the Americas

Mailing Address: 3500 Corporate Parkway

City: Center Valley State: PA Zip: 18034

Telephone: 484-896-5000 Fax: 484-896-7128

Contact Person: Steven B. Thomas

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 - Olympus America, Inc. is wholly-owned by its parent company, Olympus Corporation of the Americas.
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: NV19961142796

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment C

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

Certificate of Registration

Certificate No. 6000009630
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Devices

OLYMPUS AMERICA, INC.
3500 CORPORATE PARKWAY
CENTER VALLEY, PA 18034

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: November 06, 2019
Expiration Date: The Last Day of November, 2020

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.

Attachment A

Resident State License and Online Verification

Pennsylvania Department of Health

Drug, Device and Cosmetic Program

Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **Olympus America Inc.** 871 Nestle Way; Breinigsville, PA 18031
  Certificate(s): **6000007827** issued: 4/4/2011 expires: 4/30/2020
- **Olympus America, Inc.** 3500 Corporate Parkway; Center Valley, PA 18034
  Certificate(s): **6000009630** issued: 11/6/2019 expires: 11/30/2020

Back to DD&C Home

Copyright © 2009-2018 Commonwealth of Pennsylvania. All Rights Reserved.

Assembly Version 4.0.18274.4

Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Attachment B

FDA Registration

Establishment Registration & Device Listing

1 result found for **Establishment Registration or FEI Number :** *2429304*

New Search

Establishment Name	Registration Number	Current Registration Yr
OLYMPUS Corporation of the Americas PA/USA	2429304	2020
• Device, Digital Image Storage, Radiological - ImageManager And EndoWorks Software		Manufacturer; Complaint File Establishment
• Device, Digital Image Storage, Radiological - ImageManager And Endoworks Software		Manufacturer; Complaint File Establishment
• System, Image Processing, Radiological - EndoWorks; Image Manager And Endoworks Software		Manufacturer; Complaint File Establishment
• Device, Digital Image Storage, Radiological - EndoWorks; Image Manager And Endoworks Software		Manufacturer; Complaint File Establishment
• System, Digital Image Communications, Radiological - ImageManager And EndoWorks Software		Manufacturer; Complaint File Establishment
• Show all 26 Listings For *OLYMPUS Corporation Of The Americas PA/USA*		

Can't find what you're looking for? Try a new search

Page Last Updated: 02/03/2020
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

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

Verified 2/26/2020 DZ

U.S. Department of Health & Human Services

Follow FDA | En Español

U.S. FOOD & DRUG ADMINISTRATION

SEARCH

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
OLYMPUS Corporation Of The Americas
Business Trade Name:
Olympus America Inc.

3500 CORPORATE PKWY.
CENTER VALLEY , PA 18034
Registration Number: 2429304
FEI Number*: 2429304
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:
Olympus Corporation
SHINJUKU MONOLITH 2-3-1
NISHI-SHINJUKU
SHINJUKU-KU, TOKYO, JAPAN 163-0914
Owner/Operator Number: 8010047

Official Correspondent:
Terry Sullivan
136 Turnpike Road
Southborough, MA 01772
Phone: 508-8042739

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 11/11/2019
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

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

U.S. Department of Health & Human Services

Attachment C

Corporate Officer Information

Olympus America, Inc.
3500 Corporate Parkway
Center Valley, PA 18034

Nacho Abia
President and CEO

Tomohisa Sakurai
Executive Vice President

Pierre Lacroix
Chief Financial Officer

Steve Froehle
Secretary

Attachment D

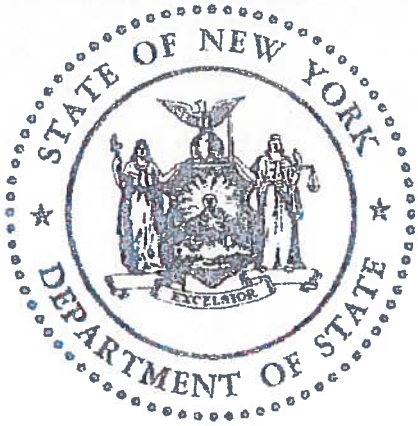
New York Certificate of Good Standing

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of OLYMPUS AMERICA INC. was filed on 03/15/1977, under the name of OLYMPUS CAMERA CORPORATION, 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.

A Certificate of Amendment OLYMPUS CAMERA CORPORATION, changing its name to OLYMPUS CORPORATION, was filed 03/11/1983.

A Certificate of Amendment OLYMPUS CORPORATION, changing its name to OLYMPUS AMERICA INC., was filed 04/01/1993.



***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 31st day of December two thousand and nineteen.

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State

202001020401 28

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. K40382264

Application/License No. _____

Olympus America, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
3500 Corporate Parkway, Center Valley, PA, 18034, as
Address of Applicant/Principal
PRINCIPAL, and Westchester Fire Insurance Co, a
Surety Company
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 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 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 7, 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 7th day of April, 2020.

Olympus America, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

Westchester Fire Insurance Company

Sandy McElhaney

Surety Company's Representative

Sandy McElhaney, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Bonnie Rice

Witness Bonnie RIce

Krystal Karnes

Witness Krystal Karnes

Countersigned by:

N/A
Nevada Resident Agent

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 Andrea Allman, Rachel A. Chaveriat, Jessica Frederick, Rebecca J Hobbs, Linda M. Howard, Loretta M. Jones, Julie Karnes, Sandra G. King, Thelma M. Lett, Michelle Lute-Heatherly, Sandy McElhaney, Vicki Nobinger, Bonnie L. Rice, Mariah Smith, Mary Y. Volmar, Carolyn E. Wheeler and Joy M. Williams of Knoxville, Tennessee ----------

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 24th day of **June, 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 24th day of **June, 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 2316665
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 7th day of April 2020

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

Steven Thomas

2 Concord Circle
Easton, PA 18045
(
steve.thomas@olympus.com

SUMMARY

Over 30 years experience within the medical device industry offering strong analytical and organizational skills along with a demonstrated ability to manage cross-functional teams.

PROFESSIONAL EXPERIENCE

OLYMPUS AMERICA INC.

Senior RA/QA Analyst (April 2006 – present)

- Responsible for oversight of the CAPA process, which includes moderating monthly CAPA review meetings and ensuring CAPA are reviewed and closed within a reasonable time frame.
- Develop and maintain standard operating procedures and work instructions.
- Generating and maintaining training development plans.
- Responsible for purchasing and supplier controls, which includes supplier approval, periodic requalification and administration of supplier audits.
- Lead auditor responsible for scheduling, conducting and following up on internal audits.
- Maintain vigilance of nonconforming products, including the disposition of damaged product and administering ship holds when necessary. Responsibilities also include ensuring that nonconforming product is quarantined and if necessary, generate distribution lists for corrections and removals.

ORTHO-CLINICAL DIAGNOSTICS, a Johnson & Johnson company

Staff Quality Engineer / Customer Quality (July 2002 – April 2006)

- Lead for all donor-screening medical device and software failure investigations, which minimally required a root cause investigation, risk assessment, health hazard evaluation, CAPA, and effectiveness verifications. Six sigma tools were extensively utilized.
- Analyze complaint records by use of statistical methods in order to improve the quality of donor screening products and services.
- Facilitate investigations for all US and International donor screening instrument/software complaints.
- Participate in all internal and external audits, including Johnson & Johnson Corporate, TUV and FDA audits.
- Report to senior management on health and safety issues at weekly Quality Inspection Board meetings.
- Review and approve Medical Device Reports (MDRs) for donor screening instruments/software. Ensure technical accuracy of reports along with timely submission.

Senior Instrument Specialist (October 1993 – June 2002)

- Key technical liaison between Customer Technical Services, Sales and Marketing and the Original Equipment Manufacturer (OEM). This included the evaluation and testing of incoming components and procedures from several OEMs.
- Technical Trainer for all donor screening hardware. This included on site customer training as well as advanced technical training for field service engineers.
- Project lead for a major systems compliance project. This project included the validation of a medical device, which is an integral part of OCDs AIDS/Hepatitis Test System.

Steven Thomas

- Investigate the root cause of customer complaints and work closely with Quality Assurance and Product Support to provide timely and comprehensive responses.
- Provide second-level support for field service in situations where initial attempts to resolve issues could not be readily determined. This included on-site visits to domestic and international customer sites.
- Worked directly with other departments to successfully introduce major new products to the donor screening market. Working directly with clinical affairs at several US sites for data collection in order to support FDA submissions.
- Lead role in forecasting department budgets.
- Forecast service parts usage based on internal and external information such as historical levels of parts usage, sales forecast and market conditions.
- Provide written follow up to major customers, such as the American Red Cross, concerning instrument complaints and failure investigations.
- Develop and maintain departmental SOPs to meet GMP, Quality Systems and ISO requirements.
- Developed an advanced training manual for customer use in order to provide troubleshooting capability to medical technicians at most major customer sites. Onsite training was included within the scope of this project.
- Generate and facilitate review for all service bulletins.
- Provide product training and refresher training for Customers, Service Engineers and Field Technical Support throughout the world.

Systems Engineer (September 1992 - October 1993)

- Aided in the development of an expert system to support Service Engineers in their efforts to diagnose and troubleshoot hardware and software related problems in various instruments.
- Responsible for the compilation of various service and user manuals into an electronic format, which were incorporated into field service laptop computers.
- Primary field service liaison for all technical issues.

Field Service Engineer (September 1990 - September 1992)

- Responsible for the on-site repair and maintenance of instruments, including blood-screening systems, flow cytometers and coagulation analyzers.
- Accounts included the American Red Cross, Smith Kline Beecham, and Kaiser Permanente along with several large university laboratories and hospitals throughout the western US, including Hawaii.

SERONO-BAKER DIAGNOSTICS

Field Service Engineer (October 1985 - September 1990)

- Responsible for the on-site repair and maintenance of hematology and chemistry analyzers throughout Los Angeles County.
- Traveled to Europe and Japan as a product specialist to train personnel on the repair and maintenance of a newly released immunology analyzer.

EDUCATION / CERTIFICATIONS / MEMBERSHIPS

- DeSales University, Center Valley PA, BS degree in Electronic Commerce
- Northampton County Area Community College-Bethlehem, PA, AAS, Electronic Technology
- Regulatory Affairs Professionals Society Member
- American Society for Quality / Certified Quality Auditor
- Six Sigma trained

5PP

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: Oxford Pharmaceuticals, LLC

Physical Address: 301 Leaf Lake Parkway

City: Birmingham State: AL Zip Code: 35211

Telephone Number: 205-434-9649 Fax Number: N/A

Toll Free Number: N/A

E-mail: Website: www.oxford-rx.com

Facility Manager: John A Schultz

Professional qualifications and experience of facility manager: BA Penn State University, Masters Stanford University. Plant Manager, Vintage Pharmaceuticals 4/29/.1992 to 8/31/2011

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: _____

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: Morris & Dickson
Addres Kay Lane, Shrevepo

Name: Louisiana Wholesale Drug
Address: South Service Rd, Sun

Name: Hospital Pharmaceutical Consulting
Address ommerce Parkway, San Anto

Name: Second Source Rx
Address horeline Dr, Suite 200, Eartl

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

John A Schultz — 04.03.2020

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: Delaware

Parent Company if any: None

Mailing Address: Leaf lake Parkway

City: Birmingham State: _____ Zip: _____

Telephone: 205-434-9649 Fax: N/A

Contact Person: John Schultz

For any corporation non publicly traded, disclose the following:

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

a) John Hoffmire — eaf Lake Parkway, Birmingham — 70%
Name — Business Address

b) John Schultz — Leaf Lake Parkway Birmingham — 30%
Name — Business Address

c) _____
Name — Business Address

d) _____
Name — Business Address

2) Provide the number of shares issued by the corporation. 20,000,000

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: _____

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.

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)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Oxford Pharmaceuticals, LLC**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Oxford Pharmaceuticals, LLC	3012257735	079638266	ANALYSIS, LABEL, MANUFACTURE, PACK, RELABEL	301 Leaf Lake Parkway, Birmingham, Alabama (AL) 35211, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Monday, Dec 16, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified MS 4/7/202

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 **Oxford Pharmaceuticals**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Oxford Pharmaceuticals, LLC	3012257735	079638266	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL;	301 Leaf Lake Parkway, Birmingham, Alabama (AL) 35211, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, Apr 7, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Leaf Lake Parkway
Birminghan

Corporate Officers and Directors of Oxford Pharmaceuticals, LLC

Home
John Hoffmire, CEO
Middleton Beach Rd
Middleton.

Office
John Hoffmire, CEO
Leaf Lake Parkway
Birminghan

John Schultz, President
Willow Trace Circle
Owens Cross Roac

John Schultz, President
Leaf Lake Parkwav
Birminghan

Mohammad Rahman, VP Operations
Bellingham Dr
Madisc

Mohammad Rahman, VP Operations
Leaf Lake Parkway
Birmingham

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OXFORD 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

5554583 8300

SR# 20201085790

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

Authentication: 202404290

Date: 02-18-20

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: Oxford Pharmaceuticals, LLC

Address. eaf Lake Parkway

City: Birmingham Sta _____ Zip. _____

I hereby authorize the Alabama State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
195189	Active	1-18-17	12-31-20

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
Rhonda Coker	Licensing Supervisor	AL	3-30-20	

Alabama State Board of Pharmacy

2020

This is to Certify

OXFORD PHARMACEUTICALS, LLC
301 LEAF LAKE PARKWAY
BIRMINGHAM, AL 35211

Permit No.
195189

Supervising Pharmacist

Is duty licensed as a

Manufacturer

IN CONFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD. THIS CERTIFICATE EXPIRES ON THE LAST DAY OF 12/31/2020 AND MUST BE CONSPICUOUSLY DISPLAYED.

Alabama State Board of Pharmacy

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

_____ Secretary

Alabama State Board of Pharmacy
Village Street
Birmingham
Phor
Fax :
www.albop.com

Report changes of name, ownership, address or supervising pharmacist on the appropriate application/ form downloaded from our website: www.albop.com.

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

ALABAMA STATE BOARD OF PHARMACY

2020

The Controlled Substances Act of 1971 reads in part as follows:
Section 304. (Revocation and Suspension of Registration.)
(a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:
(1) has furnished false or fraudulent material information in any application filed under this Act;
(2) has been convicted of a felony under any State or Federal law relating to any controlled substance; or
(3) has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances
(4) Has violated the provisions Act 205, 1966 Special Session of Alabama Legislature (Title 468 257 (al-a32) Code of Alabama 1940 (Recomp. 1958)

CONTROLLED SUBSTANCES REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
195189	12/31/2020	$600 00
SCHEDULES	**BUSINESS ACTIVITY**	**DATE ISSUED**
IV State Specific	MFG	01/01/2020

OXFORD PHARMACEUTICALS, LLC
LEAF LAKE PARKWAY
BIRMINGHAM

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES

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

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. S1902442

Application/License No. _____

Oxford Pharmaceuticals, LLC, doing or intending to do business
Applicant/Principal
as a pharmaceutical wholesaler. whose address for purposes of service is
.eaf Lake Parkway, Birmingham,, as
Address of Applicant/Principal
PRINCIPAL, and Platte River Insurance Company, a
Surety Company
corporation organized under the laws of the state of NE
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada. whose address for purposes of service is
, Madiso 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 March 23, 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.

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 23rd day of March, 2020.

APPLICANT/PRINCIPAL
Oxford Pharmaceuticals, LLC

By: _____
Authorized Representative

SURETY COMPANY
Platte River Insurance Company

By: _____
Surety Company's Representative

Jennifer Freeman, Attorney-in-fact
print name

PLATTE RIVER INSURANCE COMPANY CORPORATE SEAL NEBRASKA

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

S1902442
Bond Number

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

Jennifer Freeman
Name of licensed Individual

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

$ See Bond Form (Bond Amount) for S1902442 (Bond Number) on behalf of Oxford Pharmaceuticals, LLC (Principal)

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 CORPORATE SEAL NEBRASKA

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 STATE OF WISCONSIN

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

I, the undersigned, duly elected to the office stated below, now the incumbent in **PLATTE RIVER INSURANCE COMPANY,** a Nebraska Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 23rd day of March, 2020.

PLATTE RIVER INSURANCE COMPANY CORPORATE SEAL NEBRASKA

Antonio Celii
General Counsel, Vice President & Secretary

THIS DOCUMENT HAS BEEN GENERATED FOR A SPECIFIC BOND. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

Contact

[redacted]

Top Skills

Pharmaceutical Industry
GMP
Validation

John Schultz

Pharmaceuticals Professional
Huntsville, Alabama

Experience

Oxford Pharmaceuticals.
President
January 2015 - Present (5 years 4 months)
Birmingham, Alabama

Oxford Pharmaceuticals, LLC
President
January 2015 - Present (5 years 4 months)

Vintage Pharmaceuticals
Plant Manager
1993 - 2007 (14 years)

Education

Penn State University
Bachelor of science mineral production and supply, Earth and mineral science · (1983)

5QQ

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: TIDI Products, LLC d/b/a Posey Products, LLC

Physical Address: 2530 Lindsay Privado, Unit A

City: Ontario State: CA Zip Code: 91761

Telephone Number: 626-443-3143 X-105 Fax Number: N/A

Toll Free Number: N/A

E-m .com Website: www.tidiproducts.com

Facility Manager: Francisco Villalobos

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)
☐ Hypodermic Devices
☐ Veterinary Legend Drugs
☐ 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)

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: Owens & Minor/Richmond
Address: PO B Richmond, -5007

Name: Cardinal Health
Address: PO B El Paso -2279

Name: Medline IND, Inc. Vend
Address: PO Bo Mundlein -876

Name: Seneca Medical
Address: Shaffer Park Drive, Tiffl

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.

Brenda Ammonette

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

Brenda Ammonette — 05 Mar 2020

Print Name of Authorized Person — 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:_____ %:_____

Name:_____ %:_____

Name:_____ %:_____

Name:_____ %: _____

Partnership Name: TIDI Products, LLC

Mailing Address: 570 Enterprise Drive

City, State Zip Code: Neenah, WI 54956

Telephone Number: 920-751-4300 X- 4812 Fax Number: N/A

Contact Person: Brenda Ammonette

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 partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 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".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 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".

Verified 3/25/2020 MS

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
TIDI PRODUCTS, LLC
) Enterprise Dr
NEENAH , WI
Registration Number: 2182318
FEI Number*: 2182318
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:
TIDI PRODUCTS, LLC[6]
.0 Enterprise Dr
Neenah,
Owner/Operator Number:

Official Correspondent:
Brenda Ammonette
T I Products, LLC
East Deerpath Road
Suite
Lake Forest
Phone:

* 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=9921057&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9921057&OwnerOperator

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

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/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=9921057&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9921057&OwnerOperator

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or FEI Number :** *2182318*

New Search[6]

Establishment Name	▲[7] ▼[8]	Registration Number	Current Registration Yr
TIDI PRODUCTS, LLC[9]	WI/USA	2182318	2020
• Cotton, Roll [10]			Manufacturer; Specification Developer
• Absorber, Saliva, Paper [11]			Manufacturer
• Gauze / Sponge,nonresorbable For External Use [12]			Manufacturer; Specification Developer
• Gown, Examination [13]			Manufacturer; Specification Developer
• Bedding, Disposable, Medical - TIDIShield [14]			Manufacturer; Specification Developer

- Show all *57 Listings For TIDI PRODUCTS, LLC*[15] *WI/USA*

Can't find what you're looking for? Try a new search[16]

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=2182318&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName20%ASC
8. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=2182318&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
9. ./rl.cfm?rid=27485
10. ./rl.cfm?lid=100765&lpcd=EFN
11. ./rl.cfm?lid=100767&lpcd=KHR
12. ./rl.cfm?lid=100769&lpcd=NAB
13. ./rl.cfm?lid=100773&lpcd=FME
14. ./rl.cfm?lid=100775&lpcd=KME
15. ./rl.cfm?start_search=1&showList=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=2182318&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

DEVICE MANUFACTURING LICENSE

TIDI Products
Posey Products, LLC
2530 Lindsay Privado Unit A
Ontario, CA 91761

LICENSE NUMBER: 106445
EXPIRATION DATE: 11/25/2020

The person named herein is licensed to manufacture devices 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: 11/26/2019

OSP 07 102308

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: POSEY PRODUCTS, LLC

REGISTERED IN CALIFORNIA AS: POSEY PRODUCTS, LLC

FILE NUMBER:	201707610297
REGISTRATION DATE:	03/07/2017
TYPE:	FOREIGN LIMITED LIABILITY COMPANY
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 April 15, 2020.

ALEX PADILLA
Secretary of State

JMC

NP-25 (REV 02/2019)

TIDI Products, LLC

Corporate Officers

- **Kevin McNamara**
  Title: President & CEO
  Home Address:
  Avenue S.,
  Napl
  Business Address:
  Enterprise Drive
  Neenah,
  Phone # Hon
  Phone # Business

- **James Rubright**
  Title: CFO
  Home Address:
  Cathedral Forest Drive
  Suamico,
  Business Address:
  Enterprise Drive
  Neenah,
  Phone # Hom
  Phone # Business

Coalinga Ave
Montclair, (
om

FRANCISCO VILLALOBOS

Objective

Very Reliable, Dependable, Responsible, Hard Working Individual.

Experience

1997 - Present Posey Company Arcadia, Ca.
DC Warehouse Supervisor
• Overseeing 8 Posey Employees in Our Shipping Department
- Attending to Customer Service Concerns
- Pick and Pack Sales Orders
- Load and Unload Containers
- Coordinate Daily Work Tasks for Shipping Employees
- Making Sure Ali Shipments Get Processed Daily
- Production Receipt Transactions ▪ Interfacility MTO Transactions
- Keeping Track of Late or Pending Orders to Ship
- Securing, Locking Up Buildings at End of shift
- Inventory Control
- Assist in Physical Inventory

Computer Training
- UPS, FedEx Manifest System
- Microsoft Excel, Word Data Entry
- Manage 2000 ROI System
- Basic Computer Knowledge

Education

1986 - 1990 Duarte High School
• High School Diploma Duarte, Ca.

Training Courses
Forklift Certified - Posey Sponsored
CPR Certified — Posey Sponsored
Regulatory Compliance Training — Posey Sponsored

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "TIDI PRODUCTS, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE THIRTY-FIRST DAY OF JANUARY, A.D. 2005, AT 12:11 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "BHG ACQUISITION LLC" TO "TIDI PRODUCTS, LLC", FILED THE SIXTEENTH DAY OF MARCH, A.D. 2005, AT 4:50 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2010, AT 9:16 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "TIDI PRODUCTS, LLC".

Jeffrey W. Bullock, Secretary of State

3919338 8100H
SR# 20166405390

Authentication: 203243873
Date: 10-28-16

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

RIDER

To be attached to and form part of:

Bond Number 1078959
dated November 1, 2019

issued by the THE HANOVER INSURANCE COMPANY
(Surety)

on behalf of POSEY PRODUCTS LLC
(Principal)

and in favor of STATE OF NEVADA AND TO THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The BOND AMOUNT shall be amended:

FROM: $100,000.00

TO: $125,000.00

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 27th day of February, 2020.

Signed, Sealed & Dated this 28th day of February, 2020.

POSEY PRODUCTS LLC
(Principal)

By: _____

THE HANOVER INSURANCE COMPANY
(Surety)

By: _____
Derek J. Elston, Attorney-in-Fact

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Susan A. Welsh, Christopher P. Troha, Sandra M. Winsted, Michelle D. Krebs, Sandra M. Nowak, Jeannette M. Davis, Salena Wood, Christina L. Sandoval, Derek J. Elston, Judith A. Lucky-Eftimov, Jennifer Williams, Bartlomiej Siepierski and/or Aerie Walton

Of **AON Risk Services of Chicago, IL** each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Fifty Million and No/100 ($50,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this **23rd** day of **February, 2018.**

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

John C. Roche, EVP and President

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this **23rd** day of **February, 2018** before me came the above named Vice Presidents of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

DIANE J. MARINO
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
March 4, 2022

Diane J. Marino, Notary Public
My Commission Expires March 4, 2022

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 28th day of February 2020

CERTIFIED COPY

Theodore G. Martinez, Vice President

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF WILL

On this 28th 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 The Hanover 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.

Paul M Allen

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

5RR

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: NS Pharma, Inc.

Physical Address: 140 East Ridgewood Avenue, Suite 280S

City: Paramus State: NJ Zip Code: 07652

Telephone Number: 201-986-3860 Fax Number: 201-986-3865

Toll Free Number: N/A

E-mail: nishimura@nspharma.com Website: http://www.nspharma.com/

Facility Manager: Hikaru Nishimura

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: _____

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)

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: N/A - No products have been sold, dispensed or distributed within the last year.
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

Hikaru Nishimura

Print Name of Authorized Person

10/18/2019

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: Nippon Shinyaku Co., Ltd.

Mailing Address: 140 East Ridgewood Avenue, Suite 280S

City: Paramus State: NJ Zip: 07652

Telephone: 201-986-3860 Fax: 201-986-3865

Contact Person: Hikaru Nishimura

For any corporation non-publicly traded, disclose the following:

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

a) Nippon Shinyaku Co., Ltd., 14, Nishinosho-Monguchi-cho, Kisshoin, Minami-ku, Kyoto 601-8550, Japan
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. 30

3) What was the price paid per share? US$ 10,000.00

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 See Attachment D

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 E

Attachment A

Resident State License and Verification

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0738046

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:

140 E RIDGEWOOD AVE. STE 280S PARAMUS, NJ 07652-

Reg. No.
5005716

NS PHARMA, INC.
140 E RIDGEWOOD AVE. STE 280S
PARAMUS, NJ 07652-

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 12/27/2019

Registration Number: 5005716 **Registered as:** Manufacturer and Wholesale

Parent Company Name: NS PHARMA, INC.

Trade Name:

Original Issue Date: 12/26/2019 **Expiration Date:** 01/31/2021

Current Issue Date: 12/26/2019

Disciplines: No

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738046

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:

140 E RIDGEWOOD AVE. STE 280S PARAMUS, NJ 07652-

Reg. No. 5005716

NS PHARMA, INC.
140 E RIDGEWOOD AVE, STE 280S
PARAMUS, NJ 07652-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

Attachment B

Facility Manager's Resume

Hikaru Nishimura

Birth date:

Languages: Japanese – English –Business level

Nationality: Japanese

Resides: **E. Midland Av. PH06 Paramus**
NJ, 07652 USA

Mobile Phone Number: :

Education:

Apr. 1984 – Mar. 1988
Osaka City University, Faculty of Science.
Bachelor of Science (Chemistry)

Apr 1988 – Mar 1990
Grad school, Osaka City University, Faculty of Science.
Master of Science (Chemistry)

Apr 1991 – Mar 1994
Grad school, Osaka City University, Faculty of Science.
Ph.D. (Science, Chemistry)

Qualifications:

- Ph.D. (Science) (1994)
- The EiKEN Test in Practical English Proficiency 1st Grade (2005)
- English Guide Interpreter (2007)
- TOEIC 940 (2010)
- Bookkeeping 2nd Grade (2011)

Technical Skills:

- Class A Certified Hazardous Materials Manager (1995)
- The Proficiency Test in Trading Business Grade B (2009)

Summary:

- Broad Procurement experience covering pharmaceutical ingredients, food stuff.
- Especially, lots of experiences of import, customs clearance, logistics.
- As a liaison person, coordination between business partners and our related departments, such as manufacturing, regulatory, quality assurance, legal.
- Negotiation of price, purchasing condition and solve the quality matters based on critical thinking, finance knowledge and experience as a researcher.

Career History:

Apr. 1994 – Present

Nippon Shinyaku Co., Ltd, Kyoto, Japan

Company Description, 2,055 employees in Japan. Pharmaceutical company

Apr. 1994 – Mar. 2003

Chemical Research Laboratory

Researcher

- Organic synthesis of candidate compounds for new medicine.
- One of compound showed positive effect for kidney malfunction and proceed to pre-clinical stage. However, due to a side effect, this project was suspended.
- From Apr. 1994 to Mar. 1995, studied at IMMD, venture company under Tokyo University, specializing in rational drug discovery with computer, assures successful drug discovery with minimum time and cost.

Apr. 2003 – Mar. 2018

International Business Department: up to Mar. 2012

Purchasing Department: From Apr. 2012 - Mar. 2018

Supply Chain Staff, Manager

- Procurement of pharmaceutical ingredients and food stuff from overseas.
- Price negotiation based on National Health Insurance price reduction.
- Draft preparation and conclusion of Supply Agreement, Quality Agreement.
- Work as liaison person between business partners and our manufacturing, R&D, regulatory, legal, accounting, and sometimes president.
- Due to organization reform, International Business Department became under Purchasing Department and promoted to manager as of Apr. 2012.
- From Apr. 2012, procurement of pharmaceutical ingredients and excipients from Japan and overseas.
- Managed purchasing and sourcing strategies of both direct and indirect materials.
- Supervised 6 staff.

Apr. 2018 – Jun. 2019

NS Pharma, Inc. (Overseas affiliated company)

Business Planning Department, Director

- Feasibility study aimed at investigating the possibility to sell clinical stage muscular dystrophy medicine by ourselves.
- Responsible for building and managing the Supply Chain Management under Business Planning Department.

Jul. 2019 – Sep. 2019

NS Pharma, Inc.

Commercial Department, Vice President

- Responsible for building and managing the Supply Chain Management.
- Market Access, reimbursement, procurement, transportation, customs clearances are supervised.

Oct. 2019 – Present

NS Pharma, Inc.

Global Supply Chain Department, Vice President

- Besides establishing the logistic channel, Procurement, customs clearance, preparation for the export to Canada, quality control are supervised.

Apr. 1990 – Mar. 1991

Sekisui Chemical Co., Ltd. Shiga in Japan.

Company Description, 26,000 employees in Japan. Chemical company

Research & Development staff.

- Material development for window film which has noise absorption capacity.
- During this period, my research conducted during the glad school was accepted by Journal of American Chemical Society. Since this academic paper fulfilled the criteria of Dr. Degree, I returned to University.
- Still, I keep in touch and maintain good relationship with then immediate boss and co-workers.

Attachment C

FDA Registration

Hisashi Goto

From: edrls@fda.hhs.gov
Sent: Thursday, August 8, 2019 5:58 AM
To: Hisashi Goto
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 08-AUG-2019
Labeler DUNS: 135666654
Labeler Name: NS Pharma, Inc.
Labeler Code: 73292

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).

ndc_nhric_labeler_codes_02_20_2020 [Read-Only

File | Home | Insert | Page Layout | Formulas | Data | Review | View | Developer | Help | ACROBAT | Tell me what you want to do

Paste | Cut | Copy | Format Painter | Clipboard | Arial | 10 | Font | Wrap Text | Merge & Center | Alignment | Text | Number | Conditional Formatting | Format as Table

B10794 | CH Bio Co Ltd

	A	B	C
1	NDC Labeler Code	Firm Name	
0782	73292	NS Pharma, Inc.	
0783	73293	Huons Co., Ltd._Jecheon Factory	
0784	73294	AWESOME TRADING, LLC	
0785	73295	TY Bio Co., Ltd.	
0786	73296	laboratoire Schmidt-Nagel Inc.	
0787	73297	Jiangsu Shushi Biotechnology Co., Ltd.	
0788	73298	Shenzhenshi Huaxiang Technology Co.,Ltd.	
0789	73299	J&H Fulfillment LLC	
0790	73300	Spirit Homeopathy LLC	
0791	73301	LSNE-LEON SLU	
0792	73302	HRA Pharma America, Inc.	
0793	73303	Dastmalchi LLC	
0794	73305	CH Bio Co Ltd	
0795	73306	BASTON INDUSTRIA DE AEROSSOIS LTDA	
0796	73307	T.O.M Co Ltd	
0797	73308	Ayurax	
0798	73309	BLUEBAY SHANDONG CO.,LTD	
0799	73310	AGEFARM SRL	
0800	73311	Curelmmune Corp.	
0801	73312	Jys Tech Co.,ltd	
0802	73313	Sugar Brands, LLC	
0803	73314	Kittrich Corporation	
0804	73315	Grove Collaborative	
0805	73316	Two Old Goats	
0806	73317	SLV PHARMACEUTICALS LLC DBA AUM PHARMACEUTICALS	
0807	73318	Skin PS Brands	
0808	73319	Adnova Healthcare Private Limited	
0809	73320	Kartha Pharmaceuticals, Inc.	
0810	73321	Dpark Corporation	
0811	73323	Zile Bonbons AG	
0812	73324	T. SPRUILL, LLC	
0813	73325	Zhejiang Ruiyang Pharmaceutical Co.,Ltd.	
0814	73326	Jacent Strategic Merchandising, LLC.	
0815	73328	Wellements LLC	
0816	73329	ALL ABOUT SOO	
0817	73330	COSNINE Inc	
0818	73332	NATURES ORGANICS LLC	
0819	73333	Nutrix International, LLC.	

Verified
DZ
2/20/2020

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 12/27/2019

Registration Number: 5005716 **Registered as:** Manufacturer and Wholesale

Parent Company Name: NS PHARMA, INC.

Trade Name:

Original Issue Date: 12/26/2019 **Expiration Date:** 01/31/2021

Current Issue Date: 12/26/2019

Disciplines: No

Attachment D

Corporate Officer and Director Information

NS Pharma, Inc.

Corporate Officers:

Tsugio Tanaka
Chairman of Board and President

Taro D. Tsutsumi
Treasurer

Tadashi Yamaguchi
Secretary

Directors:

Tsugio Tanaka
Akira Matsuura
Toru Nakai

Attachment E

Delaware Certificate of Existence

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NS PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF 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 SAID "NS PHARMA, INC." WAS INCORPORATED ON THE FIRST DAY OF JULY, A.D. 1999.

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

Jeffrey W. Bullock, Secretary of State

3064317 8300

SR# 20197603463

Authentication: 203815709

Date: 10-17-19

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

MUFG Bank, Ltd.

New York Branch
1251 Avenue of the Americas
New York, NY 10020
Tel: 201-413-8044
Fax: 201-521-2312
SWIFT: BOTKUS33XXX

Irrevocable
Standby Letter of Credit No.: S526016N

DATE: APRIL 3, 2020

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

APPLICANT/LICENSEE:
NS PHARMA, INC.
140 EAST RIDGEWOOD AVENUE, SUITE 280S
PARAMUS, NJ 07652

AMOUNT: USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS)

EXPIRY DATE: APRIL 3, 2021 (ONE YEAR FROM THE ISSUING DATE AT THE COUNTER OF THE ISSUING BANK)

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF NS PHARMA, INC. (APPLICANT/LICENSEE), WE HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS).

2. THE APPLICANT HAS INFORMED US, THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/LICENSEE.

3. THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. PURSUANT TO NRS 639.515(4), UPON THE IMPOSITION OF ANY FINES OR COSTS BY THE BOARD AGAINST THE APPLICANT/LICENSEE, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING IN SUBSTANTIALLY THE SAME FORM AS ATTACHMENT A, ATTACHED

ORIGINAL

MUFG Bank, Ltd.

HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE ALONG WITH THE ORIGINAL LETTER OF CREDIT AND ALL AMENDMENTS (IF ANY).

5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPTREQUESTED.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED, PAYMENT SHALL BE MADE TO THE BOARD, TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM OF USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS).

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THE CREDIT, WE SHALL GIVE THE BOARD PROMPT NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE PRINCIPAL SUM. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELLED IN WHOLE OR IN PART ONLY UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION WHICH SHALL BE IN THE FORM OF ATTACHMENT B, ATTACHED HERETO AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD.

12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

13. THIS CREDIT MAY NOT BE TRANSFERRED OR ASSIGNED, EITHER IN WHOLE OR IN PART.

EXCEPT AS OTHERWISE EXPRESSLY STATED HEREIN, THIS STANDBY LETTER OF CREDIT IS ISSUED SUBJECT TO THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS (2007 REVISION), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NUMBER 600 (THE 'UCP). AS TO MATTERS NOT COVERED BY UCP THE LAWS OF THE STATE OF NEW YORK WILL RULE.

ORIGINAL

MUFG Bank, Ltd.

15. THIS CREDIT WILL EXPIRED ON THE EXPIRY DATE OR AT THE TIME OF CANCELLATION REQUEST RECEIVED FROM THE BENEFICIARY ALONG WITH THE ORIGINAL LETTER OF CREDIT AND ALL AMENDMENTS (IF ANY).

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT THE EXPIRATION DATE SHALL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT FOR ONE (1) YEAR FROM THE EXPIRATION DATE HEREOF OR ANY FUTURE EXPIRATION DATE, UNLESS AT LEAST SIXTY (60) DAYS PRIOR TO SUCH EXPIRATION DATE WE SEND NOTICE TO YOU BY CERTIFIED MAIL OR BY COURIER SERVICE, THAT WE ELECT NOT TO EXTEND THIS LETTER OF CREDIT FOR ANY SUCH ADDITIONAL PERIOD. SAID NOTICE WILL BE SENT TO THE ADDRESS INDICATED ABOVE, UNLESS A CHANGE OF ADDRESS IS OTHERWISE NOTIFIED BY YOU TO US IN WRITING BY RECEIPTED MAIL OR COURIER. ANY NOTICE TO US WILL BE DEEMED EFFECTIVE ONLY UPON ACTUAL RECEIPT BY US AT OUR DESIGNED OFFICE.

THEREFORE,
MUFG BANK, LTD., NEW YORK BRANCH
HAS EXECUTED AND - SENT BY COURIER SERVICE 770169032853 (FEDEX TRACKING NO.)THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 3RD DAY OF APRIL, 2020.

VERY TRULY YOURS,

MUFG BANK, LTD.
NEW YORK BRANCH

AUTHORIZED SIGNATORY

ORIGINAL

ATTACHMENT A

NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
PHARMACY@PHARMACY.NV,GOV

CERTIFICATE OF DRAWING

TO:
MUFG BANK, LTD., NEW YORK BRANCH
1251 AVENUE OF THE AMERICAS
NEW YORK, NEW YORK 10020
ATTN. TRADE SERVICE OPERATIONS/ STANDBY LC SECTION

APPLICANT/LICENSEE:
NS PHARMA, INC.
140 EAST RIDGEWOOD AVENUE, SUITE 280S
PARAMUS, NJ 07652

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: S526016N

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206 RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. A LAWFUL ORDER IMPOSING FINES AND/OR COSTS AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO.S526016N (CREDIT).

2. THE UNDERSIGNED IS AUTHORIZED UNDER THE TERMS OF THE CREDIT TO PRESENT THIS CERTIFICATE OF DRAWING AS THE SOLE MEANS FOR DEMANDING PAYMENT ON THE CREDIT.

3. THE BOARD IS THEREFORE MAKING A DRAWING UNDER THE CREDIT IN THE AMOUNT OF
$_____

4. THE AMOUNT DEMANDED DOES NOT EXCEED THE PRINCIPAL SUM.

5. SUMS RECEIVED SHALL BE USED BY THE BOARD IN ACCORDANCE WITH THE TERMS OF THE CREDIT.

6. THE AMOUNT OF DRAWING REQUESTED SHALL BE PAYABLE TO THE BOARD IN LAWFUL, IMMEDIATELY AVAILABLE FUNDS TO BE RECEIVED BY THE BOARD AT THE ABOVE ADDRESS NO LATER THAT 5:00 PM PACIFIC TIME ON THE_____DAY OF_____20 .

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE OF DRAWING ON THIS DAY OF , 20 .

NEVADA STATE BOARD OF PHARMACY

_____

BY: LARRY L. PINSON, PHARM.D.
EXECUTIVE SECRETARY

ATTACHMENT B

NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
PHARMACY@PHARMACY.NV,GOV

CERTIFICATE FOR CANCELLATION

TO:
MUFG BANK, LTD., NEW YORK BRANCH
1251 AVENUE OF THE AMERICAS
NEW YORK, NEW YORK 10020
ATTN. TRADE SERVICE OPERATIONS/ STANDBY LC SECTION

APPLICANT/LICENSEE:
NS PHARMA, INC.
140 EAST RIDGEWOOD AVENUE, SUITE 280S
PARAMUS, NJ 07652

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: S526016N

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. THE LICENSE FOR WHICH THE CREDIT WAS ISSUED HAS EXPIRED, BEEN REVOKED, BEEN CANCELLED, OR OTHERWISE IS NO LONGER IN EFFECT, THEREBY MAKING THE CANCELLATION OF THE CREDIT APPROPRIATE.

2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT.

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE OF CANCELLATION ON THIS DAY OF , 20 .

NEVADA STATE BOARD OF PHARMACY

_____

BY: LARRY L. PINSON, PHARM.D.
EXECUTIVE SECRETARY
LETTER OF CREDIT – PAGE 6 - 2009

5SS

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: Pageview Pharmaceuticals, LLC

Physical Address: 2228 Welsch Industrial Court, Suite A

City: Maryland Heights State: MO Zip Code: 63146

Telephone Number: 636-399-9417 Fax Number: 636-431-3611

Toll Free Number: _____

E-mail: david.gindelberger@pageviewpharma.com Website: www.pageviewpharma.com

Facility Manager: David Gindelberger

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: Distributors & Repackagers

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: Solid Dose-Rectal Suppository

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) (3PL Provider is -See 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 ☐

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: Apertus Pharmaceuticals, LLC
Address: 331 Consort Drive, St. Louis, MO 63011

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.

Sandra Oh

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

Sandra Oh

Print Name of Authorized Person

3/7/2020

Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Missouri

Parent Company if any: N/A

Mailing Address: 2228 Welsch Industrial Court, Suite A

City: Maryland Heights State: MO Zip: 63146

Telephone: 636-399-9417 Fax: 636-431-3611

Contact Person: David Gindelberger

For any corporation non-publicly traded, disclose the following:

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

a) Sandra Oh-President — 2228 Welsch Industrial Court, Suite A, Maryland Heights, Mo 63146
Name — Business Address

b) Richard Brady-CFO — 2228 Welsch Industrial Court, Suite A, Maryland Heights, MO 63146
Name — Business Address

c) The Ryan Revocable Trust — 2228 Welsch Industrial Court, Suite A, Maryland Heights, MO 63146
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.

Pageview Pharmaceuticals

Pageview Pharmaceuticals, LLC

Applicant:

Pageview Pharmaceuticals, LLC
2228 Welsch Industrial Court, Suite A
County: St Louis
Maryland Heights, MO 63146
Phone: 636-399-9417
Fax: 636-431-3611
EIN: 81-4910032

Missouri Limited Liability Company incorporated on January 9, 2017

Owner/Members:

The Ryan Revocable Trust — 32% owned
440 Coronado Drive
Ballwin, MO 63011
Phone: 638-328-6610

Corporate Officers:

Dr. Sandra Oh--President
[illegible] S. Price Road, Ladue, MO 63124
C-[illegible]
SS# [illegible] DOB: [illegible] — 41% owned

Richard Brady--CFO
[illegible] Villanova Avenue, Los Angeles, CA 90045
C-
SS# [illegible] DOB: [illegible] — 11% owned

Designated Representative:

Dr. David E. Gindelberger--CSO
[illegible] S. Price Road
Ladue, MO 63124
P-[illegible]
F-[illegible]
david.gindelberger@pageviewpharma.com

Method of Distribution:

Third Party Logistics Provider (3PL)

Masters Drug Company, Inc.
4200 Binion Way, Suite 200
Mason, OH 45036

Pageview Pharmaceuticals, LLC

Ownership and Management Organizational Chart

Name	Position/Title	% Owned
Dr. Sandra Oh	President	41.00%
The Ryan Revocable Trust	n/a	32.00%
Richard Brady	CFO	11.00%
Se Oh	n/a	5.50%
June Oh	n/a	5.50%
Denise Heinz	n/a	5.00%
Dr. David Gindelberger	CSO Manager in Charge Designated Contact	0.00%

Business Address for all officers:

2228 Welsch Court,
Suite A
Maryland Heights, MO
63146
636-399-9417

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Pageview Pharmaceuticals, LLC
LC001520747

was created under the laws of this State on the 9th day of January, 2017, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 14th day of February, 2020.

Secretary of State

Certification Number: CERT-02142020-0031

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

Pageview Pharmaceuticals, LLC
LC001520747

filed its Articles of Organization with this office on the 9th day of January, 2017, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 9th day of January, 2017, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 9th day of January, 2017.

Secretary of State

State of Missouri

Division of Professional Registration

Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2020003988
PAGEVIEW PHARMACEUTICALS LLC
PAGEVIEW PHARMACEUTICALS LLC
DAVID E GINDELBERGER, MIC
2228 WELSCH INDUSTRIAL CT STE A
SAINT LOUIS MO 63146
USA

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy

Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2020003988
David E Gindelberger
PAGEVIEW PHARMACEUTICALS LLC
PAGEVIEW PHARMACEUTICALS LLC
DAVID E GINDELBERGER, MIC
2228 WELSCH INDUSTRIAL CT STE A
SAINT LOUIS MO 63146
USA

EXECUTIVE DIRECTOR

Sarah E. Sedgerwood
DIVISION DIRECTOR

Missouri Division of Professional Registration

PR Home (https://pr.mo.gov/)

Detail

Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Pageview Pharmaceuticals LLC
Profession Name:	Drug Distributor
Licensee Number:	2020003988
Expiration Date:	10/31/2021
Original Issue Date:	2/3/2020
Address:	David E Gindelberger, MIC
Address Con't:	2228 Welsch Industrial Ct Ste A
City, State Zip:	Saint Louis, MO 63146
County:	St. Louis County
Practitioner DBA Name:	Pageview Pharmaceuticals LLC
Certification Type:	
Classification:	Wholesale Drug Distributor
Current Discipline Status:	None

Pageview Pharmaceuticals

Contracted CMO:

Apertus Pharmaceuticals, LLC
331 Consort Drive
St. Louis, MO 63011 USA

FDA: 3010401502

Nature of Business:

Pageview Pharmaceuticals, LLC (Pageview) is a virtual manufacturer that intends to sell legend prescription drugs. Pageview will utilize contract manufacturers to produce its products and a licensed third-party logistics provider to warehouse and distribute. Pageview will never physically manufacture or distribute any products. Pageview is not required by the Drug Enforcement Administration to obtain registration, as there are no controlled substances on its premises.

FDA Labeler Code: 73028

List of Products to be manufactured:

73028-101-12	Hydrocortisone Acetate Suppositories 25mg Unit Dose
73028-101-24	Hydrocortisone Acetate Suppositories 25mg Unit Dose

ndc_nhric_labeler_codes_03_20_2020 [Read-Only] - Excel

File | Home | Insert | Page Layout | Formulas | Data | Review | View | Developer | Help | ACROBAT | Tell me what you want to do

Paste | Cut | Copy | Format Painter | Clipboard | Arial | 10 | Font | Wrap Text | Merge & Center | Alignment | General | Number | Conditional Formatting | Format as Table | Normal | Neutral | Styl

A1 | NDC Labeler Code

	A	B
1	NDC Labeler Code	Firm Name
10520	73008	Tennessee Medical Equipment Inc
10521	73009	Dibar Nutricional, S. de R.L. de C.V.
10522	73010	Apprendista, LLC
10523	73011	Inheris Biopharma Inc
10524	73012	Med-Ox Supply
10525	73013	OurPharma, LLC
10526	73014	ANCALIMA LIFESCIENCES LIMITED
10527	73015	HangZhou YangYi Daily Cosmetics Technology Co., Ltd.
10528	73016	ACTIVEBEUTY CO.,LTD.
10529	73017	Eyeganics LLC
10530	73018	Eclipse Therapeutics LLC
10531	73019	SAJJALA BIO LABS PRIVATE LIMITED
10532	73020	Costory Co., Ltd
10533	73021	Bunce Rental Inc dba American Medical Rental & Supply
10534	73022	HUSH BRANDS INC.
10535	73024	Melcare Biomedical Pty Ltd
10536	73025	Shalom International Corp.
10537	73026	ReaLi Tide Biological Technology (Weihai) Co., Ltd.
10538	73027	JIANGSU HANHE DAILY CHEMICALS CO., LTD.
10539	73028	Pageview Pharmaceuticals LLC
10540	73029	Zeniton Co.,Ltd.
10541	73030	DETROIT WICK
10542	73031	oleon
10543	73032	HEALTH EVER BIO-TECH CO., LTD.
10544	73033	Omeza LLC
10545	73034	Home Healthworks
10546	73036	Omax Health, Inc
10547	73037	The Medical Store, Inc.
10548	73038	SNYDER MANUFACTURING CORP
10549	73039	AxisCare Health Logistics, Inc
10550	73040	Rothschild Beauty Group LLC
10551	73041	TH Unlimited LLC
10552	73042	Y-mAbs Therapeutics, Inc.
10553	73043	Devatis, Inc.
10554	73044	KT Health LLC
10555	73045	ENDEXX CORPORATION
10556	73046	Pelli Skin Co., LLC.
10557	73047	SKIN COACH SL.

NDCLabelerCode

Verified 3/20/2020 MS

State of Missouri
John R. Ashcroft, Secretary of State
Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

LC001520747
Date Filed: 1/9/2017
John R. Ashcroft
Missouri Secretary of State

Articles of Organization

(Submit with filing fee of $105.00)

1. The name of the limited liability company is
Pageview Pharmaceuticals, LLC
(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "L.L.C.," or "LLC")

2. The purpose(s) for which the limited liability company is organized:

The transaction of any lawful business for which a limited liability company may be organized under the Missouri Limited Liability Company Act, Chapter 347 RSMo.

3. The name and address of the limited liability company's registered agent in Missouri is:

Name	Street Address: May not use PO Box unless street address also provided	City/State/Zip
David Gindelberger	9556 Park Lane	Saint Louis MO 63124

4. The management of the limited liability company is vested in: ☒ managers ☐ members *(check one)*

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual
(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

6. The name(s) and street address(es) of each organizer *(PO box may only be used in addition to a physical street address)*:
(Organizer(s) are not required to be member(s), manager(s) or owner(s)

Name	*Address*	*City/State/Zip*
Brady, Richard	9556 Park Lane	Saint Louis MO 63124

7. ☐ Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

New Series:
☐ The limited liability company gives notice that the series has limited liability.

New Series:
☐ The limited liability company gives notice that the series has limited liability.

New Series:
☐ The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 1A.)

Name and address to return filed document:

Name: Richard Brady

Address: Email: rbrady00@gmail.com

City, State, and Zip Code:

8. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: : _____

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

All organizers must sign:

Richard Brady	RICHARD BRADY	01/09/2017
Organizer Signature	*Printed Name*	*Date of Signature*

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. 107218798

Application/License No. N/A (Initial Application)

Pageview Pharmaceauticals, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is

2228 Welsch Industrial Court, Maryland Heights, MO 63146, 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

One Tower Square, Hartford, CT 06183 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 February 27, 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.

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

27 day of February, 2020.

APPLICANT/PRINCIPAL COMPANY

Pageview Pharmaceuticals

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Travelers Casualty and Surety Company of America

Surety Company's Representative

Andrew P. Thome, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Dana A. Johnessee, Witness

Witness Andrea McCarthy, Witness

Countersigned by:

Nevada Resident Agent
Andrew P. Thome, NV Licensed Agent

STATE OF MISSOURI NOTARY PUBLIC NOTARY SEAL
K. ADELE KUBES QUALE
My Commission Expires March 13, 2023
Franklin County
Commission #15024516

State of: MO
County of: St. Louis
The forgoing document was acknowledged before me 02 day of March, 2020
Notary Public
My Commission Expires 03/13/23

State of **Missouri**
County of **St. Louis**

On **2/27/2020**, before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared **Andrew P. Thome** known to me to be Attorney-in-Fact of

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of said corporation, and he duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.

Dana A Johnessee

Dana A. Johnessee, Notary Public

My Commission Expires: _____

DANA A JOHNESSEE
Notary Public – Notary Seal
State of Missouri, St. Louis County
Commission # 13516439
My Commission Expires Sept. 20, 2021

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 **Andrew P. Thome, of Chesterfield, 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 **27** day of **February**, **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 the power is attached.

David Gindelberger, Ph.D

S Price Rd
Ladue, MO 63124
)
david.gindelberger@pageviewpharma.com

Education:

1990-1994 **University of California, Berkeley.** *Ph.D. Organometallic Chemistry*
Conducted research in organometallic and inorganic chemistry with Prof. John Arnold
Degree awarded December 1994

1986-1990 **Purdue University, West Lafayette.** *B.S. Chemistry*

Conducted research on hindered phenol synthesis under the direction of Prof. Ian Rothwell
Degree awarded May 1990

Work Experience:

▶ 2016-Present **Pageview Pharmaceuticals** ***Chief Scientific Officer***
Co-founded Pageview Pharmaceuticals to provide API services to the pharmaceutical market
Developed synthetic route to dihydrocodeine for a new customer
Managed real estate purchase and build-out of office, lab and warehouse space
Added labeling operation for existing products from sister company, Apertus Pharmaceuticals in 2018
Installed quality system based on requirements for drug labeler

▶ 2011-Present **Apertus Pharmaceuticals** ***President and Chief Scientific Officer***
Founded Apertus in 2012 and assembled angel investments and seed funding totaling $420K
Built out 8900 sq ft of facility to-date with manufacturing, analytical, vault, and office space
Obtained manufacturing, analytical and R&D registrations with the DEA for Schedule II – V controlled substances
Designed and built four cGMP manufacturing suites, and installed two tablet presses, an encapsulator, a suppository production line and a cream blending and tube filling line
Directed de-fomulation projects on five extended release products and formulation projects on six prescription products
Currently manufacture three prescription products under cGMP
Designed a novel route to remifentanil and currently directing the development project to file an ANDA
Directed a program to provide a novel magnetic nano-particle injectable product for animal studies

▶ 2008-2011 **Covidien/Mallinckrodt Pharmaceuticals** *Senior Research Scientist*
Designed processes for the conversion of inexpensive alkaloid opiates to higher value products
Formulated a novel heterogeneous catalyst system for production of ICH-compliant opiate products
Developed homogeneous catalyst for the production of hydromorphone (Dilaudid)
Led a project to completely redesign of the synthesis of methadone

▶ 2003-2007 **Oh Chem Inc.** *President*
Business focused on custom synthesis of organic and organometallic compounds.
Larger volume materials were imidazolium compounds useful as supporting ligands in catalysis
Customer base included large corporations such as Aldrich Chemical Co., Umicore AG. and ExxonMobil
Constructed a 1000sq ft. pilot facility equipped with a dry-box, hoods, reactors and NMR spectrometer

▶ 2001-2003 **Materia, Inc.** *Director of Product Development*
Directed fine chemical and catalyst production group activities
Developed new process scale-up methods for Grubbs metathesis catalyst production
Conducted basic research focused on Grubbs metathesis catalyst discovery and improvement
Provided consulting services to existing and potential customers
Managed all information technology projects including web site, intranet, and VPN design and deployment

▶ 2000-2001 **KMCO Inc.** *Quality Manager*
Supervised Quality Control Lab operations
Provided troubleshooting services to manufacturing group
Consulted with new and existing customers on project proposals
Led a group of three B.S. chemists and one M.S. chemist

▶ 1994–2000 **Exxon Chemical Co.** *Senior Research Scientist*
Designed new metallocene catalyst systems for high density polyethylene production
Developed improved methods of delivering active catalysts to reactors
Designed and commercialized new anti-wear and friction modification additives for hydraulic systems
Designed and scaled two new additives and several lubricant formulations
Supervised lab and plant personnel during lubricant formulation and chemical process scale-up projects

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.

MASTERS DRUG COMPANY, INC.

4200 BIRCH WAY, SUITE 700
MASON, OH 45036
License Number: 012658850
Third-Party Logistics - Category 3
Expiration: [illegible]

CLASS: Third-Party Logistics - Category 3
BUSINESS TYPE: 3PL – Third-Party Logistics

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

Responsible Person Name (Print)	Signature of Responsible Person
Kevin Waite	

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

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®

Accreditation

to

Masters Drug Company, Inc
dba RXTPL

located at

4200 Binion Way Ste 200, Mason, OH 45036

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 31, 2018 - August 30, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

5TT

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: Sigmapharm Laboratories, LLC

Physical Address: 3375 Progress Drive

City: Bensalem State: PA Zip Code: 19020 Telephone

Number: (215) 352-6655 Fax Number: (215) 352-6644

Toll Free Number: _____

E-mail: nwilliams@sigmapharm.com Website: www.sigmapharm.com

Facility Manager: Prakashkumar Patel

Professional qualifications and experience of facility manager: see enclosed 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 ☐ 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)

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: AmerisourceBergen Drug Corporation
Address: 1300 Morris Drive, Chesterbrook, PA 19087

Name: Cardinal Health
Address: 7000 Cardinal Place, Dublin, OH 43017

Name: McKesson Corporation
Address: 6555 State Hwy 161, Irving, TX 75039

Name: Econdisc Contracting Solutions, LLC
Address: 8555 University Place Drive, St.Louis, MO 63121

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

Basil Theofanopoulos
Print Name of Authorized Person

11/25/19
Date

Board Use Only	Date Processed:_____	Amount: 500.00

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: Spireas Family Partnership, LP %: 77.4

Name: Spiro Spireas %: 12.9

Name: Amalia Kassapidis-Spireas %: 8.6

Name: _____ %: _____

Partnership Name: Sigmapharm Laboratories, LLC

Mailing Address: 1536 Pebbletown Drive

City, State Zip Code: New Hope, PA 18938

Telephone Number: (215) 352-6655 Fax Number: (215) 352-6644

Contact Person: Spiro Spireas

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 Page 9 for Fingerprint Submission Instructions.

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".

Certificate of Licensure

Certificate No. 8000001747
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Wholesaler/Distributor

SIGMAPHARM LABORATORIES, LLC
3375 PROGRESS DRIVE
BENSALEM, PA 19020

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: July 18, 2006
Expiration Date: The Last Day of August, 2020

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.

Certificate of Registration

Certificate No. 1000003074
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Manufacturer (Prescription)
Manufacturer (Non-Prescription)

SIGMAPHARM LABORATORIES, LLC
3375 PROGRESS DRIVE
BENSALEM, PA 19020

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: July 18, 2006
Expiration Date: The Last Day of August, 2020

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.

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)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Sigmapharm**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Sigmapharm Laboratories, LLC	3005444934	556234636	ANALYSIS; API MANUFACTURE; MANUFACTURE;	3375 Progress Drive, Bensalem, Pennsylvania (PA) 19020, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, Nov 26, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified DZ

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)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Sigmapharm Laboratories, LLC**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Sigmapharm Laboratories, LLC	3005444934	556234636	ANALYSIS; API MANUFACTURE; MANUFACTURE;	3375 Progress Drive, Bensalem, Pennsylvania (PA) 19020, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Monday, Nov 25, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

09/10/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Sigmapharm Laboratories, 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.

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: TSC190910131140-1

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

PRAKASH PATEL

Contact: **mail: p** _____

SUMMARY OF QUALIFICATION

- **Over ten years of working experience in pharmaceutical quality area** in leading pharmaceutical industries.
- Expertise in **Internal Audit and External Audit documentation management system and pharmaceutical quality system.**
- Thorough knowledge of **CAPA, Investigation, Process Validation, Change Control, Deviations and Market complaint documentation practices.**
- Excellent presentation skill during various quality projects meetings.
- Thorough knowledge of **cGMP, GLP, and FDA regulations.**
- Thorough Knowledge of manufacturing process involved in OSD and Liquid production.
- Expertise in time management of activities assigned.
- Excellent team player and capable to handle work load efficiently with maximum best output.
- Efficiently work in multi-cultural environment with multi-tasking ability.

PROFESSIONAL EXPERIENCE

A) SigmaPharm Laboratories, LLC, Bensalem, PA
Role: Vice President, Quality Operations Division (QOD) **From: June 2018 to Present**
Duties:

- Performs, supervises, and manages all functions, personnel and activities of the Quality Operations division of the company including but not limited to:
- Serve as primary site contact for FDA inspections.
- Manage administrative collaboration of Quality Assurance, Operations and Compliance & Audit department of the company.
- Oversees establishment and maintenance of quality systems, including but not limited to change control, vendor qualification programs, internal and external audits, Standard Operating Procedures (SOPs) and process improvement;
- Developing, implementing, maintaining, and revising policies and procedures for the continuous compliant operation of the company's Quality Assurance unit intended to ensure legal, ethical, and proper conduct by the company and its employees as defined by the relevant governing regulatory agencies;
- Maintaining the company's manufacturing plant, equipment and relevant systems and accessories, packaging area, warehouse facilities including the vaulted and caged areas, shipping and receiving areas in a manner consistent with FDA regulations and current good manufacturing practices ("CGMP") and in accordance with the company's current standard operating procedures ("SOPs") and policies;
- Oversees manufacturing of the company's commercial, process validation and clinical/exhibit batch supply requirements for marketing/sale and or regulatory submission in strict compliance with FDA regulations, and company SOPs;
- Providing support to the Product Development and Technology Development departments to manufacture Scale-up batches of final product formulations slated for submission;
- Ensuring, that all quality operations division's personnel is fully continuously trained in all operations, programs, system of the respective department, especially those pertaining to CGMP and safety procedures as per FDA guidelines and regulations and company SOPs;
- Coordinating and collaborating with other divisions and departments and committees of the company to ensure that all activities, programs and systems of the QOD are current and consistent with the company's training program, safety policies, cleaning validation program and the most current FDA guidelines and regulations and cGMP;

B) SigmaPharm Laboratories, LLC, Bensalem, PA

Role: Senior Director, Quality Assurance (Head of QA) **From: Jan 2016 to June 2018**

Director, Quality Assurance (Head of QA) **From: Sep 2014 to Dec 2016**

Duties:

- Performs, supervises, and manages all functions, personnel and activities of the Quality Assurance department of the company (QA department) including but not limited to:
- Establishing and maintaining quality systems, including but not limited to change control, vendor qualification programs, internal and external audits, Standard Operating Procedures (SOPs) and process improvement;
- Developing, initiating, maintaining, and revising policies and procedures for the continuous compliant operation of the company's Quality Assurance unit intended to ensure legal, ethical, and proper conduct by the company and its employees as defined by the relevant governing regulatory agencies;
- Serve as primary site contact for FDA inspections.
- Overseeing all Quality Assurance operations including the planning, coordination, and implementation efforts for compliance with all CGMPs, regulations, laws, and internal SOPs through audits, inspections and training of personnel;
- Directing and supervising all employees in the company's Quality Assurance department; hiring, planning, directing and assigning workload; deciding and implementing disciplinary actions as needed; and resolving personnel issues;
- Reviewing all annual budget submissions and expenditure plans for the Quality Assurance department; and making decisions regarding the use of financial resources allocated to the QA department;
- Providing final guidance to senior management, company employees, and clients regarding quality and regulatory issues that affect pharmaceutical products being made by the company and operations performed by the company;
- Perform, track and monitor Investigations, Deviations, Out of Specification (OOS), Customer Complaints documents, change control documentation. Preparation of final reports of the same.
- Developing and overseeing the objectives and programs to insure FDA and DEA regulatory compliance that results in receiving and maintaining the capability to manufacture and test investigational and commercial drug products in a continuously compliant manner;
- Developing approaches to solve problems identified during daily activities and for quality and agency audits;
- Serving as the management lead in dealing with all regulatory agency and client representatives;
- Recruiting, hiring, and monitoring the use of consultants in providing quality and regulatory services to the company;
- Preparing and/or reviewing documentation for FDA and DEA submissions by the company; and supporting the company's clients' regulatory submissions.
- Creating and reviewing quality agreements in collaboration with the company's General Counsel;
- Preparing, reviewing and issuing quality investigation and CAPA reports, and periodic quality trend reports; and
- Providing input on all quality related matters of the company; documenting and tracking the company's regulatory commitments; and ensuring the company's cGMP inspection readiness.

C) SigmaPharm Laboratories, LLC, Bensalem, PA
Role: Manager, Quality Assurance **From: Jun 2013 to Sep 2014**
Associate, Quality Assurance **From: Feb 2011 to Jun 2013**
Duties:

- Assist the Vice President of Quality Assurance in ensuring that all pharmaceutical process performed at Sigmapharm comply with cGMP requirements.
- Coordinate with management and regulatory affairs to host FDA Inspection.
- Independently Perform Quality Assurance external (vendor qualification program) and internal audits.
- Perform, track and monitor Investigations, Deviations, Out of Specification (OOS), Customer Complaints documents, change control documentation. Preparation of final reports of the same.
- Develop, Implement and Manage Corrective and Preventive Actions (CAPA) Program.
- Manage Training Program of all employees.
- Manage the Document Control system.
- Manage the Label Control system.
- Manage and Maintain the Equipment Qualification Program (DQ, IQ, OQ, PQ) and Calibration Program.
- Participate in Factory Acceptance Testing (FAT) and Site Acceptance Testing (SAT).
- Review and approval of all product and process related official documents such as batch record, process validation protocols/reports, analytical test methods, monographs, method validation protocols/reports.
- Create sustain quality system for the company.
- Supervise Sampling and Release of raw materials and finished products.
- Coordinate with stability group.
- Projects: Created On the Job Training (OJT) Program for Quality Assurance Department, Developed training record system.

D) Amneal Pharmaceuticals, Hauppauge, NY
Role: Lab Analyst (Solid Dosage Forms) **From: Nov 2010 to Feb 2011**
Duties:

- Perform Chemical analysis on a wide range of finished drug products (Tablets, Capsules) by following the standard test procedure in fully complied cGMP environment.
- Operate advanced analytical instruments such as HPLC, IR, UV-VIS Spectrophotometer, Dissolution Apparatus, PH-Meter, Melting point apparatus.
- Perform the Thin Layer Chromatography for the Finished Products.
- Perform physical test for Finished Product like Moisture Content, friability test, Tablet hardness test, Content uniformity.
- Maintain lab notebook, logbook, reports, and other documents as per requirement of cGMP/cGLP.

E) Tri-Med Laboratories, Somerset, NJ
Role: Quality Control Chemist (Liquid Dosage Forms) **From: Feb 2009 to Nov 2010**
Duties:

- Perform Chemical analysis on a wide range of drug product, in process products, finished products, stability testing and R&D products in accordance with approved analytical procedure.
- Perform Process validation & Method validation for Pharmaceutical Products. Standardization & Re-standardization of House reference standards and testing of Raw materials.
- Operate and calibrate advanced analytical instruments such as HPLC, IR, PH-Meter, Melting point apparatus.
- Perform the Titrations for the release and stability products and also associated wet chemistry testing for the raw material.
- Maintain lab notebook, logbook, reports, and other documents as per requirement of cGMP/cGLP.

- Perform physical test for release and stability products & maintain monthly stability schedule as well as Annual stability schedule.
- Prepare Protocol & reports for stability drug products & maintain the documentation record for the same.

F) Deluxe Surgical

Quality Control Inspector **(from 10th Jan 2007 to 10th Dec 2007)**

Duties: Practical Training

EDUCATION & TRAINING

Root Cause Analysis of Failures & Deviations- Developing and Effective CAPA Strategy May – 2012 (CFPIE)
Effective Internal and External Quality Assurance Auditing for FDA regulated industries OCT - 2011 (CFPIE)

Masters of Science in Pharmaceutical Manufacturing Engineering
Stevens Institute of Technology, Hoboken NJ 0703 (Jan 2008- Dec 2009)

Graduate Certificates in validation and regulatory affairs
Graduate Certificates in Pharmaceutical Manufacturing Practices

Bachelor of Pharmacy
St. John's Pharmacy College, Bangalore, Karnataka (Dec 2002 to Dec 2006)
University: Rajiv Gandhi University of Health Sciences, India.

INTERESTS

Validation and Regulatory affairs, Quality Assurance, Quality Control, Manufacturing Pharmaceutical Dosage Forms.

REFERENCES

Shall be furnished upon request.

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: Sigmapharm Laboratories, LLC

Address: 3375 Progress Drive

City: Bensalem State: PA Zip: 19020

I hereby authorize the Pennsylvania Department of Health 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
8000001747	Active	7/18/06	8/31/20

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
[signature]	Drug Program Specialist	PA	10/31/19	

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. 0771339

Application/License No. _____

Sigmapharm Laboratories, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
3375 Progress Drive Bensalem, PA 19020, as
Address of Applicant/Principal
PRINCIPAL, and HARCO NATIONAL INSURANCE COMPANY, a
Surety Company
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
702 Oberlin Road, Raleigh, North Carolina 27605 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 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 12/04/2019.
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 $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.

POWER OF ATTORNEY

Bond # 0771339

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

RALF RIGO, SHARIF ISMAIL

Syracuse, NY

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1964 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day. December 04, 2019

A00816

Irene Martins, Assistant Secretary

5UU

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: SK Life Science, Inc.

Physical Address: 461 From Road, 5th Floor

City: Paramus State: NJ Zip Code: 07652 Telephone

Number: (201) 421-3800 Fax Number: _____

Toll Free Number: (201) 421-3800

E-mail: rpolans@sklsi.com Website: https://www.sklifescienceinc

Facility Manager: Augustin Pegan

Professional qualifications and experience of facility manager: See attached resume
See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Military/Long-Term Care

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)

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
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? x 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

Hong Wook Kim
Print Name of Authorized Person

8/23/19
Date

Board Use Only	Date Processed:	Amount:

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: SK Biopharmaceuticals Co., LTD

Mailing Address: 461 From Road, 5th Floor

City: Paramus State: NJ Zip: 07652

Telephone: (201) 421-3800 Fax: _____

Contact Person: Hong Wook Kim

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) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 0

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: _____

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

0737700

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:

461 FROM RD, 5TH FL PARAMUS, NJ 07652-

Reg. No.
5005512

SK LIFE SCIENCE, INC.
461 FROM RD, 5TH FL
PARAMUS, NJ 07652-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SK LIFE SCIENCE, 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-FIFTH DAY OF SEPTEMBER, 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 SAID "SK LIFE SCIENCE, INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2002.

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

Jeffrey W. Bullock, Secretary of State

3548025 8300

SR# 20197226918

Authentication: 203667962

Date: 09-25-19

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

From: edrls@fda.hhs.gov [mailto:edrls@fda.hhs.gov]
Sent: Monday, August 28, 2017 7:11 AM
To: Robert Polans/Marketing Center/SKBP
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 28-AUG-2017
Labeler DUNS: 001993265
Labeler Name: SK Life Science, Inc.
Labeler Code: 71699

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).

SK life science
a subsidiary of SK biopharmaceuticals

Product List

Cenobamate – Labler Code 71699

Verified DZ

	NDC Labeler Code	Firm Name
1		
321	71661	Fruit of the Earth
322	71662	Transfer Technology
323	71663	Istituto Biochimico Italiano Giovanni Lorenzini SpA
324	71665	Emergent Product Development Gaithersburg Inc.
325	71666	Maithri Laboratories Private Limited
326	71667	Glamcos L.L.C.
327	71671	Agile Therapeutics, Inc.
328	71672	Eco Face Shop
329	71673	MSCO CO., LTD.
330	71675	Beijing Zhangguang 101 Science & Technology Co, Ltd
331	71677	Essential Cares Supplies Inc
332	71679	Health Pharma USA LLC
333	71680	LaShe Naturals, LLC
334	71681	Noratech Pharmaceuticals, Inc.
335	71682	COENBIO CO., LTD.
336	71683	CC Wellness LLC
337	71684	Global Packaging Systems
338	71685	Aspen API Inc.
339	71686	Sofina Foods Inc
340	71687	Focus Consumer Healthcare, LLC
341	71688	BioChem.Corporation
342	71689	FLAVORCHEM (INDIA) PRIVATE LIMITED
343	71690	JNTLee Inc.
344	71692	Regi U.S. Inc.
345	71693	SOLEO
346	71694	Feelxo
347	71695	VWR International, LLC
348	71696	LIN QUAN ENTERPRISE CO., LTD.
349	71698	NBM Inc.
350	71699	SK Life Science, Inc.
351	71700	GETTIK International LLC
352	71702	Coshub Co., Ltd.
353	71703	Frontier EDU
354	71704	Guangzhou Beauty Cosmetic Co., Ltd
355	71705	Medicines Development Limited (trading as Medicines Development for Global Health)
356	71706	Benson's Bottom Paint, Inc.
357	71707	TULSA GAS & GEAR, LLC
358	71708	Deepak Fertilisers And Petrochemical Corporation Limited
359	71709	Metcure, Inc
360	71710	Sun Jin Yu Ji Co
361	71711	Aimeeskinlab Co., Ltd

NDCLabelerCode

Augustin Pegan, R.Ph.
Stoneleigh Terrace
Riverdale, NJ 07457
201-421-3802 work
3 home
mobile
apegan@sklsi.com

Augustin Pegan 24JUL20
Signature / Date

SUMMARY

- Over 35 years of pharmaceutical industry experience
- 22 years of experience managing up to 8 scientists
- Responsible for the regional CMC support of marketed products and new drug development including pharmaceutical science, regulatory affairs, clinical supplies manufacturing, new technology assessment and competitive intelligence.
- Responsible for regional technical support of commercial manufacturing.
- An effective, highly productive staff member and team leader with a unique blend of technical, analytical and communicative skills and a verifiable record of achievement in supporting and building productive business relationships in order to achieve corporate goals.
- The capacity to utilize and integrate diverse resources in achieving business objectives.
- Experienced in working in a cross-cultural environment, including living in Berlin for 3 months.

EXPERIENCE

SK Life Science **2008 - Present**

Director, Head of CMC Team (Clinical Supply)

Manage staff of 5

Lead group activities in the areas of DS/DP development and clinical supplies packaging and labeling from Phase 1-3

Activities include:

- Process Development (DP)
  - Process selection
  - Establishment of critical process parameters
  - Equipment selection
  - Cleaning procedures
  - Scale-up and validation
- Formulation Development
  - Excipient compatibility studies
  - Ingredient selection and justification
  - Manufacture feasibility batches
  - Manufacture stability batches
  - Pharmaceutical Development Report
- Analytical Development (DP)
  - Characterization and analytical methods
  - Specifications for release and stability
  - Stability indicating method development
  - Cleaning validation method development
  - ICH compliant stability studies

- Clinical Supplies manufacturing and packaging
  - Prepare master batch records
  - Review and approve executed batch records
  - Ensure that all CTMs are manufactured according to cGMPs
  - Identify package configuration and select packaging components
  - Identify comparator and blinding strategies for comparator
  - Identify label design appropriate for clinical study (i.e. open vs double blind)
  - Approve all label copy for open and double blind investigational product labels
  - Manage the specification, implementation, and utilization of IWRS for clinical supplies
  - Ensure that adequate inventory of CTMs are available throughout clinical study period
  - Investigational product logistics management to allocate appropriate inventory to clinical study regional depots and the clinical sites they serve
- CMC Regulatory Affairs
  - Provide technical information for incorporation in regulatory submissions (INDs, Amendments, and Annual Reports)
  - Serve as a technical resource to other groups in the company
  - Serve as a CMC regulatory resource for colleagues in Korea.
- Manage all CMC activities at CROs
  - Identify vendors
  - Evaluate vendor capabilities with respect to cost and quality
  - Manage ongoing vendor relationships
  - Create and monitor budgets for development projects
- Manage personnel in the Clinical Supply group
  - Create Individual Performance Plan for each direct report
  - Monitor performance through periodic feedback meetings such as mid-year review
  - Perform annual performance reviews for all direct reports
- Lead cross functional drug development project team
  - Define drug development timeline with input from subject matter experts
  - Define deliverables for all functional groups
  - Propose and manage drug development budget
  - Lead selection process of clinical CRO
  - Lead project team meetings
  - Prepare and distribute weekly project progress reports
  - Coordinate the preparation of the monthly project progress report

Schering-Plough Corp. **2008**

Senior CMC Project Manager, Summit, NJ

- Manage CMC aspects of drug development process from Phase II through approval and launch.
- Monitor progress (track milestones), perform risk analysis, track budget (internal and external).
- Schedule and run team meetings, prepare meeting agendas and minutes.
- Present regular periodic progress reports to senior management.
- Foster accountability for decisions, commitments, and actions.

Bayer HealthCare Pharmaceuticals (formerly Berlex Laboratories) **1996 – 2007**

Section Head, Pharmaceutical Technology, Wayne, NJ 2002 - 2007
Managed staff of 6

Manager, Pharmaceutical Technology, Wayne, NJ 1996 - 2002

- Tripled prescription volume during my tenure as head of Rx department.
- Managed operation of the pharmacy department.
  - Managed inventory (increased inventory turnover to highest in my district).
  - Supervised activities of pharmacy technicians.
- Counseled patients on drug side effects and interactions.
- Interacted with physicians concerning patient medications.

Veterans Administration Medical Center **1977 – 1978**

Staff Pharmacist, East Orange, NJ

- Prepared adult hyperalimentation intravenous mixtures.
- Compounded and dispensed capsules for use in VA sponsored clinical studies.
- Dispensed prescriptions in the outpatient pharmacy.

EDUCATION

Pharmacist License, 1977 - New Jersey

Bachelor of Science (Pharmacy), 1977 - Rutgers University, New Brunswick Campus

COMPUTER SKILLS

Microsoft Office including Word, PowerPoint, Excel, Outlook, and Project, SAP, and Documentum.

OTHER SKILLS

Fluent in German.

AWARDS

Schering Long Term Incentive Award (stock options): May 2001

Berlex CITE Award: November 2001

PUBLICATIONS

- **SPLITTING BETAPACE® (SOTALOL HCl) TABLETS TO ACHIEVE A LOWER DOSE RESULTS IN UNACCEPTABLY HIGH DOSE VARIATION. A. Pegan**, M. Thome, A. Schenck. Journal of the American Pharmaceutical Association, Volume 43, Number 2, March/April 2003, Pages 267-324.
- **ASPECTS OF THE USE OF LAKES IN COMPRESSED TABLETS.** J.W. Lai and **A. Pegan.** Pharmaceutical Research, (6(9), S74, 1989

POSTER PRESENTATIONS

- **PHARMACOKINETICS (PK) AND PHARMACODYNAMICS (PD) OF YKP10461 FOLLOWING A FIRST-IN-HUMAN PHASE I STUDY IN HEALTHY PARTICIPANTS.** Sabrina Ciric[1], Mike Di Spirito[1], Sandra M. Connolly[1], Augustin Pegan[2], Elizabeth Graham[2]. American Association of Pharmaceutical Scientists 2013 Annual Meeting. [1]Celerion, [2]SK Life Science

- Identify process improvement opportunities and propose implementation activities in line with continuous improvement philosophy.
  - Evaluated multi-tip tablet press tooling to increase compression step productivity.
  - Worked with equipment manufacturer to develop a sealed interchangeable high shear blending container.
  - Transferred an enteric-coated bead product from a coating pan to a fluid bed wurster coater, greatly improving product process robustness, cycle time, quality and performance.
- Performed troubleshooting of manufacturing problems.

Supervisor/GMP Compliance Officer 1990 – 1992

Clinical Supplies Manufacturing – R. W. Johnson Pharmaceutical Research Institute, Raritan, NJ

- Participated in the planning, construction, and qualification of a new clinical pilot plant (14 million dollar project).
  - Specified layout and utilities for clinical manufacturing area.
  - Selected, purchased, and qualified new equipment for manufacturing area.
  - Managed capital budget for equipment purchases.
  - Created SOPs for the new manufacturing area and equipment.
- Reviewed and approved master batch records prior to manufacturing and executed batch records after completion of manufacturing.
- Managed Clinical Supplies Staff (2 technicians) in the following activities:
  - Manufacture of clinical batches under GMP conditions.
  - Routine maintenance of the clinical pilot plant.
  - Planning and execution of equipment cleaning validation.
  - Inventory management (raw material and in-process).
  - Maintenance of SOPs.

Associate Scientist 1984 – 1990

Pharmaceutical Development – R. W. Johnson Pharmaceutical Research Institute, Raritan, NJ

- Created a "color palette" for use by the Marketing department when creating brand identity for new products.
  - Used only colorants that were approved globally.
  - Percentages of colorants and colorimeter results were cataloged.
  - Tablet samples were provided to Marketing for future use.

- Evaluated new processing techniques with the aim of decreasing manufacturing cycle time:
  - Dry blending of hormone products to eliminate granulation step.
  - Incorporating active ingredients in tablet coatings.
  - Customized processing equipment to achieve goals (fluid bed coater and coating pan).

- Participated on teams that developed new solid dosage formulations:
  - Evaluated and selected excipients.
  - Performed physical testing on drug substance and drug product.
  - Manufactured lab scale feasibility batches.
  - Manufactured pilot scale batches for stability studies.
  - Identified and evaluated in-process packaging components.

RITE AID PHARMACY **1978 – 1983**

Pharmacist-in-Charge, New Brunswick, NJ

Managed staff of 4

- Represent CMC on global project teams, including first-in-class compounds.
- Participate in risk management assessments for new drug development projects.
- Manage/monitor regional CMC budgets for new drug development projects.
- Review CMC documentation for regulatory submission.
- Provide CMC information for annual reports.
- Identify and evaluate new drug delivery technologies.
- Identify and evaluate contract research organizations.
- Participate on audit and due diligence teams as a technical resource.
- Prepare CMC competitor analysis for project teams utilizing library searches (IMS, Pharma Projects, Thompson Scientific, Micropatent, etc), trade publications, and various websites (FDA, NIH, US Patent Office, competitor websites, etc).
- Developed liquid dosage form for use in pediatric studies that resulted in extension of exclusivity for product line ($70 million dollar value to the company).
- Reformulated marketed tablets to create new product image for line extension with new indication, saving time to market and development costs.
- Consult or participate in optimization and validation activities associated with external development.
- Developed an extended release bead formulation in conjunction with a CRO.
- Identified a new manufacturing site for Berlex products produced in Wayne.
- Managed the technology transfer of Berlex products to the new site.
- Led Operations Anti-Counterfeiting Team in assessing and implementing countermeasures.
- Reviewed and analyzed data to determine the root cause of drug product dissolution failures and made recommendations for corrective actions. This saved $500,000 per year in lost batches.
- Responsible for the management of the Pharmaceutical Technology group's role in product development, technical production support, pilot plant and equipment maintenance, resource management, and staff professional development, including:
  - Cost center budget (expense and capital) and employee performance review.
  - Review of CMC documentation for clinical manufacturing and production activities.
  - Development of specific dosage forms required for clinical studies.
  - Manufacture of clinical supplies under GMP conditions.
  - Processing of NDA/ANDA stability and biobatches on production equipment.
  - Equipment selection and qualification and associated cleaning validation.
  - Maintenance and use of the clinical pilot plant and equipment in a GMP manner.
  - Technical support to Manufacturing including trouble shooting, new technology assessment, process improvements, process validation, investigations, training, and maintenance of SOPs.

Johnson & Johnson **1984 - 1996**

Scientist 1992 - 1996

Process Development/Technical Support - Ortho-McNeil Pharmaceutical Inc., Raritan, NJ

- Scaled-up and transferred new drug product manufacturing processes from Research to Manufacturing.
- Validated new or changed manufacturing processes (prepared and executed protocols, wrote validation reports).
- Identified requirements and specifications for the purchase of new equipment.
- Qualified new or changed equipment, utilities, vendors, or ingredients/packaging components (prepared and executed protocols, wrote qualification reports).

- **BIOMARKER MEASUREMENTS IN EARLY CLINICAL STUDIES: YKP10461, POSITIVE BIOMARKER SIGNALS CAN PREDICT A SUCCESSFUL CANDIDATE FOR PARKINSON'S DISEASE.** Elizabeth Graham, Hong Wook Kim, Augustin Pegan, Duncan Taylor, Darryl Penenberg, and Mark Kamin. Clinical Safety, Clinical Operations, Clinical Supply, SK Life Science, Inc., Fair Lawn, NJ 07410

AFFILIATIONS

- American Association of Pharmaceutical Scientists
- American Pharmacists Association

COMPANY SPONSORED EXTERNAL TRAINING

Global Institute for Leadership Development
Palm Desert, CA. October 2004

Problem Solving & Decision Making
Kepner Tregoe
Princeton, NJ, June 2005

Project Management
Kepner Tregoe
Princeton, NJ, May 2007

SK life science
a subsidiary of SK biopharmaceuticals

OWNERSHIP

SK Life Science, Inc. ("SKLSI"), a 100% wholly owned subsidiary of SK biopharmaceuticals, is a virtual manufacturer of prescription drugs located in Fair Lawn, NJ.

COMPANY INFORMATION

SK Life Science, Inc.
461 From Road, 5th Floor
Paramus, NJ 07652
Phone: (201) 421-3800
Email: rpolans@sklsi.com
Tax ID: 22-3007257

CORPORATE OFFICERS

Hong Wook Kim, VP, Chief Operating Officer
461 From Road, 5th Floor
Paramus, NJ 07652
Phone: (201) 421-3800

Sebastiano Borriello, VP, Chief Commercial Officer
461 From Road, 5th Floor
Paramus, NJ 07652
Phone: (201) 421-3800

Jeong Woo Cho, Chief Executive Officer
461 From Road, 5th Floor
Paramus, NJ 07652
Phone: (201) 421-3800

Dr. Marc Kamin, Chief Medical Officer
461 From Road, 5th Floor
Paramus, NJ 07652
Phone: (201) 421-3800

SK life science
a subsidiary of SK biopharmaceuticals

DESCRIPTION OF OPERATIONS

SK Life Science, Inc. ("SKLSI"), a 100% wholly-owned subsidiary of SK biopharmaceuticals, is a virtual manufacturer of prescription drugs located in Fair Lawn, NJ. SKLSI is focused on developing and bringing treatments for disorders of the central nervous system (CNS) to market. SKLSI has a pipeline of six products in development for the treatment of CNS disorders including epilepsy, sleep disorder and attention deficit hyperactivity disorder, among others. The company's lead product is cenobamate, an investigational drug that is being studied as a potential treatment option for patients with epilepsy.

THIRD-PARTY LOGISTICS

SKLSI's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider ("3PL"), Cardinal Health dba Specialty Pharmaceutical Services ("SPS").
SKLSI utilizes the following SPS location for distribution of product:

Cardinal Health dba Specialty Pharmaceutical Services
15 Ingram Blvd.
LaVergne, TN 37086

MANUFACTURING

SKLSI uses the following manufacturer to produce finished product:

Patheon Inc.
111 Consumers Drive
Whitby, Ontario L1N 5Z5, Canada
FDA Establishment Number – 3003516812
DUNS – 205475333

FREE GOODS & PRODUCT SAMPLES

Samples of SKLSI's finished goods will be distributed using the following provider:

Bellwyck Packaging Inc.
1 Rimini Mews, Mississauga, ON L5N 4K1, Canada
FDA Establishment Number – 3007309095
DUNS - 203021662

PRODUCT

At the time of this filing, SKLSI does not have an FDA approved drug product. Accordingly, NDC's have not been assigned to cenobamate or any of SKLSI's pipeline drugs. SKLSI is registered with the FDA under the following labeler code:

Labeler Code: 71699

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. BX0003778

Application/License No. _____

SK Life Science Inc, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
461 From Rd 5th FL Paramus, NJ 07652, as
Address of Applicant/Principal
PRINCIPAL, and Jet Insurance Company, a
Surety Company
corporation organized under the laws of the state of North Carolina
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
PO Box 471023 Charlotte, NC 28247 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 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 01/23/2020.
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 23rd day of January, 2020.

APPLICANT/PRINCIPAL

COMPANY
SK Life Science Inc

Authorized Representative

Sworn to and subscribed before me this 04 day of Feb, 2020

SIGNED and SEALED in the presence of:

Witness

Witness

SANG HEE KIM
NOTARY PUBLIC
My Comm. Exp. Aug 28, 2022
STATE OF NEW JERSEY

SURETY

Jet Insurance Company

Surety Company's Representative

JET INSURANCE COMPANY CORPORATE SEAL NORTH CAROLINA

David Gonsalves, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by: David Gonsalves 3349773

Nevada Resident Agent

Bond Number: BX0003778

JET INSURANCE COMPANY

POWER OF ATTORNEY

NOW ALL BY THESE PRESENTS: That **JET INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of North Carolina, having its principal office in Charlotte, North Carolina does hereby constitute and appoint

Name	Limit of Liability per Bond
David Gonsalves	$25,000.00

its true and lawful Attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, provided that the liability of such shall not exceed the limit stated above.

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon **JET INSURANCE COMPANY** as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by authority of the following resolutions adopted by the Board of Directors of **JET INSURANCE COMPANY** by unanimous written consent dated August 3, 2018, of which the following is a true excerpt.

RESOLVED that the President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority to appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, attach the Seal of the Company thereto and deliver, bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke, at any time, any such Attorney-in-fact and revoke the authority given.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted by unanimous written consent dated August 3, 2018, of which the following is a true excerpt:

RESOLVED that the signature of any authorized officer and the Seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution on behalf of the Company and delivery of any bond, undertaking, contract of indemnity, recognizance and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, **JET INSURANCE COMPANY** has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 3rd day of August, 2018

SEAL

JET INSURANCE COMPANY

Spencer Siino, President

Richard Popp, Secretary

STATE OF NORTH CAROLINA
County of Mecklenburg

On this 3rd day of August, 2018 before me came the individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of Jet Insurance Company; that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of said Company.

Elspeth J. Murray
Notary Public, State of North Carolina
County of Mecklenburg
My Commission Expires 12/15/2023

IN WITNESS WHEREOF, I have hereunto set my hand at Jet Insurance Company offices the day and year above written.

ELSPETH J. MURRAY
NOTARY PUBLIC
MECKLENBURG COUNTY
NORTH CAROLINA
MY COMMISSION EXPIRES 12/15/2023

I, Richard Popp, Secretary of **JET INSURANCE COMPANY**, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by **JET INSURANCE COMPANY**, which is still in full force and effect.

IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this 23rd day of January, 2020.

SEAL

Richard Popp, Secretary

5VV

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: TerSera Therapeutics LLC

Physical Address: Suite 500, 520 Lake Cook Road

City: Deerfield State: IL Zip Code: 60015

Telephone Number: (847) 739-0940 Fax Number: _____

Toll Free Number: _____

E-mail: legal@tersera.com Website: tersera.com

Facility Manager: Edward Donovan

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 ☐ 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)

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: Patheon
Address: 2100 Syntex Court, Mississauga, ON Canada L5N 7K9

Name: Astra Zeneca Pharmaceuticals LP
Address: 587 Old Baltimore Pike, Newark, DE 19702

Name: OSO Biopharmaceuticals Manufacturing LLC
Address: 4401 Alexander Blvd. NE, Alburquerque, NM 87107

Name: Mikart Incorporated
Address: 1750 Chattahoochee Avenue, Atlanta GA 30318

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

Edward Donovan
Print Name of Authorized Person

8 JAN 20
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: TerSera Intermediate LLC

Mailing Address: 520 Lake Cook Road, Suite 500

City: Deerfield State: IL Zip: 60015

Telephone: (847) 739-0940 Fax: _____

Contact Person: Edward A. Donovan

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) _____
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.

Ownership Information

TerSera Therapeutics LLC is 100% Privately Owned by TerSera Intermediate LLC
520 Lake Cook Road, Suite 500
Deerfield, IL. 60015

Company Information

Company Name: TerSera Therapeutics LLC
520 Lake Cook Road, Suite 500
Deerfield, IL. 60015
Phone: (847) 739-0940
Website: www.tersera.com
E-mail: legal@tersera.com

FEIN: 81-1458652
State of Formation: DE
Date Incorporated: 01/27/2016

Officers

Edward Fiorentino, Chairman and Chief Executive Officer

Mark Tatro, Chief Financial Officer

Edward Donovan, General Counsel and Secretary

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TERSERA THERAPEUTICS 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TERSERA THERAPEUTICS LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2016.

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

Jeffrey W. Bullock, Secretary of State

5948395 8300

SR# 20198064807

Authentication: 203997286

Date: 11-13-19

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.
004.004806

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:
12/31/2020

LICENSED WHOLESALE DRUG DISTRIBUTOR

TERSERA THERAPEUTICS LLC
LANCE MICHAEL PALO
520 LAKE COOK RD STE 500
QUARANTINE ROOM
DEERFIELD, IL 60015-5633

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

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

14095821

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: 4004964

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
TERSERA THERAPEUTICS LLC	Deerfield, IL 60015	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004806	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	11/19/2019	11/19/2019	12/31/2020	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004266	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	03/30/2017	12/03/2018	12/31/2020	N

Generated on: 1/29/2020 4:17:37 PM

Description of Operations

TerSera Therapeutics, LLC is a privately owned, Virtual Manufacturer, located in Deerfield, IL. TerSera has multiple products which are manufactured by multiple Contract Manufacturers and are distributed by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

CMO Information:
Please see the attached Product Supply Chain Documents for CMO Information of each product.

Product Description
Please see attached Product Supply Chain Documents for Product Descriptions.

Labeler Code:
70720

NDC#:
70720-120

Third Party Logistic information:
ICS
420 International Blvd. Suite # 500
Brooks, KY 40109
Contact: Kimberly Martinez
(469) 365-7623
Kimberly.martinez@icsconnect.com

McKesson Specialty (RX Crossroads)
1001 Cheri Way
Fairdale, KY 40118
Contact: Andrea Seadlet
(502) 357-1343
andrea.seadler@mckesson.com

TerSera's hours of operation are 8:30 am – 5:00pm CST Monday through Friday.

Product and CMO Information

TerSera Therapeutics, LLC is a privately owned, Virtual Manufacturer, located in Deerfield, IL. TerSera has multiple products which are manufactured by multiple Contract Manufacturers and are distributed by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

Product Name: Ergomar
Form: Sublingual Tablet
ANDA: 087693
NDC: 70720-120-03, 70720-120-20

CMO Manf & Packaging: Mikart Incorporated
Address: 1750 Chattahoochee Avenue
Atlanta, GA USA 30318
FEI#: 1050658

Product Name: Prialt
Form: Intrathecal
NDA: 021060
NDC: 70720-720-10, 70720-722-10, 70720-723-10, 70720-723-05

CMO Manf & Packaging: AMRI Global (formally OSO BioPharmaceuticals Manufacturing LLC)
Address: 4401 Alexander Blvd NE
Albuquerque, NM USA 87107
FEI#: 1643045

Product Name: Varubi
Form: Tablet
NDA: 206500
NDC: 70720-101-02

CMO Manufacturing: Patheon
Address: 2100 Syntex Court
Mississuago, Ontario, Canada, L5N 7K9
FEI#: 3000264888

CMO Packaging: Sharp Packaging Solutions
Address: 23 Carland Road
Conshohocken, PA USA 19428
FEI#: 2518332

Product Name: Zoladex
Form: Implant
NDA: 019726, 020515, 020578
NDC: 70720-950-36, 70720-951-30

CMO Manufacturing: AstraZeneca UK
Address: Silk Road Business Park, Charter Way
Macclesfield, Cheshire United Kingdom, Sk10 2NA United Kingdom
FEI#: 3002850317

CMO Packaging: AstraZeneca Pharmaceuticals LP
Address: 587 Old Baltimore Pike
Neward, DE USA 19702
FEI#: 2517100

Verified 2/6/2020 DZ

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 February 04, 2020

You have searched Finished drug products

Search Results: *'70720'*

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	Pr Na
Ergomar	70720-120-03	2 mg/1	TABLET	ORAL	ANDA087693	TerSera Therapeutics, LLC	70720-120	Ergotamine Tartrate	ERGOTAMINE TARTRATE	HUI PRE DRU
Ergomar	70720-120-20	2 mg/1	TABLET	ORAL	ANDA087693	TerSera Therapeutics, LLC	70720-120	Ergotamine Tartrate	ERGOTAMINE TARTRATE	HUI PRE DRU
PRIALT	70720-722-10	100 ug/mL	INJECTION, SOLUTION	INTRATHECAL	NDA021060	TerSera Therapeutics LLC	70720-722	ziconotide acetate	ZICONOTIDE ACETATE	HUI PRE DRU
PRIALT	70720-723-10	25 ug/mL	INJECTION, SOLUTION	INTRATHECAL	NDA021060	TerSera Therapeutics LLC	70720-723	ziconotide acetate	ZICONOTIDE ACETATE	HUI PRE DRU
PRIALT	70720-720-10	100 ug/mL	INJECTION, SOLUTION	INTRATHECAL	NDA021060	TerSera Therapeutics LLC	70720-720	ziconotide acetate	ZICONOTIDE ACETATE	HUI PRE DRU
QMIIZ ODT	70720-175-99	7.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-175	meloxicam	MELOXICAM	HUI PRE DRU

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Pr Na
QMIIZ ODT	70720-115-99	15 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-115	meloxicam	MELOXICAM	HUI PRE DRU
QMIIZ ODT	70720-175-10	7.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-175	meloxicam	MELOXICAM	HUI PRE DRU
QMIIZ ODT	70720-115-10	15 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-115	meloxicam	MELOXICAM	HUI PRE DRU
QUZYTTIR	70720-100-25	10 mg/mL	INJECTION	INTRAVENOUS	NDA211415	TerSera Therapeutics LLC	70720-100	Cetirizine Hydrochloride	CETIRIZINE HYDROCHLORIDE	HUI PRE DRU
Varubi	70720-101-02	90 mg/1	TABLET	ORAL	NDA206500	TerSera Therapeutics LLC	70720-101	rolapitant	ROLAPITANT HYDROCHLORIDE	HUI PRE DRU
ZOLADEX	70720-951-30	10.8 mg/1	IMPLANT	SUBCUTANEOUS	NDA020578	TerSera Therapeutics LLC	70720-951	goserelin acetate	GOSERELIN ACETATE	HUI PRE DRU
ZOLADEX	70720-950-36	3.6 mg/1	IMPLANT	SUBCUTANEOUS	NDA019726	TerSera Therapeutics LLC	70720-950	goserelin acetate	GOSERELIN ACETATE	HUI PRE DRU

Showing 1 to 13 of 13 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

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 January 29, 2020

You have searched Finished drug products

Search Results: *'tersera'*

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 Categc
Ergomar	70720-120-03	2 mg/1	TABLET	ORAL	ANDA087693	TerSera Therapeutics, LLC	70720-120	Ergotamine Tartrate	ERGOTAMINE TARTRATE	HUMAN PRESCRIPTION DRUG	09/20/2016	N/A	ANDA
Ergomar	70720-120-20	2 mg/1	TABLET	ORAL	ANDA087693	TerSera Therapeutics, LLC	70720-120	Ergotamine Tartrate	ERGOTAMINE TARTRATE	HUMAN PRESCRIPTION DRUG	09/20/2016	N/A	ANDA
PRIALT	70720-722-10	100 ug/mL	INJECTION, SOLUTION	INTRATHECAL	NDA021060	TerSera Therapeutics LLC	70720-722	ziconotide acetate	ZICONOTIDE ACETATE	HUMAN PRESCRIPTION DRUG	10/15/2018	N/A	NDA
PRIALT	70720-723-10	25 ug/mL	INJECTION, SOLUTION	INTRATHECAL	NDA021060	TerSera Therapeutics LLC	70720-723	ziconotide acetate	ZICONOTIDE ACETATE	HUMAN PRESCRIPTION DRUG	10/15/2018	N/A	NDA
PRIALT	70720-720-10	100 ug/mL	INJECTION, SOLUTION	INTRATHECAL	NDA021060	TerSera Therapeutics LLC	70720-720	ziconotide acetate	ZICONOTIDE ACETATE	HUMAN PRESCRIPTION DRUG	10/15/2018	N/A	NDA
QMIIZ ODT	70720-175-10	7.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-175	meloxicam	MELOXICAM	HUMAN PRESCRIPTION DRUG	02/21/2019	N/A	NDA
QMIIZ ODT	70720-115-10	15 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-115	meloxicam	MELOXICAM	HUMAN PRESCRIPTION DRUG	02/21/2019	N/A	NDA
QMIIZ ODT	70720-175-99	7.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-175	meloxicam	MELOXICAM	HUMAN PRESCRIPTION DRUG	02/21/2019	N/A	NDA
QMIIZ ODT	70720-115-99	15 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-115	meloxicam	MELOXICAM	HUMAN PRESCRIPTION DRUG	02/21/2019	N/A	NDA

Verified DZ 2/6/2020

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 Categc
QUZYTTIR	70720-100-25	10 mg/mL	INJECTION	INTRAVENOUS	NDA211415	TerSera Therapeutics LLC	70720-100	Cetirizine Hydrochloride	CETIRIZINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/13/2019	N/A	NDA
Varubi	70720-101-02	90 mg/1	TABLET	ORAL	NDA206500	TerSera Therapeutics LLC	70720-101	rolapitant	ROLAPITANT HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/07/2015	N/A	NDA
ZOLADEX	70720-951-30	10.8 mg/1	IMPLANT	SUBCUTANEOUS	NDA020578	TerSera Therapeutics LLC	70720-951	goserelin acetate	GOSERELIN ACETATE	HUMAN PRESCRIPTION DRUG	01/26/2018	N/A	NDA
ZOLADEX	70720-950-36	3.6 mg/1	IMPLANT	SUBCUTANEOUS	NDA019726	TerSera Therapeutics LLC	70720-950	goserelin acetate	GOSERELIN ACETATE	HUMAN PRESCRIPTION DRUG	03/31/2018	N/A	NDA

Showing 1 to 13 of 13 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

EDWARD A. DONOVAN
1 Judson Avenue
Evanston IL 60201

Experience

2016-Present **TERSERA THERAPEUTICS LLC** **LAKE FOREST, IL**
Executive Vice President, General Counsel & Secretary

Reports directly to the Chairman and Chief Executive Officer and is responsible for providing legal support to all TerSera's business functions and oversight of TerSera's compliance program.

2013-2016 **CREALTA PHARMACEUTICALS LLC** **LAKE FOREST, IL**
General Counsel & Secretary

Reported directly to the Chairman and Chief Executive Officer and was responsible for providing legal support to all Crealta's business functions, leading medical affairs and oversight of Crealta's compliance program.

Worked closely with business development to identify, diligence and close key product acquisitions. Led drafting and negotiation of the transaction agreements for acquisitions and the successful sale of Crealta.

Served as officer of company and provided legal advice to corporate officers, board members, and other organizational constituents on corporate governance, corporate transactions, regulatory compliance, and litigation/dispute resolution. Led the medical affairs department and managed all aspects of compliance program, including employee training, employee monitoring, and aggregate spend tracking and reporting, PhRMA Code analysis, general compliance oversight, and coordinating internal audits.

2012-2013 **ACTIENT PHARMACEUTICALS LLC** **LAKE FOREST, IL**
General Counsel & Secretary

Reported directly to the Chief Executive Officer and was responsible for providing legal support to all Actient business functions and oversight of Actient's compliance program.

Worked closely with business development to identify, diligence and close key product acquisitions. Led drafting and negotiation of the transaction agreements for acquisitions and the successful sale of Actient (2013 "Company of the Year" by Illinois Venture Capital Association).

Served as officer of company and provided legal advice to corporate officers, board members, and other organizational constituents on corporate governance, corporate transactions, regulatory compliance, and litigation/dispute resolution. Managed all aspects of compliance program, including employee training, employee monitoring, and aggregate spend tracking and reporting, PhRMA Code analysis, general compliance oversight, and coordinating internal audits.

2004-2011 **KIRKLAND & ELLIS LLP** **CHICAGO, IL**
Corporate Partner

Counseled clients on the corporate, securities and tax aspects of various complex business transactions, including mergers, acquisitions, leveraged buyouts, recapitalizations, divestitures, private equity investments and executive compensation and incentive equity arrangements. Drafted and negotiated corporate transaction documents, including merger and other purchase and sale agreements, disclosure schedules, preferred and common stock terms and limited liability company agreements. Coordinated due diligence investigations and preparation of legal due diligence reports.

Representative clients included Angelo Gordon, Audax Group, Bain Capital, Blue Point, GTCR, Keystone Capital, Maxum Petroleum, Parthenon, POET, LLC, Sun Capital Partners and Waud Capital Partners.

Summer 2002 **PORTLAND CITY ATTORNEY'S OFFICE** **PORTLAND, OR**
Summer Law Clerk

Researched and produced memoranda on numerous topics including the Fair Credit Reporting Act, quasi-judicial immunity, tax liability under a medical savings proposal, and tort liability for owners of recreational land.

1996-2001 **CAPTAIN, UNITED STATES ARMY** **FORT STEWART, GA and FORT BRAGG, NC**
Executive Officer, Support and Rocket Platoon Leader

Directed logistical and maintenance support for a 150 member organization with the division's most maintenance intensive equipment. Led unit of 75 soldiers in execution of logistical supply for 70 vehicles and the maintenance of equipment valued at $50 million. Led elite artillery unit of 36 soldiers to conduct fire support and rocket missions in support of U.S. policies. Deployed armed team to within 4 miles of Iraqi border within 72 hours of receiving orders in Savannah, Georgia.

Education

2001-2004 **UNIVERSITY OF VIRGINIA SCHOOL OF LAW** **CHARLOTTESVILLE, VA**
F.O. Blechman Scholar. Joint Committee on Taxation Intern.

1992-1996 **UNITED STATES MILITARY ACADEMY** **WEST POINT, NY**
Bachelor of Science in Political Science. Dean's List Eight Semesters. Silver Star Academic Excellence Award.

Personal Hiking, running, golf, outdoor sports and extensive travel.

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. 20BSBIG4928

Application/License No. _____

TerSera Therapeutics LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
520 Lake Cook Road, Suite 500, Deerfield, IL 60015, as
Address of Applicant/Principal
PRINCIPAL, and Hartford Fire Insurance Company, 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
One Hartford Plaza, Hartford, CT 06155 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 January 1, 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.

20BSBIG4928

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 December, 2019.

APPLICANT/PRINCIPAL

TerSera Therapeutics LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Hartford Fire Insurance Company

Bonnie Rice

Surely Company's Representative

Bonnie Rice, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Sandy McCharney

Witness

Marian Smith

Witness

Countersigned by:

N/A.

Nevada Resident 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: MARSH USA INC/NATIONAL SURETY CTR
Agency Code: 20-246454

- [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
Bonnie Rice

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. 20BSBIG4928
Naming TerSera Therapeutics 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 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 December 26, 2019.
Signed and sealed at the City of Hartford.

Kevin Heckman, Assistant Vice President

5WW

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: Veloxis Pharmaceuticals, Inc.

Physical Address: 1001 Winstead Drive, 3rd Floor, Suite 310

City: Cary State: NC Zip Code: 27513

Telephone Number: 919-591-3090 Fax Number: 919-591-3089

Toll Free Number: N/A

E-mail: bbu@veloxis.com Website: www.veloxis.com

Facility Manager: Benjamin M. Burgin

Professional qualifications and experience of facility manager: Oversee development and negotiation of overall regulatory plans to assure viability of global or regional registrations. Identify risk areas and develop alternative courses of action, including anticipation of regulators' responses through scenario planning and development of contingency plans.

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: _____

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) N/A

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: ASD Specialty Healthcare Inc.
Address: 3101 Gaylord Pkwy, Frisco, TX 75034

Name: McKesson Plasma and Biologics
Address: 6555 N. State Hwy 161, Irving, TX 75039

Name: Cardinal Health
Address: 305 Tech Park Drive, Suite 113, LaVergne, TN 37086

Name: Bergen Pharmacy @ NBIMC
Address: 178-180 Lyons Ave., Newark, NJ 07112

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

Benjamin M. Burgin
Print Name of Authorized Person

10-Feb-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: Delaware

Parent Company if any: Veloxis Pharmaceuticals A/S

Mailing Address: 1001 Winstead Drive, 3rd Floor, Suite 310

City: Cary State: NC Zip: 27513

Telephone: 919-591-3090 Fax: 919-591-3089

Contact Person: Benjamin M. Burgin

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 - Veloxis Pharmaceuticals, Inc. is wholly-owned by its parent company, Veloxis Pharmaceuticals A/S.
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. 10,000

3) What was the price paid per share? $0.01

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 C

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

Attachment A

Resident State License and Online 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.
1013

LICENSE/CERTIFICATE: Virtual Manufacturer

TYPE

Expiration Date 12/31/2020

LICENSEE OR CERTIFICATOR
Veloxis Pharmaceuticals, Inc.
1001 Winstead Drive 3rd Floor, Ste 310
Cary NC 27513

LICENSED 2020 NORTH CAROLINA

STEVE TROXLER, COMMISSIONER

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

Food & Drug Protection Division

Drug License Search

Go Back

New Search (search.asp)

Your search for veloxis returned the following results...

Veloxis Pharmaceuticals, Inc.
1001 Winstead Drive 3rd Floor, Ste 310
Cary, NC 27513

License Type: **092**
License Number: **1013**
Description: **Virtual Manufacturer**

Status: **Active – in good standing**
Issue Date: **11/21/2019**
Expiration Date: **12/31/2020**

Attachment B

FDA Registration

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 206406

NDA APPROVAL

Veloxis Pharmaceuticals, Inc.
Attention: Mr. Ronald Guido
Vice President, Global Regulatory Affairs
Chief Compliance Officer
499 Thornall Street
3rd Floor
Edison, NJ 08837

Dear Mr. Guido:

Please refer to your New Drug Application (NDA) dated December 28, 2013, received December 30, 2013, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Envarsus XR (tacrolimus extended-release tablets), 0.75 mg, 1 mg and 4 mg.

We acknowledge receipt of your amendments dated

November 17, 2014	January 21, 2015	June 12, 2015	July 2, 2015
December 2, 2014	February 16, 2015	June 18, 2015	July 6, 2015
December 8, 2014	March 10, 2015	June 25, 2015	July 7, 2015
December 12, 2014	April 2, 2015	June 26, 2015	
December 16, 2014	April 13, 2014	July 1, 2015(2)	

Your application was tentatively approved on October 30, 2014. You submitted an amendment on June 12, 2015, after receiving advice provided in the December 5, 2014, teleconference, the December 12, 2014, advice letter and the two January 12, 2015, advice letters.

This new drug application provides for the use of Envarsus XR (tacrolimus extended-release tablets) for prophylaxis of organ rejection in kidney transplant patients converted from tacrolimus immediate-release formulations in combination with other immunosuppressants.

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling text.

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 07, 2020

You have searched Finished drug products

Search Results : '68992'

Back to Search Page () | Search Again ()

CSV Excel

Display All 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	Pharm Class
Envarsus	68992-3040-1	4 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA206406	Veloxis Pharmaceuticals, Inc	68992-3040	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	1 POUCH in 1 CARTON (68992-3040-1) > 1 BOTTLE in 1 POUCH > 100 TABLET, EXTENDED RELEASE in 1 BOTTLE	Calcineurin Inhibitor Immunosuppressant [EPC], Calcineurin Inhibitors [MoA]
Envarsus	68992-3075-1	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA206406	Veloxis Pharmaceuticals, Inc	68992-3075	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	1 POUCH in 1 CARTON (68992-3075-1) > 1 BOTTLE in 1 POUCH > 100 TABLET, EXTENDED RELEASE in 1 BOTTLE	Calcineurin Inhibitor Immunosuppressant [EPC], Calcineurin Inhibitors [MoA]
Envarsus	68992-3040-3	4 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA206406	Veloxis Pharmaceuticals, Inc	68992-3040	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	1 POUCH in 1 CARTON (68992-3040-3) > 1 BOTTLE, PLASTIC in 1 POUCH > 30 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC	Calcineurin Inhibitor Immunosuppressant [EPC], Calcineurin Inhibitors [MoA]

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
Envarsus	68992-3010-1	1 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA206406	Veloxis Pharmaceuticals, Inc	68992-3010	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	1 POUCH in 1 CARTON (68992-3010-1) > 1 BOTTLE in 1 POUCH > 100 TABLET, EXTENDED RELEASE in 1 BOTTLE	Calcineurin Inhibitor Immunosuppressant [EPC], Calcineurin Inhibitors [MoA]
Envarsus	68992-3075-3	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA206406	Veloxis Pharmaceuticals, Inc	68992-3075	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	1 POUCH in 1 CARTON (68992-3075-3) > 1 BOTTLE, PLASTIC in 1 POUCH > 30 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC	Calcineurin Inhibitor Immunosuppressant [EPC], Calcineurin Inhibitors [MoA]
Envarsus	68992-3010-3	1 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA206406	Veloxis Pharmaceuticals, Inc	68992-3010	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	1 POUCH in 1 CARTON (68992-3010-3) > 1 BOTTLE, PLASTIC in 1 POUCH > 30 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC	Calcineurin Inhibitor Immunosuppressant [EPC], Calcineurin Inhibitors [MoA]

Showing 1 to 6 of 6 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

National Drug Code Directory

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

Current through February 19, 2020

You have searched Finished drug products

Search Results: '68992'

Back to Search Page | **Search Again**

CSV Excel

Verified DZ 2/19/2020

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	Pharm Class
Envarsus	68992-3040-1	4 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA206406	Veloxis Pharmaceuticals, Inc	68992-3040	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	1 POUCH in 1 CARTON (68992-3040-1) > 1 BOTTLE in 1 POUCH > 100 TABLET, EXTENDED RELEASE in 1 BOTTLE	Calcineurin Inhibitor Immunosuppressant [EPC], Calcineurin Inhibitors [MoA]
Envarsus	68992-3075-1	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA206406	Veloxis Pharmaceuticals, Inc	68992-3075	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	1 POUCH in 1 CARTON (68992-3075-1) > 1 BOTTLE in 1 POUCH > 100 TABLET, EXTENDED RELEASE in 1 BOTTLE	Calcineurin Inhibitor Immunosuppressant [EPC], Calcineurin Inhibitors [MoA]
Envarsus	68992-3040-3	4 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA206406	Veloxis Pharmaceuticals, Inc	68992-3040	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	1 POUCH in 1 CARTON (68992-3040-3) > 1 BOTTLE, PLASTIC in 1 POUCH > 30 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC	Calcineurin Inhibitor Immunosuppressant [EPC], Calcineurin Inhibitors [MoA]
Envarsus	68992-3010-1	1 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA206406	Veloxis Pharmaceuticals, Inc	68992-3010	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	1 POUCH in 1 CARTON (68992-3010-1) > 1 BOTTLE in 1 POUCH > 100 TABLET, EXTENDED RELEASE in 1	Calcineurin Inhibitor Immunosuppressant [EPC], Calcineurin Inhibitors [MoA]

Attachment C

Corporate Officer and Director Information

Veloxis Pharmaceuticals, Inc.
1001 Winstead Drive, 3rd Floor, Suite 310
Cary, NC 27513

Officers:

Craig A. Collard *Chief Executive Officer*

Ira Duarte
Chief Financial Officer

Noel Barnard
Secretary

Directors:

Craig A. Collard
Ira Duarte

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 "VELOXIS 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 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 "VELOXIS PHARMACEUTICALS, INC." WAS INCORPORATED ON THE SECOND DAY OF JANUARY, A.D. 2007.

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

Jeffrey W. Bullock, Secretary of State

4277469 8300

SR# 20200477356

Authentication: 202237788

Date: 01-22-20

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

Attachment E

Surety Bond or Other Means of Security

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. 2293592

Application/License No. _____

Veloxis Pharmaceuticals, Inc., doing or intending to do business
Applicant/Principal
as a pharmaceutical wholesaler, whose address for purposes of service is
1001 Winstead Drive, 3rd Floor Suite 310, Cary, NC 27513, as
Address of Applicant/Principal
PRINCIPAL, and North American Specialty Insurance Company, a
Surety Company
corporation organized under the laws of the state of NH
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1200 Main Street, Suite 800 , Kansas City, MO 64105 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 February 7, 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.

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 February, 2020.

APPLICANT/PRINCIPAL
Veloxis Pharmaceuticals, Inc.

By: _____
Authorized Representative
IRA DUARTE, TREASURER

SIGNED and SEALED in the presence of:

Victoria Brooking
Witness

Benjamin Bryan
Witness

SURETY COMPANY
North American Specialty Insurance Company

By: Julia McElligott
Surety Company's Representative

Julia McElligott, Attorney-in-fact
print name

NORTH AMERICAN SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1973 NEW HAMPSHIRE

SIGNED and SEALED in the presence of:

Jen Pollard
Witness

Witness

Countersigned by:

Julia C. McElligott
Nevada Resident Agent
NV Non-Resident License #571429
Expires 02-01-2023

SWISS RE CORPORATE SOLUTIONS

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Kansas City, Missouri, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Kansas City, Missouri, each does hereby make, constitute and appoint: Julia McElligott

Principal: Veloxis Pharmaceuticals, Inc. Bond Number: 2293592
Obligee: Nevada State Board of Pharmacy Bond Amount: See Bond Form
Bond Description: NV Pharmaceutical Wholesaler Bond ($100,000)

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

FIFTY MILLION ($50,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9th of May, 2012:

"RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the 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 binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."

NORTH AMERICAN SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1973 NEW HAMPSHIRE

By _____
Steven P. Anderson, Senior Vice President of Washington International Insurance Company & Senior Vice President of North American Specialty Insurance Company

By _____
Michael A. Ito, Senior Vice President of Washington International Insurance Company & Senior Vice President of North American Specialty Insurance Company

WASHINGTON INTERNATIONAL INSURANCE COMPANY CORPORATE SEAL NEW HAMPSHIRE

IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 1st day of February, 2019.

North American Specialty Insurance Company
Washington International Insurance Company

State of Illinois
County of Cook ss:

On this 1st day of February, 2019, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Michael A. Ito, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.

OFFICIAL SEAL
M. KENNY
Notary Public - State of Illinois
My Commission Expires
12/04/2021

M. Kenny, Notary Public

I, Jeffrey Goldberg, the duly elected Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 7th day of February, 2020.

Jeffrey Goldberg, Vice President & Assistant Secretary of
Washington International Insurance Company & North American Specialty Insurance Company

BENJAMIN M. BURGIN, RAC
Email: b
Phone: 5 5

ACCOMPLISHMENTS

- Responsible for the NDA submissions and FDA interactions resulting in the original product approvals for Apriso® (mesalamine granules) extended-release capsules and Giazo® (balsalazide disodium) tablets.
- Directed regulatory activities resulting in FDA and EMA approvals of a key indication for Relistor® (methylnaltrexone bromide) subcutaneous injection. This included working closely with senior management on a successful appeal to FDA ODEIII and a successful advisory committee meeting involving 5 companies representing the mu-opioid receptor antagonist drug class.

WORK EXPERIENCE

Director, Regulatory Affairs (February 2017 – Present)
Veloxis Pharmaceuticals, Inc., Cary, NC

- Oversee development and negotiation of overall regulatory plans to assure viability of global or regional registrations
- Identify risk areas and develop alternative courses of action, including anticipation of regulators' responses through scenario planning and development of contingency plans.

Director, Regulatory Affairs (April 2016 – January 2017)
KemPharm, Inc., Durham, NC

- Worked closely with senior management to create a process for corporate review of advertising and promotional material for the company's first anticipated marketed product
- Performed regulatory review of proposed post-approval changes and provided strategic assessment of changes to ensure appropriate filing requirements
- Instrumental in the preparation and submission of the company's first 2 electronic IND applications

Associate Director, Regulatory (March 2012 – June 2015)
Senior Manager, Regulatory (March 2007 – March 2012)
Salix Pharmaceuticals, Inc., Raleigh, NC

- Provided strategic regulatory guidance for development projects and in support of marketed products to maintain regulatory compliance
- Directed writing and preparation of regulatory submissions to health authorities (FDA, EMA, and HC) including pre-IND, IND, NDA, NDS, MAA applications, supplements, amendments, meeting requests, and meeting briefing documents
- Lead preparation and planning for meetings with regulatory authorities and actively participated in meetings to ensure objectives were met
- Served as the primary liaison with applicable regulatory authorities for assigned products
- Performed regulatory review of proposed post-approval changes and provided strategic assessment of changes to ensure appropriate filing requirements were met and submissions were complete
- Directed regulatory review of advertising and promotional material for multiple marketed products
- Conducted regulatory review of clinical study reports and clinical protocols
- Provided regulatory guidance and advice to cross-functional teams

- Monitored FDA and other governmental agency laws and regulations through websites and publications
- Ensured company SOPs and practices were in conformance with FDA and international regulatory requirements
- Assured maintenance of regulatory archival records
- Performed regulatory due diligence reviews for proposed product acquisitions

Regulatory Intelligence Analyst, (February 2006 – March 2007)
Schwarz Biosciences, Inc., Raleigh, NC

- Opportunity to lead the development and implementation of a new regulatory intelligence role within the company
- Identified and communicated emerging legislation that impacted company development programs and activities
- Monitored competitor activities using internal and external resources
- Managed regulatory knowledge internally by disseminating relevant regulatory information in recurring reports
- Developed a systematic process for the retrieval of applicable industry information
- Created a network of information providers inside and outside the company
- Conducted research on specific regulatory topics using publicly available information
- Reviewed Federal Register for new guidances/regulations and communicated changes and updates to members of the Regulatory department
- Collaborated with internal regulatory web staff/ directors to provide background/regulatory opinion on new guidance documents
- Member of corporate task force that defined processes for distribution of intelligence information within the company

Senior Manager, Regulatory Operations, (January 2005 – January 2006)
Schwarz Biosciences, Inc., Research Triangle Park, NC

- Supervised all activities associated with the preparation of IND submissions to the FDA
- Provided regulatory guidance and support to project teams for CTD Module 1 items
- Supervised maintenance of regulatory database for IND submissions, protocols, investigators, Canadian submissions, and safety information
- Supervised regulatory approval of drug release for all therapeutic areas
- Supervised activities of Regulatory Specialists and Regulatory Coordinator
- Served as the U.S. Regulatory representative for company SOP Committee
- Reviewed Federal Register for new guidances/regulations and communicated changes and updates to members of the Regulatory department
- Processed Freedom of Information requests and maintained a library of this documentation
- Authored SOP regarding financial disclosure by clinical investigators

Regulatory Submissions Manager, (January 2003 – December 2004)
Sr. Regulatory Submissions Specialist/Acting Regulatory Submissions Manager, (July 2002 – January 2003)
Regulatory Submissions Specialist, (August 2001 – July 2002)
Inveresk Corporation, Cary, NC / PharmaResearch Corporation, Morrisville, NC

- Reviewed all proposals and budgets that involved regulatory activities
- Managed and tracked all regulatory submissions budgets
- Managed and projected all phases of regulatory submission assembly
- Interfaced with project managers in all functional areas and represented Regulatory Operations in project team meetings
- Ensured maintenance of regulatory submission files for all projects
- Arranged and prepared for sponsor and FDA meetings
- Obtained regulatory information and guidance documentation using the FDA and other regulatory information sources on the internet
- Prepared regulatory SOPs and assisted in SOP planning, preparation, and execution as needed
- Kept abreast of FDA, ICH and international guidelines as well as company SOPs related to regulatory operations
- Interpreted regulations for staff to make informed and proactive decisions about regulatory aspects of clinical trials and projects
- Managed the verification of qualifications and capabilities of investigator physicians and study sites to successfully manage and conduct clinical studies
- Managed and evaluated contracted services such as reprographics vendors and expert technical reviewers
- Reviewed investigative site regulatory documentation and informed consents
- Conducted training of company associates regarding regulatory-related topics

Regulatory Specialist, (October 2000 – August 2001)
Senior Regulatory Documentation Coordinator, (January 2000 – October 2000)
Regulatory Documentation Coordinator, (October 1998 – January 2000)
Quintiles, Inc., Durham, NC

- Prepared and compiled IND and NDA submissions to the FDA
- Electronically published and quality checked IND and NDA submissions to the FDA
- Maintained IND submissions
- Reviewed investigative site regulatory documentation, informed consents, and advertisements
- Served as Regulatory Lead in Project Teams
- Interacted with internal and external clients regarding regulatory matters
- Assisted management in advising clients in regulatory matters
- Maintained knowledge of regulatory trends and developments in the US, Canada, Europe, and emerging markets

Clinical Research Coordinator, GlaxoWellcome, Inc.
Research Triangle Park, NC (June 1997 – October 1998)

- Coordinated drug requests and internal regulatory document submissions
- Organized records and files in accordance with GCP regulations and guidelines
- Created and maintained monthly reports, budgets, and grant requests for multiple research studies

EDUCATION

Regulatory Affairs Certification (RAC), December 2002
Regulatory Affairs Professionals Society

Bachelor of Science in Business Management, December 1996
North Carolina State University, Raleigh, NC
Concentration: Operations Management

Computer Skills: ISI ToolBox, Liquent CoreDossier Electronic Publishing Software, Accenture eCTD Viewer, Omnicia OmniView, Microsoft Office, Microsoft Outlook

REFERENCES AVAILABLE UPON REQUEST

5XX

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 WHO1836
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: Dixon Shane, LLC DBA R&S Northeast, LLC

Physical Address: 8407 Austin Tracy Road

City: Fountain Run State: KY Zip Code: 42133

Telephone Number: 270 434 2045 Fax Number: 270 434 2048

Toll Free Number: 270 434 2045

E-mail: kmatthews@rsnortheast.com Website: www.rsnortheast.com

Facility Manager: Billy Bishop

Professional qualifications and experience of facility manager: Operations 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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☑ Controlled Substances (include copy of DEA)
☑ Other: OTC's

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: AMNEAL PHARMACEUTICALS
Address: 118 BEAVER TRAIL GLASGOW KY 42141

Name: TEVA
Address: 1090 HORSHAM RD. 6 NORTHWALES PA 19454

Name: APOTEX CORP
Address: 5160 WEST 74TH ST. INDIANAPOLIS IN 46268

Name: LANNETT COMPANY
Address: 9000 STATE ROAD PHILADELPHIA PA 19136

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.

Steve Shirley

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

Steve Shirley

Print Name of Authorized Person

2/28/20

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: Kentucky

Parent Company if any: Rondo Intermediate Holdings, LLC

Mailing Address: 400 CROSSING BOULEVARD 3RD FLOOR

City: BRIDGEWATER State: NJ Zip: 08807

Telephone: 270-434-2045 Fax: 270-434-2048

Contact Person: TIMI SMITH

For any corporation non-publicly traded, disclose the following:

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

a) Steve Shirley — 8407 Austin Tracy Road, Fountain Run, KY 42133
Name — Business Address

b) Jerry Shirley — 8407 Austin Tracy Road, Fountain Run, KY 42133
Name — Business Address

c) Mary Tim Smith — 8407 Austin Tracy Road, Fountain Run, KY 42133
Name — Business Address

d) NA
Name — Business Address

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

3) What was the price paid per share? ϕ

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.

Dixon-Shane LLC d/b/a R&S Northeast LLC

8407 Austin Tracy Road
Fountain Run, Kentucky 42133
FEIN: 33-1004627
Incorporated in the State of Kentucky on 04/25/2002

Steve Shirley **President and CEO**
Business Address: 8407 Austin Tracy Road, Fountain Run, KY 42133
Business Phone: 270-434-2045
Ownership: 0%

Jerry Shirley **Corporate Secretary**
Business Address: 8407 Austin Tracy Road, Fountain Run, KY 42133
Business Phone: 270-434-2045
Ownership: 0%

Mary Tim Smith **CFO & Treasurer**
Business Address: 8407 Austin Tracy Road, Fountain Run, KY 42133
Business Phone: 270-434-2045
Ownership: 0%

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
Dixon Shane, LLC dba R&S Northeast, LLC	8407 Austin Tracy Rd Fountain Run, KY 42133	Reaccreditation in process
Dixon Shane, LLC dba R&S Northeast, LLC	10049 Sandmeyer Lane Philadelphia, PA 19116	02/05/19

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®).

Verified 3/25/2020 MS

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Wholesale Distributor

EFFECTIVE DATE: 01/25/2011

NUMBER: W02713

EXPIRATION DATE: 09/30/2020

Issued to:
DIXON SHANE LLC
dba R&S NORTHEAST LLC

8407 AUSTIN TRACY RD
FOUNTAIN RUN, KY 42133

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

kmatthews@rsnortheast.com

Ky.gov

Kentucky Board of Pharmacy

License Verification Details

Print

Detail for License Number W02713

DIXON SHANE LLC
dba R&S NORTHEAST LLC
8407 AUSTIN TRACY RD
FOUNTAIN RUN, KY 42133

Kentucky Board of Pharmacy
State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601

License Information

Expiration Date	9/30/2020
Effective Date	1/25/2011
Status of Permit	Active
Board Action	No
Case Number(s)	

The Kentucky Board of Pharmacy website is considered primary source verification and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.

Search Again

Purchase an official letter of verification

Policies Security Disclaimer Accessibility

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Existence

Authentication number: 226606
Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

DIXON-SHANE LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 25, 2002 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 5th day of February, 2020, in the 228th year of the Commonwealth.

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
226606/0535698

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Existence

Authentication number: 226606
Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

DIXON-SHANE LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 25, 2002 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 5th day of February, 2020, in the 228th year of the Commonwealth.

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
226606/0535698

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K06824390

Application/License No. _____

Dixon-Shane, LLC dba
R and S Northeast, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 8407 Austin Tracy Rd., Fountain Run KY 42133 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire 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 PO Box 1000, 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 27, 2006. (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 27 day of September, 20 06.

APPLICANT/PRINCIPAL
Dixon-Shane, LLC dba
R and S Northeast LLC

Authorized Representative

SURETY COMPANY
Westchester Fire Insurance Company

Surety Company's Representative

Richard G. Anderson, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Gina Semonelle

Witness

Countersigned by:

Countersigned this 30 day of SEPT 20 06

By

A and H INSURANCE, INC., RENO, NEVADA
Nevada Resident Agent
Bradley A. Pearce

Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K06824390

Application/License No. _____

Dixon-Shane, LLC dba
R and S Northeast, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
8407 Austin Tracy Rd., Fountain Run KY 42133, as
Address of Applicant/Principal
PRINCIPAL, and Westchester Fire Insurance Company, a
Surety Company
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
PO Box 1000, Philadelphia PA 19106 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 September 27, 2006.
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 27 day of September, 20 06.

APPLICANT/PRINCIPAL
Dixon-Shane, LLC dba
R and S Northeast LLC

Authorized Representative

SURETY COMPANY
Westchester Fire Insurance Company

Surety Company's Representative

Richard G. Anderson, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Gina Semonelle

Witness

Countersigned by:

Countersigned this 30 day of SEPT 20 06

By

Nevada Resident Agent

A and H INSURANCE, INC., RENO, NEVADA
Nevada Resident Agent
Bradley A. Pearce

Billy J. Bishop
MacAfee Lane
Glasgow. KY 42141-3335

bbishop@glasgow-ky.com

PROFESSIONAL SUMMARY

A manufacturing management professional with proven expertise in value engineering, quality assurance, customer service and labor relations.

EXPERIENCE

October 2018 to present—R & S Northeast LLC. Operations Manager

- Manages the distribution of products, parts, and inventory.
- Ensures distribution staff deliver efficient operations and timely deliveries to meet distribution performance goals.
- Schedule employee work hours.
- Prepare, update, and communicate the production expectations.
- Analyze existing processes and propose improvements and new methods to control costs and enhance customer satisfaction.
- Comply with all OSHA safety requirements
- Direct warehouse operations including transportation, maintenance and order management.
- Supervise the Production Team to produce and prioritize jobs and, when necessary, reorganize to meet deadline changes and updates.
- Ensure that all compliance regulations are achieved.

November 2012 to October 2018—Circor Corp. Manufacturing Manager

- Strive for continuous improvement in safety, quality, and production.
- Coordinate safety, quality and efficiency for the Zenith division..
- Schedule employee work hours.
- Prepare, update, and communicate the production schedule..
- Lead departments to meet customer demands.
- Comply with all OSHA safety requirements
- Coordinate between production workers and engineers to implement manufacturing improvements.
- Supervise the Production Team to produce and prioritize jobs and, when necessary, reorganize to meet deadline changes and updates.

May 2012 to November 2012—R&S Northeast Pharmaceutical

- Warehouse/Shipping Manager

January 2012 to May 2012--Studle/Vincent & Associates

- Tax Consultant

2009-2011-- Enrolled at Western Kentucky University as a full time student

2003-2009— Production Manager
SKF, GLASGOW, KY

- Coordinated safety, quality and efficiency for plant departments.
- Managed and improved plant TS16949 standards.
- Lead departments to meet customer demands.
- Directed and supervised all aspects of line changeovers.
- Acted as liaison between production workers and engineers to coordinate manufacturing improvements.

- Task force member in charge of ongoing efforts to reduce supply costs.
- Managed 110 employees daily.

2001-2003----Sales Representative
Wholesale Hardwood Interiors, Campbellsville, KY

- Direct sales of interior trim and entire trim packages to final consumer.
- Coordination of shipments and follow through to ensure customer satisfaction.
- Complete management of all aspects of the sale to include the following: Initial contact, measurement, calculations, bids and check-in during installation. Final follow up to confirm customer satisfaction.

1987-2001—Supervisor
Dana/Eaton Corporation, Glasgow, KY

- Complete knowledge of operational equipment, and excellent record of meeting daily production schedules to meet customer demands.
- Achieved highest levels of rapport with subordinate team members and management executives.
- Achieved highest marks for quality and productivity while operating at costs less than that of other departments within the facility
- Skilled at using computer applications.

EDUCATION

- Associates Degree in Business Administration, Western Kentucky University.
- While enrolled at Western Kentucky University College, I maintained an overall 3.85 GPA.

  Classes include the following:
  - Business Seminar
  - Principles of Economics
  - Business Communications
  - Organizational Management
  - Business Entrepreneurship

5YY

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 00431
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: Dixon Shane, LLC DBA R&S Northeast, LLC

Physical Address: 10049 Sandmeyer Lane

City: Philadelphia State: PA Zip Code: 19116

Telephone Number: 800-262-7770 Fax Number: 215-673-8054

Toll Free Number: 800-262-7770

E-mail: mark@rsnortheast.com Website: www.rsnortheast.com

Facility Manager: Chad Borisuk

Professional qualifications and experience of facility manager: Operations Manager - refer to the attached resume

Types of licensed outlets or authorized persons firm will serve:

☑ Pharmacies ☐ Practitioners ☐ Hospitals ☑ Wholesalers
☑ Other: Clinics

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: OTC's

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: AMNEAL PHARMACEUTICALS
Address: 118 BEAVER TRAIL GLASGOW KY 42141

Name: TEVA
Address: 1090 HORSHAM RD. 6 NORTHWALES PA 19454

Name: GILEAD SCIENCES
Address: 333 LAKESIDE DR. FOSTER CITY MA 94404

Name: PFIZER PHARMACEUTICALS
Address: 1855 SHELBY OAKS DRIVE NORTH MEMPHIS TN 38134

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.

Steve Shirley

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

Steve Shirley, President and CEO — 2/28/20

Print Name of Authorized Person — 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: Kentucky

Parent Company if any: Rondo Intermediate Holdings, LLC

Mailing Address: 400 Crossing Blvd, 3rd Floor

City: Bridgewater State: NJ Zip: 08807

Telephone: 270-434-2045 Fax: 270-434-2048

Contact Person: Tsmith@RSnortheast.com

For any corporation non-publicly traded, disclose the following:

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

a) Rondo Intermediate Holdings, LLC
Name Business Address

b) Steve Shirley 8407 Austin Tracy Road, Fountain Run, KY 42133
Name Business Address

c) Jerry Shirley 8407 Austin Tracy Road, Fountain Run, KY 42133
Name Business Address

d) Mary Timi Smith 8407 Austin Tracy Road, Fountain Run, KY 42133
Name Business Address

2) Provide the number of shares issued by the corporation. 0

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.

The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Dixon Shane, LLC
dba R&S Northeast, LLC

located at

10049 Sandmeyer Lane, Philadelphia, PA 19116

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

February 5, 2019 - February 4, 2022
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | *www.nabp.pharmacy*

Attention: NABP is closely monitoring the effects of Coronavirus on our exams, scheduled surveys and inspections, and the Annual Meeting. An update for our members and customers can be viewed at www.nabp.pharmacy/coronavirus. We will continue to update this page as new information is available.

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (ST)

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
Dixon Shane, LLC dba RAS Northeast, LLC	8407 Austin Tracy Rd Fountain Run, KY 42133	Reaccreditation in process
Dixon Shane, LLC dba RAS Northeast, LLC	[illegible] Philadelphia, PA [illegible]	02/05/19

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®)

Verified 3/12/20
KS

Dixon-Shane LLC d/b/a R&S Northeast LLC
8407 Austin Tracy Road
Fountain Run, Kentucky 42133

Corporate Officers

- Steve Shirley – President and CEO
- Jerry Shirley – Corporate Secretary
- Mary Timi Smith – CFO and Treasurer

838

Certificate of Registration

Certificate No. 3000008083
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Distributor (Prescription)

R & S NORTHEAST LLC
10049 SANDMEYER LANE
PHILADELPHIA, PA 19116

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: November 14, 2006
Expiration Date: The Last Day of June, 2020

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.

Certificate of Licensure

Certificate No. 8000001072
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Wholesaler/Distributor

R & S NORTHEAST LLC
10049 SANDMEYER LANE
PHILADELPHIA, PA 19116

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: May 23, 2002
Expiration Date: The Last Day of June, 2020

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.

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Existence

Authentication number: 226606
Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

DIXON-SHANE LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 25, 2002 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 5th day of February, 2020, in the 228th year of the Commonwealth.

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
226606/0535698

Chad Borisuk

Morrell Circle • Philadelphia PA 19114 •

I'm a hardworking, reliable, and detail-oriented individual who works well individually or as a member of a team. I have a proven ability to effectively adapt to any situation under the most stringent conditions without endangering the integrity of my work.

EXPERIENCE

R&S Northeast LLC - Philadelphia PA
Operations Manager May-2004 - Present

- Training, mentoring, and developing employees
- Performing weekly inventories and yearly audits
- Analyze metrics to track and monitor employee performance
- Oversee the unloading, storage, and distribution of goods moving throughout the warehouse
- Ensure timely and accurate processing of customer orders
- Communicate with sales department to ensure customer issues are resolved
- Evaluate current operations and implement necessary changes
- Ensure adherence to all procedures regarding safety

SKILLS

- Ability to Multitask
- Leadership/Management Skills
- Microsoft Office (Excel, PowerPoint, Word)
- Problem Solving Skills

CERTIFICATIONS

- CPR Certified
- Forklift Certified
- Florida Designated Representative

EDUCATION

Archbishop Ryan High School - Philadelphia PA September 1999 - June 2003

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. 9326780

Application/License No. _____

Dixon-Shane, LLC dba R & S Northeast, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
10049 Sandmeyer Lane, Philadelphia, PA 19116, as
Address of Applicant/Principal
PRINCIPAL, and Fidelity and Deposit Company of Maryland, a
Surety Company
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
707 Philadelphia Pike, Wilmington, DE 19809 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 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.

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

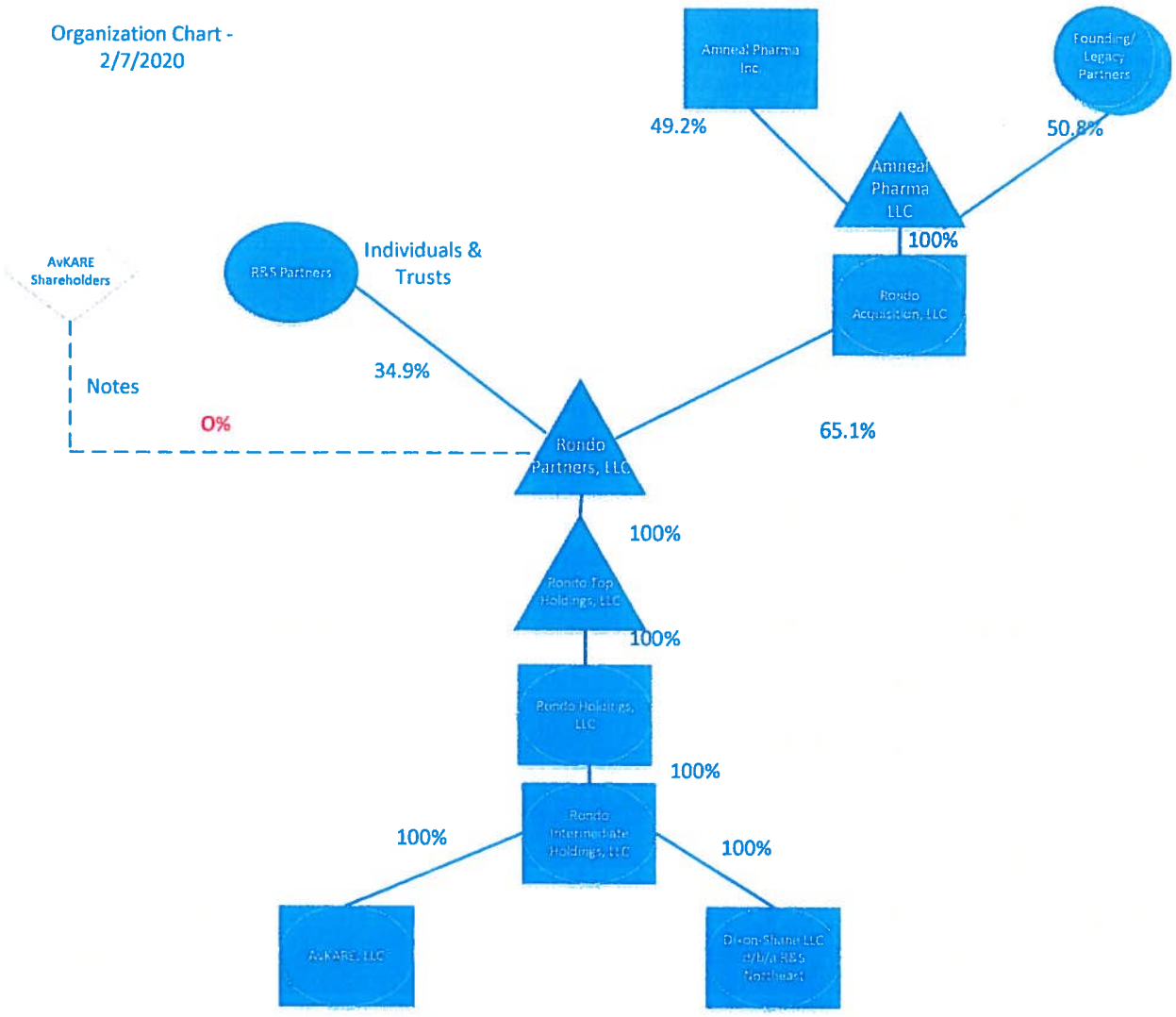
IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 13th day of April, 2020.

Brian M Hodges

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT ALL REQUIRED INFORMATION TO:

Zurich American Insurance Co
Attn: Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056


Organization Chart - 2/7/2020
Amneal Pharma Inc
Founding/ Legacy Partners
49.2%
50.8%
Amneal Pharma LLC
100%
Rondo Acquisition, LLC
AvKARE Shareholders
RBS Partners
Individuals & Trusts
34.9%
Notes
0%
Rondo Partners, LLC
65.1%
100%
Rondo Top Holdings, LLC
100%
Rondo Holdings, LLC
100%
Rondo Intermediate Holdings, LLC
100%
100%
AvKARE, LLC
Dixon-Shane LLC d/b/a RBS Northeast

5ZZ

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.

Previous license # WH01745 – did not renew in 2018 due to lack of business in state.

☒ 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: TAGI Pharma

Physical Address: 722 Progressive Lane, Room 205

City: South Beloit State: IL Zip Code: 61080

Telephone Number: 815-624-7685 Fax Number: 815-624-4628

Toll Free Number: 855-225-8244

E-mail: Kloehr@tagipharma.com Website: www.tagipharma.com

Facility Manager: Robert Koopman

Professional qualifications and experience of facility manager: President of TAGI from 2010-Current. President of Precision Dose since 2003.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

☒ Other: 3PL we ship only our own labeled products to a 3PL for a CA customer.

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)

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 ☐
★ TAGI is a wholely owned subsidiary of Precision Dose, Inc. ★

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: Please see attached Source List
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 ☐

TAGI voluntarily choose not to renew our NV license # WHO1745 in 2018 due to lack of sales in the state. Now a CA customer would like us to ship to a 3PL in Reno so we are reapplying.

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 A Koopman

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

Robert A. Koopman — 2-26-2020

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: Illinois

Parent Company if any: Precision Dose, Inc.

Mailing Address: 722 Progressive Lane, Room 205

City: South Beloit State: IL Zip: 61080

Telephone: 815-624-7685 Fax: 815-624-4628

Contact Person: Kristin Loehr

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 TAGI Pharma, Inc. is a wholely owned
Name Business Address

b) subsidiary of Precision Dose, Inc.
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: 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.

NABP
National Association of Boards of Pharmacy

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
TAGI Pharma, Inc dba TAGI Pharma	722 Progressive Ln, Rm 205 South Beloit, IL 61080	12/31/17

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®).

Contact

Verified DB
3/3/2020

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

TAGI Pharma

located at

722 Progressive Ln, Rm 205, South Beloit, IL 61080

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

December 31, 2017 - December 30, 2020
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | *www.nabp.pharmacy*

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.003153

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
12/31/2020

LICENSED WHOLESALE DRUG DISTRIBUTOR

TAGI PHARMA INC
ROBERT A KOOPMAN
722 PROGRESSIVE LN ROOM 205
SOUTH BELOIT, IL 61080-2616

BRYAN A. SCHNEIDER
SECRETARY

JESSICA BAER
DIRECTOR

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

13470360

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: 3579359

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
304.007226
004.003153

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:
12/31/2020

LICENSED CONTROLLED SUBSTANCE DRUG DIST

II III IV V

TAGI PHARMA INC
722 PROGRESSIVE LANE ROOM 205
SOUTH BELOIT, IL 61080

BRYAN A. SCHNEIDER
SECRETARY

JESSICA BAER
DIRECTOR

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

13470904

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: 3579359

File Number 6750-422-4

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TAGI PHARMA, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 11, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* FEBRUARY *A.D.* 2020 .

Authentication #: 2005603894 verifiable until 02/25/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
TAGI PHARMA INC	South Beloit, IL 61080	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004685	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	02/11/2019	02/11/2019	12/31/2020	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004003153	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	10/04/2010	12/13/2018	12/31/2020	N
30*****26	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	10/04/2010	12/13/2018	12/31/2020	N

Generated on: 2/25/2020 4:34:53 PM

Current Source List for Prescription Drugs

APPLICANT Facilities: VAWD # 50156-85680
ACCREDITED Facilities: TAGI Pharma, Inc.

Source Name	Address	Is Source a Manufacturer?	Is Source an Affiliate?	FDA ID#
CSPC Ouyi Pharmaceutical Co. Ltd.	No. 276 West Zhongshan Road, Shijiazhuang, China 050051	Yes	No	2000021110
Elite Pharmaceuticals Inc.	135 Ludlow Avenue, Northvale, NJ 07647	Yes	No	3002644678
Epic Pharma, LLC	227-15 North Conduit Ave, Laurelton, NY 11413	Yes	No	2431929
Ingenus Pharmaceuticals NJ, LLC.	140 New Dutch Lane, Fairfield, NJ 07004	Yes	No	2246963
Hikma Pharmaceuticals	1900 Arlingate Lane, Columbus, OH 43228	Yes	No	1510690

TAGI Pharma, Inc.

Shareholder, director and officer list as of May 4, 2019.

SHAREHOLDER:

Precision Dose, Inc.

DIRECTORS:

Frank Darnell
Robert Koopman
Clark Kleinheinz
W. Michael Keiser
Kenneth Harrington

OFFICERS:

Robert Koopman	President, Chief Executive Officer, and Assistant Treasurer
Ken Harrington	Vice President of National Sales & Marketing
Mary Zieker	Vice President of Quality & Regulatory
Melissa Edge	Vice President of Procurement and IT
Steve Tomsyck	Vice President of Operations
Jeffrey Huber	Vice President of Finance and Assistant Secretary
Valerie Koopman	Vice President of Product Development
Frank Darnell	Secretary and Treasurer

Question #5

Has the corporation ever voluntarily surrendered a license?

Yes. TAGI Pharma was initially licensed in NV in 2011. We had a valid, undisciplined NV license #WHO1745 until 10/31/18. Prior to the renewal, we submitted a letter stating TAGI would not be renewing due to lack of sales in the state. Copies of previous NV licenses and our voluntary non-renewal letter is attached.

Due to a current California customer request we ship to a 3PL in Reno, TAGI is reapplying for a NV license.

Robert A. Koopman

President & CEO, TAGI Pharma

722 Progressive Lane | Room 205 | South Beloit, IL 61080

Phone (815) 624-7685 | Fax (815) 624-4628 | www.tagipharma.com

September 14, 2018

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Dear Sir or Madam,

TAGI Pharma will be voluntarily not renewing our NV Wholesale License #WHO1745 expiring 10/31/18. The decision to not renew was solely an internal business decision based on a lack of lack of sales in NV.

If you have any questions, comments or concerns please do not hesitate to contact me. I will be available Monday thru Friday 8am to 4:30pm CST.

Thank you,

Kenneth A. Harrington
Vice President Sales & Marketing
(815)624-7685
kloehr@tagipharma.com
722 Progressive Lane, Room 205
South Beloit, IL 61080

NEVADA STATE BOARD OF PHARMACY

COPY

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/12/2016
Amount: 500.00
License #: WH01745

TAGI PHARMA, INC.
ROBERT A. KOOPMAN
722 PROGRESSIVE LN, ROOM 205
SOUTH BELOIT, IL 61080

(ID Card)

Trim ID Card to fit your wallet

NEVADA BOARD OF PHARMACY

WHOLESALER

Expires:10/31/2018

License #
WH01745
Active

TAGI PHARMA, INC.
ROBERT A. KOOPMAN
722 PROGRESSIVE LN, ROOM 205
SOUTH BELOIT, IL 61080

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

STATE OF NEVADA
STATE BOARD OF PHARMACY
WHOLESALER

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

License Type: WHOLESALER

License #: WH01745

DEA #: RT0405995

Expires: 10/31/2018
STATUS: Active

TAGI PHARMA, INC.
ROBERT A. KOOPMAN
722 PROGRESSIVE LN, ROOM 205
SOUTH BELOIT, IL 61080

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

COPY

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/18/2014
Amount: 500.00
License #: WH01745

TAGI PHARMA, INC.
ROBERT A. KOOPMAN
722 PROGRESSIVE LN, ROOM 205
SOUTH BELOIT, IL 61080

(ID Card)

Trim ID Card to fit your wallet

NEVADA BOARD OF PHARMACY

WHOLESALER

Expires:10/31/2016

License #
WH01745
Active

TAGI PHARMA, INC.
ROBERT A. KOOPMAN
722 PROGRESSIVE LN, ROOM 205
SOUTH BELOIT, IL 61080

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

STATE OF NEVADA
STATE BOARD OF PHARMACY
WHOLESALER

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

License Type: WHOLESALER

License #: WH01745

DEA #: RT0405995

Expires: 10/31/2016
STATUS: Active

TAGI PHARMA, INC.
ROBERT A. KOOPMAN
722 PROGRESSIVE LN, ROOM 205
SOUTH BELOIT, IL 61080

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

863

COPY

STATE OF NEVADA

STATE BOARD OF PHARMACY

WHOLESALER

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

License Type: WHOLESALER

License #: WH01745

DEA #: RT0405995

Expires: 10/31/2014

STATUS: Active

TAGI PHARMA, INC.
ROBERT A. KOOPMAN
722 PROGRESSIVE LN, ROOM 205
SOUTH BELOIT, IL 61080

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board of Pharmacy

431 W. Plumb Lane
Reno, Nevada 89509
(775) 850-1440 - FAX (775) 850-1444
bop.nv.gov

TAGI PHARMA, INC.
ROBERT A. KOOPMAN
722 PROGRESSIVE LN, ROOM 205
SOUTH BELOIT, IL 61080

If any information is not correct, notify Nevada State Board of Pharmacy at (775) 850-1440 or FAX (775) 850-1444.

WHOLESALER CERTIFICATE OF REGISTRATION

This registration is not transferable

Post in a conspicuous place

TAGI PHARMA, INC.

DEA #/Schedules: RT0405995

Registration Number: WH01745

Registration Status: Active

Registration Expires: October 31, 2012

Fee Paid: $ 950.00

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv.gov

PHARMACEUTICAL WHOLESALER IRREVOCABLE STANDBY LETTER OF CREDIT

Name of Financial Institution: Blackhawk Bank

Address: 400 Broad Street

City: Beloit State: WI Zip: 53511

Name of Applicant/Licensee: TAGI Pharma, Inc.

Address: 722 Progressive Lane

City: South Beloit State: IL Zip: 61080

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: 3334554

Dated: February 27, 2020

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

1. At the request and on the instructions of TAGI Pharma, Inc. (Applicant/Licensee) we Blackhawk Bank (Financial Institution) hereby establish in favor of the Beneficiary, the Nevada State Board of Pharmacy (Board), this Irrevocable Standby Letter of Credit (Credit) in the principal sum of $25,000.00.

2. This Credit is and has been established for the sole benefit of the Board pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

4. Pursuant to NRS 639.515(4), upon the imposition of any fines or costs by the Board against the Applicant/Licensee, the Board shall be entitled to draw upon this Credit by presentation of a duly executed Certificate of Drawing in substantially the same form as Attachment A, attached hereto, at our office located at the address above.

5. The Certificate of Drawing shall be completed and signed by the Executive Secretary for the Board. Presentation by the Board of a completed Certificate of Drawing may be made in person or by registered mail, return receipt requested.

6. Upon presentation of a duly executed Certificate of Drawing as above provided, payment shall be made to the Board, to an account designated by the Board, in immediately available funds, at such time and place as the Board shall specify.

7. Funds may be drawn in one or more drawings not to exceed the principal sum.

8. If demand for payment does not conform to the terms of the Credit, we shall give the Board prompt notice that the demand for payment was not effected in accordance with the terms of this Credit, state the reasons therefore, and await further instructions.

9. Upon being notified that the demand for payment was not effected in conformity with the Credit, the Board may correct any such non-conforming demand for payment.

10. All drawings under this Credit shall be paid with our funds. Each drawing honored by us hereunder shall reduce, *pro tanto,* the principal sum. By paying to the Board an amount demanded in accordance herewith, we make no representations as to the correctness of the amount demanded.

11. This Credit will be cancelled in whole or in part only upon receipt by use of a Certificate of Cancellation which shall be in the form of Attachment B, attached hereto and shall be completed and signed by the Executive Secretary of the Board.

12. Communications with respect to this Credit shall be in writing and addressed to us at the address above and shall specifically refer to this Credit by the number above.

13. This Credit may not be transferred or assigned, either in whole or in part.

14. This Credit shall be deemed a contract made under the laws of State of Nevada, and any action related to this Credit shall be filed in the State of Nevada and shall be subject to the laws of the of the State of Nevada.

15. This Credit shall be perpetual until it is cancelled as provided herein.

THEREFORE, Blackhawk Bank
Financial Institution
has executed and delivered this Irrevocable Standby Letter of Credit to the Board as of the 27th day of February, 2020.

FINANCIAL INSTITUTION

By: Blackhawk Bank

Name: James G. Pieschel
(Please print)

Title: Senior Vice President

Precision Dose, Inc.•722 Progressive Lane •South Beloit, Illinois 61080
Phone: (815) 624-8523, extension 246 •Fax: (815) 624-4935
E-mail: rkoopman@precisiondose.com

ROBERT A. KOOPMAN

JOB HISTORY

TAGI PHARMA, INC., South Beloit, IL

President & CEO (2010-Present)

PRECISION DOSE, INC., South Beloit, IL

President (2003-Present)

XACTDOSE, INC., South Beloit, IL

President (1999-2003)

Vice-President (1996-1999)

MCKESSON DRUG COMPANY, INC., Landover, MD

Consultant (1995-1996)

BERGEN BRUNSWIG, INC., Glen Allen, VA

Vice-President of Operations-Northeast Region (1992-1995)

SOUTH BEND DRUG COMPANY, South Bend, IN

Vice-President of Operations (1989-1992)

LOUIS ZAHN DRUG COMPANY, Melrose Park, IL

Assistant Vice-President (1987-1989)

HUMISTON-KEELING DRUG COMPANY, Chicago, IL; Morris, IL; Gary, IN; Grand Rapids, MI; Madison, WI

Division Manager, Morris, IL (1984-1987)

Internal Auditor (1982-1984)

5AAA

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 (3PL) 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: UPS Supply Chain Solutions, Inc.

Physical Address: 2000 Buford Mill Road, Bldg # 100, Suite # 200

City: Buford State: Zip Code: GA, 30519 Telephone

Number: 770-932-7229 Fax Number: 678-417-9899

Toll Free Number: N/A

E-mail: ralicensing@ups.com Website: www.ups.com

Facility Manager: Michelle Smith

Professional qualifications and experience of facility manager: see attachment # 1

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: _____

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 attachment # 2
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.

Joe L. Edwards

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

Joe L. Edwards

Print Name of Authorized Person

January 8th, 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: Delaware

Parent Company if any: United Parcel Service of America, Inc.

Mailing Address: 12380 Morris Road

City: Alpharetta State: GA Zip: 30005

Telephone: 678-746-4100 Fax: 302-631-5238

Contact Person: Thomas Page

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 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: N/A

Include with the application for a non publicly traded corporation

List of officers and directors see attachment # 3

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 # 4

RECEIVED
APR - 6 2020
NEVADA STATE BOARD OF PHARMACY

UPS Supply Chain Solutions

211 Lake Drive
Suite F
Newark, DE 19702
302.631.5000 Tel
302.631.5238 Fax

April 2, 2020

Via Overnight Delivery
Nevada State Board of Pharmacy
985 Damonta Ranch Pkwy
Ste 206
Reno, NV, 89521

Re: Designated Representative Update ~ UPS Supply Chain Solutions, Inc.

Dear Sir/Madam:

UPS Supply Chain Solutions, Inc. "(UPS SCS)" is a third party logistics provider registered with your agency. UPS SCS hereby submits the following change to the Designated Representative "(DR)" for the below licensed facility. We respectfully request that you update UPS SCS' corporate information for your files with this change, effective **April 2, 2020.**

Facility Address	New Designated Representative	License No.
2000 Buford Mill Road Building# 100, Suite# 200 Buford, GA 30519	Jay Hurd	Pending

Please be advised that this change is not the result of an ownership change or a change in the name of any facility operating or licensed in your state.

If you have any questions or need additional information, please contact me at (302) 631-5257 or via ralicensing@ups.com.

Sincerely,

Carlene Colasanti

Carlene Colasanti
Healthcare Compliance (RA) Specialist

/cc

Note: Designated Representative also represents the following terms: Responsible Person, Person/Manager-In-Charge, Emergency Contact, or Facility Contact.

JAY HURD

Buford, GA
Cell 3 • jhurd@ups.com

LOGISTICS PROFILE

Accomplished leader with proven expertise in the areas of Operations, Distribution, and Logistics Management, coupled with an intense focus on maximizing production, reducing costs, and streamlining process efficiencies. Highly-skilled manager experienced in ensuring the optimal performance of P&L, teams, and technology, while championing best practice standards to elevate product quality. A 12 plus year veteran offering keen insights in the field, coupled with high energy and passion for adapting to change and promoting innovation.

Professional Experience

UPS-Supply Chain Solutions **1/18-Present**
Senior Distribution Manager – Healthcare & High Tech Business Unit

UPS-Supply Chain Solutions **01/17-12/17**
Area Manager – Healthcare Business Unit

UPS-Supply Chain Solutions **09/11-12/16**
Senior Distribution Manager – Healthcare Business Unit

UPS-Supply Chain Solutions **02/11-08/11**
Distribution Associate Manager – Healthcare Business Unit

UPS-Supply Chain Solutions **11/09-01/11**
Distribution Supervisor II – Healthcare Business Unit

UPS-Supply Chain Solutions **05/07-10/09**
Distribution Supervisor I – High Tech & Healthcare Business Units

Key Distribution Management Duties:

- Distribution Management
- Quality Assurance
- Develop & Maintain Strategic 3PL Customer Relationships
- Manage Operational Performance
- Manage Contract Development, Renewal and Compliance
- Manage & Develop Others
- Manage Productivity Indicators
- Meet Financial Expectations
- Review Performance and System Reporting
- Continuous Process Improvement
- Vendor and Staffing Relations
- Transportation / Material Handling

Critical Skills

• Time Management • Performance Metrics • Project Management • Risk Management
• Process Improvement • Strategic Planning • Total Quality Mgmt. • Cost Containment
• Excel, Word, PowerPoint • People & Verbal • Organizational • Decision Making
• Problem Solving • Customer Service • Multi-Tasking • Responsibility • Reliability
• Creative Thinking • Multiple WMS Systems

Management Decisions Inc. (MDI) – Norcross, Georgia **6/05-12/06**
A Professional IT, Medical and Financial Staffing Company

Recruiter, Marketing & Operational Support
Responsible for providing marketing and operational support to the MDI Medical Division, which include recruitment duties in the Imaging/Radiology Division.

Recruiter

- Develop a recruiting strategy that continually replenishes the candidate pipeline based on market condition, existing professional team, and current/projected client engagements.
- Conduct in-depth behavioral interviews to properly assess skill set and competencies of candidates.
- Plan and participate in events for candidates and client development, such as job fairs, industry conferences, etc.
- Assist the client service team by documenting candidate profiles, checking references, and determining "matches" for open client engagements.
- Manage consulting team by initiating regular communication with the consultants to reduce "unassigned time" and ensure that Professionals' expectations are being met.

Marketing Support

- Created MDI Medical Newsletter
- Created and implemented a marketing strategy targeting Hospitals and Skilled Nursing Facilities, responsible for 5% growth in client base
- Implemented marketing support to sales and recruiting team
- Developed a marketing campaign for campus recruitment
- Supervise all mass mailing of marketing material
- Maintain current internet job postings and website job information
- Send and track client and employee surveys
- Integral role in developing and growing new clients and recruiting new external employees

Operational Support

- Provide direct support to MDI Medical President
- Submit all Request For Proposal (RFP'S) documents
- Provide direct support to sales and recruiting team

- Managed payroll for external employees: time cards reporting/hours submittal
- Prepare weekly/monthly internal and external reports
- Compile client contracts
- JCAHO Compliance Committee

Assist2Sell Realty- Coral Springs, Florida **6/04 – 4/05**

A Florida based real estate Company specializing in high volume discount realty.

Office Manager/HR Support

In this position I was responsible for HR support and was an integral part of this company's growth from 1 to 6 offices and from 10 to over 50 employees.

- Hired, trained and managed staff to ensure that all tasks are performed efficiently and with the goal of satisfying customers. Responsibilities included six locations: Coral Springs, Plantation, Coconut Creek, Tamarac, Margate and Deerfield Beach.
- Provided support to the Assist2Sell realtor pool, while monitoring realtor base performance.
- Reviewed all office correspondence to ensure that Assist2Sell reflects the utmost in professionalism.
- Worked directly with the customer to resolve issues of complaints.
- Responsible for creating and maintaining employee schedules.
- Ensured the efficient and accurate preparation of listing and contact packets.
- Supervise Closing Coordinator performance.
- Manage the input, change and modification of properties as needed.
- Prepare monthly Assist2Sell reports.

Education

BA – Business Management
Florida Atlantic University – 2003

Attachment #2

UPS Supply Chain Solutions, Inc.
2000 Buford Mill Road, Bldg #100, Ste #200
Buford, GA 30519

Listing of Client/Trading Partners

Facility	Client Name
Buford	Convatec Inc. 7900 Triad Center Drive, Suite #400 Greensboro, NC 27409
Buford	Alcon 11440 Johns Creek Parkway Duluth, GA 30097

UPS Supply Chain Solutions, Inc.
12380 Morris Road
Alpharetta, GA 30005
Phone ~ (678) 746 4100
State of Incorporation: Delaware
Date of Incorporation: 8/29/88
FEIN ~ 94-3083515

Name/Title	Work Address	Work Phone	Work Fax	Email
Wesley P. Wheeler **President**	12380 Morris Road Alpharetta, GA 30005	(919) 606-5575	(678) 746-8650	wwheeler@ups.com
Thomas Page **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-3836	(678) 746-8650	tpage@ups.com
Stephen Hydrick **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-4404	(678) 746-8650	shydrick@ups.com
Seth Bruckner **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-7413	(678) 746-8650	sbruckner@ups.com
William M. Jacques **Vice President**	12380 Morris Road Alpharetta, GA 30005	(770) 841-8136	(678) 746-8650	wjacques@ups.com

Parent Company Information:
United Parcel Service of America, Inc.
55 Glenlake Parkway NE
Atlanta, GA 30328
P ~ (404) 828 6022
FEIN ~ 95-1732075
State/Date of Incorporation ~ DE 5/9/30

Attachment #3
List of Officers

Attachment #4

State Of Delaware

Entity Details

10/29/2019 11:13:26AM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401

Certificate of Good Standing

Verified 7/6/202

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors® Accreditation

to

UPS Supply Chain Solutions, Inc

located at

2000 Buford Mill Road, Building #100, Suite #200, Buford, GA 30519

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

November 9, 2019 - November 8, 2022

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | *www.nabp.pharmacy*

ATTACHMENT #3

Disciplinary Statement
UPS Supply Chain Solutions, Inc. ("UPS SCS")

WHOLESALE LICENSE

Matters Related to Colorado Order
1645 Satellite Blvd, Duluth, GA

Final
As previously disclosed by UPS Supply Chain Solution, Inc. (UPS SCS), to your agency in 2010, the Colorado Board of Pharmacy's Stipulation and Final Agency Order ("Colorado Order") was effective October 18, 2010, with regard to UPS SCS's Duluth, GA facility's Colorado Out-of-State Wholesaler License # WHO-7462. UPS SCS's Duluth facility did not file Colorado's required notice of change of Designated Representative within Colorado's required 14-day timeframe to file such notice. UPS SCS implemented corrective actions and has successfully completed the terms of the Colorado order. Please note, UPS SCS's Colorado Out-of-State Wholesaler License # WHO-7462 was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Colorado Case No. 2011-000273 documentation related to the Colorado Order on file with the UPS SCS Regulatory Affairs Department.

Final
On November 15, 2011, UPS SCS informed your agency of the Iowa Board of Pharmacy's (IBoP) action concerning Iowa Wholesale Drug License #5820 and which became effective November 11, 2011. This Iowa Stipulation and Consent Order (the "Iowa Order") relates to the Colorado Order and the untimely filing of notice regarding the Colorado Order to the IBoP. UPS SCS has successfully completed the terms of the Iowa Order and Iowa Wholesale Drug License #5820 has not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Iowa Case No. 2010-162 documentation on file with the UPS SCS Regulatory Affairs Department. Note: This Iowa matter is a spin-off of the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is **not** based on an independent set of facts.

Final
On October 18, 2013, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the underlying Colorado matter summarized above, which was executed by the Michigan BOP on October 9, 2013 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two thousand five hundred dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

PHARMACY LICENSE

Matters Related to Kentucky Agreed Orders
1860 Outer Loop Road, Louisville, KY

Final

UPS SCS dispenses medical devices, including diabetes-related pumps, to consumers from its Kentucky licensed pharmacy facility. Not all states recognize the Durable Medical Equipment or Home Medical Equipment provider category for entities that dispense medical devices rather than drugs. Those states that do not recognize these categories require a non-resident or out of state pharmacy permit for dispensing medical devices. Accordingly, UPS SCS obtained a home-state pharmacy permit in Kentucky and numerous non-resident pharmacy permits and DME/HME permits in other states. On September 12, 2012, the Kentucky Board of Pharmacy ("KYBoP") and UPS SCS executed final Agreed Orders relating to minor violations under Kentucky Administrative Regulations 2:270 and Kentucky Revised Statutes Sec. 315.121(6) in connection with late filing of pharmacy technician registrations at UPS SCS's Louisville, Kentucky facility (the "Kentucky Orders"). UPS SCS and the KYBoP agreed to address the Kentucky Orders informally by entering in the aforementioned Agreed Orders in lieu of the KYBoP filing a formal complaint. UPS SCS self-reported this action to your agency on September 18, 2012. UPS SCS takes this and all regulatory matters seriously and has implemented corrective action. Moreover, UPS SCS has instituted internal safeguards to ensure that applicable regulatory compliance is maintained in the future. UPS SCS's Kentucky pharmacy license (Kentucky Pharmacy License #P07277) remains current and in good standing and was not and has not been restricted, modified, revoked, or limited in any way.

Final

On May 14, 2013, UPS SCS informed your agency of the Texas Board of Pharmacy's (TXBoP) action concerning UPS SCS Texas Class E Nonresident Pharmacy License #26160 and which became effective May 7, 2013. As already disclosed to you, on May 14, 2013, the Texas Board of Pharmacy (TXBoP) and UPS SCS executed a final Agreed Board Order (the "Texas Order") relating to the above-mentioned Kentucky Pharmacy License Agreed Orders. Pursuant to the Texas Agreed Board Order, the TXBoP reprimanded UPS SCS's Nonresident Pharmacy License. The Texas Board of Pharmacy did not levy a fine or any other penalty on the License. The License was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Texas Agreed Board Order # L-13-004 on file with the UPS SCS Regulatory Affairs Department. Note: The Texas Order is directly related to the Kentucky pharmacy license matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is **not** based on an independent set of facts.

Final

On April 22, 2014, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the Kentucky Order summarized above, which was adopted by the Michigan BOP on April 9, 2014 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two hundred fifty dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Kentucky matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

Attachment # 7

STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Third Party Distributor

License No. PHTPL000013 Status: Active

UPS Supply Chain Solutions Inc
2000 Buford Mill Road
Bldg #100 Ste #200
Buford GA 30519

Expires: 6/30/2021
Issued: 11/19/2018

Real-time license verification is available at gadch.mylicense.com/verification

---

STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Third Party Distributor
License No. PHTPL000013 - Active

UPS Supply Chain Solutions Inc
2000 Buford Mill Road
Bldg #100 Ste #200
Buford GA 30519

Issued: 11/19/2018
Expires 6/30/2021

Real-time license verification is available at gadch.mylicense.com/verification

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Licensee Information	
Name:	UPS Supply Chain Solutions Inc
Owner:	
Address:	2000 Buford Mill Road Bldg #100 Ste #200 Buford GA 30519

Primary Source License Information					
Profession:	Pharmacy	License No:	PHTPL000013	License Status:	Active
License Type:	Third Party Distributors	Obtained By Method:	Application	License Subtype:	
Issue Date:	11/19/2018	Expiration Date:	6/30/2021	Last Renewal Date:	4/5/2019

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

No data available

You may close this window to return to your search results

Data current as of: February 4, 2020 13:34:37

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.

Close Window

Licensee Information

Name: UPS Supply Chain Solutions Inc

Owner:

Address: 2000 Buford Mill Road
Bldg #100 Ste #200
Buford GA 30519

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHTPL000013	**License Status:**	Active
License Type:	Third Party Distributors	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	11/19/2018	**Expiration Date:**	6/30/2021	**Last Renewal Date:**	4/5/2019

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

No data available

You may close this window to return to your search results

Data current as of: February 4, 2020 13:31:59

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.

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. E386977

Application/License No. _____

UPS Supply Chain Solutions, Inc, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2000 Buford Mill Road Bldg 100 Ste 200, Buford, GA 30519, as
Address of Applicant/Principal
PRINCIPAL, and Great American Insurance Company, a
Surety Company
corporation organized under the laws of the state of Ohio
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
2000 Buford Mill Road Bldg 100 Ste 200, Buford, GA 30519 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 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 02/27/2020.
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.

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 March, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Lisa Gelsomino

Surety Company's Representative

Lisa Gelsomino, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Christina Rinozzi
Witness Underwriting Specialist

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than one

Bond No. E386977

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein, provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name	Address	Limit of Power
Lisa Gelsomino	150 Northwest Point Blvd Elk Grove Village, IL 60007	$25000--

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 28th day of February, 2020

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 28th day of February, 2020, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument, that he knows the seal of the said Company, that the seal affixed to the said instrument is such corporate seal, that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 05-18-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, to prescribe their respective duties and the respective limits of their authority, and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 28th day of February, 2020

Assistant Secretary

S1194C (6/15)

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. E366977

Application/License No. _____

UPS Supply Chain Solutions, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2000 Buford Mill Road Bldg 100 Ste 200, Buford, GA 30519, as
Address of Applicant/Principal
PRINCIPAL, and Great American Insurance Company, a
Surety Company
corporation organized under the laws of the state of Ohio
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
2000 Buford Mill Road Bldg 100 Ste 200, Buford, GA 30519 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 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 02/27/2020
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

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 March, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Lisa Gelsomino, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Christina Rinozzi
Witness Underwriting Specialist

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than one

Bond No. E386977

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein, provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name	Address	Limit of Power
Lisa Gelsomino	150 Northwest Point Blvd Elk Grove Village, IL 60007	$25000--

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 28th day of February, 2020

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 28th day of February, 2020, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument, that he knows the seal of the said Company, that the seal affixed to the said instrument is such corporate seal, that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 05-16-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, to prescribe their respective duties and the respective limits of their authority, and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERATTA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 28th day of February, 2020.

Assistant Secretary

81194C (5/18)

5BBB

WH0287- TEMP

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: UPS Supply Chain Solutions, Inc.

Physical Address: 6204 New Cut Road

City: Louisville State: KY Zip Code: 40118

Telephone Number: 502-817-0278 Fax Number: 302-631-5238

Toll Free Number: N/A

E-mail: ralicensing@ups.com Website: www.ups.com

Facility Manager: Todd Dutton

Professional qualifications and experience of facility manager: see attachment #3

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: _____

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) see attachment #4

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 attachment #4
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 ☐
see attachment #5

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

Matt Clark
Print Name of Authorized Person

15 April 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: Delaware

Parent Company if any: United Parcel Service of America, Inc.

Mailing Address: 12380 Morris Road

City: Alpharetta State: GA Zip: 30005

Telephone: 678-746-4100 Fax: 302-631-5238

Contact Person: Thomas Page

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 attachment #7
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 see attachment #6

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 #1

Attachment #1

State Of Delaware

Entity Details

10/29/2019 11:13:26AM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401

Attachment #2

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Third Party Logistic

EFFECTIVE DATE: 11/26/2019

NUMBER: TPL00326

EXPIRATION DATE: 06/30/2020

Issued to:
UPS SUPPLY CHAIN SOLUTIONS INC

6204 NEW CUT ROAD
LOUISVILLE, KY 40118

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

211 LAKE DRIVE
STE F
NEWARK, DE 19702

ralicensing@ups.com

TODD LEE DUTTON

(Regency Lane, Louisville, Kentucky 40207 tdutton@ups.com

Accomplished **Distribution Manager** with logistics and supply chain expertise, serving global leader UPS for over 20 years. Extensive achievement in healthcare operations including turnaround performance and effective leadership of multiple accounts. Continuously improves processes in shipping, receiving, and inventory accuracy and serves as liaison between customers and company leadership to consistently drive productivity and deliver organizational results.

- *Operations / Turnaround*
- *Process Improvement*
- *Customer Relations*
- *Supply Chain Management*
- *Inventory Control*
- *Profit / Loss*
- *Regulatory Compliance*
- *Packaging Procurement*
- *Transportation Logistics*

PROFESSIONAL EXPERIENCE

United Parcel Service, Inc., Supply Chain Solutions and Logistics Group, Louisville, Kentucky 1987 – Current
HEATHCARE DISTRIBUTION MANAGER / PROGRAM MANAGER / OPERATIONS SUPERVISOR / SAFETY SUPERVISOR
Advanced across numerous positions to serve the world's largest package delivery and global provider of specialized transportation and logistics services.

UPS Supply Chain Solutions
HEALTHCARE DISTRIBUTION MANAGER (2005 – Current)
Spearhead operations and distribution for multiple major healthcare accounts which include Medtronic, Actavis, Convatec, Purdue, Takada, Physio, and Wockhardt. Accountable for as many as 150 employees, 12 supervisors, and revenue budgets up to $20M annually. ***Consistently meet or exceed revenue and profitability goals including contractual KPI's for 10 most recent consecutive quarters.***

- Oversee Medtronic Diabetes Distribution Center with responsibility for two receiving shifts and worldwide shipping of more than 700 part numbers for direct to patient and wholesale delivery.
- Analyze financials, review performance reports, and coach Supervisors to attain performance goals while controlling costs. Create corrective action plans and make staffing adjustments that improve dock to stock receiving times, shipped orders, net inventory accuracy, and shipped order accuracy.
- Facilitate face to face quarterly business reviews with customers and UPS leadership that improve processes, address issues, identify causes, and collaboratively create action plans.

KEY CONTRIBUTIONS

- Influential in expansion of Medtronic Distribution Center which increased direct to patient shipping capability by 45% while minimizing need for overtime labor. Ribbon cutting was March, 2015.
- Implemented new package technology that saved Medtronic $350K. Contributed to creation of order board and ID stickers which were introduced across UPS.
- Turned around operational efficiency of $11M Actavis account within 6 – 8 months with almost 50% fewer employees. Initiated new packing and shipping protocols for controlled products which reduced diversion.
- Improved cycle counting of Actavis inventory that resulted in accuracy to 99.97% while reducing labor, increasing shipments, and eliminating need for customer physical inventories.
- Secured approval of narcotics vault by building relationships with Actavis decision makers that resulted in customer moving product from Delaware to Louisville.
- Achieved inventory accuracy that exceeded 99.8% on Convatec account despite reduction of human capital from 135 to 65, comprising 120K square feet facility.

UPS Logistics Group
***PROGRAM MANAGER* (1999 – 2005)**
Liaison between customer and operations team for distribution, repair, and parts replacement for major technology accounts that include Intel, Intermeck, Fuji, Sony, and Toshiba. Built customer relationships while collaborating with internal partners to meet or exceed profit, loss, and productivity metrics.

- Facilitated quarterly performance reviews with customer and operations to identify process improvements through root cause analysis and preventive corrective action.

KEY CONTRIBUTIONS

- Developed Intel business from $25K to $100K monthly. Led team meetings to meet or exceed deliverables.

(Continued: UPS Logistics Group, ***PROGRAM MANAGER***)

KEY CONTRIBUTIONS

- Developed process improvement strategies for multiple accounts, as well as existing services within UPS and Supply Chain. Improved pick pack ship and the inventory control process. Collaborated with leadership on customer service enhancements within UPS Store, Revers Logistics, and Cold Chain capabilities.
- Participated in negotiation of new business contracts by forecasting staffing needs, shrinkage, and productivity.

OPERATIONS SUPERVISOR (1998 – 1999)

Supervised receiving, shipping, and inventory control for customer accounts with responsibility of daily reporting on production, cost, attendance, accidents, and injury.

- Managed payroll reporting for evaluation of labor expenses and overtime.
- Conducted Employee Safety Training and New Employee Orientation for groups up to 100. Facilitated workshops on Hazardous Material Policies, CFR, Safe Work Methods, and Space and Visibility.
- Oversaw procedures of worker's compensation cases including completion of injury and tracking reports, return to work retraining, and follow up of employees.

UPS Air District Package Operations

SAFETY SUPERVISOR (1995 – 1997)

Led safety initiatives for employees and supervisors by implementing policy and procedure standards, continuous training, safety audits, and administration of Worker's Compensation, OSHA, and hazardous material forms.

- Selected Train the Trainer for Comprehensive Health and Safety Program. Trained Next Day Management Team on new safety program which was rolled out to all Air District employees.
- Certified to train Hazardous Material Responders pertaining to potential spills, appropriate response, and use of personal protective equipment.
- Chosen as Air District Air Dangerous Goods Trainer of all Air District new hires which entailed CFR, UPS policy, and shipping protocols for ground and air.

PART TIME SUPERVISOR (1989 – 1995)

AIR HANDLER (1987 – 1989)

EDUCATION

UNIVERSITY OF LOUISVILLE, LOUISVILLE, KENTUCKY

College Coursework: Biology (75 + Credit Hours)

SAINT XAVIER HIGH SCHOOL, LOUISVILLE, KENTUCKY

High School Diploma

UPS LEADERSHIP TRAINING

MANAGERS LEADER SHIP SCHOOL

ADVANCED CURRENT GOOD MANUFACTURING PRACTICES (cGMP)

CELL OPERATING SYSTEM TRAINING

Lean Manufacturing Concepts

HEALTHCARE QUALITY ASSURANCE AND REGULATORY ASSURANCE TRAINING

DEVELOPING PEOPLE TO DRIVE BUSINESS RESULTS

PEOPLES WORK SHOP

TRUST AND TEAM WORK

COMMUNITY

UPS Political Action Committee Coordinator, Louisville Healthcare Site, 2013
UPS United Way Coordinator, Louisville Healthcare Site, 2012
Football Coach, St. Albert the Great Elementary, 2011 – 2013
Freshman Assistant Football Coach, St. Xavier High School, 1988 – 1992

Muller Amy (AAO1VTT)

From: vawd@nabp.pharmacy
Sent: Monday, April 6, 2020 12:19 PM
To: Muller Amy (AAO1VTT)
Subject: [EXTERNAL] UPS Supply Chain Solutions, Inc, 6204 New Cut Road, Louisville, KY 40118 - VAWD Accreditation Approved
Attachments: 105578_LOA.pdf

CAUTION! This email originated outside of the organization. Please do not open attachments or click links from an unknown or suspicious origin.

Dear Amy,

Congratulations! UPS Supply Chain Solutions, Inc, Louisville, KY has been approved for Verified-Accredited Wholesale Distributors® (VAWD®) accreditation. Please visit the VAWD-accredited facilities list to verify the posted information.

Attached is your facility's VAWD letter of agreement (LOA). An authorized representative of the facility should review, sign, and return it within 30 days. A fully-executed copy of the LOA along with your facility's VAWD seal and certificate will be sent to you following counter-signature by NABP.

It has been a pleasure working with you and your staff. Again, congratulations on earning VAWD accreditation!

Cordially,

Linda Forman
Manager, Distribution Inspections
D: 847/391-4498
P: 847/391-4539

National Association of Boards of Pharmacy
1600 Feehanville Dr, Mount Prospect, IL 60056
www.nabp.pharmacy | vawd@nabp.pharmacy

NABP
National Association of Boards of Pharmacy

(https://nabp.pharmacy)

Menu

SEARCH THIS SITE:

Enter search terms Go

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 20 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

<<Previous 1 2

Name	Address	Accreditation Date
UPS Supply Chain Solutions, Inc	2260 Outer Loop Rd Louisville, KY 40219	Reaccreditation in process
UPS Supply Chain Solutions, Inc	2515 S Tricenter Blvd Durham, NC 27713	05/12/18
UPS Supply Chain Solutions, Inc	1130 Commerce Blvd, Ste 100 Swedesboro, NJ 08085	10/09/18
UPS Supply Chain Solutions, Inc	2210 Outer Loop Rd Louisville, KY 40219	Reaccreditation in process
UPS Supply Chain Solutions, Inc	7 Gateway Blvd Pedricktown, NJ 08067	07/31/17
UPS Supply Chain Solutions, Inc	2000 Buford Mill Road, Bldg 100, Ste 200 Buford, GA 30519	11/09/19
UPS Supply Chain Solutions, Inc	775 East Dr Carol Stream, IL 60188	03/10/19
UPS Supply Chain Solutions, Inc	6204 New Cut Rd Louisville, KY 40118	04/03/20
UPS Supply Chain Solutions, Inc	300 Quality Circle Harrisburg, PA 17112	04/04/20
UPS Supply Chains Solutions Inc	5849 West Schulte Road, Suite 107 Tracy, CA 95377	03/25/20

<<Previous 1 2

Verified MS 4/20/20

(https://twitter.com/nabp) (https://www.linkedin.com/company/national-association-of-boards-of-pharmacy) (https://www.facebook.com/NABP1904/) (https://www.youtube.com/channel/UCiRvxhkTgIvoldooGkE7uRg)

Page 2 of 2
15-Apr-20

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 6 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
UPS Supply Chain Solutions, Inc	1860 Outer Loop Rd Louisville, KY 40219	09/13/19
UPS Supply Chain Solutions, Inc	1920 Outer Loop Rd Louisville, KY 40219	09/05/19
UPS Supply Chain Solutions, Inc	1840 Outer Loop Rd Louisville, KY 40219	11/30/18
UPS Supply Chain Solutions, Inc	2260 Outer Loop Rd Louisville, KY 40219	Reaccreditation in process
UPS Supply Chain Solutions, Inc	2210 Outer Loop Rd Louisville, KY 40219	Reaccreditation in process
UPS Supply Chain Solutions, Inc.	6204 New Cut Rd Louisville, KY 40118	04/03/20

Disciplinary Statement
UPS Supply Chain Solutions, Inc. ("UPS SCS")

WHOLESALE LICENSE

Matters Related to Colorado Order
1645 Satellite Blvd, Duluth, GA

Final
As previously disclosed by UPS Supply Chain Solution, Inc. (UPS SCS), to your agency in 2010, the Colorado Board of Pharmacy's Stipulation and Final Agency Order ("Colorado Order") was effective October 18, 2010, with regard to UPS SCS's Duluth, GA facility's Colorado Out-of-State Wholesaler License # WHO-7462. UPS SCS's Duluth facility did not file Colorado's required notice of change of Designated Representative within Colorado's required 14-day timeframe to file such notice. UPS SCS implemented corrective actions and has successfully completed the terms of the Colorado order. Please note, UPS SCS's Colorado Out-of-State Wholesaler License # WHO-7462 was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Colorado Case No. 2011-000273 documentation related to the Colorado Order on file with the UPS SCS Regulatory Affairs Department.

Final
On November 15, 2011, UPS SCS informed your agency of the Iowa Board of Pharmacy's (IBoP) action concerning Iowa Wholesale Drug License #5820 and which became effective November 11, 2011. This Iowa Stipulation and Consent Order (the "Iowa Order") relates to the Colorado Order and the untimely filing of notice regarding the Colorado Order to the IBoP. UPS SCS has successfully completed the terms of the Iowa Order and Iowa Wholesale Drug License #5820 has not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Iowa Case No. 2010-162 documentation on file with the UPS SCS Regulatory Affairs Department. Note: This Iowa matter is a spin-off of the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is **not** based on an independent set of facts.

Final
On October 18, 2013, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the underlying Colorado matter summarized above, which was executed by the Michigan BOP on October 9, 2013 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two thousand five hundred dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

PHARMACY LICENSE

Matters Related to Kentucky Agreed Orders
1860 Outer Loop Road, Louisville, KY

Final

UPS SCS dispenses medical devices, including diabetes-related pumps, to consumers from its Kentucky licensed pharmacy facility. Not all states recognize the Durable Medical Equipment or Home Medical Equipment provider category for entities that dispense medical devices rather than drugs. Those states that do not recognize these categories require a non-resident or out of state pharmacy permit for dispensing medical devices. Accordingly, UPS SCS obtained a home-state pharmacy permit in Kentucky and numerous non-resident pharmacy permits and DME/HME permits in other states. On September 12, 2012, the Kentucky Board of Pharmacy ("KYBoP") and UPS SCS executed final Agreed Orders relating to minor violations under Kentucky Administrative Regulations 2:270 and Kentucky Revised Statutes Sec. 315.121(6) in connection with late filing of pharmacy technician registrations at UPS SCS's Louisville, Kentucky facility (the "Kentucky Orders"). UPS SCS and the KYBoP agreed to address the Kentucky Orders informally by entering in the aforementioned Agreed Orders in lieu of the KYBoP filing a formal complaint. UPS SCS self-reported this action to your agency on September 18, 2012. UPS SCS takes this and all regulatory matters seriously and has implemented corrective action. Moreover, UPS SCS has instituted internal safeguards to ensure that applicable regulatory compliance is maintained in the future. UPS SCS's Kentucky pharmacy license (Kentucky Pharmacy License #P07277) remains current and in good standing and was not and has not been restricted, modified, revoked, or limited in any way.

Final

On May 14, 2013, UPS SCS informed your agency of the Texas Board of Pharmacy's (TXBoP) action concerning UPS SCS Texas Class E Nonresident Pharmacy License #26160 and which became effective May 7, 2013. As already disclosed to you, on May 14, 2013, the Texas Board of Pharmacy (TXBoP) and UPS SCS executed a final Agreed Board Order (the "Texas Order") relating to the above-mentioned Kentucky Pharmacy License Agreed Orders. Pursuant to the Texas Agreed Board Order, the TXBoP reprimanded UPS SCS's Nonresident Pharmacy License. The Texas Board of Pharmacy did not levy a fine or any other penalty on the License. The License was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Texas Agreed Board Order # L-13-004 on file with the UPS SCS Regulatory Affairs Department. Note: The Texas Order is directly related to the Kentucky pharmacy license matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is **not** based on an independent set of facts.

Final

On April 22, 2014, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the Kentucky Order summarized above, which was adopted by the Michigan BOP on April 9, 2014 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two hundred fifty dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Kentucky matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

UPS Supply Chain Solutions, Inc.
12380 Morris Road
Alpharetta, GA 30005
Phone ~ (678) 746 4100
State of Incorporation: Delaware
Date of Incorporation: 8/29/88
FEIN ~ 94-3083515

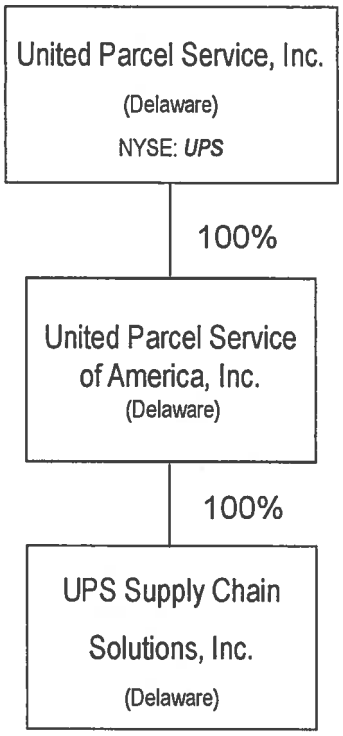
Name/Title	Work Address	Work Phone	Work Fax	Email
Wesley P. Wheeler **President**	12380 Morris Road Alpharetta, GA 30005	(919) 606-5575	(678) 746-8650	wwheeler@ups.com
Thomas Page **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-3836	(678) 746-8650	tpage@ups.com
Stephen Hydrick **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-4404	(678) 746-8650	shydrick@ups.com
Seth Bruckner **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-7413	(678) 746-8650	sbruckner@ups.com
William M. Jacques **Vice President**	12380 Morris Road Alpharetta, GA 30005	(770) 841-8136	(678) 746-8650	wjacques@ups.com

Parent Company Information:
United Parcel Service of America, Inc.
55 Glenlake Parkway NE
Atlanta, GA 30328
P ~ (404) 828 6022
FEIN ~ 95-1732075
State/Date of Incorporation ~ DE 5/9/30

Attachment #6
OFFICER LIST

Organizational Chart

UPS SUPPLY CHAIN SOLUTIONS, INC.



THIS REPORT IS SUBMITTED IN CONFIDENCE AND APPLICABLE EXEMPTIONS TO THE FREEDOM OF INFORMATION ACT ARE TO BE INVOKED TO WITHHOLD IT FROM PUBLIC DISCLOSURE

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. E386928

Application/License No. _____

UPS Supply Chain Solutions, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
6204 New Cut Road, Louisville, KY 40118, as
Address of Applicant/Principal
PRINCIPAL, and Great American Insurance Company, a
Surety Company
corporation organized under the laws of the state of Ohio
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
6204 New Cut Road, Louisville, KY 40118 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 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 02/21/2020.
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 March, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Lisa Gelsomino, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Christina Rinozzi
Witness Underwriting Specialist

Countersigned by:

Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than one

Bond No. E386928

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name	Address	Limit of Power
Lisa Gelsomino	150 Northwest Point Blvd. Elk Grove Village, IL 60007	$25000---

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 25th day of February, 2020

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 25th day of February, 2020, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 06-18-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 25th day of February, 2020

Assistant Secretary

S1194C (8/15)

5CCC

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: UPS Supply Chain Solutions, Inc.

Physical Address: 5849 W. Schulte Road, Suite 107

City: Tracy State: CA Zip Code: 95377

Telephone Number: 209-855-8990 Fax Number: 209-855-8069

Toll Free Number: N/A

E-mail: ralicensing@ups.com Website: www.ups.com

Facility Manager: Casey Flaig

Professional qualifications and experience of facility manager: See Attachment #1

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) See Attachment #2

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: Kaiser Permanente
Address: Harrison Street, Oakland, CA 94612

Name: N/A
Address: N/A

Name: N/A
Address: N/A

Name: N/A
Address: N/A

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 ☐

See Attachment # 3

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.

SF

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

Casey Flaig

Print Name of Authorized Person

13 Feb 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: United Parcel Service of America, Inc.

Mailing Address: Morris Road

City: Alpharetta State: GA Zip:

Telephone Fax:

Contact Person: Thomas Page

For any corporation non-publicly traded, disclose the following:

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

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

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 #5

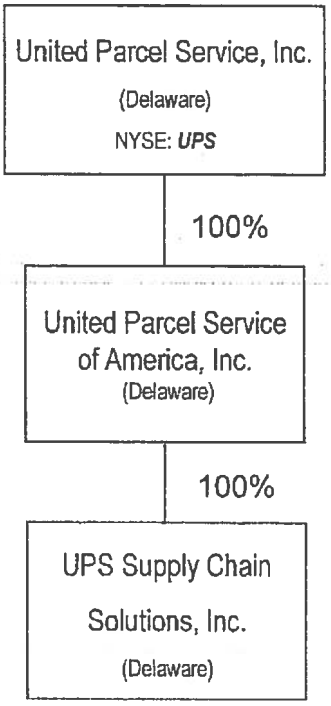
Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. See Attachment # 6

Attachment #4

Organizational Chart

UPS SUPPLY CHAIN SOLUTIONS, INC.

as of 7 June 2017



THIS REPORT IS SUBMITTED IN CONFIDENCE AND APPLICABLE EXEMPTIONS TO THE FREEDOM OF INFORMATION ACT ARE TO BE INVOKED TO WITHHOLD IT FROM PUBLIC DISCLOSURE

NABP ACCREDITED
DRUG DISTRIBUTOR

UPS Supply Chains Solutions Inc

located at

5849 West Schulte Road, Suite 107, Tracy, CA 95377

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

3/25/2020 - 3/24/2023
Period of Accreditation

Attachment #2
Verified MS
5/6/20

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 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
UPS Supply Chain Solutions, Inc	11811 Landon Drive, Ste 100 Mira Loma, CA	12/18/17
UPS Supply Chains Solutions Inc	5649 West Schulte Road, Suite 107 Tracy, CA 95377	03/25/20

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®).

OFFICER LIST

UPS Supply Chain Solutions, Inc.
12380 Morris Road
Alpharetta, GA 30005
Phone ~ (678) 746 4100
State of Incorporation: Delaware
Date of Incorporation: 8/29/88
FEIN ~ 94-3083515

Name/Title	Work Address	Work Phone	Work Fax	Email
Wesley P. Wheeler **President**	Morris Road Alpharetta, GA 30005			
Thomas Page **Vice President**	Morris Road Alpharetta, GA 30005			
Stephen Hydrick **Vice President**	Morris Road Alpharetta, GA 30005			
Seth Bruckner **Vice President**	Morris Road Alpharetta, GA 30005			
William M. Jacques **Vice President**	Morris Road Alpharetta, GA 30005			m

Parent Company Information:
United Parcel Service of America, Inc.
55 Glenlake Parkway NE
Atlanta, GA 30328
P ~ (404) 828 6022
FEIN ~ 95-1732075
State/Date of Incorporation ~ DE 5/9/30

Attachment #5

State Of Delaware

Entity Details

5/7/2020 12:25:59PM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401

STATE OF CALIFORNIA

dca

DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Third-Party Logistics Provider

LICENSE NO. TPL 1212

ISSUE DATE JULY 11, 2019

UPS SUPPLY CHAIN SOLUTIONS INC

5849 W SCHULTE RD STE 107
TRACY CA 95377

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 JULY 01, 2020

RECEIPT NUMBER 00657186

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4160 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer(s), shareholder (more than 10 percent share change), responsible manager. If you are planning to change location or responsible manager, the approval must be in advance of the change.

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

----- POST IN PUBLIC VIEW -----

Attachment #6

State Of Delaware

Entity Details

10/29/2019 11:13:26AM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401

Out of Date

Attachment #1

Casey Flaig

W. Grant Line RD
Tracy, CA 95304
Email:

Tel:

Summary of Qualifications

I possess 20 years' of experience in supply chain management and logistics. Provide high level planning, management, and responsible for the day to day operations of the facility in regards to receipt, storage and distribution of pharmaceutical products. Organization and implementation of new supply chain business. Extensive knowledge of yearly budgets and excellent stewardship of daily P&Ls. Supervised and mentored new and existing management employees in job performance and career development. Proficient in industry leading Inventory management systems. Strong ability to thrive in a high paced complex environment.

Employment History

Operations Management — **Louisville, KY** — **Jun 06 – Sept 2018**
Pedricktown, NJ — **Sept 2018 – Nov 2019**
Tracy, CA — **Nov 2019 - Current**

UPS-Supply Chain Solutions

Ensure that the work groups anticipate customer needs (internal or external) and worked to exceed the quality expectations of customers. Responsible for business plans and financial documents such as balance sheets and profit and loss statements in the role of managing the business. Coordinated resources and efforts to execute revenue growth programs and achieve established objectives.

Warehouse Associate
UPS-Supply Chain Solutions — **Louisville, KY** — **Aug 2005-Jun 2006**

Preparing and ensuring the quality of orders to be shipped. Auditing and checking the accuracy of orders to result in error free shipments. Providing quality control to maintain accountability of inventory. Member of the Safety Committee, assisting in developing monthly safety programs for safety awareness.

Supply Sergeant
U.S. Army — **May 2001-Apr 2006**

Organizing yearly spending forecasts, procuring supplies for the organization, maintaining records of all expenditures, managing hundreds of thousands of dollars' worth of property, conducting monthly inspections of equipment and supplies resulting in 100% accountability.

Logistic Administrator
U.S. Army — **Sept 1998-May 2001**

Processing data needed to stay within operational levels and monitoring spending for five companies containing over six-hundred fifty employees. Coordinating equipment issue, repairs and turn-ins. Providing facilities and supplies for several training events. Accounting for over thirty-five million dollars' worth of property. Determining and maintaining operational loads of general supply stocks. Ordering, receiving, and shipping supplies.

Education
Mt. Hood Community College — Portland, Oregon
59 Semester Hours, 3.90 GPA

Attachment #7

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. 2264958

Application/License No. _____

UPS Supply Chain Solutions, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
5849 W Schulte Road, Suite 107, Tracy, CA 95377, as
Address of Applicant/Principal
PRINCIPAL, and Great American Insurance Company, a
Surety Company
corporation organized under the laws of the state of Ohio
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
301 East 4th Street, Cincinnati, OH 45202 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 08/02/2019.
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 2nd day of August, 2019.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

Ronald Cheng Ass't. Treasurer

SIGNED and SEALED in the presence of:

Witness Lynda M Scott

Witness Samuli K

SURETY

Surety Company's Representative

Lisa Gelsomino, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than TWO

No. 0 21296

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
LISA M. GELSOMINO	BOTH OF	BOTH
MARIA G. TORO	ELK GROVE VILLAGE, ILLINOIS	$10,000,000

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 9TH day of APRIL, 2019

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 9TH day of APRIL, 2019, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 05-18-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 2nd day of August, 2019.

Assistant Secretary

S1029AG (07/18)

Attachment #3

Disciplinary Statement
UPS Supply Chain Solutions, Inc. ("UPS SCS")

WHOLESALE LICENSE

Matters Related to Colorado Order
1645 Satellite Blvd, Duluth, GA

Final
As previously disclosed by UPS Supply Chain Solution, Inc. (UPS SCS), to your agency in 2010, the Colorado Board of Pharmacy's Stipulation and Final Agency Order ("Colorado Order") was effective October 18, 2010, with regard to UPS SCS's Duluth, GA facility's Colorado Out-of-State Wholesaler License # WHO-7462. UPS SCS's Duluth facility did not file Colorado's required notice of change of Designated Representative within Colorado's required 14-day timeframe to file such notice. UPS SCS implemented corrective actions and has successfully completed the terms of the Colorado order. Please note, UPS SCS's Colorado Out-of-State Wholesaler License # WHO-7462 was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Colorado Case No. 2011-000273 documentation related to the Colorado Order on file with the UPS SCS Regulatory Affairs Department.

Final
On November 15, 2011, UPS SCS informed your agency of the Iowa Board of Pharmacy's (IBoP) action concerning Iowa Wholesale Drug License #5820 and which became effective November 11, 2011. This Iowa Stipulation and Consent Order (the "Iowa Order") relates to the Colorado Order and the untimely filing of notice regarding the Colorado Order to the IBoP. UPS SCS has successfully completed the terms of the Iowa Order and Iowa Wholesale Drug License #5820 has not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Iowa Case No. 2010-162 documentation on file with the UPS SCS Regulatory Affairs Department. Note: This Iowa matter is a spin-off of the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is <u>not</u> based on an independent set of facts.

Final
On October 18, 2013, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the underlying Colorado matter summarized above, which was executed by the Michigan BOP on October 9, 2013 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two thousand five hundred dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

PHARMACY LICENSE

Matters Related to Kentucky Agreed Orders
1860 Outer Loop Road, Louisville, KY

Final

UPS SCS dispenses medical devices, including diabetes-related pumps, to consumers from its Kentucky licensed pharmacy facility. Not all states recognize the Durable Medical Equipment or Home Medical Equipment provider category for entities that dispense medical devices rather than drugs. Those states that do not recognize these categories require a non-resident or out of state pharmacy permit for dispensing medical devices. Accordingly, UPS SCS obtained a home-state pharmacy permit in Kentucky and numerous non-resident pharmacy permits and DME/HME permits in other states. On September 12, 2012, the Kentucky Board of Pharmacy ("KYBoP") and UPS SCS executed final Agreed Orders relating to minor violations under Kentucky Administrative Regulations 2:270 and Kentucky Revised Statutes Sec. 315.121(6) in connection with late filing of pharmacy technician registrations at UPS SCS's Louisville, Kentucky facility (the "Kentucky Orders"). UPS SCS and the KYBoP agreed to address the Kentucky Orders informally by entering in the aforementioned Agreed Orders in lieu of the KYBoP filing a formal complaint. UPS SCS self-reported this action to your agency on September 18, 2012. UPS SCS takes this and all regulatory matters seriously and has implemented corrective action. Moreover, UPS SCS has instituted internal safeguards to ensure that applicable regulatory compliance is maintained in the future. UPS SCS's Kentucky pharmacy license (Kentucky Pharmacy License #P07277) remains current and in good standing and was not and has not been restricted, modified, revoked, or limited in any way.

Final

On May 14, 2013, UPS SCS informed your agency of the Texas Board of Pharmacy's (TXBoP) action concerning UPS SCS Texas Class E Nonresident Pharmacy License #26160 and which became effective May 7, 2013. As already disclosed to you, on May 14, 2013, the Texas Board of Pharmacy (TXBoP) and UPS SCS executed a final Agreed Board Order (the "Texas Order") relating to the above-mentioned Kentucky Pharmacy License Agreed Orders. Pursuant to the Texas Agreed Board Order, the TXBoP reprimanded UPS SCS's Nonresident Pharmacy License. The Texas Board of Pharmacy did not levy a fine or any other penalty on the License. The License was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Texas Agreed Board Order # L-13-004 on file with the UPS SCS Regulatory Affairs Department. Note: The Texas Order is directly related to the Kentucky pharmacy license matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is <u>not</u> based on an independent set of facts.

Final

On April 22, 2014, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the Kentucky Order summarized above, which was adopted by the Michigan BOP on April 9, 2014 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two hundred fifty dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Kentucky matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000273

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG WHOLESALER REGISTRATION OF UPS SUPPLY CHAIN SOLUTIONS, INC., REGISTRATION NO. WHO-7462,

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and UPS Supply Chain Solutions, Inc. ("Respondent") to resolve all matters pertaining to Board Case Number 2011-000273, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Respondent was originally registered as an non-resident prescription drug wholesaler in the State of Colorado on December 8, 2008, being issued registration number WHO-7462, and has been so registered at all times relevant to this disciplinary action.

3. Respondent does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following findings.

4. Respondent failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, forty-six (46) days transpired between the date the previous designated representative ceased the position and the date the application and fee were received.

5. Respondent states and affirms that it was never without the proper oversight of a designated representative but failed to timely submit the change application to the Board because of human error. Further, Respondent states and affirms that it has identified the cause of the error and has implemented corrective actions.

6. Respondent does not contest that the conduct described above constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drug.

12-22-802. Wholesaler license requirements

(2)(b) An applicant for a license shall pay any reasonable fee required by the accreditation body or the board and comply with any rules promulgated by the board;

(3) (VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section; and

(5)(i) Update all of the information required in this part 8 whenever changes occur.

Regulation 15.01.11 Minimum required information for registration.

a. The following minimum information shall be required from each wholesaler as part of the registration:

(8) The name of the applicant's designated representative, who must meet the following requirements:

(a) Be at least twenty-one years of age;

(b) Have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the recordkeeping related to prescription drugs;

(c) Be employed by the applicant in a full-time managerial position;

(d) Be actively involved in and aware of the actual daily operation of the wholesaler;

(e) Be physically present at the facility of the applicant during regular business hours, except when the absence of the designated representative is authorized, including, but not limited to, sick leave and vacation leave;

(f) Serve in the capacity of a designated representative for only one applicant or wholesaler at a time, except where more than one licensed wholesaler is co-located in the same facility and the wholesalers are members of an affiliated group as defined by section 1504 of the federal "Internal Revenue code of 1986."

(g) Not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or controlled substances;

(h) Not have an felony convictions pursuant to federal, state, or local law; and

(i) Undergo a background check as required by CRS 12-22-803. And

(9) Wholesalers that distribute animal drugs exclusively are exempt from the requirements of 15.01.11(a)(8).

(b) Changes in any information in section 15.01.11 shall be submitted to the Colorado Board of Pharmacy within fourteen calendar days thereof.

Regulation 15.01.14 Change of name, location, or ownership, or designated representative

c. Any change in the designated representative of a wholesaler shall be reported to the board on a form supplied by the board within 14 calendar days of such change. The incoming designated representative must undergo the required background check.

7. The Board finds and concludes, and Respondent agrees, that based upon the above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-22-125.2(5), C.R.S., Respondent shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of Five Thousand Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent shall submit all future applications detailing a change in designated representative and fee to the Board within fourteen (14) days of the previous designated representative ceasing the position.

10. **Other Requirements.** Respondent acknowledges and agrees that, as a condition of this Final Agency Order, Respondent shall:

a. promptly pay all Respondent's own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers.** Respondent enters into this Final Agency Order freely and voluntarily, whether or not Respondent has consulted with legal counsel. Respondent acknowledges its understanding that it has the following rights:

a. to have formal notice of hearing and charges served upon it;

b. to respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to Sections 12-22-125 and 12-22-125.2(2)(a), C.R.S.; and

d. to appeal this Final Agency Order.

Respondent freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent to the sanctions imposed herein.

12. **Acknowledgments.** Respondent has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable. Respondent is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Final Agency Order. Respondent acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Final Agency Order.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

Respondent

Authorized Representative / Title

Dated: 10/1/10

Subscribed and sworn to before me in the County of Fulton, State of Georgia, this 1 day of October, 2010 by Daniel Silvernale, authorized representative of UPS Supply Chain Solutions, Inc.

My commission expires: Sept 21, 2013

Notary Public

DALE BANKS
MY COMMISSION EXPIRES
SEPT 21 2013
FULTON COUNTY, GEORGIA
NOTARY PUBLIC

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 18th day of October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of September 2010, addressed as follows:

UPS Supply Chain Solutions, Inc.
Attn: Joy Roberts
1645 Satelite Blvd.
Duluth, GA 30097
(via email: joyroberts@ups.com)

/s/ John Steele
John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 18th day of October 2010, addressed as follows:

UPS Supply Chain Solutions, Inc.
Attn: Joy Roberts
1645 Satelite Blvd.
Duluth, GA 30097

Catie Hangiust
Agent of the Board

BEFORE THE IOWA BOARD OF PHARMACY

Re: Wholesale Drug License of **UPS SUPPLY CHAIN SOLUTIONS, L.L.C.,** License No. 5820 Respondent	))))))	Case No. 2010-162 **STIPULATION AND CONSENT ORDER**

Pursuant to Iowa Code §§ 17A.10 and 272C.3(4) (2011), The Iowa Board of Pharmacy (hereinafter, the "Board") and UPS Supply Chain Solutions, L.L.C. (hereinafter, "Respondent"), have agreed to settle a contested case currently on file with the Board. The Statement of Charges filed against Respondent on September 13, 2011, and the licensee disciplinary proceeding related to the charges shall be resolved without a hearing, as the Board and Respondent have agreed to the following Stipulation and Consent Order:

1. Respondent's license to operate a wholesale drug business was renewed November 19, 2010, as evidenced by Wholesale Drug License Number 5820, recorded in the permanent records of the Board.

2. Wholesale Drug License Number 5820 issued to and held by Respondent is current and in force until December 31, 2011.

3. The Board has jurisdiction over the parties and the subject matter herein.

4. A Statement of Charges was filed against Respondent on September 13, 2011. The Statement of Charges alleges Respondent violated the pharmacy laws of the State of Colorado and failed to timely report the violation to the Board.

5. The records of the investigation indicate that Respondent has successfully

RECEIVED
OCT 28 2011
IOWA BOARD OF PHARMACY

completed the terms of the Colorado Stipulation and Final Agency Order.

6. Respondent has chosen not to contest the allegations set forth in the Statement of Charges and acknowledges that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline described herein.

7. Upon the Board's approval of this Stipulation and Consent Order, Respondent shall be assessed a civil penalty in the amount of $1000. The civil penalty payment shall be made by check, payable to the Treasurer of Iowa and mailed to the executive director of the Board within 10 days after Respondent's receipt of notice of the Board's approval of this Stipulation and Consent Order. All civil penalty payments shall be deposited into the State of Iowa general fund. Upon the Board's receipt of the civil penalty, this disciplinary proceeding shall be concluded without further order of the Board.

8. The Board does not mandate any further corrective action.

9. Respondent agrees to obey all federal and state laws, rules, and regulations substantially related to the operation of a wholesale drug business.

10. Should Respondent violate or fail to comply with any of the terms or conditions of this Stipulation and Consent Order, the Board may initiate action to revoke or suspend Respondent's Iowa license to operate a wholesale drug business or to impose other licensee discipline as authorized by Iowa Code chapters 272C and 155A (2011), and 657 Iowa Administrative Code § 36.1.

11. This Stipulation and Consent Order is the resolution of a contested case. By entering into this stipulation, Respondent waives all rights to a contested case

hearing on the allegations contained in the Statement of Charges, and waives any objections to this Stipulation and Consent Order.

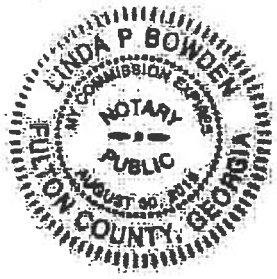
12. This Stipulation and Consent Order is a proposed settlement subject to approval by a majority of the full Board. If the Board fails to approve this Stipulation and Consent Order, it shall be of no force or effect to either party. If the Board approves this Stipulation and Consent Order, it shall be the full and final resolution of this matter.

13. The Board's approval of this Stipulation and Consent Order shall constitute a FINAL ORDER of the Board in a disciplinary action.

This Stipulation and Consent Order is voluntarily submitted by UPS Supply Chain Solutions, L.L.C., to the Iowa Board of Pharmacy for its consideration on this 21st day of October 2011.

UPS SUPPLY CHAIN SOLUTIONS, L.L.C.,
Respondent
By DANIEL SILVERNALE, Vice President, Finance and Healthcare Compliance

Subscribed and sworn to before me by Daniel Silvernale, who has stated to me that he is the VP, Finance & Healthcare Compliance of UPS Supply Chain Solutions, L.L.C., and is authorized to sign this Stipulation and Consent Order on behalf of UPS Supply Chain Solutions, L.L.C., on this 21st day of October, 2011.



Linda P. Bowden
NOTARY PUBLIC IN AND FOR THE STATE OF GEORGIA

This Stipulation and Consent Order is accepted by the Iowa Board of Pharmacy on this 11th day of November 2011.

SUSAN FREY, Chairperson
Iowa Board of Pharmacy
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Scott M. Galenbeck
Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, Iowa 50319

UPS Supply-settle 9-11.doc

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC.
License Numbers: 53-06-002764
53-15-027264

File Number: 53-10-118763
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on September 23, 2011, charging UPS Supply Chain Solutions Inc., hereafter Respondent Wholesaler, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true for the purposes of this Consent Order and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Wholesaler is FINED in the amount of $2,500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-10-118763.**

IT IS FURTHER ORDERED that in the event Respondent violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 10/9/13

MICHIGAN BOARD OF PHARMACY

By _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.

2. Respondent Wholesaler understands and intends that by signing this Stipulation, Respondent Wholesaler is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Wholesaler is waiving the right to appear with an attorney and such witnesses as Respondent Wholesaler may desire to present a defense to said charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

> Subsequent to the adverse actions, Respondent Wholesaler submitted information about steps implemented by Respondent Wholesaler, in the state of Colorado, to ensure that this type of action will not recur, including establishing strategy groups and tactical teams which ensure regulations are met and all locations are compliant. Respondent Wholesaler indicated that a single manager coordinates the local teams to ensure all information is consistently distributed. No patient safety issues were involved in Respondent Wholesaler's actions.
>
> Respondent Wholesaler was cooperative in resolution of this matter. Respondent Wholesaler has been licensed in the state of Michigan since 2008 and has no other complaints against its license.

4. Patricia A. Smeelink, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Wholesaler and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

CONTINUED ON NEXT PAGE

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Wholesaler and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: 8-7-13

AGREED TO BY:

Daniel Silvernale, Vice President
Authorized Representative for
UPS Supply Chain Solutions Inc.
Respondent Wholesaler

Dated: 6/28/13

Approved as to form by:

Max R. Hoffman, Jr.
Attorney for Respondent Wholesaler (P67550)

This is the last page of a Consent Order and Stipulation in the matter of UPS Supply Chain Solutions Inc., File Number 53-10-118763, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

BH/PB

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 11-0062A

IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS, INC.

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions, Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P07277.

(2) (a) An investigation of Respondent's pharmacy revealed that numerous technicians worked on various dates in 2010, without being timely registered with the Board. The Respondent assured the technicians that it would take care of ensuring they were properly registered. Respondent subsequently properly registered the technicians. Nonetheless, the Respondent was in violation of KRS 315.121(1)(g).
(b) The technicians that worked without being appropriately registered with the Board were: Chelsea Hutchins, Alisha Netherton, Brittany Barger, Lauren Fisher, Karen Millay, Meghan Rae Yates, Michelle Green, Amanda Gracie, Faith Joway, Taylor Parker, Manoj Bhandari, Jonathan Pruitt, Whitney Wilson, Dustin R. Harris, Fabrice Mboya, Lauren Howell, Coco Boards, Benjamin Bickett, Jessica Horlander, Jason Cope, William Robert Bennett Jr, Thomas Hicks, Nimo Muhumed Mohamud, Harold Keith Newcom, Rodrick G Parrish, Johnathan Borho, Antoya Blackburn, Jonathan Graves, and Leilani Roach.
(c) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).

(3) Respondent takes compliance with KRS 315 seriously and as part of its corporate compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).

(4) This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.

(5) The Board and Respondent have agreed to address this matter informally by

entering into this Agreed Order, in lieu of the Board filing a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $2900.00 ($100 per technician) payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Joel Thornbury, President
Kentucky Board of Pharmacy

9/12/12
Date

UPS Supply Chain Solutions, Inc.
Respondent

8/14/12
Date

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 11-0061A

RECEIVED
KY BOARD OF PHARMACY
2012 AUG 29 P 1:18

IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS INC.

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P07277.

(2) (a) An investigation of Respondent's pharmacy revealed that Sherry Rich worked as a pharmacy technician from April 1, 2010 through November 19, 2010, without being timely registered with the Board. The Respondent assured Ms. Rich that it would take care of ensuring she was properly registered. Respondent subsequently properly registered Ms. Rich with the Board. Nonetheless, the Respondent was in violation of KRS 315.121(1)(g).

(b) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).

(3) Respondent takes compliance with KRS 315 seriously and as part of its corporate compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).

(4) This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.

(5) The Board and Respondent have agreed to address this matter informally by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $125.00 payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky

Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Joel Thornbury, President
Kentucky Board of Pharmacy

Date 8/12/12

UPS Supply Chain Solutions Inc.
Respondent

Date 8/14/12

AGREED BOARD ORDER #L-13-004

RE: IN THE MATTER OF
UPS SUPPLY CHAIN SOLUTIONS, INC.
(CLASS E NONRESIDENT
PHARMACY LICENSE #26160)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of Class E nonresident pharmacy license number 26160 issued to UPS Supply Chain Solutions, Inc. ("Respondent"), 1860 Outer Loop Road, Louisville, Kentucky 40219.

On September 8, 2012, Respondent self-reported to the Board the entry of two Agreed Orders by the Kentucky Board of Pharmacy, as described below in Counts (1) and (2).

By letter dated February 22, 2013, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Section 565.002 (a)(13); and Section 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011), as alleged in the Counts below.

The conduct described in the Kentucky Board of Pharmacy's Agreed Orders is substantially similar to conduct described in:

> Section 565.002(a)(3); and Section 568.002(a) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011); and
>
> Section 297.3(a)(1) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012).

COUNTS

(1) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0061A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that from April through November of 2010, the pharmacy allowed an unregistered individual to perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of $125.

(2) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0062A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that, on various dates in 2010, the pharmacy allowed twenty-nine (29) unregistered individuals to

perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of $2900.

An informal conference was held in the office of the Texas State Board of Pharmacy on April 2, 2013. Phillip Vowels, R.Ph., Pharmacist-in-Charge of Respondent; Sue Young, Director, Global Healthcare Compliance, for Respondent; Amy Carney, Regulatory Affairs Manager, for Respondent; Maureen O'Brien, Senior Quality Assurance Manager, for Respondent; Emily Johnson, Legal Counsel for Respondent; Hannah Heck, Legal Counsel for Respondent; and Michelle Williams, Legal Counsel for Respondent, appeared via teleconference. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin E. Arnold, General Counsel. Stacy E. Martyak, Staff Attorney, was also in attendance.

By signing this Order, Daniel Silvernale, Vice President, for and on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is hereby reprimanded.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of May, 2013.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Daniel Silvernale, Vice President of UPS Supply Chain Solutions, Inc.

APPROVED AS TO FORM:

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

S:\Attorneys\PNLs 0113 - 1213\UPS Supply Chain Solutions, Inc\UPS Supply Chain Solutions, Inc._ABO_282385_1st Amended.docx

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC.
License Number: 53-01-008968

File Number: 53-13-129412
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on September 27, 2013, charging UPS Supply Chain Solutions Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and argument were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true, for purposes of this Consent Order, and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly, IT IS HEREBY ORDERED, that for the cited violation of the Public Health Code, Respondent Pharmacy is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $250.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909.** The fine shall be paid by check or money order made payable to the state of Michigan, and the check or money order shall clearly display the file number **53-13-129412.**

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 4/9/14

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to the charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

> Respondent Pharmacy acknowledges the Kentucky Board of Pharmacy disciplinary action which precipitated the Complaint.

4. Harvey Schmidt, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this cause.

CONTINUED ON NEXT PAGE

6. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department Licensing and
Regulatory Affairs

Dated: 1-29-14

AGREED TO BY:

UPS Supply Chain Solutions Inc.
Respondent

Dated: 1/21/14

This is the final page of a Consent Order and Stipulation in the matter of UPS Supply Chain Solutions Inc., File Number 53-13-129412, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included

PB

UPS Supply Chain Solutions

211 Lake Drive
Suite F
Newark, DE 19702
302.631.5000 Tel
302.631.5238 Fax

April 30, 2020

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

Re: Initial Application for Wholesale Distributor ~ UPS Supply Chain Solutions, Inc.
5849 W. Schulte Road, Suite 107
Tracy, CA 95377

Dear Sir or Madam:

Enclosed is one (1) initial application for a Wholesale Distributor. Also included is any required back up documentation along with checks #1006414 in the amount of $500.00.

Once the application is processed, please send the new license to my attention at 211 Lake Drive, Suite F, Newark, DE 19702.

If you have any questions or need additional information, please contact me at the phone number or email address listed below.

Sincerely,

Amy F. Muller
Healthcare Compliance Specialist
Regulatory Affairs
(302) 631-5127
ralicensing@ups.com

5DDD

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: Assertio Therapeutics, Inc.

Physical Address: 100 South Saunders Road, Suite 300

City: Lake Forest State: IL Zip Code: 60045

Telephone Number: (224)419-7106 Fax Number: n/a

Toll Free Number: n/a

E-mail: jhipelius@assertiotx.com Website: www.assertiotx.com/

Facility Manager: Stanley Bukofzer

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, repackagers

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)

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 - New Start up -Initial application
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

Stanley Bukofzer
Print Name of Authorized Person

January 22, 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: Assertio Therapeutics, Inc.

Mailing Address: 100 South Saunders Road, Suite 300

City: Lake Forest State: IL Zip: 60045

Telephone: (224)419-7106 Fax: n/a

Contact Person: Jennifer Hipelius

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: 07/18/2018

Registration number issued: 6980073

Stock Exchange: ASRT - 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.

List of officers and directors.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSERTIO 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 TWENTIETH DAY OF DECEMBER, 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

6980073 8300

SR# 20198788062

Authentication: 204272112

Date: 12-20-19

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.
004.004722

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
12/31/2020

LICENSED WHOLESALE DRUG DISTRIBUTOR

ASSERTIO THERAPEUTICS INC
STAN BUKOFZER
100 SAUNDERS RD STE 300 RM 06
LAKE FOREST, IL 60045-2508

DEBORAH HAGAN
ACTING SECRETARY

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

13712724

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: 4219046

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
ASSERTIO THERAPEUTICS INC	Lake Forest, IL 60045	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004722	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	05/13/2019	05/13/2019	12/31/2020	N

Generated on: 2/5/2020 10:24:02 AM

Stan Bukofzer

Hobblebush Lane • Vernon Hills, Illinois 60061 •

PROFILE

Highly successful senior executive with experience leading medical and scientific teams at dynamic and growth-oriented companies. As a "hands-on" and pragmatic C-suite executive, recognized for successfully building / transforming teams to ensure stakeholder value growth across portfolio and companies. Extensive product development experience with products in portfolios that include proprietary small molecules and fermentation products, biologics including biosimilars, generic sterile injectables and devices (pumps and consumables). Accountable for budgets over $250MM. Extensive experience working with Boards, Investment partners and analysts among others.

Executive Leadership: Executive team member and contributor to the development of corporate strategies that build company value. Demonstrated ability to identify and attract the correct critical individual expertise and build teams that value diversity of opinion while emphasizing team objectives.

Product Development and Value creation: Experience working over 10 therapeutic areas defining strategies and ensuring execution of work product from early research through product development, product launch, product lifecycle management and market support. Accountable for significant budgets (up to $250M), but with a track record of balancing resources with defined objectives, while meeting compliance and quality expectations to mitigate risk. Is an "out the box" thinker who is persistent in looking for ways to meet objectives, but not at the expense of ethics and patient safety.

Deep Medical and Scientific Experience: Drawing from experience ranging from hands-on patient care to expertise in pharmaceutical scientific areas, couples a deep understanding of medicine with well-developed business acumen to drive to success. Areas of responsibility include preclinical scientific data generation, clinical operations, medical affairs (including policy), safety and pharmacovigilance

Industry Recognition: Recognized for building effective relationships with Regulatory, Governmental, Non-Governmental and Trade groups. Selected to Chair / serve on several international policy groups.

PROFESSIONAL EXPERIENCE

DEPOMED/ ASSERTIO THERAPEUTICS, Lake Forest, Illinois
A NASDAQ listed Biotech Company focused on Neurology, Orphan and Specialty Businesses

Chief Scientific and Technical Officer, Section 16 named officer ***Nov 2018-present***
Responsible for oversight of Medical, scientific, safety and regulatory functions, Medical affairs, as well as commercial manufacturing, supply chain logistics and quality functions

Chief Medical and Scientific Officer, Section 16 named officer ***Apr 2018- Nov 2018***
Responsible for scientific and medical leadership for the corporation.

- Medical and scientific oversight of on- market assets to ensure PV and Regulatory requirements are met.
- Strategic and tactical oversight of growth initiatives including new product development.
- Corporate and functional initiatives to drive shareholder value including licensing initiatives.
- BOD, investment community, intercompany and public / governmental interactions on behalf of the company as appropriate

SAREPTA THERAPEUTICS INC., Cambridge, Boston **Jan 2018 to Apr 2018**
A biopharmaceutical company focused on the discovery and development of precision genetic medicines to treat rare neuromuscular diseases, with a primary focus on rapidly advancing Duchenne muscular dystrophy (DMD) therapies designed to treat the underlying cause of the disease.

Chief Medical Officer (consulting)

Reporting to the CEO responsible for medical leadership for the company.

- Assessed medical function structures and personal to optimize focus and assess gaps. Present to BOD findings and effected changes suggested.
- Oversaw strategic and operational elements of all gene therapy platforms including study design and execution, agency interactions. (Development, PV and Medical affairs)
- Worked with partner organizations (Advocacy groups, Foundations and Partners) as needed.

OCERA THERAPEUTICS INC., Palo Alto, California **Jan 2016 to Dec 2017**

A NASDAQ listed Biotech Company developing novel drugs for liver disease. Company acquired by Mallinckrodt for up to $152M.

Chief Medical Officer and Sect 16 Officer

Reporting to the CEO, responsible for scientific and technical leadership for the company key focus on a novel therapy for treating hepatic encephalopathy, an orphan indication.

- As a Section 16 officer, key contributor to interactions with Wall Street analysts, investors and merger transaction.
- Created product value and company by extracting data and learnings from a "failed" Phase2B study by linking the data understandings to market needs and regulatory pathway expectations.
- Used "out the box" thinking to accelerate the programs. Progressed the Oral formulation into Phase 2B with near final formulation, developed a novel Clinical outcome assessment questionnaire, and oversaw EOP (2) FDA meeting preparation that included use of extensive PK/PD dose modeling, population PK simulation and a baysean designed study to determine optimal dosing during a proposed Phase3 study.
- Optimized/ rebuilt the scientific capability of the company through internal changes supplemented by consultants to execute on Phase 2B study that was challenged. Developed quality system plan, drove clinical efficiencies, developed process standardizations and data collection to meet compliance and quality standards while generating significant budget efficiencies. Streamlined information flow to allow executive management better oversight of work product, costs and quality.

HOSPIRA, INC., Lake Forest, Illinois **2012 - 2015**

A $5 billion pharmaceutical and device company that grew to $18 billion in 3.5 years

Corporate Vice President & Chief Medical Officer

Responsible for the strategic direction and technical leadership of the Development and Medical functions across Hospira's global businesses: devices (pumps and consumables) and pharma (sterile injectables, proprietary products and biosimilars) encompassing both pre- and on-market products. Oversaw clinical research & development, medical affairs and product safety / vigilance, as well as representing Hospira at government and regulatory bodies, industry forums, and NGO's to educate and communicate on public health policy issues and to help shape policy on areas of importance to Hospira. Drove to form policies and procedures to ensure ethical corporate medical behaviors, meet global regulatory expectations, and create shareholder value by delivering on current portfolio and strategic acquisitions.

- Transformed the CMO organization into a highly functioning and motivated organization (recruited an entirely new leadership team) that consistently delivered projects with high quality on time and on budget (Exceeded CMO organization target incentives: 2013, +130%; 2014, +160%; 2015, on target for +150%).
- Designed biosimilar development strategy for portfolio of products including own and strong influence on partner products that resulted in 2 BLAs. (Erythropoetin, Infleximab). Oversaw development plan for Retacrit including designing novel study to meet evolving FDA's needs while keeping to BLA filing deadline. Executed this 120-patient study of 1-month treatment in 5 months from time of request to CSR signoff and simultaneous integration into BLA.
- Oversaw filing of 4 NDAs and SNDAs for proprietary products. (Dexmetomidine, Dyloject) Filed / had under FDA review 2 of the first 351(k) biosimilar applications, filed and approved first MAb in EU and ANZ. Contributed to filings / approvals for 11 devices (2 pumps, MedNet software application, 8 consumables. Filed / launched over 350 generic SIPs globally. Represented Hospira on 4 executive steering committees for key growth alliances.
- To support growth opportunities, strategically leveraged global resources in lower-cost regions when appropriate. (Representative resources included: Manila-data management, statistics back office, transactional pharmacovigilance; India medical operations including medical writing). Headcount grew from approximately 180 to over 360. Direct and indirect budget oversight approx. $150MM.
- Improved efficiency enabled more rapid decision making, and improved accountability by revamping all CMO / scientific governance with completely new SOPs, operating guidelines and oversight committees. Established amongst others the Corporate Safety Board.
- Built a highly effective medical affairs group from scratch to provide support for on-market biosimilars and biosimilar launch of the first monoclonal antibody in Europe.
- Worked in partnership with Quality & Regulatory to fully remediate the safety and vigilance processes for both drugs and

device into sustainable compliance and business-valued processes.

- Provided leadership in shaping global biosimilar policy by engaging key policy makers at WHO (e.g. Industry expert invited to WHO BTB consultation May 2015, global agencies (e.g. in 2014 served as pre-ICDRA session chairman and key note speaker), public forums (e.g. in 2014 and 2015 served as DIA Organizing Committee and Session Chair), NCCN policy meeting panelist, Member of EBG working group on biosimilar extrapolation.
- Led a task force for the Parenteral Drug Association to publish a scientific paper addressing the medical risk of visible particulates in injectable drugs. This paper has become a landmark publication in its ability to use science and risk management to achieve a positive impact on global drug supply and quality.
- Sat on a variety of executive leadership committees including being part of the Hospira Growth Committee (included evaluation of Plant Acquisition, Portfolio Management, strategic alliances, alternative funding sources), a variety of toptop-levelview committees (commercial, scientific, technical). Represented company on all biologic portfolio joint steering committees with partner companies.
- One of 4 to receive annual peer recognition award for leadership contributions.

ASTELLAS PHARMA, INC., Deerfield, Illinois **2007 - 2012**
US headquarters of $8 billion Japanese company

Vice President, Medical & Scientific Affairs, Astellas Scientific and Medical Affairs, Inc.
Reporting to US CEO, built an effective and fully compliant Medical and Scientific Affairs organization to meet business imperatives spanning seven therapeutic areas (cardio-vascular, anti-invectives, dermatology, transplant / immunology, urology, oncology and neurology/migraines). Reshaped leadership, created standards, and developed processes supported by robust IT solutions capable of ensuring metric-driven continual improvement and compliance monitoring.

- Oversaw the initial formation of and led a newly incorporated business entity, ASMA. (Astellas Scientific and Medical Affairs, Inc) that was incorporated under the Astellas group of businesses.
- Key member of executive committees responsible for company operations: SPEC (executive steering committee for Americas businesses), PSEC (Product Strategy Executive Committee) and GBC (global brand committee); PDPC (US product development strategy and oversight committee).
- Drove scientific programs for CV imaging in addition to overseeing all REMS activities and Phase 4 commitments. Contributor and advisor during due diligence in multiple licensing deals with special emphasis on scientific value and risk assessment.
- Led medical / scientific strategy and tactical execution of all programs for US on-market drugs. This included MSL, MI, MDs, Operations and Publication teams across all 7 therapeutic areas. Drove compliance and effectiveness by introducing accountability metrics for teams and individuals.
- With multiple partner companies (both biotech and large Pharma) led or sat on a variety of executive steering and oversight committees.
  - Led integration of OSI acquisition for Medical and Scientific Affairs function.
  - Represented Astellas on Bio, PhRMA, and National Governor's Association committees.
  - Worked closely with Government Affairs to address key initiatives with governmental and state agencies including CMS, AHRQ and FDA.
- One of 4 US executives chosen to attend inaugural Executive Leadership Course for company VPs and above. As a strong advocate for globalization where appropriate; e.g. drove development of Global Publication and Disclosure and Global Sponsorship policies was recognized by winning an "Astellas Way 2010 Award", the highest Astellas global recognition award.

ABBOTT LABORATORIES, Abbott Park, Illinois **1996 - 2007**
A $75 billion pharmaceutical company.

Division Vice President, Head Global Medical Affairs (2004 - 2007)

- Oversaw lifecycle management of Abbott International's brand and product lines producing $2 billion in sales. Defined brand life cycle strategies, directed development, and oversaw tactical execution worldwide.
- Reporting to head of R&D CVP Pharmaceutical Products Division, had a management team of eight at director-level/ Divisional VP level. Oversaw Abbott's clinical operations, regional medical and affiliate organizations, global publications, global health economics function, physician education and development.
- Key member of Development and medical executive committee's for both the Pharmaceutical and International divisions. (Development Executive Council, Development Optimization Team, Portfolio Leadership Team, and Executive Safety Council)
- Represented Abbott on PhRMA's clinical research group (CRTG), National Pharmaceutical Council (NPC), and Scientific Advisory Board of Advanced Life Sciences, a novel anti-infective development company.

Global Development Head, Infectious Diseases Venture (2001 - 2004)

- Reported to Corporate VP Clinical Development, Pharmaceutical Product Division with responsibility accountable for all Abbott's

Infectious disease drugs development programs.

- Led scientific, strategic, and all tactical aspects of drug development that included IV, oral, pediatric and adult formulations.
- Multiple successful US(FDA) and Global (EMA, KIKO, Korea, Taiwan, Switzerland, RSA) regulatory filings. Programs included macrolides (Biaxin and ketolides), cephalosporins (including Omnicef), and quinolones (Delafloxacin) globally. Developed and managed annual budget up to $250MM. Key commercial product successes, included Biaxin and *Omnicef*. Omnicef generating $800MM in sales.
- Led Abbott's cross-divisional SARS taskforce. Abbott representative on PhRMA FDA work group on bio-terrorism

Global Clinical Development Medical Director - Abbott International (1999 - 2001)

- Led Ex US Global new drug application of Uprima *(*Apomorphine*)*, first drug for erectile dysfunction approved for worldwide distribution. Oversaw the entire filing for multiple regions including EMA and personally wrote Clinical expert reports for regulatory agencies for Uprima. Unanimous approval for marketing by EMA on first submission.
- Responsible for reregistering *Hytrin* (Terazosin) *($400MM),* with FDA due to original "grandfathered drug approval". Wrote both applications including expert opinions for both BPH and hypertension indications.
- Life cycle managed *Lupron* (Leuprolide) *($300MM)* and Buflomedil

Associate Director, Clinical Research (1999)

- Personally, designed and executed first in man to end of Phase 2 development of novel buccal adhesive testosterone patch. (*Striant*). Developed >10 white papers on key issues involving testosterone development issue.

Medical Director, South Africa & Africa - Johannesburg, SA (1996 - 1998)

PRIOR RELATED EXPERIENCE

PRIVATE CLINICAL GASTROENTEROLOGY AND HEPATOLOGY PRACTICE **1989 - 1998**

UNIVERSITY OF WITWATERSRAND and JHB Teaching Hospitals **1986 - 1997**
Internal Medicine Residency, 1983 - 1986
Internships, Surgery, Intensive Care & Renal Medicine, 1980 - 1981
Training in Gastroenterology & Research Fellow in liver disease, 1986 - 1988
Department of Internal Medicine Consultant, 1987 - 1996
Researcher Medical Research Council Molecular Hepatitis Laboratory, 1996 - 1997

AFRICAN DEFENCE FORCE **1981 - 1983**
Officer in SAMC seconded to SW African Territorial Force with active service supporting 32 Battalion

MEDICAL BACKGROUND & AWARDS

- Executive committee member for University of Witwatersrand Medical Graduates Society, 1989 - 1990
- Founding member and executive committee member of Children's Liver Disease Foundation, 1996 - 1998
- Council member of SA Viral Hepatitis National Strategies Group, 1995 - 1996
- South African Gastroenterology Association executive committee, 1995 - 1996
- South African Gastroenterology Association 1995, Best Research Award – Basic Science & Clinical
- South African Gastroenterology Association 1988, Gastroenterology Travelling Award
- Investigator in 24 Clinical Drug Trials
- International Advisor to multiple multinational international pharmaceutical companies

EDUCATIONAL BACKGROUND & ACCREDITATIONS

BURWIN INSTITUTE OF DIAGNOSTIC MEDICAL ULTRASOUND
Diploma, Ultrasound & Abdominal Medical Ultrasound, *1993*

UNIVERSITY OF WITWATERSRAND
Master of Medicine, Internal Medicine, *1986*
M.B., B. Ch (British Equivalent to USA MD), *1979*

MEDICAL COUNCIL OF SOUTH AFRICA
Sub specialty - Gastroenterology

Specialty - Internal Medicine
Diploma - Aviation Medicine
Registered Physician - SA & UK
AFFILIATIONS, PUBLICATIONS & IP AVAILABLE ON REQUEST

ASSERTIO

Description of Operations

Assertio Therapeutics, Inc. is a Virtual Manufacturer. Assertio Therapeutics, Inc. is a Publicly Traded company on the NASDAQ stock exchange under the symbol ASRT and is located in Lake Forest, Illinois. Assertio Therapeutics, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers, Specialty Pharmacies, and Physicians by their Third-Party Logistics Provider, ICS , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturers Information:
We are using the following contract manufacturers to produce our product:

Catalent Ontario Limited (formerly Accucaps Industries Limited)
2125 Ambassador Drive
Windsor, Ontario, Canada N9C 3R5
Contact: Brooke Schooley, 519.250.3323
FEIN: 3000118564

Mikart, Inc.
1750 Chattahoochee Avenue
Atlanta, GA 30318
Contact: Sara Rogers, 404.351.4510
FEIN: 1050658

Patheon Puerto Rico, Inc.
State Road #670 Km. 2.7
Manatí, Puerto Rico 00674
Contact: Eveliz Torres, 787-621-2500 ext. 4761
FEIN: 3003113148

Mipharm S.p.A.
Via Quaranta, 12 (N.B. street is as known as Via B. Quaranta or Via Bernardo Quaranta)
Milan, Italy 20141
Contact: Camillo Bologna, + 39 02 53548022
FEIN: 3002807647

Carton Service, Incorporated
341 J D Yarnell Industrial Parkway
Clinton, TN 37716
Contact: Jay Phillips, 865.494.6050
FEIN: 3002763532

ASSERTIO

Janssen Ortho, LLC
Road 933 Km 0.1
Gurabo, P.R. 00778
Contact: Jose Aguayo, 215.325/2618
FEIN: 3002942061

Halo Pharmaceutical, Inc.
30 North Jefferson Rd.
Whippany, NJ 07981
Contact: Corey Birmingham/Patricia Lipari, 973.428.4164/ 973.428.4343
FEIN: 2211084

The above listed CMO's manufacture Assertio Therapeutics, Inc.'s products and packages finished product. At no time do any of the CMO's own the product, contract with Assertio Therapeutics, Inc.'s customers, invoice, nor sell an Assertio Therapeutics, Inc. product. Assertio Therapeutics, Inc.'s products are not Controlled Substances.

Labeler Code:
13913-011, 13913-012, 13913-004, 13913-005, 13913-006, 13913-008,

Third Party Logistic information:
For distribution into the commercial supply channels, ICS acts as Assertio Therapeutics, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Assertio Therapeutics, Inc.'s product to Wholesalers, Specialty Pharmacies, and Physicians throughout the United States. ICS's address is:

ICS
420 International Blvd., Suite 500, Brooks, KY 40109
Trisha Johnson, 469.636.9047

ICS
1195 Trademark Drive, #102-B, Reno, NV 89521
Trisha Johnson, 469.636.9047

Assertio Therapeutics, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.

ASSERTIO

Ownership Information

AssertioTherapeutics, Inc. is publicly traded on the NASDAQ (ASRT).
100 South Saunders Road, Suite 300, Lake Forest, IL 60045
(224) 419-7106
Tax ID: 94-3229046
Delaware Corporation # 6980073, 7/18/2018

Officers

Arthur Higgins, President and Chief Executive Officer

Daniel Peisert, Senior Vice President and Chief Financial Officer

Stanley Bukofzer, Senior Vice President, Chief Scientific and Technical Officer

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 February 05, 2020

You have searched Finished drug products

Search Results: *'13913'*

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
Cambia	13913-012-02	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc.	13913-012	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	03/10/2016
Cambia	13913-011-19	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc.	13913-011	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	04/20/2010
Cambia	13913-012-03	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc.	13913-012	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	03/10/2016

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
Gralise	13913-004-19	300 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Assertio Therapeutics, Inc.	13913-004	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	01/28/2011
Gralise	13913-004-91	300 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Assertio Therapeutics, Inc.	13913-004	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	01/28/2011
Gralise	13913-005-19	600 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Assertio Therapeutics, Inc.	13913-005	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	01/28/2011
Gralise	13913-006-16		KIT		NDA022544	Assertio Therapeutics, Inc.	13913-006	gabapentin		HUMAN PRESCRIPTION DRUG	01/28/2011
Lazanda	13913-009-01	100 ug/1	SPRAY	NASAL	NDA022569	Depomed, Inc.	13913-009	fentanyl citrate	FENTANYL CITRATE	HUMAN PRESCRIPTION DRUG	10/17/2011
Lazanda	13913-010-01	400 ug/1	SPRAY	NASAL	NDA022569	Depomed, Inc.	13913-010	fentanyl citrate	FENTANYL CITRATE	HUMAN PRESCRIPTION DRUG	10/17/2011
Lazanda	13913-013-01	300 ug/1	SPRAY	NASAL	NDA022569	Depomed, Inc.	13913-013	fentanyl citrate	FENTANYL CITRATE	HUMAN PRESCRIPTION DRUG	01/01/2016
ZIPSOR	13913-008-94	25 mg/1	CAPSULE, LIQUID FILLED	ORAL	NDA022202	Assertio Therapeutics, Inc.	13913-008	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	06/16/2009

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
ZIPSOR	13913-008-11	25 mg/1	CAPSULE, LIQUID FILLED	ORAL	NDA022202	Assertio Therapeutics, Inc.	13913-008	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	06/16/2009
ZIPSOR	13913-008-12	25 mg/1	CAPSULE, LIQUID FILLED	ORAL	NDA022202	Assertio Therapeutics, Inc.	13913-008	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	06/16/2009

Showing 1 to 13 of 13 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

U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

Follow FDA | En Español

Search FDA

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Home > Drug Databases > NDC

National Drug Code Directory

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

Current through February 19, 2020

2/19/2020 Verified DB

You have searched Finished drug products

Search Results: *'13913'*

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	Pharm Class
Cambia	13913-012-02	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc.	13913-012	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	03/10/2016	N/A	NDA	9 PACKET in 1 CARTON (13913-012-02) > 1 POWDER, FOR SOLUTION in 1 PACKET	Cyclooxygenase Inhibitors [MoA], Decreased Prostaglandin Production [PE], Anti-Inflammatory Agents, Non-Steroidal [CS], Nonsteroidal Anti-Inflammatory Drug [EPC]
Cambia	13913-011-19	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc	13913-011	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	04/20/2010	N/A	NDA	9 PACKET in 1 CARTON (13913-011-19) > 1 POWDER, FOR SOLUTION in 1 PACKET (13913-011-01)	Cyclooxygenase Inhibitors [MoA], Decreased Prostaglandin Production [PE], Anti-Inflammatory Agents, Non-Steroidal [CS], Nonsteroidal Anti-Inflammatory Drug [EPC]
Cambia	13913-012-03	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc	13913-012	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	03/10/2016	N/A	NDA	9 PACKET in 1 CARTON (13913-012-03) > 1 POWDER, FOR SOLUTION in 1 PACKET (13913-012-01)	Cyclooxygenase Inhibitors [MoA], Decreased Prostaglandin Production [PE], Anti-Inflammatory Agents, Non-Steroidal [CS], Nonsteroidal Anti-Inflammatory Drug [EPC]

5EEE

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: Biohaven Pharmaceuticals, Inc.

Physical Address: 215 Church Street

City: New Haven State: CT Zip Code: 06510

Telephone Number: (203) 404 - 0410 Fax Number: Not Applicable

Toll Free Number: Not Applicable

E-mail: Nicole.Carfora@biohavenpharma.com Website: www.biohavenpharma.com

Facility Manager: ~~James Engelhart~~ Bret Calder (MS 4/20/2020)

Professional qualifications and experience of facility manager: ~~VP, CFO & Treasurer~~ (MS 4/20/2020)
Resubmitted - Senior Director 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: _____

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: Not Applicable
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: Not Applicable

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

James Engelhart

Print Name of Authorized Person

3/2/2020

Date

Board Use Only	Date Processed: _____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Biohaven Pharmaceutical Holding Company, Ltd.

Corporation Name: Biohaven Pharmaceuticals, Inc.

Mailing Address: 215 Church Street

City: New Haven State: CT Zip: 06512

Telephone: (203) 404 - 0410 Fax: N/A

Contact Person: Nicole Carfora

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: 7/22/2013

Registration number issued: 46-4274360

Stock Exchange: BHVN

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.

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, DC 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2019

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Commission File Number: 001-38080

Biohaven Pharmaceutical Holding Company Ltd.

(Exact Name of Registrant as Specified in its Charter)

British Virgin Islands	Not applicable
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

c/o Biohaven Pharmaceuticals, Inc.
215 Church Street, New Haven, Connecticut 06510

(Address of principal executive offices) (Zip Code)

(203) 404-0410

(Registrant's telephone number, including area code)

N/A

(Former address)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Shares, without par value	BHVN	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ý No o

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes o No ý

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 ý No o

Verified MS 4/2/2

EX-21.1 7 a201910-kbhvnexhibit211.htm EX-21.1

Exhibit 21.1

SUBSIDIARIES OF BIOHAVEN PHARMACEUTICAL HOLDING COMPANY LTD.

Name	Jurisdiction of Incorporation
Biohaven Pharmaceuticals, Inc.	Delaware
Biohaven Asia Pacific Ltd.	British Virgin Islands
BioShin Hong Kong Limited	Hong Kong
Biohaven Therapeutics Ltd.	British Virgin Islands
Biohaven Ireland Limited	Ireland

Biohaven Pharmaceuticals, Inc.
215 Church Street New Haven, CT 06510

**Please note Biohaven Pharmaceutical Holding Company Ltd. is the parent company and has 100% ownership of Biohaven Pharmaceuticals, Inc.

Board of Directors:

Vlad Coric, President & Director
Address: Richborough Road Madison, Ct 06443
Mobile: (

Officers:

Vlad Coric, President
Address: Richborough Road Madison, Ct 06443
Mobile: (

James Engelhart, Vice President and Treasurer
Address: 1 Governors Way Madison, CT 06443
Mobile:

Douglas Gray, Corporate Secretary
Address: Narragansett Blvd. Cranston, RI 02905
Mobile:

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOHAVEN 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 ELEVENTH 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5370906 8300

SR# 20200987988

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

Authentication: 202362423

Date: 02-11-20

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 "BIOHAVEN PHARMACEUTICALS, INC.", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF JULY, A.D. 2013, AT 11:05 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

Jeffrey W. Bullock, Secretary of State

5370906 8100

130901569

AUTHENTICATION: 0603307

DATE: 07-22-13

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:16 AM 07/22/2013
FILED 11:05 AM 07/22/2013
SRV 130901569 - 5370906 FILE

CERTIFICATE OF INCORPORATION

OF

BIOHAVEN PHARMACEUTICALS, INC.

The undersigned, a natural person, for the purpose of organizing a corporation for conducting the business and promoting the purposes hereinafter stated, under the provisions and subject to the requirements of the laws of the State of Delaware (particularly Chapter 1, Title 8 of the Delaware Code and the acts amendatory thereof and supplemental thereto, and known, identified, and referred to as the General Corporation Law of the State of Delaware (the "DGCL")), hereby certifies that:

FIRST: The name of the corporation (hereinafter called the "Corporation") is Biohaven Pharmaceuticals, Inc.

SECOND: The address, including street, number, city, and county, of the registered office of the Corporation in the State of Delaware is 1209 Orange Street, Wilmington, DE 19801, County of New Castle; and the name of the registered agent of the Corporation in the State of Delaware at such address is The Corporation Trust Company.

THIRD: The nature of the business or purposes to be conducted by and promoted by the Corporation is to engage in any lawful act or activity for which corporations may be organized under the DGCL.

FOURTH: The total number of shares of stock which the Corporation shall have authority to issue is ten thousand (10,000) shares of Common Stock with a par value of $.01 per share.

FIFTH: The name and mailing address of the incorporator is as follows:

NAME:	MAILING ADDRESS:
Douglas G. Gray, Esq.	c/o Edwards Wildman Palmer LLP 2800 Financial Plaza Providence, RI 02903

SIXTH: The Corporation is to have perpetual existence.

SEVENTH: Elections of directors need not be by written ballot unless the by-laws of the Corporation so provide.

EIGHTH: In furtherance and not in limitation of the powers conferred by the laws of Delaware, the Board of Directors of the Corporation is authorized and empowered to adopt, alter, amend and repeal the by-laws of the Corporation in any manner not inconsistent with the laws of Delaware.

NINTH: No director of the Corporation shall be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) under Section 174 of the DGCL, or (iv) for any transaction from which the director derived an improper personal benefit. If the DGCL is amended to authorize further elimination or limitation of the liability of directors, then the liability of a director of the Corporation, in addition to the limitation on personal liability provided herein, shall be limited to the fullest extent permitted by the amended DGCL. Any repeal or modification of this article shall be prospective only, and shall not adversely affect any limitation on the personal liability of a director of the Corporation existing at the time of such repeal or modification.

TENTH: To the fullest extent permitted by applicable law, the Corporation is authorized to provide indemnification of (and advancement of expenses to) directors, officers, employees and agents of the Corporation (and any other persons to which the DGCL permits the Corporation to provide indemnification) through bylaw provisions, agreements with such agents or other persons, vote of stockholders or disinterested directors or otherwise, in excess of the indemnification and advancement otherwise permitted by Section 145 of the DGCL, subject only to limits created by applicable provisions of the DGCL (statutory or non-statutory), with respect to actions for breach of duty to the Corporation, its stockholders, and others.

Any amendment, repeal or modification of the foregoing provision of this Article TENTH shall not adversely affect any right or protection of any director, officer, employee or other agent of the Corporation based on facts, events or circumstances existing at the time of such amendment, repeal or modification.

ELEVENTH: Meetings of the stockholders may be held within or without the State of Delaware, as the by-laws may provide. The books of the Corporation may be kept (subject to any provision contained in the statutes) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or in the by-laws of the Corporation.

TWELFTH: The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute.

I, THE UNDERSIGNED, being the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to the DGCL, do make this certificate, hereby declaring and certifying that this is my act and deed and the facts herein stated are true, and accordingly have hereunto set my hand this 22nd day of July, 2013.

Douglas G. Gray, Esq.
Incorporator

[Signature page to Certificate of Incorporation of
Biohaven Pharmaceuticals, Inc.]

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions regarding this registration can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information current. The email on your account will be used for all correspondence from this office.

You can update your address and email address or print a duplicate certificate by logging into your account with your User Id and Password at www.elicense.ct.gov. If you need your User Id and/or Password, please email dcp.online@ct.gov.

Mailing address:

BIOHAVEN PHARMACEUTICALS
215 CHURCH ST
NEW HAVEN, CT 06510-1803

Email on file to be used for receiving all notices from this office:

nicole.carfora@biohavenpharma.com

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

BIOHAVEN PHARMACEUTICALS
215 CHURCH ST
NEW HAVEN, CT 06510-1803

has satisfied the qualifications required by law and is hereby issued a

MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances-No Rx Legend Drugs-Yes Non Rx Legend Drugs-No Medical Devices-No Cosmetics-No

Medical Gases/Oxygen: No Durable Medical Equipment (DME): No Number of Chemists: 0

Registration #: CSM.0001462
Effective Date: 07/01/2019
Expiration Date: 06/30/2020

verify online at www.elicense.ct.gov

Michelle Seagull, Commissioner

U.S. FOOD & DRUG ADMINISTRATION

Verified 3/31/2020 MS

NDA 212728
NDC Number 72618-3000-2

NDA APPROVAL

Biohaven Pharmaceuticals
Attention: Marianne Frost
234 Church Street, Suite 304
New Haven, CT 06510

Dear Ms. Frost:

Please refer to your new drug application (NDA) dated and received June 27, 2019, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA), for rimegepant orally disintegrating tablets.

This NDA provides for the use of Nurtec ODT (rimegepant) tablets for the acute treatment of migraine with or without aura in adults.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.[1] Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Patient Package Insert) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As.*[2]

The SPL will be accessible via publicly available labeling repositories.

---

[1] http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm
[2] We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the carton and container labeling submitted on February 7, 2020, as soon as they are available, but no more than 30 days after they are printed. Please submit this labeling electronically according to the guidance for industry "*Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications.*" For administrative purposes, designate this submission "**Final Printed Carton and Container Labeling for approved NDA 212728.**" Approval of this submission by FDA is not required before the labeling is used.

ADVISORY COMMITTEE

Your application for rimegepant was not referred to an FDA advisory committee because the clinical trial design was acceptable, the efficacy findings were clear, and the safety profile was acceptable for use in the intended population.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric studies requirement for children 0 to 5 years of age because necessary studies are impossible or highly impracticable. This waiver is being granted because very few children of this age can be definitively diagnosed with migraine.

We are deferring submission of your pediatric studies for children 6 to 17 years of age for this application because this product is ready for approval for use in adults and the pediatric studies have not been completed.

Your deferred pediatric studies required by section 505B(a) of the Federal Food, Drug, and Cosmetic Act are required postmarketing studies. The status of these postmarketing studies must be reported annually, according to 21 CFR 314.81 and section 505B(a)(3)(B) of the Federal Food, Drug, and Cosmetic Act. These required studies are listed below:

3799-1 A juvenile animal toxicology study of rimegepant in rat.

Study Completion: 02/2020
Final Report Submission: 06/2020

3799-2 An open-label, single-dose study to evaluate the safety, tolerability, and single-dose pharmacokinetics (PK) of rimegepant in patients with migraine age 6 to less than 12 years of age.

Final Protocol Submission: 10/2020
Study Completion: 12/2022
Final Report Submission: 04/2028

3799-3 A randomized, double-blind, placebo-controlled efficacy and safety study under PREA for the treatment of acute migraine with or without aura in patients ages 6 through 17 years. This study includes an initial single-blind placebo lead-in to identify patients who respond to placebo. This efficacy study must be designed to show superiority of rimegepant over placebo and is to be submitted as a special protocol assessment (SPA).

Final Protocol Submission: 12/2020
Study Completion: 10/2026
Final Report Submission: 04/2028

3799-4 A pediatric open-label safety study under PREA to evaluate the long-term safety of intermittent treatment with rimegepant in patients ages 6 through 17 years, for up to one year.

Final Protocol Submission: 12/2020
Study Completion: 10/2027
Final Report Submission: 04/2028

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.[3]

Submit the protocols to your IND 109886, with a cross-reference letter to this NDA.

---

[3] See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (October 2019).* https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

Reports of these required pediatric postmarketing studies must be submitted as an NDA or as a supplement to your approved NDA with the proposed labeling changes you believe are warranted based on the data derived from these studies. When submitting the reports, please clearly mark your submission **"SUBMISSION OF REQUIRED PEDIATRIC ASSESSMENTS"** in large font, bolded type at the beginning of the cover letter of the submission.

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (FDCA) authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to identify an unexpected serious risk of adverse maternal, fetal, and infant outcomes resulting from the use of rimegepant during pregnancy.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess these serious risks.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following studies:

3799-5 A pre- and postnatal development study of rimegepant in rat.

The timetable you submitted on February 25, 2020, states that you will conduct this study according to the following schedule

Final Protocol Submission:	06/2020
Study Completion:	03/2021
Final Report Submission:	09/2021

3799-6 Prospective pregnancy exposure registry cohort analyses in the United States that compare the maternal, fetal, and infant outcomes of women with migraine exposed to rimegepant during pregnancy with two unexposed control populations: one consisting of women with migraine who have not been exposed to rimegepant before or during pregnancy, and the other consisting of women without migraine. The registry will identify and record pregnancy complications, major and minor congenital malformations, spontaneous abortions, stillbirths, elective terminations, preterm births, small-for-gestational-age births, and any other adverse outcomes, including postnatal growth and development. Outcomes

will be assessed throughout pregnancy. Infant outcomes, including effects on postnatal growth and development, will be assessed through at least the first year of life.

The timetable you submitted on February 21, 2020, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	09/2020
Final Protocol Submission:	04/2021
Annual Interim Report Submissions:	04/2022
	04/2023
	04/2024
	04/2025
	04/2026
	04/2027
	04/2028
	04/2029
	04/2030
	04/2031
	04/2032
	04/2033
Study Completion:	04/2034
Final Report Submission:	04/2035

3799-7 A pregnancy outcomes study using a different study design than provided for in PMR 3799-6 (for example, a retrospective cohort study using claims or electronic medical record data with outcome validation or a case-control study) to assess major congenital malformations, spontaneous abortions, stillbirths, and small-for-gestational-age births in women exposed to rimegepant during pregnancy compared to an unexposed control population.

The timetable you submitted on February 21, 2020, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	09/2020
Final Protocol Submission:	04/2021
Annual Interim Report Submissions:	04/2022
	04/2023
	04/2024
	04/2025
	04/2026
	04/2027
Study Completion:	04/2028
Final Report Submission:	04/2029

Finally, we have determined that only a clinical trial (rather than a nonclinical or observational study) will be sufficient to assess a signal of an unexpected serious risk of drug interactions mediated by P-glycoprotein (P-gp) or breast cancer resistance protein (BCRP).

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following trials:

3799-8	Clinical pharmacokinetic trial to evaluate the effect of a known P-gp inhibitor and BCRP inhibitor on the pharmacokinetics of rimegepant to address the potential for excessive drug toxicity. Design and conduct the trial in accordance with the FDA Guidance for Industry entitled "Clinical Drug Interaction Studies — Cytochrome P450 Enzyme- and Transporter-Mediated Drug Interactions."

The timetable you submitted on February 21, 2020, states that you will conduct this trial according to the following schedule:

Draft Protocol Submission:	07/2020
Final Protocol Submission:	09/2020
Trial Completion:	02/2021
Final Report Submission:	09/2021

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.[4]

Submit clinical protocol(s) to your IND 109886 with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate: **Required Postmarketing Protocol Under 505(o), Required Postmarketing Final Report Under 505(o), Required Postmarketing Correspondence Under 505(o).**

Submission of the protocol(s) for required postmarketing observational studies to your IND is for purposes of administrative tracking only. These studies do not constitute clinical investigations pursuant to 21 CFR 312.3(b) and therefore are not subject to the IND requirements under 21 CFR part 312 or FDA's regulations under 21 CFR parts 50 (Protection of Human Subjects) and 56 (Institutional Review Boards).

---

[4] See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (October 2019).* https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

REQUESTED PHARMACOVIGILANCE

We request that you perform postmarketing surveillance for cardiovascular events, cerebrovascular events, and serious gastrointestinal events after exposure to Nurtec ODT. Include comprehensive summaries and analyses of these events quarterly as part of your required postmarketing safety reports [e.g., periodic safety update reports (PSURs)]. Include analyses of the events by age and gender. In the analysis of each case, provide an assessment of causality, with documentation of risk factors and results of all assessments that support the diagnosis or the causality, along with extent of exposure to Nurtec ODT and most recent exposure to Nurtec ODT, concomitant therapies, treatment given for the event, and outcome. Include a comparison to background rates expected in a migraine population of the same age and gender.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the Prescribing Information, Medication Guide, and Patient Package Insert (as applicable) to:

OPDP Regulatory Project Manager
Food and Drug Administration
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion
5901-B Ammendale Road
Beltsville, MD 20705-1266

Alternatively, you may submit a request for advisory comments electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs.*[5]

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.[6] Information and Instructions for completing the form can be found at FDA.gov.[7] For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see FDA.gov.[8]

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

MEDWATCH-TO-MANUFACTURER PROGRAM

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at FDA.gov.[9]

POST APPROVAL FEEDBACK MEETING

New molecular entities and new biological products qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

---

[5] When final, this guidance will represent the FDA's current thinking on this topic. For the most recent version of a guidance, check the FDA guidance web page at https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.
[6] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf
[7] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf
[8] http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm

[9] http://www.fda.gov/Safety/MedWatch/HowToReport/ucm166910.htm

If you have any questions, call Lana Chen, Regulatory Project Manager, at (301) 796-1056.

Sincerely,

{See appended electronic signature page}

Billy Dunn, MD
Director (Acting)
Office of Neuroscience
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
  - Prescribing Information
  - Patient Package Insert

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

WILLIAM H Dunn
02/27/2020 03:40:11 PM

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 March 31, 2020

You have searched Finished drug products

Search Results: *'72618'*

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	Pharm Class
+ NURTEC ODT	72618-3000-2	75 mg/75mg	TABLET, ORALLY DISINTEGRATING	ORAL	NDA212728	Biohaven Pharmaceuticals Inc	72618-3000	rimegepant sulfate	RIMEGEPANT SULFATE	HUMAN PRESCRIPTION DRUG	03/05/2020	N/A	NDA	1 BLISTER PACK in 1 CARTON (72618-3000-2) > 75 mg in 1 BLISTER PACK	N/A

Showing 1 to 1 of 1 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
3/31/2020

BRET CALDER

[redacted] Thronebrook Rd West Granby, CT
8[redacted]

EXECUTIVE SUMMARY

Accomplished sales leader in the pharmaceutical industry with extensive trade distribution knowledge and expertise including launching new products into retail pharmacy, specialty channel and 3PL distribution. A focused and results-oriented achiever, repeatedly recognized for positively impacting the company through a strong ability to get results, key account maximization and introduction of unique solutions to complex problems. An innovative and driven leader with 20+ years of pharmaceutical industry knowledge. Collaboration with key stakeholders to deliver solutions that support profitability objectives while ensuring effective strategic messaging and strong product positioning. A motivated team player. Key areas of strength include:

- DSA/FFS negotiations
- New Product Launches across multiple channels
- Extensive Networking
- Packaging Changes
- Relaunches
- Divested Product pipeline mgmt.
- NDC Label Changes pipeline mgmt.
- Recall management
- Product Return Strategy
- Discontinued Products
- Forecast Management

PROFESSIONAL EXPERIENCE

BIOHAVEN PHARMACEUTICALS — AUG 2019-PRESENT

SENIOR DIRECTOR – TRADE AFFAIRS

Responsible to develop and implement strategies related to the distribution of company products using the appropriate distribution channels which include wholesalers, retail chain and independent pharmacies and, when appropriate, specialty pharmacies. Instrumental in implementing activities that impact our business position in relation to our visions for the present and the future. The scope of my Trade role includes: Develop and maintain relationships with key executives from all customers of the business; Develop and implement the launch strategy of all new product entities in alignment with Brand strategy; Ensure customer compliance with the DSA's requirements; Execute other relevant job tasks as requested by management to align company objectives and profitability with distribution outcomes.

BAYER HEALTHCARE – WHIPPANY, NJ — AUG 2005-AUG 2019

NATIONAL ACCOUNT EXECUTIVE - TRADE

Responsible to develop and implement strategies related to the distribution of company products using the appropriate distribution channels which include wholesalers, retail chain and independent pharmacies, specialty distributors and, when appropriate, specialty pharmacies. Instrumental in implementing activities that impact our business position in relation to our visions for the present and the future. The scope of my Trade role includes: Develop and maintain relationships with key executives from all customers of the business; Develop and implement the launch strategy of all new product entities in alignment with Brand strategy; Ensure customer compliance with the DSA's requirements for service level, inventory levels and return management; Execute other relevant job tasks as requested by management to align company objectives and profitability with distribution outcomes.

My Success is attributed to interacting with appropriate company personnel to educate and communicate downstream customer activities and emerging trends that may have an effect on the company's plans and future success. This interaction helps facilitate, drive and achieve the desired outcomes attributed to distribution. Department interaction includes: Executive Management, Finance, Legal, Contracting, Brands, Business Insights, Customer Service, Field Management and Chargebacks.

Launches:

- 9 Retail Product launches
- 5 Specialty Products Launches
- 4 Single Source Distribution Product Launches – 3 Physician Buy and Bill products

Contract Negotiations:

- Current Negotiations – Henry Schein New Launch, ASD/Oncology Supply/Besse New Launch, (Darolutamide)
- HPC Specialty Pharmacy Consignment program
- 2019 IUD Distribution Contract – ASD (Mirena, Kyleena, Skyla IUDs)
- 2018 Distribution Service Agreement (FFS) – AmerisourceBergen (Product Portfolio)
- 2018 R&S Northeast 3PL Agreement (Government Cipro)
- 2018 ASD Sole distributor New Launch (Vitrakvi)

Professional Experience (Continued)

- 2017 CuraScript Sole Distribution (Adempas with REMS contract expired, completed in 4 weeks)
- 2015 Distribution Service Agreement (FFS) Regional wholesalers
- 2013 Theracom Sole Distribution (Essure completed in 3 weeks new drug acquisition)
- 2012 Theracom IUD Distribution Agreement (Mirena, Skyla)

Awards:

- HDA Diana Award 2018 - Recognized by peers as Best Trade team with over $300 Million (Bayer Trade Team)
- Bayer Leadership Award 2018 – Selected as 1 of 3 recipients for business accomplishments in 2018 and exceptional examples of LIFE values
- HDMA Diana Award 2017 – Runner Up Award (Bayer Trade Team)
- Bayer Pinnacle Award 2017, 2012, 2007 – Highest recognition within Bayer for Top Performers
- Smith Drug - Trade Representative of the year 2017
- Rochester Drug Coop - Trade Representative of the Year 2016
- HDMA Diana Award 2015- Recognized by peers as Best Trade team with over $300 Million in sales (Bayer Trade Team)
- AmerisourceBergen Trade Representative of the Year 2015 (runner up)
- AmerisourceBergen Trade Representative of the Year 2012
- Rochester Drug Coop 2010 Recognition Award
- AmerisourceBergen Vendor of the Year 2007

Advisory Board Participation

- HealthCare Distribution Alliance (HDA) Advisory Board member, 2019
- AmerisourceBergen Manufacturer Advisory Council member, 2011- Present
- Value Drug Advisory Board member, 2011-Present
- Rochester Advisory Board Member, 2012-2015

DEY LABORATORIES – NAPA, CA — MARCH 1998 -JULY 2005

SENIOR NATIONAL ACCOUNT MANAGER – TRADE (2000-2005)

KEY ACCOUNT MANAGER – HOSPITAL (1998-2000)

Led sales and marketing responsibilities for national and regional wholesale multi-source generic and branded drugs. Account responsibilities included AmerisourceBergen, Bellco, Dohmen, Kinray, Rochester Drug Coop, Burlington Drug, NC Mutual Wholesale, Smith Drug, and Value Drug. Role included getting preferred sole positioning for Form Filled Sterile unit dose nebulizer drugs into National and regional pharmacy chains. Secured single source positioning at CVS and Rite Aid.

- Managed Retail Accounts: CVS, Rite Aid, Walgreens, Eckerd, Brooks Pharmacy, Duane Reade, Ahold, Happy Harry's Hannaford Bros, Price Chopper, Star Markets & Shaw's, Tops and Weis Markets.
- Managed LTC Purchasing Groups Innovatix and MHA
- Launched Epipen 2-Pak, AccuNeb and DuoNeb
- Collaborated with legal, accounting, marketing, sales departments to develop pricing proposals and contracts. Trade team worked in sync to determine account strategy to maximize inventory management with financials gains.

Awards:

- 4 time President's Award winner in years 2004, 2003, 2002, 1999
- Second Place Sales Award in 1998

MEDWASTE MANAGEMENT – SPRINGFIELD, MA — APRIL 1989- MARCH 1998

REGIONAL SALES MANAGER (1991-1998)

SALESMAN (1989-1991)

Medical waste and hazardous waste disposal company. Provided direction to sales force and also sold disposal service to hospital, medical community clinics, physicians, dentists, veterinarians, funeral homes and any other producers of medical waste. Startup industry that began in 1989 due to new federal regulations.

AETNA – HARTFORD, CT — 1987-1989

EXPERIENCED ACCOUNT TECHNICIAN

EDUCATION

Professional Experience (Continued)

University of Connecticut Bachelor of Arts – Actuarial Science 1982-1986

INTERESTS

Spending time in the Berkshires of MA with my family and friends. I have a passion for antique cars from the 1930's to the 1950's and restoring them to their former beauty.

References Gladly Furnished Upon Request

5FFF

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: Deciphera Pharmaceuticals, LLC

Physical Address: 200 Smith Street, ~~Waltham~~ SPC

City: Waltham State: MA Zip Code: 02451

Telephone Number: (781) 209-6400 Fax Number: _____

Toll Free Number: _____

E-mail: sruddy@deciphera.com Website: www.deciphera.com

Facility Manager: Stephen Ruddy

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: Specialty Distributors, Specialty Pharmacies

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)

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: none at this time.
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

Stephen Ruddy
Print Name of Authorized Person

25 Oct 2019
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: Deciphera Pharmaceuticals, Inc.

Corporation Name: Deciphera Pharmaceuticals LLC

Mailing Address: 200 Smith Street

City: Waltham State: MA Zip: 02451

Telephone: 781-209-6400 Fax: N/A

Contact Person: Stephen Ruddy

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: 09/09/2015

Registration number issued: 5821768

Stock Exchange: DCPH

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.

decīphera

At the time of this application, Deciphera Pharmacuticals LLC is only licensed in their home state of Massachusets. A copy of the license is included with this application.

Massachusetts Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500, Boston, MA 02114
Tel: 617-973-0949 Fax: 617-753-8233

Updated January 31, 2020

Verified 2/6/2020 DZ

The List of licensed Virtual Drug Manufacturers in Massachusetts

Company name	Doing Business As	Address	City	State	Zip	MCSR No.	Issue Date	Expire Date
ACER THERAPEUTICS INC.	ACER THERAPEUTICS INC.	ONE GATEWAY CENTER, STE. 351	NEWTON	MA	02458	MA0000214	2/12/2019	2/12/2020
AGIOS PHARMACEUTICALS, INC.	AGIOS PHARMACEUTICALS, INC.	88 SIDNEY STREET	CAMBRIDGE	MA	02139	MA0000290	3/27/2019	3/27/2020
AKCEA THERAPEUTICS, INC.	AKCEA THERAPEUTICS, INC.	22 BOSTON WHARF ROAD	BOSTON	MA	02210	MA0000125	11/26/2019	11/26/2020
ALNYLAM PHARMACEUTICALS, INC.	ALNYLAM PHARMACEUTICALS, INC.	675 WEST KENDALL STREET	CAMBRIDGE	MA	02142	MA0000478	9/18/2019	9/18/2020
AMAG PHARMACEUTICALS, INC.	AMAG PHARMACEUTICALS, INC.	1100 WINTER STREET	WALTHAM	MA	02451	MA0000303	3/27/2019	3/27/2020
ARGENX, US INC.	ARGENX, US INC.	33 ARCH STREET	BOSTON	MA	02110	MA0000579	12/30/2019	12/30/2020
BEIGENE USA, INC.	BEIGENE USA, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MA0000339	4/16/2019	4/16/2020
BIOFRONTERA INC.	BIOFRONTERA INC.	120 PRESIDENTIAL WAY	WOBURN	MA	01801	MA0000430	5/13/2019	5/13/2020
BIOVERATIV U.S. LLC	BIOVERATIV U.S. LLC	225 SECOND AVENUE	WALTHAM	MA	02451	MA0000226	2/12/2019	2/12/2020
BLUEBIRD BIO, INC.	BLUEBIRD BIO, INC.	60 BINNEY STREET	CAMBRIDGE	MA	02142	MA0000252	2/12/2019	2/12/2020
BLUEPRINT MACHINES CORPORATION	BLUEPRINT MEDICINES CORPORATION	45 SIDNEY STREET	CAMBRIDGE	MA	02139	MA0000187	1/30/2020	1/30/2021
CEQUR CORPORATION	CEQUR CORPORATION	734 FORFST STREET	MARLBOROUGH	MA	01752	MA0000480	9/18/2019	9/18/2020
COLLEGIUM PHARMACEUTAL, INC.	COLLEGIUM PHARMACEUTICAL, INC.	100 TECHNOLOGY CENTER	STOUGHTON	MA	02072	MA0000163	11/13/2019	11/13/2020
DECIPHERA PHARMACEUTICALS LLC	DECIPHERA PHARMACEUTICALS LLC	200 SMITH STREET	WALTHAM	MA	02451	MA0000505	10/21/2019	10/21/2020
DYAX CORP.	DYAX CORP.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000428	12/27/2019	12/27/2020
ENZYVANT THERAPEUTICS, INC.	ENZYVANT THERAPEUTICS, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MA0000492	9/25/2019	9/25/2020
EPIZYME, INC.	EPIZYME, INC.	400 TECHNOLOGY SQUARE	CAMBRIDGE	MA	02139	MA0000238	2/12/2020	2/12/2021
EUSA PHARMA (US) LLC	EUSA PHARMA (US) LLC	15 WAYSIDE ROAD	BURLINGTON	MA	01803	MA0000442	4/23/2019	4/23/2020
GAMIDA CELL INC.	GAMIDA CELL INC.	673 BOYLSTON STREET	BOSTON	MA	02116	MA0000543	11/27/2019	11/27/2020
GELESIS, INC.	GELESIS, INC.	501 BOYLSTON ST.	BOSTON	MA	02116	MA0000264	2/12/2019	2/12/2020
GENZYME CORPORATION	GENZYME CORPORATION	50 BINNEY STREET	CAMBRIDGE	MA	02142	MA0000327	3/11/2019	3/11/2020
IMMUNOGEN, INC.	IMMUNOGEN, INC.	830 WINTER STREET	WALTHAM	MA	02451	MA0000288	3/4/2019	3/4/2020
IPSEN BIOPHARMACEUTICALS, INC.	IPSEN BIOPHARMACEUTICALS, INC.	ONE MAIN STREET	CAMBRIDGE	MA	02142	MA0000199	2/4/2019	2/4/2020
IRONWOOD PHARMACEUTICALS, INC.	IRONWOOD PHARMACEUTICALS, INC.	100 SUMMER STREET	BOSTON	MA	02110	MA0000555	12/9/2019	12/9/2020
KALA PHARMACEUTICALS, INC.	KALA PHARMACEUTICALS, INC.	490 ARSENAL WAY, SUITE 120	WATERTOWN	MA	02472	MA0000149	12/4/2019	12/4/2020
KARYOPHARM THERAPEUTICS INC.	KARYOPHARM THERAPEUTICS INC.	85 WELLS AVENUE	NEWTON	MA	02459	MA0000202	2/12/2019	2/12/2020
KERYX BIOPHARMACEUTICALS, INC.	KERYX BIOPHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	MA	02142	MA0000365	4/19/2019	4/19/2020
MORPHOSYS US INC.	MORPHOSYS US INC.	470 ATLANTIC AVENUE	BOSTON	MA	02210	MA0000466	9/3/2019	9/3/2020
PARTNER THERAPEUTICS, INC.	PARTNER THERAPEUTICS, INC.	19 MUZZEY STREET	LEXINGTON	MA	02421	MA0000137	11/26/2019	11/26/2020
RHYTHM PHARMACEUTICALS, INC.	RHYTHM PHARMACEUTICALS, INC.	222 BERKELEY STREET	BOSTON	MA	02116	MA0000567	12/19/2019	12/19/2020
SAGE THERAPEUTICS, INC.	SAGE THERAPEUTICS, INC.	215 FIRST STREET	CAMBRIDGE	MA	01242	MA0000151	12/27/2019	12/27/2020
SCPHARMACEUTICALS INC.	SCPHARMACEUTICALS INC.	2400 DISTRICT AVE, SUITE 310	BURLINGTON	MA	01803	MA0000353	4/3/2019	4/3/2020
SHIRE HUMAN GENETIC THERAPIES INC.	SHIRE HUMAN GENETIC THERAPIES INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000416	12/27/2019	12/27/2020
SHIRE US INC.	SHIRE US INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000389	12/27/2019	12/27/2020
SHIRE-NPS PHARMACEUTICALS, INC.	SHIRE-NPS PHARMACEUTICALS, INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000404	12/27/2019	12/27/2020
STEALTH BIOTHERAPEUTICS INC.	STEALTH BIOTHERAPEUTICS INC.	275 GROVE STREET	NEWTON	MA	02466	MA0000454	8/19/2019	8/19/2020
SUNOVION PHARMACEUTICALS INC.	SUNOVION PHARMACEUTICALS INC.	84 WATERFORD DRIVE	MARLBOROUGH	MA	01752	MA0000341	4/8/2019	4/8/2020
TESARO, INC.	TESARO, INC.	1000 WINTER STREET	WALTHAM	MA	02451	MA0177003	11/26/2019	11/26/2020
TETRAPHASE PHARMACEUTICALS, INC.	TETRAPHASE PHARMACEUTICALS, INC.	480 ARSENAL WAY	WATERTOWN	MA	02472	MA0000276	2/12/2020	2/12/2021
VERASTEM, INC.	VERASTEM ONCOLOGY	117 KENDRICK STREET	NEEDHAM	MA	02494	MA0000240	2/12/2019	2/12/2020
VIROPHARMA BIOLOGICS, INC.	VIROPHARMA BIOLOGICS, INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000377	12/27/2019	12/27/2020
AEGERION PHARMACEUTICALS, INC.	AEGERION PHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	MA	02142	MA0000062	5/20/2019	5/20/2020
DOMPE U.S., INC.	DOMPE U.S., INC.	ONE MARINA PARK DRIVE	BOSTON	MA	02210	MA0000175	12/17/2019	12/17/2020
ROMEG THERAPEUTICS, LLC	ROMEG THERAPEUTICS, LLC	400 TRADE CENTER	WOBURN	MA	01801	MA0000024	12/28/2018	12/28/2019
SERVIER PHARMACEUTICALS, LLC	SERVIER PHARMACEUTICALS, LLC	200 PIER FOUR BOULEVARD	BOSTON	MA	02210	MA0000086	7/30/2019	7/30/2020

https://www.mass.gov/service-details/registration-verification-for-mcsr

The Commonwealth of Massachusetts
Department of Public Health, Drug Control Program
239 Causeway St., Suite 500, Boston, MA

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000505	10/21/2019	10/21/2020	Virtual Drug Manufacturers

ISSUED TO DECIPHERA PHARMACEUTICALS LLC
200 SMITH STREET
WALTHAM, MA 02451
ATTN: STEPHEN RUDDY CHIEF TECHNICAL OFFICER

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW 836721

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ 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 _____

Commission file number: 001-38219

Deciphera Pharmaceuticals, Inc.

(Exact name of registrant as specified in its charter)

Delaware (State or other jurisdiction of incorporation or organization)	30-1003521 (I.R.S. Employer Identification Number)
500 Totten Pond Road Waltham, MA (Address of principal executive offices)	02451 (Zip Code)

(781) 209-6400

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Name of exchange on which registered
Common Stock, $0.01 Par Value	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

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 ☒ 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 ☒ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§ 229.405 of this chapter) is not contained herein, and will not be contained, to the best of the registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☒
Non-accelerated filer	☐	Smaller reporting company	☒
		Emerging growth company	☒

If an emerging growth company, 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 Act. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

As of June 30, 2018, the last business day of the registrant's most recently completed second fiscal quarter, the aggregate market value of Common Stock held by non-affiliates of the registrant computed by reference to the price of the registrant's Common Stock (based on the last reported sale price on the Nasdaq Global Select Market as of such date) was $463.5 million. As of February 28, 2019 there were 38,189,052 shares of Common Stock, $0.01 par value per share, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2019 Annual Meeting of Stockholders, which the registrant intends to file pursuant to Regulation 14A with the Securities and Exchange Commission not later than 120 days after the registrant's fiscal year ended December 31, 2018, are incorporated by reference into Part III of this Annual Report on Form 10-K.

EX-21.1 6 d686263dex211.htm EX-21.1

Exhibit 21.1

Legal Name	State of Organization
Deciphera Pharmaceuticals, LLC	Delaware
DRAGSA 20 LLC	Delaware
NLV-3 Deciphera, Inc.	Delaware
NLV-G Deciphera, Inc.	Delaware
SVLS-Deciphera, Inc.	Delaware
Redmile Deciphera Holdings, Inc.	Delaware
Deciphera Pharmaceuticals Securities Corporation	Massachusetts

deciphera

DESCRIPTION OF OPERATIONS

Deciphera Pharmaceuticals LLC ("Deciphera") is a privately-held, Massachusetts-based, clinical-stage pharmaceutical company that plans to develop and commercialize oncology therapies across the United States. Deciphera provides Ripretinib, an investigational, orally administered kinase switch control inhibitor being developed for the treatment of gastrointestinal stromal tumors (GIST), advanced systemic mastocytosis (ASM), gliomas, and other solid tumors driven by tyrosine-protein kinase KIT (KIT) or platelet derived growth factor alpha (PDGFRα) kinase.

THIRD-PARTY LOGISTICS

Deciphera's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider, Integrated Commercialization Solutions, Inc. Deciphera utilizes the following facility for distribution of product:

Integrated Commercialization Solutions, Inc.
420 International Blvd., Suite 500
Brooks, KY 40109

CONTRACT MANUFACTURERS

Deciphera uses the following contract manufacturers to produce product:

Bend Research, Inc. – Manufacturing Facility and Laboratory
20503 Builders Street Bend, OR 97701
FEIN: 3003722743
Exp. Date: 12/31/2019

AndersonBrecon Inc. an Illinois Corporation doing business as "PCI of Illinois" (Packaging Coordinators, Inc.)
4545 Assembly Drive Rockford, IL 61109
FEIN: 1421377
Exp. Date: 12/31/2019

PRODUCTS

As a virtual manufacturer, Deciphera does not manufacture, distribute or store product at their Massachusetts facility. At no time do contact manufacturers own Deciphera's products, contract with Deciphera's customers, invoice or sell Deciphera products. Deciphera's products are not controlled substances. Accordingly, Deciphera is not required to maintain DEA registration.

Labeler Code: 73207

NDC/NHRIC Labeler Codes

Verified 2/6/2020

Share Tweet Linkedin Email Print

Structured Product Labeling Resources

Business Entity Identifiers

Business Operation

Business Operation Qualifier

Code System Object Identifiers

Combination Product Types

Contributing Factor - General

Document Type including Content of Labeling Type

Dosage Forms

Electronic Animal Drug Product Listing Directory

Equivalence Codes

Flavor

Geopolitical Entities, Names, and Codes (GENC)

Indication Category

Intent of Use

Lab Test

Content current as of:

Snip & Sketch

New

F10695

	A	B
1	NDC Labeler Code	Firm Name
10685	73185	Tortuga Life LLC
10686	73186	Appalachian Industrial Gas, LLC
10687	73187	ShushuCosmetic Co., Ltd
10688	73188	Nexgen Labs, LLC
10689	73189	Barunu International, LLC
10690	73190	AvKARE, Inc
10691	73191	Florida Private Labeling LLC
10692	73192	P4O Distribution Pty Ltd
10693	73193	National Homoeo Laboratory
10694	73194	Shenzhen Yuqintang Shengwu Jishu Co., Ltd
10695	73197	Lunovus, LLC
10696	73198	Olympia Compounding Pharmacy
10697	73199	OUIBON GLOBAL
10698	73200	Frontier Sales, LLC
10699	73201	Vidimento GmbH
10700	73202	Cartibras Beneficiadora De Produtos Animais Ltda
10701	73203	Unilever (China) Co., Ltd.
10702	73204	MOTHER SUN PROTECTION FACTOR PTY LTD
10703	73205	GREEN FLORA LABS INC
10704	73206	ARJOLO, INC
10705	73207	Deciphera Pharmaceuticals, LLC
10706	73208	RB Health Mexico, S.A. de C.V.
10707	73209	Ion Fulfillment, LLC
10708	73210	Aurinia Pharmaceuticals Inc
10709	73211	Leo Pharma Manufacturing Italy SRL
10710	73213	Healthpro Direct, Inc
10711	73214	COMFORT LAB, LP
10712	73215	Excelsia Technologies Sdn Bhd
10713	73218	Flex24, Inc
10714	73219	Laboratorios Yealdi Pharma, S.A. de C.V.
10715	73221	Cox Pharmaceutical Ltd
10716	73222	SUNAEGIS LLC
10717	73223	AKTINOS PHARMA PRIVATE LIMITED
10718	73225	Raniq, Co., Ltd
10719	73226	Vitesse Pharma LLC
10720	73227	Amity Holdings, LLC dba Medicore Medical Supply
10721	73230	Lomed Inc
10722	73231	JADA Wellness, LLC
10723	73232	PharmaDallas LLC
10724	73233	Express Companies, Inc.
10725	73234	MING FAI ENTERPRISE (CAMBODIA) CO., LTD

NDCLabelerCode

Ownership

Deciphera Pharmaceuticals, LLC is a wholly owned subsidiary of Deciphera Pharmaceuticals, Inc, which is a publicly traded company. Deciphera Pharmaceuticals, LLC is Massachusetts-based, virtual manufacturer of pharmaceuticals. Deciphera Pharmaceuticals, LLC is incorporated in the state of Delaware.

Company Information

Deciphera Pharmaceuticals, LLC

200 Smith Street

Waltham, MA 02451

781-209-6400

Tax ID: 20-0299725

Deciphera Pharmaceuticals, Inc. Corporate Officers

Steven Hoerter - Chief Executive Officer

Daniel L. Flynn, Ph.D. - Executive Vice President, Chief Scientific Officer and Founder

Jeff Held J.D. - General Counsel

Tucker Kelly, J.D. - Executive Vice President, Chief Financial Officer and Treasurer

Peter Lasky - Vice President of Human Resources

Daniel C. Martin - Chief Commercial Officer

Christopher J. Morl - Chief Business Officer

Jama Pitman - Vice President of Regulatory & Quality Assurance

Stephen B. Ruddy - Ph.D. Chief Technical Officer

Matthew L. Sherman, M.D. - Executive Vice President and Chief Medical Officer

Deciphera Pharmaceuticals, Inc. Board of Directors

James A. Bristol

Patricia L. Allen

Edward J. Benz, Jr.

Frank S. Friedman

Steven L. Hoerter

Susan L. Kelley

Product information:

Product Type:	Prescription Drug
Molecular Name:	ripretinib
Dosage Form:	50 mg tablets
FDA Labeler Code:	73207
NDC:	73207-101-30

Deciphera provides Ripretinib, an investigational, orally administered kinase switch control inhibitor being developed for the treatment of gastrointestinal stromal tumors (GIST), advanced systemic mastocytosis (ASM), gliomas, and other solid tumors driven by tyrosine-protein kinase KIT (KIT) or platelet derived growth factor alpha (PDGFRα) kinase.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DECIPHERA 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 FIRST DAY OF OCTOBER, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

5821768 8300

SR# 20197308256

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

Authentication: 203698444

Date: 10-01-19

From: edrls@fda.hhs.gov
To: Shreya Mehta
Subject: Labeler Code Request Approved
Date: Monday, July 1, 2019 10:48:10 AM

Warning, This e-mail was sent from outside of Deciphera

eDRLS - Electronic Drug Registration & Listing System

Current Date: 01-JUL-2019
Labeler DUNS: 078027928
Labeler Name: Deciphera Pharmaceuticals, LLC
Labeler Code: 73207

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).

Stephen B. Ruddy

Lincoln Road, Sudbury, Massachusetts 01776 USA • (4 • :

SUMMARY

Innovative, results-driven biopharma executive with 25+ years of global pharmaceutical/biopharmaceutical management and leadership experience in small molecule and biologics development and manufacturing. Proven ability to build, develop, lead and manage technical organizations to successful outcomes and attainment of business objectives. A strategic decision maker with strong interpersonal skills and ability to gain cooperation and build partnerships across functional organizations and levels. Adept at communication, situational negotiation, conflict resolution, change management and organizational integration and effectiveness.

Key experience and core competencies:

- Chemistry, manufacturing & controls (CMC)
- Technical operations
- Pharmaceutical and biopharmaceutical development
- Chemical development
- Manufacturing science & technology (MS&T)
- Quality assurance/cGMP compliance
- CMC regulatory affairs
- Alliance management
- Technology development and licensing
- Intellectual property development

EDUCATION

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, CHAPEL HILL, NC
Ph.D., Pharmaceutics (1994)
B.S., Pharmacy (1986)

PROFESSIONAL EXPERIENCE

DECIPHERA PHARMACEUTICALS, INC. **2018 – present**
Waltham, MA
Chief Technical Officer

TESARO, INC. **2015 - 2018**
Waltham, MA
Vice President, Pharmaceutical Development

SHIRE PLC (through acquisition of ViroPharma Inc.) **2012 - 2014**
Exton, PA and Chesterbrook, PA
Senior Director, Technology Development & Operations

ELAN DRUG TECHNOLOGIES (a division of Elan Corporation, plc) **1999 – 2011**
King of Prussia, PA
Senior Director, Early Stage Product Development (2009 - 2011)
Senior Director, Pharmaceutical Development (2007 - 2009)
Director, Pharmaceutical Development (2004 - 2007)
Director, Solid Dosage Development (2002 - 2004)
Associate Director, Solid Dosage Development (2000 - 2002)
Manager, Solid Dosage Development (1999 - 2000)

MERCK RESEARCH LABORATORIES **1996 – 1999**
West Point, PA
Research Fellow, Pharmaceutical Research (1998 - 1999)
Senior Research Scientist, Pharmaceutical Research (1996 - 1998)

NANOSYSTEMS, LLC (a business unit of Eastman Kodak Company) **1994 – 1996**
Collegeville, PA
Senior Research investigator, Oral Products Group (1995 - 1996)
Research Investigator, Oral Products Group (1994 - 1995)

STERLING WINTHROP PHARMACEUTICALS (a subsidiary of Eastman Kodak Company) **1992 – 1994**
Malvern, PA
Research Investigator, Oral Products Group

PROFESSIONAL/ACADEMIC HONORS AND AWARDS

Merck Award for Excellence, Pharmaceutical Research and Development
Merck Research Laboratories, Merck & Co., Inc. (1998)

Vision Award, Oral Products Group
NanoSystems, LLC (1995)

Vision Award, Department of Pharmaceutical Sciences
Sterling Winthrop Pharmaceuticals Research Division (1993)

Graduate Scholar Award, Division of Pharmaceutics
University of North Carolina at Chapel Hill (1992)

Outstanding Poster Award, Southeast Regional Meeting
American Association of Pharmaceutical Scientists (1992)

Sigma Xi, The Scientific Research Society (1992)

Phi Lambda Sigma Pharmacy Leadership Society (1986)

Warner-Lambert Consumer Health Product Group's Scholarship Award (1985)

Rho Chi Pharmaceutical Honor Society (1985)

FELLOWSHIPS

Fellowship for Advanced Predoctoral Training in Pharmaceutics (1990 – 1992)
Pharmaceutical Manufacturers Association Foundation, Inc.

INVITED LECTURES

S.B. Ruddy. The development and approval process for biologics. *Premed and Pharmaceutical Product Development Curriculum, West Chester University*, West Chester, PA, October, 2012.

S.B. Ruddy. A pharmaceutical perspective on nanotechnology: why the "one size fits all" approach doesn't work. *American Bar Association 18th Annual Spring CLE Meeting*, Phoenix, AZ, April, 2009.

S.B. Ruddy. Nanoparticle technology: leveraging rapid dissolution to improve performance of poorly water-soluble drugs. *FDA Advisory Committee for Pharmaceutical Science and Clinical Pharmacology*, Rockville, MD, July, 2008.

S.B. Ruddy. NanoCrystal® particle technology: advanced concepts and applications. *43rd Annual Pharmaceutical Technologies Arden Conference*, West Point, NY, February, 2008.

S.B. Ruddy. Considerations in the development and scale-up of processes for particle-engineered drug products. *Process Scale-up for Pharmaceutical and Biologics Development*, Philadelphia, PA, January, 2007.

S.B. Ruddy. Transfer of new technologies into manufacturing operations. *3rd Annual Technology Transfer Summit*, Philadelphia, PA, February, 2006.

E. Merisko-Liversidge and **S.B. Ruddy**. NanoCrystal® technology: concepts and applications. *AAPS Short Course on Advances in Particle Engineering*, Baltimore, MD, November, 2004.

S.B. Ruddy. Formulation and process approaches for oral NanoCrystal® drug delivery systems. *AAPS Conference on Advances in Pharmaceutical Processing*, Parsippany, NJ, June, 2003.

S.B. Ruddy. The drug development process: from discovery to clinical evaluation. *Keynote Address, Inaugural Western Regional Undergraduate Research Conference*, Estes Park, CO, July, 1998.

S.B. Ruddy. An overview of the drug development process. *Keynote Address, Nineteenth Annual Undergraduate Research Conference*, Morgantown, WV, June, 1997.

S.B. Ruddy. Bioadhesive nanoparticles for visualization of the gastrointestinal tract. *Pharmaceutics Seminar Series*, University of North Carolina at Chapel Hill, Chapel Hill, NC, October, 1995.

5GGG

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: Evofem Biosciences, Inc.

Physical Address: 12400 High Bluff Drive, Suite 600

City: San Diego State: CA Zip Code: 92130

Telephone Number: 858-550-1900 Fax Number: 844-828-2010

Toll Free Number: N/A

E-mail: csedensky@evofem.com Website: www.evofem.com

Facility Manager: John Altenberg

Professional qualifications and experience of facility manager: See attached

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: _____

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: NA
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

Russell Barrans
Print Name of Authorized Person

02/14/2020
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: Evofem Biosciences, Inc.

Mailing Address: 12400 High Bluff Drive, Suite 600

City: San Diego State: CA Zip: 92130

Telephone: 858-550-1900 Fax: 844-828-2010

Contact Person: Carol Sedensky

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: Delaware

Registration number issued: 4055778

Stock Exchange: EVFM

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.

10-K 1 evfm-1231201910xk.htm 10-K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

x **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2019

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 FOR THE TRANSITION PERIOD FROM TO**

Commission File Number 001-36754

EVOFEM BIOSCIENCES, INC.
(Exact name of Registrant as specified in its Charter)

Delaware **(State or other jurisdiction of incorporation or organization)**	**20-8527075** **(I.R.S. Employer Identification No.)**
12400 High Bluff Drive, Suite 600 **San Diego, CA** **(Address of principal executive offices)**	**92130** **(Zip Code)**

Registrant's telephone number, including area code: **(858) 550-1900**

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.0001 per share	EVFM	The Nasdaq Stock Market LLC (Nasdaq Capital Market)

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. YES ☐ NO x

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. 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 a smaller reporting company. See the definition of "large accelerated filer", "accelerated filer", and "smaller reporting company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	x	Smaller reporting company	x
Emerging growth company	x		

If an emerging growth company, 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. x

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). YES ☐ NO x

The aggregate market value of the common stock held by non-affiliates of the registrant was approximately $42,898,789 as of June 30, 2019, based upon the closing sale price on the Nasdaq Capital Market reported for such date. Shares of common stock held by each executive officer and director and certain holders of more than 10% of the outstanding shares of the registrant's common stock have been excluded in that such persons may be deemed to be affiliates. Shares of common stock held by other persons, including certain other holders of more than 10% of the outstanding shares of common stock, have not been excluded in that such persons are not deemed to be affiliates. This determination of affiliate status is not necessarily a conclusive determination for other purposes.

The number of shares of Registrant's Common Stock outstanding as of February 28, 2020, was 49,594,477.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the information required by Part III of Form 10-K will appear in the registrant's definitive proxy statement on Schedule 14A for the 2020 annual meeting of stockholders and are hereby incorporated by reference into this report.

Verified 3/26/20 DZ

EVOFEM BIOSCIENCES®

DESCRIPTION OF OPERATIONS

Evofem Biosciences, Inc.
12400 High Bluff Drive, Suite 600
San Diego, CA 92130

Evofem Biosciences, Inc. is a virtual manufacturer and as such, does not manufacturer, ship or store product at the applicant location. As a virtual manufacturer, EVOFEM does not have an FDA Establishment Number and is not inspected by the FDA.

> *Virtual Manufacturer [means] an entity that engages in the manufacture of drug or device products for which it:(i) Owns the NDA or ANDA number, if a prescription drug; (ii) Owns the UDI number, as available, for a prescription device; (iii) Contracts with a contract manufacturing organization for the physical manufacture of the drug or device product; (iv) Is not involved in the physical manufacture of the drug or device product; and (v) At no time takes physical possession of, or stores, the drug or device product. The drug is stored at and shipped from a Third-Party Logistics Provider (3PL).*

DOMICILE LICENSE/VERIFICATION/EXEMPTION

EVOFEM is located in California. California has two agencies which govern pharmaceutical manufacturing and distribution. The California Department of Health have oversight of manufacturers while the California Board of Pharmacy has oversight of wholesale distributors. Pursuant to the correspondence & statutes from each of those Boards, it is confirmed a license is not required of Virtual Manufacturers located in California.

OFFICER(S)

Saundra Pelletier	Chief Executive Officer
Russ Barrans	Chief Commercial Officer
Jay File	Chief Financial Officer
Kelly Regina Culwell	Chief Medical Officer
Alex Fitzpatrick	EVP, General Counsel & Secretary

EVOFEM BIOSCIENCES®

DESCRIPTION OF OPERATIONS

Cont'd

CONTRACT MANUFACTURERS (Include all)

NAME	DPT Laboratories Inc.
ADDRESS	307 East Josephine Street San Antonio, TX 8215 FDA Establishment No.: 1628114
NAME	A+ Secure Packaging LLC 339 Mason Road LaVergne, TN 37086 FDA Establishment No.: 963589036 TN License No.: 00003588

The contract manufacturer(s) does not distribute the product.

THIRD PARTY LOGISTICS PROVIDERS

NAME	Cardinal Health 501 Mason Road, Suite 200 LaVergne, TN 37086 TN License No.: 0000005372

PRODUCT

Intravaginal Gel *[Final Product Name Is Still In FDA Review]*

- GEL (C42934)
- VAGINAL (C38313)

AMPHORA is indicated for use by women to prevent pregnancy. To achieve maximum prevention of pregnancy, AMPHORA must be used exactly as directed. AMPHORA is intended to be administered vaginally by women prior to each act of vaginal intercourse. AMPHORA is not designed to prevent pregnancy if used only after vaginal intercourse. [see AMPHORA Instructions for Use].

NDA NUMBER AND LABELER CODE

Evofem Inc. has filed the NDA and the FDA has assigned Evofem the NDA #208352. The FDA has also assigned Evofem the labeler code No. 69751.

EVOFEM
BIOSCIENCES®

DESCRIPTION OF OPERATIONS

Cont'd

OTHER STATE LICENSES

EVOFEM does not have other state licenses at this time. All necessary licenses are being sought simultaneously with this application. EVOFEM can supplement with information if requested.

SECURITY SYSTEM

Evofem is an office only and does not have a facility for manufacturing product or a warehouse for storage and shipping of drug. The building currently uses Allied Universal with 24/7 on-site security. Access to the office is via an exclusive elevator which brings visitors into a reception area. Access beyond the reception area is limited by employee key fobs and key fob access is required to enter the offices as well as to move within the offices.

ndc_nhric_labeler_codes_03_03_20

File | Home | Insert | Page Layout | Formulas | Data | Review | View | Developer | Help | ACROBAT | Tell me what you wa

Paste | Cut | Copy | Format Painter | Clipboard | Arial | 10 | Font | Wrap Text | Merge & Center | Alignment | Text | Number | Conditiona Formatting

A7851 | 69751

	A	B
1	NDC Labeler Code	Firm Name
7832	69727	ELTTAC Inc DBA SWL
7833	69728	PROSANA DISTRIBUCIONES, S.A. DE C.V.
7834	69729	OPMX LLC
7835	69730	SAGE OIL, LLC
7836	69731	G&N Enterprise, LLC
7837	69733	JIANGSU TERRA MEDICAL TECHNOLOGY CO LTD
7838	69735	ElleGreen Health & Beauty Shop LLC
7839	69739	1004LABORATORY
7840	69740	Smith & Nephew Medical Ltd.
7841	69741	Nature and Health Beauty Co., Ltd.
7842	69742	JW BIO Co., Ltd.
7843	69743	GALXEE, INC.
7844	69744	Relevo Inc.
7845	69745	M&S Dental Supply Co., LLC
7846	69746	Dsquared Pharmaceuticals, Inc.
7847	69747	ALMA Laboratories, Inc.
7848	69748	Neutracure
7849	69749	Vasseur International Inc
7850	69750	Vertra (Aust) Pty Ltd
7851	69751	Evofem, Inc
7852	69752	The Village Company
7853	69753	Worldceuticals LLC
7854	69756	California O2 Services Inc.
7855	69757	ALS ENTERPRISES INC
7856	69758	Global Treat srl
7857	69760	Nutra Vista Health LLC.
7858	69761	Qualgen LLC
7859	69762	NGC Group LLC
7860	69764	Shanghai Liang Liang International Inc
7861	69765	DHP Korea Co., Ltd.
7862	69766	MSN Life Sciences Private Limited
7863	69767	CLERIAN, INC.
7864	69768	SENSUOUS PTY LTD
7865	69769	LINEX HEALTH & BEAUTY
7866	69771	Geri-Gentle Corporation
7867	69772	GENESIS
7868	69773	HAIRGREEN
7869	69774	SKIN SCIENCES LABORATORY INC.

NDCLabelerCode

Verified 3/20/2020 MS

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVOFEM BIOSCIENCES, 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 TWENTIETH 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 "EVOFEM BIOSCIENCES, INC." WAS INCORPORATED ON THE FIRST DAY OF FEBRUARY, A.D. 2007.

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

Jeffrey W. Bullock, Secretary of State

4055778 8300

SR# 20201289157

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

Authentication: 202423349

Date: 02-20-20

EVOFEM
BIOSCIENCES®

License
Exemption
Documentation
2

Dear Licensing Agency,

The attached email stream along with a copy of the relevant statutes are included herein as evidence that a license is not required of Virtual Manufacturers in California. This documentation is in lieu of a license, inspection and/or Exemption Letter, which CA no longer provides.

If you have any questions with regard to this information, please contact the consultant for Evofem, Lisa Erhardt at 636-448-2022 or lisa.erhardt@d2rx.com.

Evofem Biosciences, Inc.
12400 High Bluff Drive, Suite 600 | San Diego, CA 92130
858.550.1900 | Evofem.com

From: Lauck, Susie E@CDPH
To: Lisa Erhardt
Subject: RE: Status of manufacturing license/exemption letter
Date: Wednesday, January 16, 2019 1:01:02 PM

Hi Lisa,

Yes, you are correct.
I verified it with Dan Seid our Section Chief.

Confirms statement highlighted in yellow below.

Thank you,
Susie Lauck
Medical Device Safety Unit Analyst
California Department of Public Health
Food and Drug Branch
1500 Capitol Ave MS 7602
Sacramento, CA 95814
Office 916.650.6604| susie.lauck@cdph.ca.gov

From: Lisa Erhardt <lisa.erhardt@d2rx.com>
Sent: Monday, January 14, 2019 3:36 PM
To: Lauck, Susie E@CDPH <Susie.Lauck@cdph.ca.gov>
Subject: RE: Status of manufacturing license/exemption letter
Importance: High

Susie,

I have sent an email to Daniel Seid for additional information but have not yet heard back from him. Pursuant to our conversation below perhaps you could obtain some additional clarity. Pursuant to his response in your email below and copied here for convenience, could you review my notes in red therein and provide a response?

True "virtual drug manufacturers" are not subject to CA Sherman Act licensing provisions which [are] administered by FDB. Furthermore, only those entities specified in law are "exempt" from licensure, and so no "exemption" letter will be issued to virtual drug firms, as they are not listed therein (HSC 111655).

If Virtual Manufacturers are not governed by the Sherman Act does that in turn mean they are (still not) required to hold a license? As you know, VMs have not been required to hold a license and although they would apply for a Manufacturer's license, that application would be "rejected" and an Exemption Letter would be sent indicating a license was not required because they did not physically manufacturer or store product on site.

Essentially, the fact the Board no longer issues Exemption Letters does not translate to mean Virtual Manufacturers are now required to have the actual Manufacturers license!

From everything we can gather, both in the regulatoins and in the applications, everything continues to indicate a license is only required of facilities that actually physically manufacturer the drug on site.

If you could provide clarity or ask Mr. Seid to advise on this issue, it would be greatly appreciated

Lisa Erhardt

California Code, Business and Professions Code - BPC § 4043

(a) "Wholesaler" means and includes a person who acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, agent, or a nonresident wholesaler, who sells for resale, or negotiates for distribution, or takes possession of, any drug or device included in Section 4022. Unless otherwise authorized by law, a wholesaler may not store, warehouse, or authorize the storage or warehousing of drugs with any person or at any location not licensed by the board.

(b) This section shall become operative January 1, 2006.

California Code, Business and Professions Code - BPC § 4160

(h) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161 .

California Code, Health and Safety Code - HSC § 111655

The licensing provisions of this chapter shall not apply to any of the following:

(a) Any pharmacy that maintains establishments in conformance with provisions of the Pharmacy Law, Chapter 9 (commencing with Section 4000) of Division 2 of the Business and Professions Code, regulating the practice of pharmacy, and that is regularly engaged in dispensing prescription drugs or devices, upon prescriptions of any person licensed to administer the drugs or devices to patients under the care of the person in the course of his or her professional practice, and that does not manufacture, prepare, propagate, compound, or process drugs or devices for sale other than in the regular course of his or her business of dispensing or selling drugs or devices at retail.

(b) Any pharmacy that solely engages in providing drugs or devices to a person licensed by law to administer the drug or device for his or her use in the course of his or her professional practice.

(c) Any pharmacy that solely provides drugs or devices to another pharmacy in order to meet a temporary inventory shortage.

(d) Any person who is licensed by law to prescribe or administer drugs or devices and who manufactures, prepares, propagates, compounds, or processes drugs or devices solely for use in the course of his or her professional practice.

(e) Any person who manufactures, prepares, propagates, compounds, or processes any drug or device solely for use in nonclinical research, teaching, or chemical analysis and not for sale.

(f) Any wholesaler, as defined in Section 4038 of the Business and Professions Code .

(g) Any such other class of persons as the department may by regulation exempt from the application of this article upon a finding that licensing by a class of persons in accordance with this article is not necessary for the protection of the public health.

(h) Any registered dispensing optician licensed pursuant to the provisions of Chapter 5.5 (commencing with Section 2550) of Division 2 of the Business and Professions Code, who is regularly engaged in dispensing or selling prescription lenses and frames, and not engaged in the manufacture, preparation, processing or assembling of lenses or frames for sale other than in the regular course of his or her business of dispensing or selling lenses or frames at retail.

California Code, Health and Safety Code - HSC § 111615

(a) Prior to issuing a license required by Section 111615 to any place of business where a drug or device is manufactured, the department shall receive from each place of business documentation that evidences ownership and any of the following:

(1) The place of business is operating pursuant to a valid biologics license issued by the United States Food and Drug Administration in compliance with Section 351 of the federal Public Health Service Act (42 U.S.C. Sec. 262).

(2) The place of business is operating with a valid establishment registration pursuant to Section 510 of the federal act (21 U.S.C. Sec. 360). This documentation shall include an attestation from an officer of the place of business that a federal inspection was completed within the two years prior to the date of the attestation.

(3) The place of business is operating in compliance with audits conducted pursuant to the International Standards Organization (ISO) 9000 series, ISO 13485:2003 quality management systems standards, ISO 15378:2006 quality management systems standards, pursuant to Parts 210 and 211 of Title 21 of the Code of Federal Regulations, or pursuant to Part 820 of Title 21 of the Code of Federal Regulations.

(4) The place of business is operating pursuant to an approved investigational new drug issued by the federal Food and Drug Administration pursuant to Section 312.20 of Title 21 of the Code of Federal Regulations or pursuant to an approved investigational device exemption issued by the federal Food and Drug Administration pursuant to Section 812.20 of Title 21 of the Code of Federal Regulations .

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "EVOFEM BIOSCIENCES, 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:

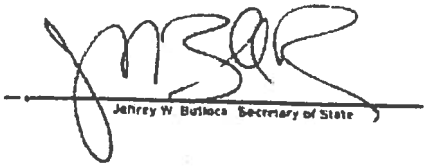
CERTIFICATE OF INCORPORATION, FILED THE FIRST DAY OF FEBRUARY, A.D. 2007, AT 4:58 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SIXTH DAY OF MARCH, A.D. 2007, AT 7 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE NINETEENTH DAY OF FEBRUARY, A.D. 2008, AT 3:39 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "LIPOTHERA, INC." TO "LITHERA, INC.", FILED THE FOURTH DAY OF SEPTEMBER, A.D. 2008, AT 2:05 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2010, AT 2:06 O`CLOCK P.M.



4055778 8310

SR# 20192653413

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

Authentication: 202603810

Date: 04-09-19

Delaware

The First State

RESTATED CERTIFICATE, FILED THE THIRTIETH DAY OF SEPTEMBER, A.D. 2011, AT 1:42 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-NINTH DAY OF MARCH, A.D. 2012, AT 7:23 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FIFTH DAY OF JULY, A.D. 2012, AT 1:11 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SEVENTEENTH DAY OF DECEMBER, A.D. 2012, AT 1:09 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "LITHERA, INC." TO "NEOTHETICS, INC.", FILED THE ELEVENTH DAY OF AUGUST, A.D. 2014, AT 1:48 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE NINETEENTH DAY OF SEPTEMBER, A.D. 2014, AT 12:10 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SEVENTH DAY OF NOVEMBER, A.D. 2014, AT 6:37 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2014, AT 1:30 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

4055778 8310

SR# 20192653413

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

Authentication: 202603810

Date: 04-09-19

Delaware

The First State

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "NEOTHETICS, INC." TO "EVOFEM BIOSCIENCES, INC.", FILED THE SEVENTEENTH DAY OF JANUARY, A.D. 2018, AT 11:17 O`CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE ELEVENTH DAY OF MARCH, A.D. 2019, AT 3:42 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "EVOFEM BIOSCIENCES, INC.".

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

4055778 8310

SR# 20192653413

Authentication: 202603810

Date: 04-09-19

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

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors® Accreditation

to

Cardinal Health 105, Inc

dba Specialty Pharmaceutical Services

located at

501 Mason Rd, Ste 200, LaVergne, TN 37086

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

February 18, 2019 - February 17, 2022

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | *www.nabp.pharmacy*

25672

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005372
EXPIRATION DATE: 12/31/2020

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

PHARMACY BOARD
THIRD PARTY LOGISTICS
CARDINAL HEALTH 105 INC DBA

COMMISSIONER OF HEALTH

3PL Domicile License

3PL VAWD CERT.

CYNTHIA RHODES
CARDINAL HEALTH 105 INC DBA
SPECIALTY PHARMACEUTICAL SERVICES 7000
CARDINAL PLACE QRA-FACILITY LI
DUBLIN OH 43017

1188431

State of Tennessee
Department of Health

25672

TENNESSEE BOARD OF PHARMACY
THIRD PARTY LOGISTICS
CARDINAL HEALTH 105 INC DBA
SPECIALTY PHARMACEUTICAL SERVICES
501 MASON ROAD SUITE 200
LA VERGNE TN 37086

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

ID NUMBER: 0000005372
EXPIRATION DATE: 12/31/2020

Diona E. Layden
INTERIM DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

DCF171

VERIFICATION
DPT

Drug Establishments Current Registration Site

New Search

Search Results for **DPT**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
DPT Laboratories, Ltd.	1628114	832224526	ANALYSIS; LABEL; MANUFACTURE; PACK;	307 E. Josephine Street, San Antonio, Texas (TX) 78215, United States (USA)	12/31/2020

Showing 1 to 3 of 3 entries

Previous1Next

Data Current through: Tuesday, Jan 14, 2020

Return to Drug Firm Annual Registration Status Home Page

VERIFICATION

TEXAS Health and Human Services | Texas Department of State Health Services

License Details

"License" means a license, certificate, registration, permit, or other form of authorization, including a renewal of the authorization, that: a person must obtain to practice or engage in a particular business, occupation, or profession; or a facility must obtain before a particular business, occupation, or profession is practiced or engaged in within the facility. A "License Rank" is the level of license; a "License Modifier" provides additional information on the scope of the license.

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business.

For more information regarding this license, including any disciplinary information displayed below, please contact the appropriate board or program office. A list of DSHS licensing board and programs may be found at: http://www.dshs.state.tx.us/Licensee-Registrant-Permittee.aspx or click the link at the bottom of this page.

Press "Previous Record" to display the previous license.

Press "Next Record" to display the next license.

Press "Search Results" to return to the Search Results list.

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

License Number: 1001041 *Current Date: 02/04/2020 12:59 PM*

Name:	DPT LABORATORIES LTD
License Type:	Prescription Drug Manufacturer
License Status:	Current
Expiry Date:	09/16/2020
Effective Rank Date:	09/25/2012
Modifier(s):	Contract Manufacturer Prescription Non Prescript Veterinary Controlled Substance

Addresses

Mailing Address	Address	RODOLFO SANCHEZ SAN ANTONIO , TX BEXAR 78215 US
Physical Loc	Address	DPT LABORATORIES LTD 307 E JOSEPHINE ST SAN ANTONIO , TX BEXAR 78215 US

Food & Drug Owner

Licensee's Role:	Food & Drug License
Related Party Role:	Food & Drug Owner

Related Party Name	License	Address
DPT LABORATORIES LTD	Owner # Status: Current Expiration Date:	SAN ANTONIO , TX BEXAR 78215 US

Verification 1049
A+ Secure

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)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **A+ Secure**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
A+ Secure Packaging, LLC		963589036	RELABEL; REPACK;	339 Mason Rd, La Vergne, Tennessee (TN) 37086, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Tuesday, Feb 4, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

U.S. FOOD & DRUG ADMINISTRATION

NDA 208352

ACKNOWLEDGE – CLASS 2 RESUBMISSION

Evofem, Inc.
Attention: Catherine Maher, PhD
Vice President, Regulatory Affairs
12400 High Bluff Drive, Suite 600
San Diego, CA 92130

Dear Dr. Maher:[1]

We acknowledge receipt on November 25, 2019, of your November 25, 2019, resubmission to your new drug application submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for L-lactic acid, citric acid, and potassium bitartrate.

We consider this a complete, class 2 response to our April 28, 2016 action letter. Therefore, the user fee goal date is May 25, 2020.

If you have any questions, call Jennifer Dao, Regulatory Project Manager, at 301-796-8189.

Sincerely,

{See appended electronic signature page}

Jennifer Mercier
Chief, Project Management Staff
Division of Bone, Reproductive and Urologic Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

[1] We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

JENNIFER L MERCIER
12/12/2019 10:04:02 AM

From: CDER Electronic Drug Registration and Listing
To: Catherine Maher
Cc: Regulatory
Subject: RE: [External] Labeler Code Request Rejected
Date: Friday, October 25, 2019 2:53:06 PM
Attachments: image001.png

Hello,

Thank you for the information. Based on the information provided, we have reactivated Labeler Code 69751. Please allow 1 day for the reactivation to propagate through our system, then you will be able to use the Labeler Code for listing drug products.

Regards,
eDRLS Staff (rs)

From: Catherine Maher <cmaher@evofem.com>
Sent: Friday, October 25, 2019 9:37 AM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Cc: Regulatory <regulatory@evofem.com>
Subject: RE: [External] Labeler Code Request Rejected

Dear eDRLS,

We have a product that is going into US commercial distribution soon and in order to serialize the product, we are requesting immediate reactivation of labeler code 69751 for Evofem, Inc which was inactivated on 02 January 2017. The active ingredients are L-lactic acid, citric acid, and potassium bitartrate. Each pre-filled single-dose vaginal applicator of Amphora delivers 5 g of gel containing L-lactic acid, citric acid, and potassium bitartrate.

Thank you very much!
Catherine

Catherine Maher, PhD | VP, Regulatory
Evofem Biosciences, Inc. | NASDAQ: EVFM
Mobile: (919) 749-0328
www.evofem.com

EVOFEM BIOSCIENCES®

From: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Sent: Thursday, October 24, 2019 12:36 PM
To: Meghan O'Neill <moneill@evofem.com>
Cc: Regulatory <regulatory@evofem.com>
Subject: RE: [External] Labeler Code Request Rejected

Hello,

As stated in the Labeler Code Request rejection email, the Labeler Code was inactivated by the FDA for failure to list a drug product within 2 years after the Labeler Code was assigned. Once you have a product that is closer to the launch date, let us know and we will reactivate the Labeler Code so that you will be able to list the drug product. Do you have a product that is going into US commercial distribution?

Regards,
eDRLS Staff (rs)

From: Meghan O'Neill <moneill@evofem.com>
Sent: Tuesday, October 22, 2019 10:30 AM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Cc: Regulatory <regulatory@evofem.com>
Subject: RE: Labeler Code Request Rejected
Importance: High

Hello EDRLS,

Evofem Biosciences, Inc. is preparing to resubmit NDA 208352, however, when we resubmitted the labeler code request (69751) we received a rejection from ESG that the 'NDC labeler code was associated with a previous set ID'.
We cannot locate the previous set ID XML with the original submission in our files at this time.

Could you assist and provide the set ID number and original XML for labeler code 69751 for NDA208352?

Thank you for your help.

Best regards,

Meghan

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Monday, April 15, 2019 6:48 AM
To: Regulatory <regulatory@evofem.com>
Subject: Labeler Code Request Rejected

eDRLS - Electronic Drug Registration & Listing System

Current Date: 15-APR-2019

Labeler DUNS: 832466119
Labeler Name: Evofem, Inc.

This letter is to inform you that we are rejecting your Labeler Code request.

Rejection Comments

Labeler code 69751 for Evofem, Inc was assigned on April 8, 2015 for NDC assignment to drugs. Labeler code verification was sent to Sartaj@evofem.com on April 9, 2016. After receiving a response, the Inactivation date for the Labeler Code was extended to December 31, 2016. Since the firm failed to list a drug by that date, the Labeler Code was automatically inactivated on January 2, 2017.

If you have a drug or drugs that you are about to enter in US commercial distribution, please provide us with details for each drug. We request information on product name, active ingredient(s), strength, labeling, start marketing date and intended NDC for each drug in order for us to determine if the labeler code should be reactivated.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

This E-mail message may contain privileged or confidential information, and is for the use of intended recipients only. If you have received this message in error, please immediately advise the sender by reply E-mail and then delete this message.

John Altenberg

Santa Ana, CA 92705 ▪

linkedin.com/in/john-altenberg

Sales Operations Executive

Success leading engineering innovation for high-growth organizations

Consistent and replicated success leading cross-functional sales/marketing management and business developments in the design and launch of leading-edge business solutions. Talent driven results that generate consistent growth in sales revenues. Leads with an aptitude for innovative approaches to motivate, mentor, and evaluate cohesive workforce and operations while fostering compliance. Tenacity to execute tactics and model expectations for others. Hands on knowledge of front and back end of business cycle. Skilled presenter, negotiator, and businessperson; able to forge solid relationships with partners and build consensus across multiple organizational levels while increasing safety, reducing redundancy, improving accuracy, and exceeding manufacturing and budgetary goals.

Highlights of Expertise

- Strategic Business Planning
- Cost Reduction and Avoidance
- Cash Flow Optimization
- Lead Time Reduction
- Budget Admin. /Management
- P & L Accountability
- Process Optimization
- Corporate Global Supply Chain
- Strategic Sourcing/Negotiations
- Brand Management
- Continuous Improvement
- Oversight of facilities for GMP compliance

Career Experience

Evofem Biosciences Inc. San Diego, CA

Provided immediate impact to stabilize and drive drug product development for NDA submission within the functional areas of operations, supply chain requirements and logistics

Senior Director Supply Chain, Logistics and Facilities Manager (06/2018 – present)

Bio tech company with a non-hormonal female contraceptive vaginal gel under FDA review for approval in May 2020. Manage CMO relationships and direct intervention with key suppliers.

- Responsible for successful execution of drug product batches needed for NDA submission.
- Establishment of supply chain for materials and production forecast tools.

Vit-Best Nutrition, Tustin, CA

Provided executive-level leadership with full P&L accountability for all contract-manufacturing operations of recently acquired sports nutrition/weight management/dietary supplement manufacturing business.

VP Sales/Client Services, Contract Manufacturing (10/2015 to 08/2017)

Held concurrent responsibility for management and implementation of turnaround initiatives to drive profit gains. Tasked with developing growth strategy and supply chain/procurement efficacy while simultaneously retaining and streamlining existing clientele. Managed diversified customer portfolio including international, direct-to-consumer, and successful MLM companies. Tasked to restructure client service teams built on improved account management process/procedure. Conceptualized diversification platform for new customer business models.

- Secured new business with two national sports nutrition companies.
- Designed and managed supply chain process and procedure increasing productivity and vastly improving customer delivery dates.

continued...

- Rebuilt Client Services team to expand and define responsibilities creating accountability to customer base.
- Produced collaborative, user-friendly corporate communications that redefined and expanded website and video marketing scope.

The Nature's Bounty Company (NBTY), Ronkonkoma, NY
Multisite leadership that leveraged nationwide company production facilities to maximize revenue and capacity utilization

Vice President/General Manager, Contract Manufacturing (2008 to 2015)

Held merger, production, cost control and compliance responsibility for $100 million in annual revenue. Designed and implemented well-planned cost reduction program, coordination/capitalization strategies and time/resource optimization. Drove shift to corporate resources/priorities to NBTY brands.

- Successful addition of Leiner Contracts to NBTY portfolio.
- Achieved $18M in new business sales by Introducing strategic initiatives and tactical action plans to increase revenues two-fold, decreasing overhead and leverage existing utilization to surpass all current industry standards.
- 5 year CAGR = 9%

Leiner Health Products, Carson, CA
Leading designer, developer and manufacturer of nutritional supplements.

Vice President/General Manager, Contract Manufacturing (2004 to 2008)

Progressive career utilizing strengths through promotion. Simultaneously led Operations, Sales, P&L accountability, and companywide focus initiative to impact Pharmaceutical company's healthcare division. Responsible for leading R&D/Manufacturing teams with an aptitude for innovative approaches to diversify, motivate, mentor, and drive brand awareness/exposure. Successful at forging solid relationships to build a consensus across multiple organizational levels while increasing safety, reducing redundancy, improving accuracy, and exceeding time and budgetary goals.

- Cultivated $15M growth within consumer health care company industry.
- 10-Q Press release names Leiner as "Primary Growth Engine."
- Increased profits by $750K via product development fee collection.
- $27M incremental sales via design and launch of marketing programs on local and national level.

Additional Experience

Vice President, Strategic Marketing (2002 to 2004) ▪ Leiner Health Products, Carson, CA
Vice President, Account Marketing (2000 to 2002) ▪ Leiner Health Products, Carson, CA

Education & Credentials

Masters of Business Administration

Pepperdine University, Malibu, CA

Bachelors of Science in Business Administration

San Diego State University, San Diego, CA

5HHH

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: Napo Pharmaceuticals, Inc.

Physical Address: 201 Mission Street, Suite 2375

City: San Francisco State: CA Zip Code: 94105

Telephone Number: 415-371-8301 Fax Number: 415-371-8311 (Please use email during COVID-19 restrictions.)

Toll Free Number: 844-722-8256

E-mail: licensing@napopharma.com Website: www.napopharma.com

Facility Manager: Kevin Bohnert

Professional qualifications and experience of facility manager: See 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: _____

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: Patheon, part of Thermo Fisher Scientific
Address: 2110 East Galbreth Road, Cincinnati, OH 45237-1625

Name: Cardinal SPS
Address: 501 Mason Road Suite 200, La Vergne, TN 37086

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

Kevin Bohnert — 03APR2020

Print Name of Authorized Person — Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Jaguar Health, Inc. (Note: Jaguar Health has same address as Napo.)

Corporation Name: Napo Pharmaceuticals, Inc.

Mailing Address: 201 Mission Street, Suite 2375

City: San Francisco State: CA Zip: 94105

Telephone: 415-371-8301 Fax:

Contact Person: Kevin Bohnert

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-Jun-2013

Registration number issued: 001-36714

Stock Exchange: JAGX

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.

-- Attached

List of officers and directors.

-- Included in attached Description of Operations

ADDENDUM 3
NAPO PHARMACEUTICALS
NDC SCREENSHOT FOR
PRODUCT

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 April 01, 2020

You have searched Finished drug products

Search Results: *'mytesi'*

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.
MYTESI	70564-802-60	125 mg/1	TABLET, COATED	ORAL	NDA202292

Showing 1 to 1 of 1 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)

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 April 07, 2020

You have searched Finished drug products

Search Results: *'70564'*

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	Pharm Class
+ MYTESI	70564-802-60	125 mg/1	TABLET, COATED	ORAL	NDA202292	Napo Pharmaceuticals Inc	70564-802	Crofelemer	CROFELEMER	HUMAN PRESCRIPTION DRUG	08/01/2016	N/A	NDA	60 TABLET, COATED in 1 BOTTLE (70564-802-60)	Antidiarrheal [EPC]

Showing 1 to 1 of 1 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 WJS 4/7/2020

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAPO 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 SEVENTEENTH DAY OF MARCH, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

3457397 8300

SR# 20202197388

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

Authentication: 202607019

Date: 03-17-20

Addendum 14 - Jaguar Health Certificate of Good Standing
(Jaguar Health is parent company of Napo Pharmaceuticals.)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAPO 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 SEVENTEENTH DAY OF MARCH, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

3457397 8300

SR# 20202197388

Authentication: 202607019

Date: 03-17-20

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

ADDENDUM 12
NAPO PHARMACEUTICALS
ARTICLES 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 AMENDMENT OF "NAPO PHARMACEUTICALS, INC.", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2009, AT 4:55 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.

Jeffrey W. Bullock, Secretary of State

3457397 8100

AUTHENTICATION: 7523005

090849579

DATE: 09-11-09

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:05 PM 09/11/2009
FILED 04:55 PM 09/11/2009
SRV 090849579 - 3457397 FILE

CERTIFICATE OF AMENDMENT TO FOURTH AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF NAPO PHARMACEUTICALS, INC.

(Pursuant to Section 242
of the General Corporation Law of the State of Delaware)

Napo Pharmaceuticals, Inc. (the "*Corporation*"), a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "*Law*"), does hereby certify:

FIRST: That the present name of the Corporation is Napo Pharmaceuticals, Inc. The date of filing of the original Certificate of Incorporation of the Corporation with the Secretary of State of the State of Delaware was November 15, 2001 (the "*Original Certificate*").

SECOND: The Fourth Amended and Restated Certificate of Incorporation of the Corporation was filed with the Secretary of State of the State of Delaware on July 31, 2006, and amended by a Certificate of Amendment filed with the Secretary of State of the State of Delaware on October 21, 2008 (the "*Fourth Amended Certificate*").

THIRD: The Fourth Amended Certificate is hereby amended as follows:

The first sentence of Article IV of the Fourth Amended Certificate is amended in its entirety to read as follows:

> "The total number of shares of all classes of stock which the Corporation has authority to issue is One Hundred Twenty Five Million (125,000,000) shares, consisting of One Hundred Twenty Five Million (125,000,000) shares of Common Stock, par value $0.0001 per share (the "***Common Stock***")."

FOURTH: The foregoing amendment to the Fourth Amended Certificate has been duly adopted and approved by the Board of Directors of the Corporation in accordance with Sections 141 and 242 of the General Corporation Law of the State of Delaware. The amendment has been duly adopted in accordance with the provisions of Sections 228 and 242 of the General Corporation Law of the State of Delaware by stockholders of the Corporation. A majority of the outstanding shares of Common Stock approved the amendment to the Fourth Amended Certificate by written consent in lieu of a meeting thereof in accordance with the provisions of Sections 228 and 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to the Fourth Amended and Restated Certificate of Incorporation to be executed by a duly authorized officer effective as of the 11 day of September 2009 and hereby affirms that the facts stated herein are true.

Napo Pharmaceuticals, Inc.

By: _____
Name: Charles Thompson
Title: Chief Financial Officer

Table of Contents

Addendum 17 -- Jaguar Health, Inc. (parent compnay) 10-K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

Form 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2019

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from to

COMMISSION FILE NO. 001-36714

JAGUAR HEALTH, INC.

(Exact name of registrant as specified in its charter)

Delaware	46-2956775
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

201 Mission Street, Suite 2375
San Francisco, California 94105
(Address of principal executive offices)
Registrant's telephone number, including area code:
(415) 371-8300

SECURITIES REGISTERED PURSUANT TO SECTION 12(b) OF THE ACT:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, Par Value $0.0001 Per Share	JAGX	The NASDAQ Capital Market

SECURITIES REGISTERED PURSUANT TO SECTION 12(g) OF THE ACT: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

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 ☒ 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 during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☒

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐ Accelerated filer ☐ Non-accelerated filer ☒ Smaller reporting company ☒
Emerging growth company ☒

If an emerging growth company, 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. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

As of June 30, 2019, the aggregate market value of the registrant's common stock held by non-affiliates was approximately $8,457,091 based upon the closing sales price of the registrant's common stock on The NASDAQ Global Market on such date.

The number of shares of the registrant's Common Stock outstanding as of March 23, 2020 was 15,321,913 shares of voting common stock and 40,301,237 shares of non-voting common stock. The company also had 6,504,792 shares of convertible preferred stock outstanding (convertible into 33,149,556 shares of voting common stock, subject to certain voting restrictions as provided in the Certificate of Designation for the convertible preferred stock).

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the proxy statement for the registrant's 2020 Annual Meeting of Stockholders, or Proxy Statement, to be filed within 120 days of the end of the fiscal year ended December 31, 2019 are incorporated by reference in Part III hereof. Except with respect to information specifically incorporated by reference in this Form 10-K, the Proxy Statement is not deemed to be filed as a part hereof.

December 31, 2013, Jaguar was a wholly-owned subsidiary of Napo, and, until May 13, 2015, Jaguar was a majority-owned subsidiary of Napo. On July 31, 2017, the merger of Jaguar Animal Health, Inc. and Napo became effective, at which point Jaguar Animal Health's name changed to Jaguar Health, Inc. and Napo began operating as a wholly-owned subsidiary of Jaguar focused on human health and the ongoing commercialization of, and development of follow-on indications for Mytesi.

Verified
MS
4/7/2020

Table of Contents

PART I

Forward-looking statements

This Form 10-K contains forward-looking statements within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended, or the Exchange Act. All statements other than statements of historical facts contained in this Form 10-K, including statements regarding our future results of operations and financial position, business strategy, prospective products, product approvals, research and development costs, timing of receipt of clinical trial, field study and other study data, and likelihood of success, commercialization plans and timing, other plans and objectives of management for future operations, and future results of current and anticipated products are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements.

In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "aim," "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms or other similar expressions. The forward-looking statements in this Form 10-K are only predictions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition and results of operations. These forward-looking statements speak only as of the date of this Form 10-K and are subject to a number of risks, uncertainties and assumptions described under the sections in this Form 10-K titled "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" and elsewhere in this Form 10-K. Forward-looking statements are subject to inherent risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Moreover, we operate in a dynamic industry and economy. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties that we may face. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

Jaguar Health, our logo, Canalevia and Neonorm are our trademarks that are used in this Form 10-K. This Form 10-K also includes trademarks, tradenames and service marks that are the property of other organizations. Solely for convenience, trademarks and tradenames referred to in this Form 10-K appear without the ©, ® or ™ symbols, but those references are not intended to indicate that we will not assert, to the fullest extent under applicable law, our rights or that the applicable owner will not assert its rights, to these trademarks and tradenames.

ITEM 1. BUSINESS

BUSINESS

We are a commercial stage plant medicine prescription pharmaceutical company focused on developing and commercializing novel, sustainably derived gastrointestinal products on a global basis. Our wholly-owned subsidiary, Napo Pharmaceuticals, Inc. ("Napo"), focuses on developing and commercializing proprietary human gastrointestinal pharmaceuticals for the global marketplace from plants used traditionally in rainforest areas. Our Mytesi (crofelemer) product is approved by the U.S. Food and Drug Administration ("FDA") for the symptomatic relief of noninfectious diarrhea in adults with HIV/AIDS on antiretroviral therapy.

Jaguar was founded in San Francisco, California as a Delaware corporation on June 6, 2013. Napo formed Jaguar to develop and commercialize animal health products. Effective as of

Addendum 15 -- facility manager resume

Kevin Bohnert

44th Avenue, San Francisco, CA 94122 M:

Professional Experience

Napo Pharmaceuticals/Jaguar Health, Inc., San Francisco, CA

September 2019 – Present
Senior Director, Global Supply Chain

In additional to duties listed under previous titles below, plan for commercial and other material needs, such as API or drug product for stability protocols and R&D programs. Oversee contract 3PL operations. Collaborate with multiple departments in negotiating master service agreements and work orders as needed which set clear expectations for the deliverables.

Identify vendors critical to supply chain operations, such as component suppliers and packaging facilities. Select vendors who are able to deliver the highest-quality goods and services in the most cost-effective manner.

Manage all state drug distribution licenses.

July 2016 – September 2019
Director, Global Supply Chain

Determine appropriate order sizes to place for components and finished goods, informed by planning referenced above. Partner with CMOs and packagers to ensure finished goods are delivered on time and within budget. Provide supporting materials, information and troubleshooting assistance.

Provide input as needed to marketing, regulatory and clinical teams on label text for commercial, clinical, stability and other material.

Write standard operating procedures for areas such as:

- Shipping of API, Drug Product and Finished Goods to and from manufacturers and distributors.
- Distribution of clinical material to sites, as well as return and reconciliation thereof.

Work with third-party software providers to optimize electronic document control/inventory management systems in the context of particular clinical trial protocols.

April 2008 - July 2016
Senior Manager, Global Supply Chain

Oversee global transportation of raw materials, intermediate products and finished goods. Identify and manage freight forwarders and other carriers best suited for each particular need.

Facilitate timely import and export of materials. Ensure that shipments are accompanied by proper documentation as required by customs authorities.

Addendum 15 - facility manager resume

Collaborate with marketing team, graphic artists, package designers and printers to develop and produce optimal packaging for finished commercial goods. Write specification documents for finished goods and components. Obtain input and final approval from QA, regulatory, clinical, marketing and manufacturing as appropriate.

March 2005 - April 2008
Manager, Global Supply Chain

September 2001 – March 2005
Manager, Logistics & Information

Track and monitor inventory of commercial, clinical, and R&D material in all stages of production. Produce and reconcile monthly reports and other reports as needed.

Shaman Pharmaceuticals, South San Francisco, CA

August 1999 – September 2001
Customer Service Representative

Created FileMaker Pro database to streamline order process for consumers and distributors. Oversaw all delivery operations and worked with customers to resolve any problems with orders.

Education

Certified Supply Chain Professional course

BMUS, Ohio University, Summa Cum Laude

International Baccalaureate Diploma, United World College of the Atlantic, Wales

Other Skills

Proficient in Spanish, written and spoken

Software – FDA eSubmitter and Electronic Submissions Gateway, Microsoft Office, HTML, XML, FileMaker Pro

ADDENDUM 1
NAPO PHARMACEUTICALS
DESCRIPTION OF
OPERATIONS

DESCRIPTION OF OPERATIONS

Napo Pharmaceuticals, Inc.
201 Mission Street, Suite 2375
San Francisco, CA 94015

Napo Pharmaceuticals, Inc. (NAPO) is a virtual manufacturer and as such, does not manufacturer, ship or store product at the applicant location. As a virtual manufacturer, NAPO does not have an FDA Establishment Number and is not inspected by the FDA. Napo uses a Contract Manufacturing Organization CMO) duly registered with the FDA (information below) for the physical manufacturer of its product. Napo uses a Third-Party Logistics provider (3PL) (information below) for the storage and shipping of its product.

DOMICILE LICENSE/VERIFICATION (STATE)

Napo Pharmaceuticals, Inc. is located in California. Napo owns the NDA and the assigned Labeler Codes. Pursuant to California law, a virtual manufacturer is exempt from licensure requirements in California.

> *Pursuant to Business and Professions Code Section 4180(h):*
> *A drug manufacturer premises licensed by the Food & Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161". {See attached email confirmation from CABOP and CADPH}.*

Additionally, the California Department of Health has stated:

> *True "virtual drug manufacturers" are not subject to CA Sherman Act licensing provisions which administered by FDB. Furthermore, only those entities specified in law are "exempt" from licensure, and so no "exemption" letter will be issued to virtual drug firms, as they are not listed therein (HSC 111655). {See attached email confirmation from CABOP and CADPH}.*

NDA NUMBER AND/OR LABELER CODES

NDA Number: 202292
NDC Code: 70564-802

CONTRACT MANUFACTURERS (Include all)

NAME Patheon Pharmaceuticals, Inc.
ADDRESS 2110 East Galbraith Road
Cincinnati, OH 45237-1625 FDA

Establishment Identifier: 1510437

THIRD PARTY LOGISTICS PROVIDERS

Name: Cardinal SPS
Address: 501 Mason Road Suite 200
La Vergne, TN 37086

PRODUCT(s)

Mytesi (crofelemer 125 mg)
Oral, Tablet, Delayed Release

SECURITY SYSTEM

NAPO is located in a commercial office building in San Francisco. There is a security guard on site and access is gained only through card keys.

OWNERSHIP INFORMATION

Napo Pharmaceuticals is a wholly owned subsidiary of Jaguar Health, a publicly traded company (JAGX).

Jaguar Health
201 Mission Street, Suite 2375
San Francisco, CA 94105

NAPO PHARMACEUTICALS, INC. Officer Information						
OFFICER NAME	TITLE	RESIDENCE ADDRESS	PHONE NUMBER	DOB	SSN* Last 4 digits	% Ownership Common Shares Interest
Lisa Conte	CEO	Main Street, Unit 30G, San Francisco, CA, 94105				0%
Carol Lizak	CAO	Cour du Vin San Jose, CA 95418				0%
Steven King	SVP	Arbor Lane, Moss Beach, CA 94038				0%
Jonathan Wolin	Chief of Staff, Chief Compliance Officer and General Counsel	Hurlingham Ave, San Mateo, CA 94402				0%

Napo Pharmaceuticals, Inc. LICENSES CURRENTLY ISSUED AND IN PLACE				
STATE	License No.	Date Issued	Expiration Date	Status
Alabama	195768	08/30/2019	12/31/2020	ACTIVE – Private Label
Arizona	M001342	5/8/2019	10/31/2020	ACTIVE
Arkansas	WD05205	3/15/2019	12/31/2020	ACTIVE
Connecticut	CSM.0001570-OOS	6/5/2019	not applicable	ACTIVE
District of Columbia	DM1900242	7/30/2019	7/31/2020	ACTIVE
Florida	46208	2/7/2020	2/28/2022	ACTIVE
Georgia	PHWH004626	6/25/2019	6/30/2021	ACTIVE
Iowa	40922	09/15/2019	12/31/2020	ACTIVE – Limited Distributor
Louisiana	9551	1/28/2019	12/31/2020	ACTIVE
Maryland	D06954	5/31/2019	5/31/2020	ACTIVE
Michigan	5306006070	10/7/2019	10/7/2021	ACTIVE
Minnesota	461505	5/31/2019	5/31/2020	ACTIVE
New Hampshire	06728	8/12/2019	6/30/2020	ACTIVE
New Jersey	5005653	Not Available	1/31/2020	ACTIVE

Napo Pharmaceuticals, Inc. LICENSES CURRENTLY ISSUED AND IN PLACE				
New Mexico	WD00012667	10/24/19	12/31/2021	ACTIVE
North Carolina	1549	12/31/2019	12/31/2020	ACTIVE
North Dakota	Whol2087	7/30/2019	6/30/2020	ACTIVE
Oklahoma	88-M-5798	3/1/2019	3/31/2020	ACTIVE
Oregon	M-0003155	2/1/2019	9/30/2020	ACTIVE
Pennsylvania	1000004019	5/2/2019	5/31/2020	ACTIVE
Puerto Rico	536664	8/21/2019	not applicable	ACTIVE
South Dakota	600-3011	3/27/2019	12/31/2020	ACTIVE
Tennessee	00005355	12/11/2018	12/31/2020	ACTIVE
Texas	1001922	Not Available	3/28/2020	ACTIVE
Washington	PHWH.FX.60976074		09/30/2020	ACTIVE
West Virginia	MR0551895	12/13/2018	6/30/2020	ACTIVE

From: Wlsstatus@DCA <Wlsstatus@dca.ca.gov>
Sent: Monday, October 8, 2018 9:21 AM
To: Kevin Bohnert
Subject: RE: Official exemption letter for wholesale license

Good Morning,

The board does not provide letters of exemption.

Thank you,

Elizabeth Schlosser, Site Licensing Analyst California State Board of Pharmacy
(916) 574-7734 | FAX (916) 574-8617 | www.pharmacy.ca.gov Be Aware and Take Care: Talk to your Pharmacist!

-----Original Message-----
From: Kevin Bohnert [mailto:kbohnert@jaguar.health]
Sent: Monday, September 10, 2018 3:15 PM
To: Wlsstatus@DCA <Wlsstatus@dca.ca.gov>
Subject: Official exemption letter for wholesale license

Ladies and Gentlemen:

I understand that our company is exempt from the requirement for a wholesaler license under sections 4160(h) and 4161.

Would it be possible to obtain a pdf of standard letter on state letterhead naming Jaguar Health as exempt? We are a virtual manufacturer and do not ourselves distribute any products.

If this type of letter is something that the board issues, could I obtain a letter stating this?

Business and Professions Code section 4160(h) states "A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161."

Thank you for your help with this; it is much appreciated.

Regards,

Kevin Bohnert
Director, Global Supply Chain
Jaguar Health
Napo Pharmaceuticals, Inc.
(Wholly owned subsidiary)
201 Mission Street
Suite 2375
San Francisco, CA 94105

From: Lauck, Susie E@CDPH <Susie.Lauck@cdph.ca.gov>
Sent: Tuesday, November 13, 2018 2:56 PM
To: Kevin Bohnert
Cc: Anne-Marie Burger; Lisa Erhardt
Subject: RE: Status of manufacturing license/exemption letter

Dear Kevin,

I received a call from Lisa Earhardt in reference to an exemption letter as well, I have referred her to the Chief of Drug Safety Program of CDPH, and his response is listed below.
True "virtual drug manufacturers" are not subject to CA Sherman Act licensing provisions which administered by FDB. Furthermore, only those entities specified in law are "exempt" from licensure, and so no "exemption" letter will be issued to virtual drug firms, as they are not listed therein (HSC 111655).

Thank you,
Susie Lauck
Medical Device Safety Unit Analyst
California Department of Public Health
Food and Drug Branch
1500 Capitol Ave MS 7602
Sacramento, CA 95814
Office 916.650.6604| susie.lauck@cdph.ca.gov

From: Kevin Bohnert <kbohnert@jaguar.health>
Sent: Tuesday, November 13, 2018 1:23 PM
To: Lauck, Susie E@CDPH <Susie.Lauck@cdph.ca.gov>
Cc: Anne-Marie Burger <amburger@jaguar.health>; Lisa Erhardt <lisa.erhardt@d2rx.com>
Subject: RE: Status of manufacturing license/exemption letter

Dear Susie,

Thank you for your time on the phone today. It was quite a surprise to hear that the department is no longer issuing letters of exemption for virtual manufacturers.

I'm not sure if you already attempted to forward to me the email you mentioned to this effect. If you wouldn't mind sending it to my Jaguar Health email it would be helpful. I sometimes have issues with the Napo address I gave you, and I don't see the message in that inbox.

Thanks again,

Kevin Bohnert
Director, Global Supply Chain
Jaguar Health
Napo Pharmaceuticals, Inc.

(Wholly owned subsidiary)
201 Mission Street
Kevin Bohnert
Suite 2375
San Francisco, CA 94105
T: 415-371-8301
C: 650-888-3558
F: 415-371-8311

From: Kevin Bohnert
Sent: Friday, November 2, 2018 1:50 PM
To: susie.lauck@cdph.ca.gov
Cc: Anne-Marie Burger <amburger@jaguar.health>; Lisa Erhardt <lisa.erhardt@d2rx.com>
Subject: Status of manufacturing license/exemption letter

Dear Susie,

In early October, we submitted an application for a New Drug Manufacturing License, along with a cover letter that explains that our goal is to obtain an exemption letter, since we are only a virtual manufacturer.

I understand that an inspection of our facility will be required in order to obtain this exemption letter.

I would like to enquire on scheduling an inspection as soon as it is feasible. We are applying for licensure in other states, and we will need to provide the exemption letter in each case.

Thank you for any assistance you may be able to provide. Your help is much appreciated.

Regards,

Kevin Bohnert
Director, Global Supply Chain
Jaguar Health
Napo Pharmaceuticals, Inc.
(Wholly owned subsidiary)
201 Mission Street
Suite 2375
San Francisco, CA 94105
T: 415-371-8301
C: [illegible]
F: 415-371-8311

ADDENDUM 2
NAPO PHARMACEUTICALS
LICENSE EXEMPTION - CALIFORNIA

From: Lauck, Susie E@CDPH
To: Lisa Erhardt
Subject: RE: Status of manufacturing license/exemption letter
Date: Wednesday, January 16, 2019 1:01:02 PM

Hi Lisa,

Yes, you are correct.
I verified it with Dan Seid our Section Chief.

Confirms statement highlighted in yellow below.

Thank you,
Susie Lauck
Medical Device Safety Unit Analyst
California Department of Public Health
Food and Drug Branch
1500 Capitol Ave MS 7602
Sacramento, CA 95814
Office 916.650.6604| susie.lauck@cdph.ca.gov

From: Lisa Erhardt <lisa.erhardt@d2rx.com>
Sent: Monday, January 14, 2019 3:36 PM
To: Lauck, Susie E@CDPH <Susie.Lauck@cdph.ca.gov>
Subject: RE: Status of manufacturing license/exemption letter
Importance: High

Susie,

I have sent an email to Daniel Seid for additional information but have not yet heard back from him. Pursuant to our conversation below perhaps you could obtain some additional clarity. Pursuant to his response in your email below and copied here for convenience, could you review my notes in red therein and provide a response?

True "virtual drug manufacturers" are not subject to CA Sherman Act licensing provisions which [are] administered by FDB. Furthermore, only those entities specified in law are "exempt" from licensure, and so no "exemption" letter will be issued to virtual drug firms, as they are not listed therein (HSC 111655).

If Virtual Manufacturers are not governed by the Sherman Act does that in turn mean they are (still not) required to hold a license? As you know, VMs have not been required to hold a license and would although they would apply for a Manufacturer's license, that application would be "rejected" and an Exemption Letter would be sent indicating that a license was not required because they did not physically manufacturer or store product on site.

Essentially, I am trying to confirm that the fact the Board will no longer issue Exemption Letters <u>does not translate to mean Virtual Manufacturers are now required to have the actual Manufacturers license</u>!

From everything I can gather both in the regulations and in the applications – everything still points to a license being required only of facilities that actually physically manufacturer the drug on site.

If you could provide clarity or ask Mr. Seid to advise on this issue, it would be greated appreciated.

Lisa Erhardt

California Code, Business and Professions Code - BPC § 4043

(a) "Wholesaler" means and includes a person who acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, agent, or a nonresident wholesaler, who sells for resale, or negotiates for distribution, or takes possession of, any drug or device included in Section 4022. Unless otherwise authorized by law, a wholesaler may not store, warehouse, or authorize the storage or warehousing of drugs with any person or at any location not licensed by the board.

(b) This section shall become operative January 1, 2006.

California Code, Business and Professions Code - BPC § 4160

(h) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161 .

California Code, Health and Safety Code - HSC § 111655

The licensing provisions of this chapter shall not apply to any of the following:

(a) Any pharmacy that maintains establishments in conformance with provisions of the Pharmacy Law, Chapter 9 (commencing with Section 4000) of Division 2 of the Business and Professions Code, regulating the practice of pharmacy, and that is regularly engaged in dispensing prescription drugs or devices, upon prescriptions of any person licensed to administer the drugs or devices to patients under the care of the person in the course of his or her professional practice, and that does not manufacture, prepare, propagate, compound, or process drugs or devices for sale other than in the regular course of his or her business of dispensing or selling drugs or devices at retail.

(b) Any pharmacy that solely engages in providing drugs or devices to a person licensed by law to administer the drug or device for his or her use in the course of his or her professional practice.

(c) Any pharmacy that solely provides drugs or devices to another pharmacy in order to meet a temporary inventory shortage.

(d) Any person who is licensed by law to prescribe or administer drugs or devices and who manufactures, prepares, propagates, compounds, or processes drugs or devices solely for use in the course of his or her professional practice.

(e) Any person who manufactures, prepares, propagates, compounds, or processes any drug or device solely for use in nonclinical research, teaching, or chemical analysis and not for sale.

(f) Any wholesaler, as defined in Section 4038 of the Business and Professions Code .

(g) Any such other class of persons as the department may by regulation exempt from the application of this article upon a finding that licensing by a class of persons in accordance with this article is not necessary for the protection of the public health.

(h) Any registered dispensing optician licensed pursuant to the provisions of Chapter 5.5 (commencing with Section 2550) of Division 2 of the Business and Professions Code, who is regularly engaged in dispensing or selling prescription lenses and frames, and not engaged in the manufacture, preparation, processing or assembling of lenses or frames for sale other than in the regular course of his or her business of dispensing or selling lenses or frames at retail.

California Code, Health and Safety Code - HSC § 111615

(a) Prior to issuing a license required by Section 111615 to any place of business where a drug or device is manufactured, the department shall receive from each place of business documentation that evidences ownership and any of the following:

(1) The place of business is operating pursuant to a valid biologics license issued by the United States Food and Drug Administration in compliance with Section 351 of the federal Public Health Service Act (42 U.S.C. Sec. 262).

(2) The place of business is operating with a valid establishment registration pursuant to Section 510 of the federal act (21 U.S.C. Sec. 360). This documentation shall include an attestation from an officer of the place of business that a federal inspection was completed within the two years prior to the date of the attestation.

(3) The place of business is operating in compliance with audits conducted pursuant to the International Standards Organization (ISO) 9000 series, ISO 13485:2003 quality management systems standards, ISO 15378:2006 quality management systems standards, pursuant to Parts 210 and 211 of Title 21 of the Code of Federal Regulations, or pursuant to Part 820 of Title 21 of the Code of Federal Regulations.

(4) The place of business is operating pursuant to an approved investigational new drug issued by the federal Food and Drug Administration pursuant to Section 312.20 of Title 21 of the Code of Federal Regulations or pursuant to an approved investigational device exemption issued by the federal Food and Drug Administration pursuant to Section 812.20 of Title 21 of the Code of Federal Regulations .

Raltegravir	16 (12)	11 (8)
Valaciclovir hydrochloride	12 (9)	16 (12)
Fosamprenavir	12 (9)	13 (9)
Zidovudine w/lamivudine	12 (9)	15 (11)
Lamivudine	7 (5)	6 (4)
Nevirapine	8 (6)	9 (7)
Atazanavir	5 (4)	2 (1)

The primary efficacy endpoint was the proportion of patients with a clinical response, defined as less than or equal to 2 watery bowel movements per week during at least 2 of the 4 weeks of the placebo-controlled phase. Patients who received concomitant anti-diarrheal medications or opiates were counted as clinical non-responders.

A significantly larger proportion of patients in the MYTESI 125 mg twice daily group experienced clinical response compared with patients in the placebo group (18% vs. 8%, 1–sided $p < 0.01$). In the randomized clinical study, examination of duration of diarrhea, baseline number of daily watery bowel movements, use of protease inhibitors, CD4 cell count and age subgroups did not identify differences in the consistency of the crofelemer treatment effect among these subgroups. There were too few female patients and patients with an HIV viral load > 400 copies/mL to adequately assess differences in effects in these populations. Among race subgroups, there were no differences in the consistency of the crofelemer treatment effect except for the subgroup of African-Americans; crofelemer was less effective in African-Americans than non-African-Americans.

Although the CD4 cell count and HIV viral load did not appear to change over the one month placebo-controlled period, the clinical significance of this finding is unknown because of the short duration of the placebo-controlled period.

Of the 24 clinical responders to MYTESI 125 mg twice daily, 22 entered the placebo-free period; 16 were responding at the end of month 3, and 14 were responding at the end of month 5.

16 HOW SUPPLIED/STORAGE AND HANDLING

MYTESI (crofelemer) 125 mg delayed-release tablets are white, oval tablets printed on one side with 125SLXP. They are available in the following package size:
Bottles of 60: NDC 70564-802-60
Store at 20°C-25°C (68°F-77°F); excursions permitted between 15°C-30°C (59°F-86°F). See USP Controlled Room Temperature.

17 PATIENT COUNSELING INFORMATION

- Instruct patients that MYTESI tablets may be taken with or without food.
- Instruct patients to swallow MYTESI tablets whole and not to crush or chew the tablets.

Manufactured by Patheon, Inc. for

napo pharmaceuticals

Napo Pharmaceuticals, Inc., San Francisco, CA 94105

Copyright © Napo Pharmaceuticals, Inc.

US Patent Nos. 7,341,744 and 7,323,195.

NP-367-1 03/2018

70033046

The botanical drug substance of MYTESI is extracted from *Croton lechleri* (the botanical raw material) that is harvested from the wild in South America.

ADDENDUM 5
NAPO PHARMACEUTICAL
FDA LABEL

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use FULYZAQ safely and effectively. See full prescribing information for FULYZAQ.

FULYZAQ™ (crofelemer) delayed-release tablets, for oral use
Initial U.S. Approval: 2012

----------INDICATIONS AND USAGE----------
FULYZAQ is an anti-diarrheal indicated for the symptomatic relief of non-infectious diarrhea in adult patients with HIV/AIDS on anti-retroviral therapy (1)

----------DOSAGE AND ADMINISTRATION----------
One 125 mg delayed-release tablet taken orally twice a day, with or without food (2)

----------DOSAGE FORMS AND STRENGTHS----------
Delayed-Release Tablets: 125 mg (3)

----------CONTRAINDICATIONS----------
None. (4)

----------WARNINGS AND PRECAUTIONS----------
Rule out infectious etiologies of diarrhea before starting crofelemer. If infectious etiologies are not considered, there is a risk that patients with infectious etiologies will not receive the appropriate therapy and their disease may worsen. (5.1)

----------ADVERSE REACTIONS----------
Most common adverse reactions (incidence ≥ 3%) are upper respiratory tract infection, bronchitis, cough, flatulence and increased bilirubin. (6)

To report SUSPECTED ADVERSE REACTIONS, contact Salix Pharmaceuticals at 1-866-669-7597 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch*

----------USE IN SPECIFIC POPULATIONS----------
- *Pregnancy:* Based on animal data, may cause fetal harm (8.1)
- *Pediatric Use*: Safety and effectiveness of FULYZAQ has not been established in patients less than 18 years of age (8.4)

See 17 for PATIENT COUNSELING INFORMATION

Revised: 12/2012

CONTENTS*

1 INDICATIONS AND USAGE
2 DOSAGE AND ADMINISTRATION
3 DOSAGE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
5 WARNINGS AND PRECAUTIONS
5.1 Risks of Treatment in Patients with Infectious Diarrhea
6 ADVERSE REACTIONS
6.1 Clinical Trials Experience
7 DRUG INTERACTIONS
7.1 Drug Interaction Potential
7.2 Nelfinavir, Zidovudine, and Lamivudine
8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
8.3 Nursing Mothers
8.4 Pediatric Use
8.5 Geriatric Use
8.6 Use in Patients with Low CD4 Counts and High HIV Viral Load
10 OVERDOSAGE
11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
12.2 Pharmacodynamics
12.3 Pharmacokinetics
13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
13.2 Animal Toxicology and/or Pharmacology
14 CLINICAL STUDIES
15 REFERENCES
16 HOW SUPPLIED/STORAGE AND HANDLING
17 PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the Full Prescribing Information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

FULYZAQ is indicated for symptomatic relief of non-infectious diarrhea in patients with HIV/AIDS on anti-retroviral therapy.

2 DOSAGE AND ADMINISTRATION

The recommended dose of FULYZAQ is one 125 mg delayed-release tablet taken orally two times a day, with or without food. FULYZAQ tablets should **not be crushed or chewed.** Tablets should be swallowed whole.

3 DOSAGE FORMS AND STRENGTHS

FULYZAQ is a white, oval, enteric-coated 125 mg delayed-release tablet printed on one side with 125SLXP.

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5. 1 Risks of Treatment in Patients with Infectious Diarrhea

If infectious etiologies are not considered, and FULYZAQ is initiated based on a presumptive diagnosis of non-infectious diarrhea, then there is a risk that patients with infectious etiologies will not receive the appropriate treatments, and their disease may worsen. Before starting FULYZAQ, rule out infectious etiologies of diarrhea. FULYZAQ is not indicated for the treatment of infectious diarrhea.

6 ADVERSE REACTIONS

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

A total of 696 HIV-positive patients in three placebo-controlled trials received FULYZAQ for a mean duration of 78 days. Of the total population across the three trials, 229 patients received a dose of 125 mg twice a day for a mean duration of 141 days, 69 patients received a dose of 250 mg twice a day for a mean duration of 139 days, 102 patients received a dose of 250 mg four times a day for a mean duration of 14 days, 54 patients received a dose of 500 mg twice a day for

a mean duration of 146 days, and 242 patients received a dose of 500 mg four times a day for a mean duration of 14 days.

Adverse reactions for FULYZAQ that occurred in at least 2% of patients and at a higher incidence than placebo are provided inTable 1.

Table 1: Adverse Reactions Occurring in at Least 2% of Patients in the 125 mg Twice Daily Group

Adverse Reaction	Crofelemer 125 mg BID* N = 229 n (%)	Placebo N = 274 n (%)
Upper respiratory tract infection	13 (5.7)	4 (1.5)
Bronchitis	9 (3.9)	0
Cough	8 (3.5)	3 (1.1)
Flatulence	7 (3.1)	3 (1.1)
Increased bilirubin	7 (3.1)	3 (1.1)
Nausea	6 (2.6)	4 (1.5)
Back pain	6 (2.6)	4 (1.5)
Arthralgia	6 (2.6)	0
Urinary tract infection	5 (2.2)	2 (0.7)
Nasopharyngitis	5 (2.2)	2 (0.7)
Musculoskeletal pain	5 (2.2)	1 (0.4)
Hemorrhoids	5 (2.2)	0
Giardiasis	5 (2.2)	0
Anxiety	5 (2.2)	1 (0.4)
Increased alanine aminotransferase	5 (2.2)	3 (1.1)
Abdominal distension	5 (2.2)	1 (0.4)

* Twice daily

Adverse reactions that occurred in between 1% and 2% of patients taking a 250 mg daily dose of FULYZAQ were abdominal pain, acne, increased aspartate aminotransferase, increased conjugated bilirubin, increased unconjugated blood bilirubin, constipation, depression, dermatitis, dizziness, dry mouth, dyspepsia, gastroenteritis, herpes zoster, nephrolithiasis, pain in extremity, pollakiuria, procedural pain, seasonal allergy, sinusitis and decreased white blood cell count.

Adverse reactions were similar in patients who received doses greater than 250 mg daily.

7 DRUG INTERACTIONS

7.1 Drug Interaction Potential

In vitro studies have shown that crofelemer has the potential to inhibit cytochrome P450 isoenzyme 3A and transporters MRP2 and OATP1A2 at concentrations expected in the gut. Due to the minimal absorption of crofelemer, it is unlikely to inhibit cytochrome P450 isoenzymes 1A2, 2A6, 2B6, 2C9, 2C19, 2D6, 2E1 and CYP3A4 systemically *[see Clinical Pharmacology (12.3)]*.

7.2 Nelfinavir, Zidovudine, and Lamivudine

FULYZAQ administration did not have a clinically relevant interaction with nelfinavir, zidovudine, or lamivudine in a drug-drug interaction trial.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Category C

Reproduction studies performed with crofelemer in rats at oral doses up to 177 times the recommended daily human dose of 4.2 mg/kg revealed no evidence of impaired fertility or harm to the fetus. In pregnant rabbits, crofelemer at an oral dose of about 96 times the recommended daily human dose of 4.2 mg/kg, caused abortions and resorptions of fetuses. However, it is not clear whether these effects are related to the maternal toxicity observed. A pre- and postnatal development study performed with crofelemer in rats at oral doses of up to 177 times the recommended daily human dose of 4.2 mg/kg revealed no evidence of adverse pre- and postnatal effects in offspring. There are, however, no adequate, well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

8.3 Nursing Mothers

It is not known whether crofelemer is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for adverse reactions in nursing infants from FULYZAQ, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

8.4 Pediatric Use

The safety and effectiveness of FULYZAQ have not been established in pediatric patients less than 18 years of age.

8.5 Geriatric Use

Clinical studies with crofelemer did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently than younger patients.

8.6 Use in Patients with Low CD4 Counts and High Viral Loads

No dose modifications are recommended with respect to CD4 cell count and HIV viral load, based on the findings in subgroups of patients defined by CD4 cell count and HIV viral load.

The safety profile of crofelemer was similar in patients with baseline CD4 cell count less than 404 cells/μL (lower limit of normal range) (N=388) and patients with baseline CD4 cell counts greater than or equal to 404 cells/μL (N=289).

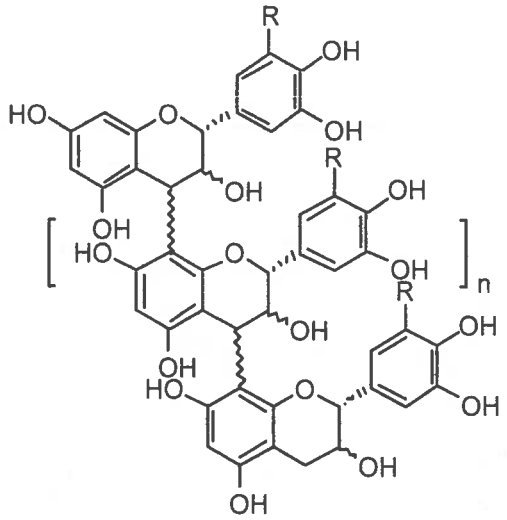
The safety profile of crofelemer was similar in patients with baseline HIV viral loads less than 400 copies/mL (N = 412) and patients with baseline HIV viral loads greater than or equal to 400 copies/mL (N = 278).

10 OVERDOSAGE

There has been no reported experience with overdosage of crofelemer.

11 DESCRIPTION

FULYZAQ (crofelemer) delayed-release tablets is an anti-diarrheal, enteric-coated drug product for oral administration. It contains 125 mg of crofelemer, a botanical drug substance that is derived from the red latex of *Croton lechleri* Müll. Arg. Crofelemer is an oligomeric proanthocyanidin mixture primarily composed of (+)-catechin, (-)-epicatechin, (+)-gallocatechin, and (-)-epigallocatechin monomer units linked in random sequence, as represented below. The average degree of polymerization for the oligomers ranges between 5 and 7.5, as determined by phloroglucinol degradation.



R = H or OH
range n = 3 to 5.5

Inactive ingredients: microcrystalline cellulose, croscarmellose sodium, colloidal silicon dioxide, and magnesium stearate.

Coating ingredients: ethylacrylate and methylacrylate copolymer dispersion, talc, triethyl citrate, and white dispersion which contains xanthan gum, titanium idoxide, propyl paraben, and methyl paraben.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Crofelemer is an inhibitor of both the cyclic adenosine monophosphate (cAMP)-stimulated cystic fibrosis transmembrane conductance regulator (CFTR) chloride ion (Cl^-) channel, and the calcium-activated Cl^- channels (CaCC) at the luminal membrane of enterocytes. The CFTR Cl^- channel and CaCC regulate Cl^- and fluid secretion by intestinal epithelial cells. Crofelemer acts by blocking Cl^- secretion and accompanying high volume water loss in diarrhea, normalizing the flow of Cl^- and water in the GI tract.

12.2 Pharmacodynamics

Consistent with the mechanism of action of crofelemer (i.e., inhibition of CFTR and CaCC in the GI lumen), data suggest stool chloride concentrations decreased in patients treated with FULYZAQ (500 mg four times daily) (n=25) for four days relative to placebo (n=24); stool chloride concentrations decreased in both African American patients treated with FULYZAQ (n=3) relative to placebo (n=5) and non-African American patients treated with FULYZAQ (n=22) relative to placebo (n=19).

At a dose 10 times the maximum recommended dose, crofelemer does not prolong the QTc interval to any clinically relevant extent.

12.3 Pharmacokinetics

Absorption

The absorption of crofelemer is minimal following oral dosing in healthy adults and HIV-positive patients and concentrations of crofelemer in plasma are below the level of quantitation (50 ng/mL). Therefore, standard pharmacokinetic parameters such as area under the curve, maximum concentration, and half-life cannot be estimated.

Distribution

The distribution of crofelemer has not been determined.

Metabolism

No metabolites of crofelemer have been identified in healthy subjects or patients in clinical trials.

134 *Elimination*

135 The elimination route has not been identified in humans.

136 *Food Effect*

137 Administration of crofelemer with a high-fat meal was not associated with an increase in
138 systemic exposure of crofelemer in healthy volunteers. In the clinical trial, a single 500 mg dose
139 of crofelemer was administered one-half hour before the morning and evening meals. Therefore,
140 crofelemer may be administered with or without a meal.

141 *Drug-Drug Interactions*

142 Results of a crossover study in healthy volunteers showed crofelemer 500 mg administered four
143 times daily for five days had no effect on the exposure of zidovudine and nelfinavir when
144 administered as a single dose. A 20% decrease in lamivudine exposure was also observed in the
145 same study but was not considered to be clinically important.

146 **13 NONCLINICAL TOXICOLOGY**

147 **13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

148 *Carcinogenesis*

149 Long-term studies in animals have not been performed to evaluate the carcinogenic potential of
150 crofelemer.

151 *Mutagenesis*

152 Crofelemer was negative in the bacterial reverse mutation assay, chromosomal aberration assay,
153 and rat bone marrow micronucleus assay.

154 *Impairment of Fertility*

155 Crofelemer, at oral doses of up to 738 mg/kg/day (177 times the recommended human daily dose
156 of 4.2 mg/kg), had no effects on fertility or reproductive performance of male and female rats.

157 **14 CLINICAL STUDIES**

158 The efficacy of FULYZAQ 125 mg delayed-release tablets twice daily was evaluated in a
159 randomized, double-blind, placebo-controlled (one month) and placebo-free (five month), multi-
160 center study. The study enrolled 374 HIV-positive patients on stable anti-retroviral therapy
161 (ART) with a history of diarrhea for one month or more. Diarrhea was defined as either
162 persistently loose stools despite regular use of anti-diarrheal medication (ADM) (e.g.,
163 loperamide, diphenoxylate, and bismuth subsalicylate) or one or more watery bowel movements
164 per day without regular ADM use.

Patients were excluded if they had a positive gastrointestinal (GI) biopsy, GI culture, or stool test for multiple bacteria (*Salmonella*, *Shigella*, *Campylobacter*, *Yersinia*, *Mycobacterium*), bacterial toxin (*Clostridium difficile*), ova and parasites (*Giardia*, *Entamoeba*, *Isospora*, *Cyclospora*, *Cryptosporidium*, *Microsporidium*), or viruses (*Cytomegalovirus*). Patients were also excluded if they had a history of ulcerative colitis, Crohn's disease, celiac sprue (gluten-enteropathy), chronic pancreatitis, malabsorption, or any other GI disease associated with diarrhea.

The study had a two-stage adaptive design. In both stages, patients received placebo for 10 days (screening period) followed by randomization to crofelemer or placebo for 31 days of treatment (double-blind period). Only patients with 1 or more watery bowel movements per day on at least 5 of the last 7 days in the screening period were randomized to the double-blind period. Each stage enrolled patients separately; the dose for the second stage was selected based on an interim analysis of data from the first stage. In the first stage, patients were randomized 1:1:1:1 to one of three crofelemer dose regimens (125, 250, or 500 mg twice daily) or placebo. In the second stage, patients were randomized 1:1 to crofelemer 125 mg twice daily or placebo. The efficacy analysis was based on results from the double-blind portion of both stages.

Each study stage also had a five month period (placebo-free period) that followed the double-blind period. Patients treated with crofelemer continued the same dose in the placebo-free period. In the first stage, patients that received placebo were re-randomized 1:1:1 to one of the three crofelemer dose regimens (125, 250, or 500 mg twice daily) in the placebo-free period. In the second stage, patients that received placebo were treated with crofelemer 125 mg twice daily in the placebo-free period.

The median time since diagnosis of HIV was 12 years. The percentage of patients with a CD4 cell count of less than 404 was 39%. The percentage of patients with a HIV viral load greater than or equal to 1000, 400 to 999, and less than 400 HIV copies/mL was 7%, 3%, and 9%, respectively; the remainder had a viral load that was not detectable. The median time since diarrhea started was 4 years. The median number of daily watery bowel movements was 2.5 per day.

Most patients were male (85%). The percentage of patients that were Caucasian was 46%; the percentage of patients that were African-American was 32%. The median age was 45 years with a range of 21 to 68 years.

In the double-blind period of the study, 136 patients received crofelemer 125 mg twice daily, 54 patients received 250 mg twice daily, 47 patients received 500 mg twice daily, and 138 patients received placebo. The percentages of patients that completed the double-blind period were 92%, 100%, 85%, and 94% in the 125 mg, 250 mg, 500 mg, and placebo arms, respectively.

Most patients received concomitant protease inhibitors (PI) during the double-blind period (Table 2). The most frequently used ARTs in each group were tenofovir/emtricitabine, ritonavir, and lopinavir/ritonavir.

202 **Table 2: Concomitant ART Use in the Double-Blind Period**

	125 mg BID (N = 136) n (%)	250 mg BID (N = 54) n (%)	500 mg BID (N = 46) n (%)	Placebo BID (N = 138) n (%)
Any ART	135 (99)	53 (98)	45 (98)	134 (97)
Any PI	87 (64)	41 (76)	33 (72)	97 (70)
Tenofovir/Emtricitabine	45 (33)	22 (41)	16 (35)	52 (38)
Ritonavir	46 (34)	18 (33)	15 (33)	49 (36)
Lopinavir/Ritonavir	30 (22)	21 (39)	15 (33)	40 (29)
Efavirenz/Tenofovir/ Emtricitabine	30 (22)	7 (13)	7 (15)	21 (15)
Tenofovir disoproxil fumarate	18 (13)	8 (15)	5 (11)	14 (10)
Antazanavir sulfate	19 (14)	3 (6)	6 (13)	22 (16)
Abacavir w/ lamivudine	17 (13)	5 (9)	5 (11)	18 (13)
Darunavir	19 (14)	4 (7)	4 (9)	14 (10)
Raltegravir	16 (12)	4 (7)	5 (11)	11 (8)
Valaciclovir hydrochloride	12 (9)	8 (15)	5 (11)	16 (12)
Fosamprenavir	12 (9)	6 (11)	4 (9)	13 (9)
Zidovudine w/ lamivudine	12 (9)	3 (6)	3 (7)	15 (11)
Lamivudine	7 (5)	6 (11)	4 (9)	6 (4)
Nevirapine	8 (6)	6 (11)	3 (7)	9 (7)
Atazanavir	5 (4)	6 (11)	2 (4)	2 (1)

203 Abbreviations: ART = antiretroviral therapy; PI = Protease Inhibitor; BID = twice daily.
204 * greater than 10% of Any Treatment Group

205 The primary efficacy endpoint was the proportion of patients with a clinical response, defined as
206 less than or equal to 2 watery bowel movements per week during at least 2 of the 4 weeks of the
207 placebo-controlled phase. Patients who received concomitant ADMs or opiates were counted as
208 clinical non-responders.

209 A significantly larger proportion of patients in the crofelemer 125 mg twice daily group
210 experienced clinical response compared with patients in the placebo group (17.6% vs. 8.0%,
211 1-sided $p < 0.01$).

212 In the randomized clinical study, examination of duration of diarrhea, baseline number of daily
213 watery bowel movements, use of protease inhibitors, CD4 cell count and age subgroups did not
214 identify differences in the consistency of the crofelemer treatment effect among these subgroups.
215 There were too few female subjects and subjects with an HIV viral load > 400 copies/mL to
216 adequately assess differences in effects in these populations. Among race subgroups, there were
217 no differences in the consistency of the crofelemer treatment effect except for the subgroup of
218 African-Americans; crofelemer was less effective in African-Americans than non-African-
219 Americans.

220 Although the CD4 cell count and HIV viral load did not appear to change over the one month
221 placebo-controlled period, the clinical significance of this finding is unknown because of the
222 short duration of the placebo-controlled period.

223 Of the 24 clinical responders to crofelemer (125 mg twice daily), 22 entered the placebo-free
224 period; 16 were responding at the end of month 3, and 14 were responding at the end of month 5.

15 REFERENCES

16 HOW SUPPLIED/STORAGE AND HANDLING

Crofelemer delayed-release tablets, 125 mg, are white, oval enteric-coated tablets printed on one side with 125SLXP. They are available in the following package size:

Bottles of 60: NDC 65649-802-02

Store at 20°C-25°C (68°F-77°F); excursions permitted between 15°C-30°C (59°F-86°F). See USP Controlled Room Temperature.

17 PATIENT COUNSELING INFORMATION

- Instruct patients that FULYZAQ tablets may be taken with or without food.
- Instruct patients that FULYZAQ tablets should not be crushed or chewed. Tablets should be swallowed whole.

Manufactured for Salix Pharmaceuticals, Inc., Raleigh, NC 27615 by Patheon, Inc. FULYZAQ is distributed by Salix Pharmaceuticals, Inc. under license from Napo Pharmaceuticals, Inc.

The botanical drug substance of FULYZAQ is extracted from *Croton lechleri* (the botanical raw material) that is harvested from the wild in South America.

Copyright © Salix Pharmaceuticals, Inc.

US Patent Nos. 7,341,744 and 7,323,195.

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

JULIE G BEITZ
12/31/2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 202292/S-006

SUPPLEMENT APPROVAL

Napo Pharmaceuticals, Inc.
c/o Advyzom, LLC
Attention: Lisa Maffei Luther
Regulatory Strategy Consultant, Advyzom
335 Snyder Avenue
Berkeley Heights, NJ 07922

Dear Ms. Luther:

Please refer to your Supplemental New Drug Application (sNDA) dated and received November 3, 2017, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Mytesi (crofelemer) delayed-release tablets.

This Prior Approval supplemental new drug application provides for updated labeling to reflect the proposed proprietary name Mytesi. Labeling was also updated to reflect current labeling regulations (21 CFR 201.57) and PLR labeling guidances.

APPROVAL & LABELING

We have completed our review of this supplemental application. It is approved, effective on the date of this letter, for use as recommended in the enclosed, agreed-upon labeling text.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. Content of labeling must be identical to the enclosed labeling with the addition of any labeling changes in pending "Changes Being Effected" (CBE) supplements, as well as annual reportable changes not included in the enclosed labeling.

Information on submitting SPL files using eList may be found in the guidance for industry titled "SPL Standard for Content of Labeling Technical Qs and As" at http://www.fda.gov/downloads/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

The SPL will be accessible from publicly available labeling repositories.
Also within 14 days, amend all pending supplemental applications that include labeling changes for this NDA, including CBE supplements for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in MS Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes and annotate each change. To facilitate review of your submission, provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

CARTON AND IMMEDIATE CONTAINER LABELS

We acknowledge your February 23, 2018, submission containing final printed carton and container labels.

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Heather Buck, Regulatory Project Manager, at (301) 796-1413.

Sincerely,

{See appended electronic signature page}

Joyce Korvick, M.D., M.P.H.
Deputy Director for Safety
Division of Gastroenterology and Inborn Errors Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

ENCLOSURES:
Content of Labeling
Carton and Container Labeling

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

JOYCE A KORVICK
03/06/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 202292/S-006

SUPPLEMENT APPROVAL

Napo Pharmaceuticals, Inc.
c/o Advyzom, LLC
Attention: Lisa Maffei Luther
Regulatory Strategy Consultant, Advyzom
335 Snyder Avenue
Berkeley Heights, NJ 07922

Dear Ms. Luther:

Please refer to your Supplemental New Drug Application (sNDA) dated and received November 3, 2017, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Mytesi (crofelemer) delayed-release tablets.

This Prior Approval supplemental new drug application provides for updated labeling to reflect the proposed proprietary name Mytesi. Labeling was also updated to reflect current labeling regulations (21 CFR 201.57) and PLR labeling guidances.

APPROVAL & LABELING

We have completed our review of this supplemental application. It is approved, effective on the date of this letter, for use as recommended in the enclosed, agreed-upon labeling text.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. Content of labeling must be identical to the enclosed labeling with the addition of any labeling changes in pending "Changes Being Effected" (CBE) supplements, as well as annual reportable changes not included in the enclosed labeling.

Information on submitting SPL files using eList may be found in the guidance for industry titled "SPL Standard for Content of Labeling Technical Qs and As" at http://www.fda.gov/downloads/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

The SPL will be accessible from publicly available labeling repositories.
Also within 14 days, amend all pending supplemental applications that include labeling changes for this NDA, including CBE supplements for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in MS Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes and annotate each change. To facilitate review of your submission, provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

CARTON AND IMMEDIATE CONTAINER LABELS

We acknowledge your February 23, 2018, submission containing final printed carton and container labels.

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Heather Buck, Regulatory Project Manager, at (301) 796-1413.

Sincerely,

{See appended electronic signature page}

Joyce Korvick, M.D., M.P.H.
Deputy Director for Safety
Division of Gastroenterology and Inborn Errors Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

ENCLOSURES:
Content of Labeling
Carton and Container Labeling

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

JOYCE A KORVICK
03/06/2018

Addendum 7 - 3PL home state license

25672

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005372
EXPIRATION DATE: 12/31/2020

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

PHARMACY BOARD
THIRD PARTY LOGISTICS
CARDINAL HEALTH 105 INC DBA

COMMISSIONER OF HEALTH

CYNTHIA RHODES
CARDINAL HEALTH 105 INC DBA
SPECIALTY PHARMACEUTICAL SERVICES 7000
CARDINAL PLACE QRA-FACILITY LI
DUBLIN OH 43017

State of Tennessee
Department of Health

25672

TENNESSEE BOARD OF PHARMACY
THIRD PARTY LOGISTICS
CARDINAL HEALTH 105 INC DBA
SPECIALTY PHARMACEUTICAL SERVICES
501 MASON ROAD SUITE 200
LA VERGNE TN 37086

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

ID NUMBER: 0000005372
EXPIRATION DATE: 12/31/2020

Diona E. Layden
INTERIM DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

DCF171

Addendum 8 - 3PL VAWD certification

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®

Accreditation

to

Cardinal Health 105, Inc

dba Specialty Pharmaceutical Services

located at

501 Mason Rd, Ste 200, LaVergne, TN 37086

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

February 18, 2019 - February 17, 2022

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

ADDENDUM 9
NAPO PHARMACEUTICALS
3PL AGREEMENT

Cardinal Health
Developing Suppliers Program
Distribution Services Agreement

This Developing Suppliers Program Distribution Services Agreement ("Agreement") is effective as of December 1, 2018 (the "Effective Date") by and between Napo Pharmaceuticals, Inc., a Delaware corporation with its principal place of business located at 201 Mission Street, Suite 2375, San Francisco, California 94105 ("Customer"), and Cardinal Health (as hereinafter defined), with offices at 7000 Cardinal Place, Dublin, Ohio 43017 ("Service Provider").

PRELIMINARY STATEMENTS

A. Customer is an Authorized Manufacturer (as hereinafter defined).

B. Customer and Service Provider are parties to an arrangement pursuant to which Customer sells to Service Provider and Service Provider purchases from Customer Products (as hereinafter defined).

C. Customer and Service Provider desire to assure adequate availability of supply and inventory management of Products.

D. Service Provider provides services, including logistics and inventory management services, administrative services, and financial services to Authorized Manufacturers.

E. Customer wishes to purchase such services from Service Provider.

The parties, intending to be legally bound, agree as follows.

ARTICLE 1
Definitions

1.1. **"Affiliate"** means any entity directly or indirectly controlling, controlled by, or under common control with Service Provider or Customer, as the case may be.

1.2. **"Authorized Manufacturer"** means a person or entity that (a) is authorized to engage in the manufacture, preparation, propagation, compounding, or processing of a drug or drugs, as reflected in a registration with the United States Food and Drug Administration ("FDA"), or (b) submits listing information directly to the FDA and has been assigned a Labeler Code.

1.3. **"Brokerage"** means certain Product volume designated by Service Provider for distribution to certain of its Purchasers who are retail chain pharmacy customers for self-distribution by such Purchasers from their warehousing facilities to their retail outlets.

1.4. **"Cardinal Health"** means the following affiliated operating companies: Cardinal Health 3, LLC; Cardinal Health 104 LP; Cardinal Health 107, LLC; Cardinal Health 108, LLC; Cardinal Health 110, LLC; Cardinal Health 112, LLC; Cardinal Health P.R. 120, Inc.; The Harvard Drug Group, L.L.C.; and any other subsidiary of Cardinal Health, Inc., an Ohio corporation ("Cardinal Health Parent"), as may be designated from time to time by Cardinal Health Parent.

the form, nature and extent of the press release or public announcement prior to issuance. Without limiting the generality of the foregoing and notwithstanding anything to the contrary, Customer will provide Service Provider's General Counsel, with a written copy of any such press release or other public announcement no less than 72 hours prior to the intended issuance such release or announcement.

* * * * *

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the day first above written.

Customer

By: _____
Name: KAREN S. WRIGHT
Title: CFO
Phone: 415-503-7463

EDI Contact Person:
Name: _____
E-mail: _____
Phone: _____

Cardinal Health

By: _____
Name: Jeffrey A. Cel
Title: Director, Strategic Sourcing
Phone: 614-757-3674

EDI Contact Person:
E-Mail: GMB-DUB-VendorEdi@cardinalhealth.com
Phone: 614.757.5334

Addendum 10 CMO establishment registration

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)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **patheon**

CSVExcel

Filter: ohio

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address
Patheon Pharmaceuticals Inc.	1510437	005286822	ANALYSIS; LABEL; MANUFACTURE; PACK;	2110 E Galbraith Rd., Cincinnati, Ohio (OH) 45237, United States (USA)

Showing 1 to 1 of 1 entries (filtered from 21 total entries)

Previous1Next

Data Current through: Wednesday, Apr 1, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

ADDENDUM 11
NAPO PHARMACEUTICALS
CMO AGREEMENT

March 4, 2016

Via Federal Express and E-Mail

Patheon Pharmaceuticals Inc.
2110 East Galbraith Road
Cincinnati, OH 45237-1625
Email address: Frank.McCune@patheon.com

Attn: Director of Legal Services

Re: Master Manufacturing Services Agreement, dated May 21, 2013 (the "Agreement"), by and between Salix Pharmaceuticals, Inc. ("Salix") and Patheon Pharmaceuticals Inc. ("Patheon")

Dear Sir or Madam:

Salix and Napo Pharmaceuticals, Inc. ("Napo") plan to enter into a Settlement, Termination, Asset Transfer and Transition Agreement, pursuant to which Salix will transfer certain assets related to Fulyzaq® to Napo (the "Asset Transfer"). The Asset Transfer is expected to sign and close shortly.

By this letter and in accordance with Section 13.6(b) of the Agreement, Salix is providing notice of its assignment of the Crofelemer Product Agreement dated May 21, 2013 between Salix and Patheon (the "Product Agreement") and the Agreement, solely as it relates to the Product Agreement, to Napo, effective as of the closing of the Asset Transfer.

By this letter and in accordance with Section 13.6(b) of the Agreement, Napo hereby agrees with Patheon to be bound by the terms of this the Product Agreement and the Agreement, solely as it relates to the Product Agreement. As the assignee of the Product Agreement, and the Agreement, solely as it relates to the Product Agreement, Napo will be responsible for the performance of the future obligations of Salix under the Product Agreement and the Agreement, solely as it relates to the Product Agreement. Otherwise, the rights and obligations of the parties under the Agreement and the Product Agreement will not change by reason of the assignment and the Agreement and the Product Agreement will remain in full force and effect.

If you have any questions relating to the foregoing matters, please contact Andrew Davis, Senior Vice President Corporate Development, by telephone at (908) 927-1895.

Sincerely,

SALIX PHARMACEUTICALS, INC.

REVIEWED EMS LEGAL

By: _____
Name: Ari Kellen
Title: Executive Vice President

NAPO PHARMACEUTICALS, INC.

By: _____
Name:
Title:

If you have any questions relating to the foregoing matters, please contact Andrew Davis, Senior Vice President Corporate Development, by telephone at (908) 927-1895.

Sincerely,

SALIX PHARMACEUTICALS, INC.

By: _____
Name: Ari Kellen
Title: Executive Vice President

NAPO PHARMACEUTICALS, INC.

By: _____
Name: Lisa Conte
Title: Chief Executive Officer

Patheon hereby acknowledges the assignment set forth above, pursuant to the terms and conditions herein indicated.

PATHEON PHARMACEUTICALS INC.

By: _____
Name:
Title:

5III

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: WHD2282
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: Amazon.com Services LLC

Physical Address: 715 Airtech Parkway

City: Plainfield State: IN Zip Code: 46168

Telephone Number: 317-837-9232 Fax Number: 317-837-9322

Toll Free Number: N/A

E-mail: healthcare-licensing@amazon.com Website: www.amazon.com

Facility Manager: Lane Harlan Mason

Professional qualifications and experience of facility manager: Mr. Mason has over 15 years of experience in the distribution industry, and ensuring both good manufacturing and distribution practices.

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:

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: 3M Health Care
Address: 3M Corporate Headquarters, 3M Center, St. Paul, MN 55144

Name: Medline Industries
Address: Corporate Headquarters, One Medline Place, Mundelein, IL 60060

Name: Performance Health
Address: 9305 Gerwig Lane, Columbia, MD 21045

Name: Everready
Address: 10101 Foster Ave., Brooklyn, NY 11236

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: WH02282

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 Deal, President

Print Name of Authorized Person

01/07/2020

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: Amazon.com Sales, Inc. - Sole Member

Mailing Address: P.O. Box 80068

City: Seattle State: WA Zip: 98108

Telephone: 206-435-1940 Fax: _____

Contact Person: Andrew Block

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

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.

Nevada - Amazon.com Services LLC - Additional Information

Officer -

Michael Deal, President

Home State License not required

From: Covington, Darren
To: Strait, Ashley L.
Subject: RE: Wholesale Distribution of Prescription Devices [QBLLP-ACTIVE.FID39511858]
Date: Tuesday, November 13, 2018 6:05:32 AM

That is correct, so long as the devices contain no legend drugs and are only shipped wholesale.

Darren

From: Group 04
Sent: Thursday, November 08, 2018 10:07 AM
To: Covington, Darren <DCovington@pla.IN.gov>
Subject: FW: Wholesale Distribution of Prescription Devices [QBLLP-ACTIVE.FID39511858]

From: Strait, Ashley L. [mailto:Ashley.Strait@quarles.com]
Sent: Wednesday, November 07, 2018 10:38 PM
To: mshannon@pla.IN.gov
Cc: Group 04 <pla4@pla.IN.gov>
Subject: Wholesale Distribution of Prescription Devices [QBLLP-ACTIVE.FID39511858]

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Hello,

I have a quick question that I am hoping you can confirm. It is my understanding that this Board does not regulate the wholesale distribution of prescription devices. Can you please confirm this is still correct?

Thank you in advance!

Ashley

Ashley Strait / Attorney
Ashley.Strait@quarles.com / LinkedIn [linkedin.com] BIO vCard
Quarles & Brady LLP
Renaissance One, Two North Central Avenue / Phoenix, AZ 85004-2391
Office 602-229-5209 / quarles.com
Fax 602-420-5175
Assistant Cindy Ferchaud 602-229-5612

CONFIDENTIALITY NOTICE: This electronic mail transmission and any attachments are confidential and may be privileged. They should be read or retained only by the intended recipient. If you have received this transmission in error, please notify the sender immediately and delete the transmission from your system.

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, **AMAZON.COM SERVICES 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 02/03/2020, 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 02/05/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200205561079
You may verify this certificate online at http://www.nvsos.gov

CHANGE RIDER

To be attached to and form a part of Bond No. 023035047

in the amount of $100,000.00 issued by Liberty Mutual Insurance Company

on behalf of Amazon.com Services, LLC

in favor of Nevada State Board of Pharmacy

It is understood and agreed that the bond described above is hereby modified so as to

Include Principal's physical address:

715 Airtech Parkway
Plainfield, IN 46188

It is further expressly understood and agreed that the aggregate liability of the Liberty Mutual Insurance Company under said bond to the obligee herein mentioned shall not exceed the amount stated above.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, agreements, conditions or limitations of the above-mentioned bond, other than as above stated.

Signed, sealed and dated this 1st day of April, 2020.

Liberty Mutual Insurance Company

BY: Heidi Bockus
Heidi Bockus Attorney-in-Fact

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201331

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Heidi Bockus all of the city of Seattle, state of Washington each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS — THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE — WEST AMERICAN INSURANCE COMPANY INCORPORATED 1991 INDIANA

By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

TERESA PASTELLA COMMONWEALTH OF PENNSYLVANIA NOTARY PUBLIC

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 1st day of April, 2020.

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS — THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE — WEST AMERICAN INSURANCE COMPANY INCORPORATED 1991 INDIANA

By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

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. 023035047

Application/License No. _____

Amazon.com.indc LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
P.O. Box 80301, Seattle, WA 98108, as
Address of Applicant/Principal
PRINCIPAL, and Liberty Mutual Insurance Company, a
Surety Company
corporation organized under the laws of the state of Massachusetts
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1001 Fourth Avenue, Suite 1300, Seattle, WA 98104 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 October 24, 2016.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 24th day of October, 2016.

APPLICANT/PRINCIPAL:
Amazon.com.indc LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY:
Liberty Mutual Insurance Company

Surety Company's Representative

Heidi Bockus, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada ~~Resident Agent~~ Nonresident License #503307

SURETY RIDER

To be attached to and form a part of

Bond No. 023035047

dated effective October 24, 2016
(MONTH-DAY-YEAR)

executed by Amazon.com.indc LLC, as Principal,
(PRINCIPAL)

and by Liberty Mutual Insurance Company, as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Principal name to:

Amazon.com Services, LLC

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective January 1, 2020
(MONTH-DAY-YEAR)

Signed and Sealed January 31, 2020
(MONTH-DAY-YEAR)

Amazon.com Services, LLC
(PRINCIPAL)

By: _____
(PRINCIPAL) Michael Dell President

Liberty Mutual Insurance Company
(SURETY)

By: _____
Krista M. Lee, Attorney-in-Fact

S-0443/GEEF 10/99

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201331

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Krista M. Lee all of the city of Seattle, state of Washington each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS — THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE — WEST AMERICAN INSURANCE COMPANY INCORPORATED 1991 INDIANA

By: David M. Carey

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

TERESA PASTELLA COMMONWEALTH OF PENNSYLVANIA NOTARY PUBLIC

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2020.

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS — THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE — WEST AMERICAN INSURANCE COMPANY INCORPORATED 1991 INDIANA

By: Renee C. Llewellyn

Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

Mark I. Sedar List of Employees

From: Dooley, Sarah <dooleysd@amazon.com>
Sent: Tuesday, February 25, 2020 12:36 PM
To: Mark I. Sedar
Subject: RE: Nevada Out-of-State Wholesaler Application - Amazon.com Services, LLC

Hi Mark,
To clarify, the individuals listed below are not handling drugs or combination products. We are applying for the distribution of devices only and will not be distributing any drugs.
Thank you and please let me know if you have any further questions!

Sarah

From: Dooley, Sarah
Sent: Tuesday, February 25, 2020 12:03 PM
To: 'msedar@pharmacy.nv.gov' <msedar@pharmacy.nv.gov>
Subject: RE: Nevada Out-of-State Wholesaler Application - Amazon.com Services, LLC

Dear Mark,
Thank you for reviewing our application and for following-up with us. Please find Mr. Mason's resume attached. The employees who handle drugs on a daily bases are:

- Autume Byrd
- Keri Bear
- Josephine Lowry
- Cheryle Hall

Is submitting this list via email what you need? Or do you need us to provide this list in a PDF document? Please let me know what you would prefer.

With very kind regards,

amazon.com

Sarah Dooley
Healthcare Program Manager
P.O. Box 80068, Seattle, WA 98108
dooleysd@amazon.com

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Tuesday, February 25, 2020 9:43 AM
To: healthcare-licensing@amazon.com
Subject: Nevada Out-of-State Wholesaler Application - Amazon.com Services, LLC

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Amazon.com Services, LLC. The application is incomplete due to the following missing items.

- List of Employees who handle drugs on a daily basis.
- Resume for Lane Mason

All items must be received in order 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.

Lane Harlan Mason

Leader directing sortation, supply chain, operations, logistics, transportation, restructuring, and M&A integration-with a reputation for navigating positive change management that drives customer value, revenue, and net income growth with extensive experience in healthcare distribution.

Healthcare experience -
Laboratory product distribution – lot and date control, expiration date management
Vaccine distribution – including flu, import and FDA clearance, lead cold chain initiatives for parcel and private fleet delivery at PSS and McKesson
Rx distribution and compliance – VAWD - licensing, DSCSA - pedigree compliance, GEDSA – component compatibility, UDI – device coding, counterfeit detection
M and A – business development, ROI analysis, due diligence, integration – Rx and med surg
Home health, senior care product distribution – discreet packaging, product bundling
Optimization – lead initiative to transform network from sixty two to twenty six distribution points to reduce cost while improving customer experience, launched two near port redistribution centers to leverage global supply chain
Network – developed many relationships over the years with manufacturers, industry associations, and distributors that can be leveraged to support Amazon's healthcare strategy

Employment –

Amazon.com Senior Program Manager, Healthcare Restricted Products Indianapolis, Indiana – July 2019 to Present. Amazon.com 715 Airtech Parkway, Plainfield, Indiana 46168 (765) 414-0249

Designated onsite compliance manager, supporting the Amazon Professional Healthcare (PHC). Influences behavior and inspires commitment on the part of all personnel in complying with Amazon quality standards and maintaining a compliant operation for the fulfillment of restricted healthcare products in accordance with the PHC quality system. This includes implementing and training associates on all applicable elements of the PHC quality system, investigating and reporting non-conformities using the PHC corrective and preventative action (CAPA) process, and leading site audit activities.

Maintains accurate daily, weekly and monthly metrics to report to onsite management teams and corporate based reporting systems. Supports management's efforts to ensure compliance with all corporate compliance program expectations and applicable federal and state law. Conducts risk assessments related to existing processes and new product assortment. Recommends appropriate risk mitigation measures to corporate compliance, including process change and training considerations.

Amazon.com Operations Manager JAX5 Sortation Center Jacksonville, Florida - June 2017 to July 2019

Responsible for budgetary, people development, and operations objectives for a Sortation Center. Manage and lead a team of Area Managers, coach and mentor the team to ensure performance objectives are met, and build positive employee relations and leadership bench strength within the Sortation Center.
Responsible for the overall safety, quality, performance and customer experience of either Inbound or

Outbound operations. Participate in the full staffing lifecycle, including interviewing, hiring, performance management, promotions and terminations.

Safety - Champion for JAX5 2019. Created and executed A3 with specific action items to improve safety culture and performance on key metrics. Result 35% reduction in injuries 2019 vs. 2018.
Day 1 Launch of JAX5 Sortation Center - created plan for launch, onboarding of new hires, training of new hires, launch project plan and execution.
Productivity - JAX5 has consistently exceeded TPH productivity metric. Result performing at >100% of TPH Benchmark Q2 2019.
Customer Obsession/ Peak and Prime Week – Owner of 2018 Peak and 2019 Prime Week Playbooks, planning, and execution for JAX5. Results - WSSW for 2018 Peak was 98.7% compared to 98.0% for the Southeast Region. Missed stacking scans had an expected DPMO of 6500 and JAX5 was green every week during Peak with an average DPMO of 5,092. JAX5 never rolled volume during Peak, keeping Customer delivery commitments. Also, I made twelve Smile deliveries on Christmas Eve in my personal vehicle.
Associate engagement – Engage with and recognize our associates on the floor daily. Results – JAX5 Connection scores average > 4.0 with associates, >4.5 with direct reports.
Hire and Develop The Best - Developing AM's new to Amazon for career path growth - bi-weekly one on one meetings with specific project goals and key metric accountability. Results - Two direct report AM's promoted from L4 to L5.
Invent and Simplify - Lead project and coordinated with JAX5 Managers and Engineer to consolidate AMZL pallet locations to two lanes. Initial trend since change indicates improvement in overall scan rate from 143 to 155.

ACO Med Supply - Vice President-Operations July 2016 to June 2017. 6510 Northpark Blvd, Charlotte, NC 28216 (704) 921-0116

Managed the recordkeeping, storage, and shipment for all drugs and medical devices. Facilitated executive team refresh of Mission, Vision, Purpose, Goal and Value Statements • Developed sourcing strategies to rationalize SKU's, leverage GPO's, created scorecards with supplier specific KPI's, and negotiate agreements to improve cost competitiveness and gross margin • Strengthening operations team including rapid talent improvements in Project Management, Customer Service, Purchasing, and Warehouse leadership • Improved IT capabilities – ERP assessment, B2B and B2C upgrades, analyze ROI for warehouse management system and EDI, analyze and update network infrastructure • Developed pay for performance compensation plan to align employees to business results and profitability • Designed Sales Rep commission program to align compensation with revenue growth goals • Leading customer focused process improvement initiatives – department specific KPI's, SOP development, Lean, 6S, sustainability, visual standards, safety, and compliance • Driving business development by leveraging industry network to add Sales Reps and M&A opportunities, initial contact, due diligence, valuation assessment, continued contact and follow up • Leading cultural transformation to fully commit employees at all levels to company values, Lean, and customer focus by leading workshops and integrating into compensation, expectations, and employee review process

McKesson Medical Surgical - Vice President of Shared Operations May 2014-June 2016, 9954 Mayland Drive, Richmond, VA 23233 (855) 571-2100

Managed recordkeeping, storage, and shipment for drugs and medical devices. Orchestrate the strategy, vision, and leadership of an innovative distribution model that strengthens operational capabilities and drives ROI and profit improvement in core growth segments. • Spearheaded a $1-billion M&A integration of lab business; managed a multi-year investment project and roadmap of scalable enterprise solutions, network optimization, and cutting-edge processes and systems. • Drove a 60% DPMO (defect) reduction for lab business, significantly improving customer-impacting programs, processes, and bottom-line performance via Lean Six Sigma methodologies. • Strategically analyzed risks, benefits, and opportunities associated with retiring the non-strategic business unit biomedical repair; oversaw divesting of division to streamline operating model. • Governed RFI/ RFP operational responses to corporate accounts, representing the company's interest in securing supply chain relationships during discovery sessions with C-suite decision makers. • Operated as the senior leadership link between Operations and IT for system development and enhancements, guiding the roll out of lot tracking, dated product profiles, RF quality controls, and productivity improvements. • Reinforced the company's compliance framework and emergency preparedness via operational execution of VAWD, DSCSA, GEDSA, and UDI regulatory programs, business continuity and disaster recovery plans. • Lead development and execution of operations analytics for customer and enterprise-level quality, productivity, and profitability metrics.

Vice President-Operations, Eastern Region April 2011- May 2014 *McKesson acquired PSS 2012

• Directed $50 million in assets; oversaw financial and budgetary performance; broad scope of accountability for driving P&L performance, leading 200 employees spanning 7 diverse functions. • Head of $25 million in annual net income; carved out and sustained a strong market foothold in the face of major competitors, resulting in a 15% growth rate and revenue of $250 million at average growth of 10%. • Lifted gross margin by 5%; optimized sales capabilities through implementation of a peer-pricing tool as a solution to achieving greater pricing realization with regard to competitors' pricing strategies and structures. • Set the business strategy and desired culture for transportation and delivery; collections, customer service, administrative and warehouse operations. • Gained a 20% increase in productivity; improved output-per-employee and accuracy, leading the end-to-end launch of Red Prairie warehouse and labor management systems in three locations. • Turned region around to "Best Performing Division"; ranked at top of Key Performance Indicator Metrics for expense and asset management, net income, safety, accuracy, and customer employee satisfaction. • Directly led Customer Service programs—cross-selling from branded items to private label brands— growing revenues and profitability in private label product line by 15%. • Built a senior management team that fulfilled the mission and successfully met strategic, operational, and programmatic goals. • Helmed the successful "game-changing" transformation of enterprise-wide packaging for all customers; consolidated views and absorbed perspectives from key internal stakeholders; negotiated materials, developed SOPs, training aids including videos, and reporting processes. • Drove measurable reductions in waste, material, and process costs with notable gains in the customer experience based on feedback loops designed to take the pulse of the consumer. • In just 12 months: improved inventory control increasing turns 10% and reducing inventory shrink 300%. • Managed and cultivated external business relationships including community, governmental, and private organizations and built excitement for the corporate mission.

Vice President-Shared Operations PSS World Medical (2004-2011)

Held multifunctional responsibility for project management, distribution network analysis and optimization, real estate portfolio, facility location and design, logistics and transportation inbound and outbound, systems selection and implementation—warehouse/labor management and transportation technology. • Reduced the life-cycle environmental impacts of products; led a green/sustainability program that spanned material recycling, energy & water savings with efficient lighting systems. • Cut fuel usage via route optimization and fleet carbon footprint reduction, improving corporate citizenship and employee satisfaction, and driving financial savings. • Built the vision and strategy for recruiting, assessing, hiring, and training of field operations managers, safety, indirect procurement, carrier contract negotiation and compliance—parcel, TL, LTL, company fleet, data and financial analytics, M&A/merger and acquisition operations integration. • Initiated, designed, and led companywide union-avoidance training. • Led Lean Way of Life, one of the four key company strategies; continuous improvement program credited as a key driver for improving customer satisfaction and profitability. • Continually evaluated business portfolio and worked with senior leadership team to make changes where necessary—whether it be investment, M&A/mergers, or acquisitions

Vice President-Network Optimization PSS World Medical 2000-2004

• Headed a transformative and key strategic milestone; improved operating margins by overhauling the culture and operational infrastructure across the distribution network and supply chain rationalization—analysis, redesign, optimization, and execution of supply chain rationalization. • Key strategist for the real estate portfolio, location, and design—reducing operating cost and working capital investments while improving customer service levels, customer satisfaction, and operating margins, resulting in a leaner business with 62 versus 26 branches. • Realized a 58% increase in net income from $26 million to $62 million FY 2003 – 2005. G and A Expense as a % of Revenue down 7% from 19.2% to 17.8%. Operating Margin increased 90% from 2.2% to 4.2%.

PSS World Medical Regional Operations Manager (1998-2000) Operations Manager (1990-1998)

Education -

Master of Business Administration, University of Phoenix, 2003
Bachelor of Science Business Management, Jacksonville State University, 1990 - elected and served as President, Student Government Association

Other credentials -

Member, Council of Supply Chain Management Professionals Executive Management Certificate, University of Notre Dame Logistics Management Certificate, University of North Florida Six Sigma Leadership Certificate, KW Tunnell OSHA Hazard Communication Certificate, JJ Keller Federal Hazardous Materials Certificate, JJ Keller Dale Carnegie Course and Advanced Leader Certificate, Dale Carnegie Training - Assisted in Course Instruction Member and Advanced Certificate, Healthcare Distribution Management Association Extraordinary Leader Program Graduate, Zenger Folkman Roundtable Member Billion Dollar Company Operations, National Association Wholesalers – Lead sessions and presented on – Lean, Green Sustainability, and Network Optimization/ Rationalization Mentor and Board Member Big Brothers Big Sisters of Northeast Florida Board Member Northeast Florida Regional Council - Appointed by Florida Governor Rick Scott & Confirmed by Florida State Senate – Vice Chairman Affordable Housing

Committee, Member Legislative Affairs Committee Guest Lecturer BUS 309 Operations Management Class - Flagler University

Board Memberships –

Lean Jax/Jacksonville Lean Consortium, Industrial Development Authority St. Johns County, Florida; Big Brothers Big Sisters of Jacksonville, Florida, National Association of Wholesalers Operations Roundtable, Northeast Florida Regional Planning Council

5JJJ

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: FFF Enterprises, Inc.

Physical Address: 1650 Lakeside Parkway #404

City: Flower Mound State: Zip Code: TX 75028 Telephone

Number: (951) 296-2500 Fax Number: (951) 240-4400

Toll Free Number: (800) 843-7477

E-mail: pschmidt@fffenterprises.com Website: www.fffenterprises.com

Facility Manager: Miguel Thomas

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: Long-term care and surgical 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)

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
Address: 1 Takeda Parkway, Deerfield, IL 60015

Name: Grifols
Address: 2410 Lillyvale Ave., Los Angeles, CA 90032

Name: CSL Behring
Address: 1020 1st Ave., King of Prussia, PA 19406

Name: Octapharma
Address: 121 River Street, Suite 1201, Hoboken, NJ 07030

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.

Patrick M. Schmidt

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

Patrick M. Schmidt

Print Name of Authorized Person

24 Feb 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: California

Parent Company if any: FFF Enterprises, Inc.

Mailing Address: 44000 Winchester Road

City: Temecula State: CA Zip: 92590

Telephone: (951) 296-2500 Fax: (951) 240-4400

Contact Person: Patrick M. Schmidt

For any corporation non publicly traded, disclose the following:

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

a) Schmidt Family Trust — 1601 Old Greensboro Rd, Kernersville, NC 27284
Name — Business Address

b) Premier Supply Chain Improvement, Inc. — 13034 Ballantyne Corporate Place, Charlotte, NC 28277
Name — Business Address

c) _____
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? $670,001.00

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.

FFF Enterprises, Inc.
Attachment to Application for Out-of-State Wholesaler License

Owners/Officers/Directors

Name & Title	Business Address	Date of Birth
Patrick Maurice Schmidt, President/CEO/Secretary/Director 0% ownership	44000 Winchester Rd. Temecula, CA 92590 (951) 296-2500	
Wayne Francis Talleur, CFO 0% ownership	44000 Winchester Rd. Temecula, CA 92590 (951) 296-2500	
Michael Ryan Moloney, Director 0% ownership	44000 Winchester Rd. Temecula, CA 92590 (951) 296-2500	N/A
Premier Supply Chain Improvement, Inc., Shareholder 49% ownership	13034 Ballantyne Corporate Place Charlotte, NC 28277 (704) 357-0022	N/A
Schmidt Family Trust, Shareholder 51% ownership	1601 Old Greensboro Rd Kernersville, NC 27284 (951) 296-2528 ext. 1121	N/A

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FFF ENTERPRISES, INC.

FILE NUMBER:	C1440844
FORMATION DATE:	07/13/1988
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 April 09, 2020.

ALEX PADILLA
Secretary of State

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FFF ENTERPRISES, INC.

FILE NUMBER:	C1440844
FORMATION DATE:	07/13/1988
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 03, 2019.

ALEX PADILLA
Secretary of State

SYD

NP-25 (REV 02/2019)

List of Employees who handle drugs on a daily basis:

Miguel Thomas

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: FFF Enterprises, Inc.

Address: 1650 Lakeside Parkway, Suite 404

City: Flower Mound State: TX Zip: 75028

I hereby authorize the Texas Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
1002848	Current	10.18.2019	7.1.2021

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
[signature]	Chief Pharmacist	TX	11.22.2019	

- Please contact this office immediately if any information on this license is incorrect.

- This license must be displayed at the address licensed.

- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.

- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.state.tx.us/fdlicense.

- If you have any questions or desire additional information concerning the application process or this license, please contact the Food and Drug Licensing Group at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: https://reglicensing.questionpro.com. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

FFF ENTERPRISES INC
44000 WINCHESTER RD
TEMECULA CA 92590

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

FFF ENTERPRISES INC
1650 LAKESIDE PKWY STE 404
FLOWER MOUND, TX 75028

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1002848
Expires: July 1, 2021

NON-TRANSFERABLE

Commissioner

512337

Miguel Thomas

Fort Worth, TX | [illegible] com | www.linkedin.com/in/miguel-thomas-184680b3

General Manager/Six Sigma Green Belt

Specializing in Supply Chain Operations and Distribution process and procedures that yield and sustain results with Key Performance Indicators (KPI's) and successful in leading Continuous Improvement projects that have improved efficiency, productivity, process improvements and inventory that produced cost savings over 1.2 million for internal/external customers.

SKILLS

- Cross functional leader of cross functional teams with diverse goals and responsibilities.
- Expert level verbal and written communication skills.
- Ability to drive initiatives and accept accountability for leading teams, project and quality.
- Proven expert level organizational skills with analytical ability to problem-solve, multi-task, and prioritize effectively.
- Ability to quickly learn and understand business processes outside area of expertise.
- Energy, enthusiasm, and drive to continuously and proactively manage heavy workloads.
- Strong computer skills, including Word, Excel, PowerPoint, Project, and various WMS Applications

CORE COMPETENCIES

Process Analysis	Root Cause Analysis	Data Collection
Inventory Management	Supply Chain Management	Storage and Transportation
Shipping and Receiving	Warehousing	Operational Systems Management
Policies and Procedures	Value Stream Mapping	Six Sigma - Green Belt
Standard Operating Procedures	P&L Management	

PROFESSIONAL EXPERIENCE

DB SCHENKER, Fort Worth, TX **2016 – Present**
International 3PL provider
General Manager / Six Sigma – Green Belt

Influences accountability to plan, execute and achieve objectives in order to implement process improvements that align with company strategy and growth and profit. Collaborates cross-functionally to launch new initiatives, track and analyze performance. Facilities proactive change management to all levels of the organization impacted by project rollouts. Lead and execute best practices to promote associate engagement and to enable a high-performing workforce to contribute to the company's strategic growth and business objectives. Plans and drive operational efficiencies for all full-time and temporary staffing needs

ACHIEVEMENT HIGHLIGHTS:

- **Reduced operational turnover from 40% to 25% in six months** after establishing Standard Operating Procedures (SOP) for the entire operation workforce, including work aids for specific duties and roles and employee training curriculum specific to employees' needs.
- **Improved productivity performance from 70% to 95%, and increased** after implementing a robust six-department cross-training program to educate employees on business performance metrics, systems, and operations.
- Held employees accountable to meet productivity goals, while providing better department coverage during peak times for PTO and manpower shortages.
- **Increased efficiency by rezoning warehouse to improve efficiency by 22% in first 6 months** after moving faster A & B items closer in the pick aisles, creating minimum and maximum levels for locations, set replenish levels and established hard primary and secondary locations.

Miguel Thomas

Fort Worth, TX | 9 | I m | www.linkedin.com/in/miguel-thomas-184680b3

- **Create standard operating procedures and standard work for each process** in the distribution center to serve a training tool for new hires and other personnel from across the network that come in to assist the operation

HENRY SCHEIN/COVETRUS, Fort Worth, TX **2014 – 2016**
Pharmaceutical Distribution
Distribution Manager – Green Belt

Determines the most efficient sequence of operations, workflow, and recommends methods for maximum asset and people utilization. Role model behaviors aligned to a value based, guest-centric, high performing culture with and emphasis on embracing our competencies while delivering subject matter expertise. Recommend methods for improving associate efficiency and reducing waste, wait times and low productivity by reallocating resources to different job functions, cross-training, reorganizing workflows and job setup. Delivers quality solutions that meets constraints of time cost and scope. Measures the effect of process changes and accurately quantifies the impact to the business objectives

ACHIEVEMENT HIGHLIGHTS:

- **Implemented a new process for receiving that help improve productivity by 30%** – created mobile work stations to reduce wait time, created designated staging areas for full pallets, small parcels, cooler items and the put-away process. Developed WIP caps, one-piece flow and visual aid to help drive staff to the work and help drive higher productivity and efficiencies.
- **Created and managed Key Performance Indicators** – to measure customer satisfaction on orders, cost effectiveness initiatives and implement strategies for continuous improvement for optimal performance.
- **Lead the department's hourly workforce and its contributors** – to ensure precise execution of deliveries, loading/unloading of trailers, cross docking, load control center and customer service operations, and other daily tasks.

CARDINAL HEALTH, Grand Prairie, TX **2010 – 2014**
Wholesale Pharmaceutical Distribution Center
Sr. Operations Manager – Green Belt

Performed data mining, data pulls, KPIs and performance summaries to ensure department goals aligned with ELT standards. Defined gaps in processing to determine areas for improvement. Created workflow documents, aids and training materials for logistics areas and directly responsible managing $10.5 million operating budget, over 15,000 SKU's while operating are 98.7% accuracy rate with a 99.0% target. Influences key stakeholders to achieve results in an autonomous manner. Analyzes data to determine appropriate actions needed to optimize results. Participated in training and testing for new processes as part of the implementation team

ACHIEVEMENT HIGHLIGHTS:

- **Improved process cycle times by 40%** on turn times for all outbound loads – by created virtual staging on the dock, pick to load or all full pallet orders, rezoning dock area to create one piece flow and invested in RF scanners/mobile work stations to allow employees mobility while reducing down time and bottle necks in the process.
- **Lead receiving Kaizen to improve productivity 50%** - by reducing travel times for put-away, changing layout of the receiving department, created visual management, developed productivity board that had hourly updates, created WIP caps to help identify over processing, reallocate labor to heavy areas in the operation that lead to increased our throughput on LPH's processed with lead to $30,000 savings annually.
- **Spearheaded Green Belt Project** – (dock-to-stock) that utilized LEAN methodologies to help reduce or process time on all inbound loads to efficiently receive and stock product for a $70,000 annually.

EDUCATION & CERTIFICATIONS

Miguel Thomas

Fort Worth, TX | 8 59 | 1 | www.linkedin.com/in/miguel-thomas-184680b3

Bachelor's Degree – Supply Chain & Project Management — Southern New Hampshire University

Associates Degree – Finance — University of Phoenix

Lean Six Sigma – Green Belt — Cardinal Health, Incorporated

SYSTEMS & PROGRAMS
SAP/ECC/ERP Systems, WMS & TMS, Red Prairie, Visio, Net-Suite, Microsoft Office Suite, Oracle, Value Stream Mapping, SIPOC (DMAIC), Project Management, JIT Production & AS400

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. 0737685

Application/License No. _____

FFF Enterprises, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1650 Lakeside Parkway, Suite 404, Flower Mound, TX 75028, as
Address of Applicant/Principal
PRINCIPAL, and Harco National Insurance Company, a
Surety Company
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
702 Oberlin Road, Raleigh, NC 27605-0800 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 December 12, 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 12th day of December, 2019.

APPLICANT/PRINCIPAL

COMPANY
FFF Enterprises, Inc

Wayne
CFO Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Harco National Insurance Company

Marta Collett
Surety Company's Representative

Marta Collett, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Jennifer Van Buskirk
Witness Jennifer Van Buskirk

Witness Vanessa Martin

Countersigned by:

Aidan Kathleen Smock
Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0737685

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

PAUL JEFFREY HERING, MARTA COLLETT, SANDRA CORONA, RICHARD HALLETT, AIDAN SMOCK, KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY My Comm. Exp. 04-04-2023 NOTARY PUBLIC No. 50079910 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 12/12/2019

A00874

Irene Martins, Assistant Secretary

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 DEC 12 2019 (Date) before me, Richard P. Hallett (Insert Name of Notary exactly as it appears on the official seal), Notary Public,

personally appeared Marta Collett (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.

Signature _____ (Signature of Notary Public) Richard P. Hallett

RICHARD P. HALLETT
Notary Public - California
San Diego County
Commission # 2291526
My Comm. Expires Jul 2, 2023

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
- ☐ Individual
- ☐ Corporate Officer — Title(s): _____
- ☐ Partner ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name: _____
- ☐ Individual
- ☐ Corporate Officer — Title(s): _____
- ☐ Partner ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

5KKK

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: Life-Assist, Inc.

Physical Address: 10816 Strang Line Road

City: Lenexa State: KS Zip Code: 66215 Telephone

Number: 913-717-6186 Fax Number: 916-638-3002

Toll Free Number: 800-824-6016

E-mail: Compliance@life-assist.com Website: www.Life-Assist.com

Facility Manager: Daniel Greybill

Professional qualifications and experience of facility manager: 7 years of experience in prowrement & distribution. Oversight of all warehousing & distribution activities.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers

☒ Other: Ambulances + Fire Departments

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)

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: Cardinal Health
Address: 3238 Dwight Rd, Elk Grove, CA 95758

Name: International Medication Sys.
Address: 11570 6th Street, Rancho Cucamonga, CA 91730

Name: Pfizer Injectables
Address: PO BOX 100539, Atlanta, GA 30374

Name: Mist Pharmaceuticals
Address: 11 Commerce Drive Ste 100, Cranford, NJ 07016

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.

Linda Bergaus

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

Linda Bergaus — 7-29-19

Print Name of Authorized Person — Date

Board Use Only	Date Processed:_____	Amount: 500 - 120.75

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: N/A

Mailing Address: 11277 Sunrise Park Drive

City: Rancho Cordova State: CA Zip: 95742

Telephone: 916-635-3822 Fax: 916-638-3002

Contact Person: Linda Bergaus, CFO/Treasurer

For any corporation non publicly traded, disclose the following:

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

a) Ramona Davis 11277 Sunrise Park Dr., Rancho Cordova, CA 95742
Name Business Address

b) Lind Bergaus 11277 Sunrise Park Dr., Rancho Cordova, CA 95742
Name Business Address

c) Cherie Prior 11277 Sunrise Park Dr., Rancho Cordova, CA 95742
Name Business Address

d) Judith Sproul Davis 11277 Sunrise Park Dr, Rancho Cordova, CA 95742
Name Business Address

2) Provide the number of shares issued by the corporation. 20,000

3) What was the price paid per share? $1

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.

Life-Assist
Helping Heroes Save Lives

List of Employees

Life-Assist, Inc. does not store, handle, or ship-controlled narcotics.

Daniel Greybill, Logistics Manager

Sean Mollentine, Regional Distribution Manager

Michael Lage, Pharmaceutical Distribution Assistant Manager

Glenn Reuter, Warehouse - Shipping

11277 Sunrise Park Drive
Rancho Cordova, CA 95742

(800) 824-6016 Phone
(800) 290-9794 Fax

customerservice@life-assist.com

www.life-assist.com

Life-Assist
Helping Heroes Save Lives

CONFIDENTIAL

Corporation Name: Life-Assist, Incorporated

State of Incorporation: California

Date of Incorporation: September 30, 1977

Federal Tax ID: 94-2440500

Corporate Officers:

Ramona M Davis	President – Chief Executive Officer
Linda M Bergaus	Treasurer – Chief Financial Officer
Cherie D Prior	Vice President - National Sales Director
Judith S Davis	Secretary

Corporate Board of Directors:
Ramona M Davis, Chairman
Linda M Bergaus
Cherie D Prior
Judith S Davis

Corporate Stockholders (10% or more):

Ramona M Davis	Stock ownership	68.28%
Linda M Bergaus	Stock ownership	14.48%
Cherie D Prior	Stock ownership	14.48%

Mailing Address for Officers, Directors, Shareholders:
Life-Assist, Inc.
11277 Sunrise Park Drive
Rancho Cordova, CA 95742

Phone Numbers: 916-635-3822
800-824-6016

Kansas State Board of Pharmacy

800 SW Jackson St Suite 1414
Topeka, Kansas 66612-1244
Phone (785) 296-4056
Fax (785) 296-8420

email pharmacy@pharmacy ks gov
www pharmacy ks gov

5-109186
DANIEL GREYBILL
Life-Assist, Inc.
10816 Strang Line Road
Lenexa, KS 66215

Schedules NPD, NonCS

STATE OF KANSAS
STATE BOARD OF PHARMACY

N° 5-109186

WHOLESALE DISTRIBUTOR

This registration Must Be Renewed Annually by **June 30th.**

That **Life-Assist, Inc.**

has complied with the Pharmacy Act of the State of Kansas providing for the registration of ***Wholesale Distributors*** *within the State of Kansas, and is hereby granted a REGISTRATION as defined in K.S.A 65-1643 of the State of Kansas under the name of*

Life-Assist, Inc.

at **10816 STRANG LINE ROAD** **LENEXA** **KANSAS**

from this date until **6/30/2020** *, unless this registration is surrendered, or revoked or suspended by the Kansas State Board of Pharmacy.*

This registration issued **May 8, 2019.**

KANSAS STATE BOARD OF PHARMACY

By _____ Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSIPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge

Kansas Board of Pharmacy
800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
P:785-296-4056
F:-785-296-8420

The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of its internal systems, as well as performing hourly updates to the information represented. Therefore, the verification information is deemed a primary source of credential verification information, as authentic as a direct inquiry to the Board.

LICENSE VERIFICATION FOR: 5-109186

Life-Assist, Inc. 10816 Strang Line Road Lenexa, KS 66215	Original Date: 5/8/2019 On Probation: No Discipline on File: No

LICENSES	Effective Date	Expire Date	Status
Distributor Permit	5/8/2019	6/30/2020	Active

KANSAS STATE BOARD OF PHARMACY

By _____ Executive Secretary

This report created on: 7/26/2019

NOTES
N/A

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

LIFE-ASSIST, INCORPORATED

FILE NUMBER:	C0827483
FORMATION DATE:	09/30/1977
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 December 31, 2019.

ALEX PADILLA
Secretary of State

CFG

NP-25 (REV 02/2019)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LIFE-ASSIST, INCORPORATED

FILE NUMBER:	C0827483
FORMATION DATE:	09/30/1977
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 18, 2019.

ALEX PADILLA
Secretary of State

River City Bank

River City Bank, a California corporation ("Issuing Bank")
2485 Natomas Park Drive, Suite 100
Sacramento, CA 95833

Nevada State Board of Pharmacy ("Beneficiary")
431 W. Plumb Lane
Reno, NV 89509
(775) 850-1440

Expiration Date: June 30, 2017 ("Expiration Date")

June 13, 2016

IRREVOCABLE STANDBY LETTER OF CREDIT #16-0348

1. At the request and on the instructions of Life-Assist, Inc. ("Applicant/Licensee") at 11277 Sunrise Park Drive, Rancho Cordova, CA 95742, we hereby establish in favor of Beneficiary, the Nevada State Board of Pharmacy, this Irrevocable Standby Letter of Credit ("Credit") in the principal sum of One Hundred Thousand and 00/100 Dollars ($100,000.00).

2. This Letter of Credit is and has been established for the benefit of Beneficiary pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

4. Pursuant to NRS 639.515(4), upon the imposition of any fines or costs by Beneficiary against the Applicant/Licensee, the Beneficiary shall be entitled to draw upon this Credit by presentation of a duly executed Certificate of Drawing ("Draft") in substantially the same form as Attachment A attached hereto.

5. The Draft shall be accompanied by this Letter of Credit including all amendments, for surrender; provided, however, that if less than the balance of the Letter of Credit is drawn, this Letter of Credit need not be surrendered and shall continue in full force and effect with respect to the unused balance of this Letter of Credit unless and until we issue to you a replacement Letter of Credit for such unused balance, the terms of which replacement Letter of Credit shall be identical to those set forth in this Letter of Credit. Issuing Bank is not required to inquire as to the accuracy of the matters recited in the Draft or as to the authority of the person signing the Draft and may take the act of signing as conclusive evidence of such accuracy and his or her authority to do so.

6. Each Draft must bear upon its face the clause "Drawn under Letter of Credit No. 16-0348, dated May 6, 2016, of River City Bank.

7. Upon presentation of the Draft as above provided, payment shall be made to the Beneficiary, to an account designated by the Beneficiary, in immediately available funds, at such place as the Beneficiary shall specify.

8. Funds may be drawn in one or more drawings not to exceed the principal sum.

9. All drawings under this Credit shall be paid with Issuing Bank funds. Each drawing honored by us hereunder shall reduce, pro tanto, the available principal balance. By paying to the Beneficiary an amount demanded in accordance herewith, Issuing Bank makes no representations as to the correctness of the amount demanded.

10. This Letter of Credit shall expire on the Expiration Date and will be automatically extended for an additional period of one year from the present or each future expiration date unless Issuing Bank has notified you in writing delivered via U.S. registered or certified mail, return receipt requested, to your address stated above, or to such other address as you shall have furnished to us for such purpose, not less than sixty (60) days before such Expiration Date, that we elect not to renew this Letter of Credit. Upon your receipt of such notification, you may present your Draft on us prior to the then applicable Expiration Date for the unused balance of the Letter of Credit, which shall be accompanied by your signed written statement that you received notification of our election not to extend.

11. On or prior to the Expiration Date, this Credit will be cancelled in whole or in part upon receipt by us of a Certificate of Cancellation which shall be in the form of Attachment B, attached hereto, completed and signed by the designated officer of Beneficiary.

12. Communications with respect to this Credit shall be in writing and addressed to us at the address above and shall specifically refer to the Credit by the number above.

13. This Credit may not be transferred or assigned, either in whole or in part.

14. except so far as otherwise expressly stated herein, this Letter of Credit is subject to the International Standby Practices (ISP98 published by the International Chamber of Commerce).

15. We hereby agree with you that drafts drawn under and in compliance with the terms of this Letter of Credit will be duly honored if presented 2485 Natomas Park Drive, Riverside, CA 95833 on or before 3:00 PM Pacific Standard Time on June 30, 2017, or such later Expiration Date to which this Letter of Credit is extended pursuant to the terms hereof.

Sincerely,

RIVER CITY BANK

By: _____

Name: Alice Harris

Title: SVP/Loan Center Manager

BOARDING DATA
Letter of Credit Renewal

Borrower Life-Assist Incorporated

Loan # 5084546333-6336

Commitment #804

Auto Renewal Feature
☒ Yes ☐ No

Date Docs Received: 5/10/2019

FEES AND CHARGES:

Charges	Financed - Debit Loan	☒Debit DDA ☐ Check Attached	
Letter of Credit Renewal Fee (deferred)	$		$1,000.00
Amendment Fee	$	$	
Courier Fee	$	$	
Doc Fee	$	$	
Loan Fee	$	$	
	$	$	
Total	$0		$
Debit Account for Fees	$1,000.00	Acct	#811089932

Maintenance		Correct on Core
New Maturity Date	6/30/2020	☐ Yes ☐ No ☐ N/A
Commitment Expiration Date	6/30/2020	☐ Yes ☐ No ☐ N/A
Cost	1,391.50	☐ Yes ☐ No ☐ N/A
Increase Amount	N/A	☐ Yes ☐ No ☐ N/A
Decrease Amount	N/A	☐ Yes ☐ No ☐ N/A
Tickler Updated		☐ Yes ☐ No ☐ N/A
Commitment User Defined Fields Updated		☐ Yes ☐ No ☐ N/A
Other		☐ Yes ☐ No ☐ N/A

Comments:

DOCS CHECKED IN BY: Anne Schoep — **DATE** 5/10/19

BOARDED BY: Anne Schoep — **DATE** 5/10/19

CALLED BACK BY: RNC — **DATE** 5/14/19

INVOICE - ELECTRONIC FORM

Principal	Loan Date	Maturity	Loan No	Call / Coll	Account	Officer	Initials
$100,000.00	05-21-2013	06-30-2020	5084506333-1			517	

References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item. Any item above containing "****" has been omitted due to text length limitations.

Borrower: Life-Assist, Incorporated
11277 Sunrise Park Drive
Rancho Cordova, CA 95742

Lender: River City Bank, a California corporation
Business Banking Group
2485 Natomas Park Drive, Ste. 100
Sacramento, CA 95833

Date of Invoice: April 17, 2019

Borrower:
Life-Assist, Incorporated
11277 Sunrise park Drive
Rancho Cordova, CA 95742

The following Letters of Credit have been renewed for a one year period and are subject to a renewal fee:

1) LC No. 06-201 (AKA 06-208); bank reference no. 5084506333-6333; face amount of $100,000.00; renewal fee $1,000.00;

2) LC No. 15-0344; bank reference no. 5084506333-6334; face amount of $100,000.00; renewal fee $1,000.00;

3) LC No. 15-0343; bank reference no. 5084506333-6335; face amount of $100,000.00; renewal fee $1,000.00;

4) LC No. 15-0348; bank reference no. 5084506333-6336; face amount of $100,000.00; renewal fee $1,000.00;

Total Due to Lender: $4,000.00

____ Attached is a check payable to River City Bank, or

✓ I hereby authorize River City Bank to debit my checking account # 08100 9132 for amounts due above.

Authorized Signer for payment method:

X_____

NAME:

Please remit payment directly to your River City Bank loan officer or otherwise to Lender at the address provided above.

LaserPro, Ver. 18.1.13.015 Copr. Finastra USA Corporation 1997, 2019. All Rights Reserved. CA c:\CFI\LPL\G60.FC TR-13550 PR-45

CONFIRMATION OF RENEWAL

February 3, 2020

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

Re LIFE-ASSIST INCORPORATED

Letter of Credit: #16-0348
Date: June 13, 2016
Beneficiary: Nevada State Board of Pharmacy
Applicant/Licensee: Life-Assist, Inc.
River City Bank Ref: 5084506333-6336

Dear Sir or Madame,

Please accept this as confirmation that the current expiry date of Irrevocable Standby Letter of Credit #16-0348 is June 30, 2020. Without 60 days prior notice, this Letter of Credit automatically renews, annually on the 30th of June.

Please contact me if you have any questions or comments regarding this notice.

Best regards,

Jennifer Ballard Digitally signed by Jennifer Ballard Date: 2020.02.06 13:11:29 -08'00'

Jennifer Ballard
SVP – Loan Operations Manager
916-567-2736

5LLL

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: WH02429
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: Mockingbird Pharma LLC

Physical Address: 2351 Merritt Drive

City: Garland State: Texas Zip Code: 75041

Telephone Number: 214-272-0918 Fax Number: _____

Toll Free Number: _____

E-mail: licensing@redmondandgreer.com Website: www.redmondandgreer.com

Facility Manager: Luis Melendez

Professional qualifications and experience of facility manager: Handling day to day overall management of the company by supporting sales reps, warehouse management team, developing and maintaining relationships with vendors and troubleshooting issues.

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: Sterling Knight
Address: 106 East Mullberry St., Ripley, MS 38663

Name: Wellgistics Wholesale
Address: 480 Eagles Landing Drive, Lakeland, FL 33810

Name: Foxland Pharmaceuticals, Inc.
Address: 800 Watterson Curve, Ste. 208, Trussville, AL 35173

Name: DSquared Pharmaceuticals
Address: 4050 E. Cotton Center Blvd., #63, Phoenix, AZ 85040

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

Vinu V. Pillai
Print Name of Authorized Person

12/12/2019
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: Mockingbird Health LLC

Mailing Address: 6060 N. Central Expressway, Suite 770

City: Dallas State: Texas Zip: 75206

Telephone: 214-272-0918 Fax:

Contact Person: Vinu V. Pillai

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)
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 EXHIBIT A

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. EXHIBIT B

EXHIBIT A- CHANGE OF OWNERSHIP APPLICATION

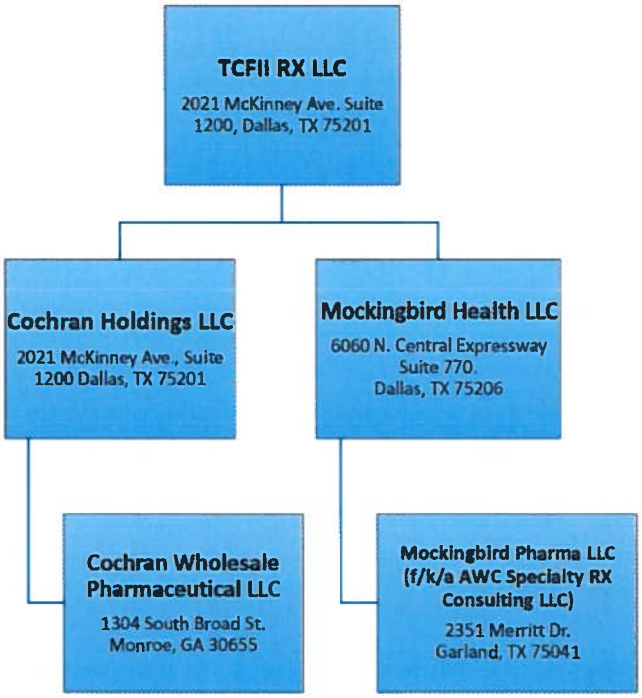
AWC Specialty RX Consulting LLC d/b/a Redmond & Greer Pharmacy Supply 2, a Texas limited liability company, located at 2351 Merritt Dr., Garland, TX 75041, is 100% owned by Coney Consulting Group, LLC, a Texas limited liability company.

On Jan. 1, 2020, Coney Consulting Group, LLC will merge with Mockingbird Health, LLC, a Delaware limited liability company. As part of this merger, AWC Specialty RX Consulting LLC will be renamed Mockingbird Pharma LLC, effective as of the same Jan. 1, 2020 date.

Mockingbird Health LLC is 100% owned by its parent, TCFII RX LLC.

The current officers of AWC Specialty RX Consulting LLC set forth below will remain as officers of Mockingbird Pharma LLC after effectuation of the merger and name change on Jan. 1, 2020.

Name	Title	Percentage Owned
Clayton Salch	Chief Executive Officer	0%
Paul David Young	Chief Financial Officer & Treasurer	0%
Vinu Pillai	General Counsel, Chief Compliance Officer & Secretary	0%



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

Ruth R. Hughs
Secretary of State

EXHIBIT B - Change of Ownership Application

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 Mockingbird Pharma LLC (file number 802360097), a Domestic Limited Liability Company (LLC), was filed in this office on January 02, 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 October 21, 2019.

Ruth R. Hughs
Secretary of State

Redmond & Greer
Wholesale

EXHIBIT C - CHANGE OF OWNERSHIP APPLICATION

Employees Who Handle Drugs on a Daily Basis

Luis Melendez, Director of Logistics and Operations

Capitol Indemnity Corporation
1600 Aspen Commons, Middleton, WI 53562

CHANGE RIDER

Bond No. 60124066

Date of Bond 01/16/2018

Principal AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2

Obligee Nevada State Board of Pharmacy

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above captioned bond, other than as stated below.

This Rider is effective 01/07/2020 and is to be attached to and form a part of the above captioned bond. This Rider is issued on behalf of AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2 as Principal, in favor of the Obligee stated above.

In consideration of the premium charged, it is understood and agreed, on or after the effective date as set forth herein, the Surety consents to:

Change Principal's Name:

From: AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2 at 2351 Merritt Drive, Garland, TX 75041

To: Mockingbird Pharma LLC at 2351 Merritt Drive, Garland, TX 75041

Said change is applicable only to acts or omissions on or after the effective date as set forth herein.

Provided, however, that the liability of the Surety under the attached bond as changed by this Rider shall in no event be cumulative.

Signed, sealed and dated on January 7, 2020.

Capitol Indemnity Corporation

By: _____
Kristin Darling, Attorney-in-Fact

 Copyright 2008, Capitol Transamerica Corporation

CAPITOL INDEMNITY CORPORATION
POWER OF ATTORNEY

60129028

KNOW ALL MEN BY THESE PRESENTS, That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

ROBERT F. BOBO; TIMOTHY F. KELLY; FLORENCE MCCLELLAN
KRISTIN DARLING; STEPHANIE GUNDERSON; AUTUMN STOCKTON

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 **CAPITOL INDEMNITY CORPORATION** 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 **CAPITOL INDEMNITY CORPORATION** 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

CAPITOL INDEMNITY CORPORATION
CORPORATE SEAL WISCONSIN

CAPITOL INDEMNITY CORPORATION

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 **CAPITOL INDEMNITY CORPORATION**, 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 **CAPITOL INDEMNITY CORPORATION**, a Wisconsin 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 7TH day of JANUARY, 20 20.

SEAL

Antonio Celii
General Counsel, Vice President & Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GRAY 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.

CIC-POA (Rev. 10-2017)

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. 60124066

Application/License No. _____

AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2 (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2351 Merritt Drive, Garland, TX 75041 (Address of Applicant/Principal), as PRINCIPAL, and Capitol Indemnity Corporation (Surety Company), a corporation organized under the laws of the state of WI (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is P.O. Box 5900 , Madison, WI 53705-0900 (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 January 16, 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 16th day of January, 2018.

APPLICANT/PRINCIPAL
AWC Specialty Rx Consulting LLC dba
Redmond and Greer Pharmacy Supply 2

By: _____
Authorized Representative

SURETY COMPANY
Capitol Indemnity Corporation

By: _____
Surety Company's Representative

Stephanie Gunderson, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Autumn Stockton

_____
Witness

Countersigned by:

_____
Nevada Resident Agent Robert F. Bobo

60124066

CAPITOL INDEMNITY CORPORATION
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS. That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

----------ROBERT F. BOBO; TIMOTHY F. KELLY; JOHN A. MARTINEZ; FLORENCE MCCLELLAN ----------
----------KRISTIN DARLING; STEPHANIE GUNDERSON; AUTUMN STOCKTON----------

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 **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 15th day of May, 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 **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 27th day of July, 2015.

Attest:

Gary W. Stumper
President
Surety & Fidelity Operations

SEAL

CAPITOL INDEMNITY CORPORATION

Stephen J. Sills
CEO & President

STATE OF WISCONSIN
COUNTY OF DANE } S.S.

On the 27th day of July, 2015 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 **CAPITOL INDEMNITY CORPORATION**, the corporation described herein and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN
COUNTY OF DANE } S.S.

CERTIFICATE

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin 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 16th day of January, 2018.

SEAL

Antonio Celii
Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GRAY 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. CIC POA (Rev. 07-2015)

Capitol Indemnity Corporation
1600 Aspen Commons, Middleton, WI 53562

CHANGE RIDER

Bond No. 60124066

Date of Bond 01/16/2018

Principal AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2

Obligee Nevada State Board of Pharmacy

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above captioned bond, other than as stated below.

This Rider is effective 01/07/2020 and is to be attached to and form a part of the above captioned bond. This Rider is issued on behalf of AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2 as Principal, in favor of the Obligee stated above.

In consideration of the premium charged, it is understood and agreed, on or after the effective date as set forth herein, the Surety consents to:

Change Principal's Name:

From: AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2 at 2351 Merritt Drive, Garland, TX 75041

To: Mockingbird Pharma LLC at 2351 Merritt Drive, Garland, TX 75041

Said change is applicable only to acts or omissions on or after the effective date as set forth herein.

Provided, however, that the liability of the Surety under the attached bond as changed by this Rider shall in no event be cumulative.

Signed, sealed and dated on January 7, 2020.

Capitol Indemnity Corporation

By: _____
Kristin Darling, Attorney-in-Fact

Copyright 2008, Capitol Transamerica Corporation

CAPITOL INDEMNITY CORPORATION
POWER OF ATTORNEY

60129028

KNOW ALL MEN BY THESE PRESENTS. That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

ROBERT F. BOBO; TIMOTHY F. KELLY; FLORENCE MCCLELLAN
KRISTIN DARLING; STEPHANIE GUNDERSON; AUTUMN STOCKTON

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and in 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 **CAPITOL INDEMNITY CORPORATION** 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 **CAPITOL INDEMNITY CORPORATION** 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

CAPITOL INDEMNITY CORPORATION
CORPORATE SEAL
WISCONSIN

CAPITOL INDEMNITY CORPORATION

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 **CAPITOL INDEMNITY CORPORATION**, 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 **CAPITOL INDEMNITY CORPORATION**, a Wisconsin 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 7TH day of JANUARY, 20 20

SEAL

Antonio Celii
General Counsel, Vice President & Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GRAY 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.

CIC-POA (Rev. 10-2017)

License Number: 1002883	***Current Date: 12/04/2019 01:33 PM***
Name:	**MOCKINGBIRD PHARMA LLC**
License Type:	**Prescription Drug Distributor**
License Status:	**Current**
Expiry Date:	**10/21/2021**
Effective Rank Date:	**12/04/2019**
Modifier(s):	**Wholesales Distributor**
	Prescription
	Non Prescript

Addresses

Mailing Address	Address	**MOCKINGBIRD PHARMA LLC** **DALLAS , TX** **DALLAS** **75206** **US**
Physical Loc	Address	**MOCKINGBIRD PHARMA LLC** **2351 MERRITT DR** **GARLAND , TX** **DALLAS** **75041** **US**

Food & Drug Owner

Licensee's Role:	**Food & Drug License**	
Related Party Role:	**Food & Drug Owner**	
Related Party Name	**License Owner #**	**Address**
MOCKINGBIRD PHARMA LLC	**Status:** **Current** **Expiration Date:**	**DALLAS , TX** **DALLAS** **75206** **US**

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

Ruth R. Hughs
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING
OF

Mockingbird Pharma LLC
802360097

[formerly: AWC Specialty RX Consulting LLC]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 10/08/2019

Effective: 12/31/2019 11:01 pm

Ruth R. Hughs
Secretary of State

Form 424
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: See instructions

This space reserved for office use.

Certificate of Amendment

FILED
In the Office of the
Secretary of State of Texas
OCT 08 2019
Corporations Section

Entity Information

The name of the filing entity is:

AWC Specialty RX Consulting, LLC

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- ☐ For-profit Corporation
- ☐ Nonprofit Corporation
- ☐ Cooperative Association
- ☑ Limited Liability Company
- ☐ Professional Corporation
- ☐ Professional Limited Liability Company
- ☐ Professional Association
- ☐ Limited Partnership

The file number issued to the filing entity by the secretary of state is: 802360097

The date of formation of the entity is: January 2, 2016

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

Mockingbird Pharma LLC

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent
(Complete either A or B, but not both. Also complete C.)

☐ A. The registered agent is an organization (cannot be entity named above) by the name of:

_____

OR

☐ B. The registered agent is an individual resident of the state whose name is:

_____
First Name *M.I.* *Last Name* *Suffix*

The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

_____ TX _____
Street Address (No P.O. Box) *City* *State* *Zip Code*

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

☐ Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

☐ Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

☐ Delete each of the provisions identified below from the certificate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C.)

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

B. ☑ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: January 1, 2020 at 12:01 AM Eastern Standard Time

C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

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.

Date: 10/7/2019

By: _____

Signature of authorized person

Vinu V. Pillai - General Counsel & Secretary

Printed or typed name of authorized person (see instructions)

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 #: 802360097 01/02/2016
Document #: 647880350003
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:

AWC Specialty RX Consulting 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:
Andrew Wright Coney

C. The business address of the registered agent and the registered office address is:

Street Address:
6505 Malcolm Drive Dallas TX 75214

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: **Andrew Wright Coney** Title: **Manager**

Address: **6505 Malcolm Drive Dallas TX, USA 75214**

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

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

Malcolm Coney **7207 Nine Oaks Cove Austin, TX 78759**

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.

Malcolm Coney

Signature of Organizer

FILING OFFICE COPY

5MMM

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: Q MED CORPORATION

Physical Address: 2281 GRIFFIN ROAD

City: FT. LAUDERDALE State: FL Zip Code: 33312

Telephone Number: 954-316-1212 Fax Number: 954-316-4545

Toll Free Number: N/A

E-mail: INFO@qmedcorp.com Website: qmedcorp.com

Facility Manager: GREG MAY

Professional qualifications and experience of facility manager: 25+ YEARS IN WHOLESALE DISTRIBUTION

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: _____

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. N/A.
QMED CORPORATION DOES NOT DISTRIBUTE PHARMACEUTICAL PRODUCTS OF ANY KIND.

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: _____

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.

Franklin Jay Stahan

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

FRANKLIN JAY STAHAN

Print Name of Authorized Person

NOVEMBER 18, 2019

Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY 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: _____

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.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: FLORIDA

Parent Company if any: N/A

Mailing Address: 2281 GRIFFIN ROAD

City: FT. LAUDERDALE State: FL Zip: 33312

Telephone: 954-316-1212 Fax: 954-316-4545

Contact Person: F. JAY STAHAN

For any corporation non-publicly traded, disclose the following:

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

50% a) J. CARLOS RODRIGUEZ 2281 GRIFFIN RD, FT. LAUDERDALE, FL 33312
Name Business Address

50% b) MANUEL F. AGUERO 2281 GRIFFIN RD, FT. LAUDERDALE, FL 33312
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 1 million

3) What was the price paid per share? $6.50

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.

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

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. N/A.
QMED CORPORATION DOES NOT DISTRIBUTE DRUGS.

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".

499.01 Permits.—

[1](1) Before operating, a permit is required for each person and establishment that intends to operate as:

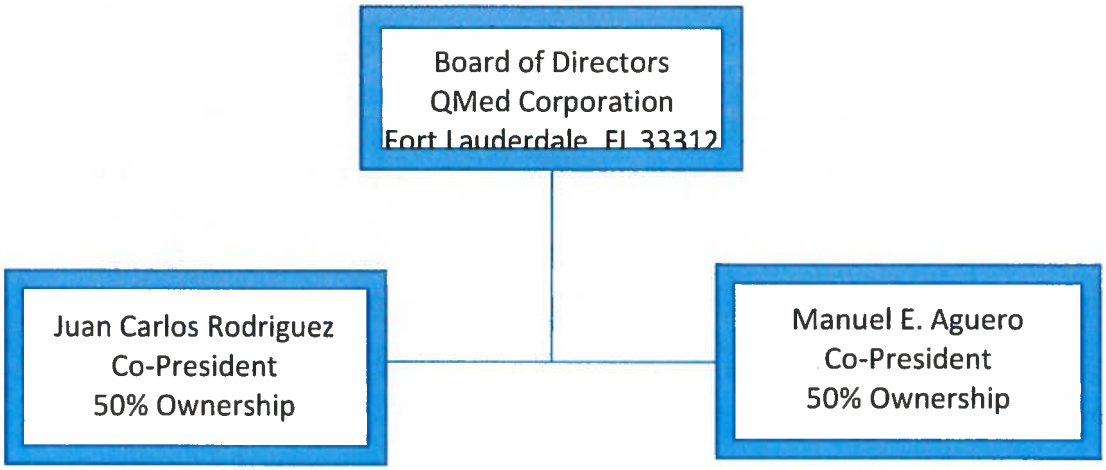
(a) A prescription drug manufacturer;
(b) A prescription drug repackager;
(c) A nonresident prescription drug manufacturer;
(d) A nonresident prescription drug repackager;
(e) A prescription drug wholesale distributor;
(f) An out-of-state prescription drug wholesale distributor;
(g) A retail pharmacy drug wholesale distributor;
(h) A restricted prescription drug distributor;
(i) A complimentary drug distributor;
(j) A freight forwarder;
(k) A veterinary prescription drug retail establishment;
(l) A veterinary prescription drug wholesale distributor;
(m) A limited prescription drug veterinary wholesale distributor;
(n) An over-the-counter drug manufacturer;
(o) A device manufacturer;
(p) A cosmetic manufacturer;
(q) A third party logistics provider; or

FL does not issue licence for wholesaler that distribute medical device

QMED CORPORATION

2281 Griffin Road
Fort Lauderdale, FL 33312
954-316-1212 Fax: 954-316-4545

ISO 9001:2015 Certified



SURETY RIDER

Old Republic Surety Company
PO BOX 1635
Milwaukee, WI 53201-1635

TO BE ATTACHED TO AND FORM PART OF

Pharmaceutical Wholesaler (Type of bond) Bond Number W150366783

IN FAVOR OF NV State Board of Pharmacy (Obligee)

ON BEHALF OF Q-Med Corporation (Principal)

EFFECTIVE January 2, 2020 (Original Effective Date)

IT IS AGREED THAT, in consideration of the original premium charged for this bond, and any additional premium that may be properly chargeable as a result of this rider,

1. The Surety hereby gives its consent to:

☐ CHANGE THE NAME OF THE PRINCIPAL

☒ CHANGE THE ADDRESS OF THE PRINCIPAL

(of) the above referenced bond FROM: 985 DAMONTE RANCH PARKWAY
RENO, NV 89521

TO: 2281 GRIFFIN ROAD
FT. LAUDERDALE, FL 33312

EFFECTIVE: January 2, 2020

2. PROVIDED, however, that this bond shall be subject to all of its agreements, limitations, and considerations except as herein expressly modified, and that the liability of the Surety under this bond and under this bond as changed by this rider shall not be cumulative.

3. Signed and sealed this 9th day of January, 2020.

ACCEPTED BY:

Old Republic Surety Company
SURETY

(TITLE)

By: Felice Vinarub
Felice Vinarub ATTORNEY-IN-FACT

OLD REPUBLIC SURETY COMPANY CORPORATE SEAL 1901

ORSC 22381 (5/08)

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

Felice Vinarub Of PLANTATION FL

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds),*** as follows: Effective Date: 1/2/2020 12:00:00 AM

Bond Number: W150366783 Bond Amount: One Hundred Thousand Dollars $ 100,000.00

Principal Name: Q-Med Corporation

Obligee Name: NV State Board of Pharmacy of Reno, NV

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 2nd day of January, 2020.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary

OLD REPUBLIC SURETY COMPANY CORPORATE SEAL 1981

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 2nd day of January, 2020, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

KATHRYN R. PEARSON NOTARY PUBLIC STATE OF WISCONSIN

Kathryn R. Pearson
Notary Public

My Commission Expires: 09/28/2022

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0922518

OLD REPUBLIC SURETY COMPANY CORPORATE SEAL 1981

Signed and sealed at the City of Brookfield, WI this 9th day of January, 2020.

Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)

MCGRIFF INSURANCE SERVICES INC

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. W150366783

Application/License No. _____

Q-Med Corporation, doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
985 Damonte Ranch Parkway Reno, NV 89521, as
(Address of Applicant/Principal)
PRINCIPAL, and Old Republic Surety Company, a
(Surety Company)
corporation organized under the laws of the state of Wisconsin
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
445 S Moorland Rd, Suite 200 Brookfield, WI 53005 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 1/2/2020.
(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.

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 2nd day of January, 20 20.

APPLICANT/PRINCIPAL

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Felice Vinarub
Surety Company's Representative

Felice Vinarub, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

OLD REPUBLIC SURETY COMPANY CORPORATE SEAL 1901

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

Felice Vinarub Of PLANTATION, FL

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds),*** as follows: Effective Date: 1/2/2020 12:00:00 AM

Bond Number: W150366783 Bond Amount: One Hundred Thousand Dollars $ 100,000.00

Principal Name: Q-Med Corporation

Obligee Name: NV State Board of Pharmacy of Reno, NV

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 2nd day of January, 2020.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 2nd day of January, 2020, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

Kathryn R. Pearson
Notary Public

My Commission Expires: 09/28/2022

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0922518

Signed and sealed at the City of Brookfield, WI this 2nd day of January, 2020.

Karen J. Haffner
Assistant Secretary

ORSC 22282 (3-06)

MCGRIFF INSURANCE SERVICES INC

State of Florida
Department of State

I certify from the records of this office that Q-MED CORPORATION is a corporation organized under the laws of the State of Florida, filed on June 14, 1990, effective June 12, 1990.

The document number of this corporation is L81282.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on April 29, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Ninth day of January, 2020

Secretary of State

Tracking Number: 1686318531CU

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

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

Greg May

1 | S Ocean Drive, Fort Lauderdale, FL 33316

PROFILE SUMMARY

- Operational practitioner with 15 years of experience in managing high volume warehousing and shipping operations with the capability to identify, plan, and execute cost reduction opportunities while maintaining effective associate relationships and ensuring customer retention
- Experienced in Lean Operating Principles, process analysis, value stream mapping, financial management, warehouse management systems, quality and safety initiatives, and training
- Associate engagement skills to include: recruiting, motivating, developing, and sustaining high performing work teams that forge strong business relationships within all business channels: operations, transportation, sales, and corporate partners
- Proficient in mainstream software programs (Microsoft Word, Excel, PowerPoint, and Outlook)

PROFESSIONAL STRENGTHS

Supply Chain Management	Lean Principles / 5S	Project Management
Workplace Safety	Continuous Improvement	Leadership Development
Cost Reduction / Waste	Productivity Improvement	Competency Based Development
Accountability / Integrity	Customer Focus Activities	Inclusion / Innovation

EXPERIENCE

QMed Corporation – Supply Chain

SVP Distribution Operations, Fort Lauderdale, FL 7/2015 – current

Developing and leading the distribution operations and transportation scope of business

- 160M annual delivered sales throughout the US medical supply chain
- 2.5M managed transportation spend across multiple 3PL providers
- Accountable to ISO9001 protocols, quality control inspections based on ANSI sampling plans to detour counterfeit materials from entering into the medical supply chain
- Develop annual KPI programs for service measurements, compensation analysis, and business plan development and execution

Office Depot – Supply Chain www.officedepot.com

General Manager, Distribution Center Weston, FL 10/2013 – 7/2015

Managing and Leading the profitability and service levels of a 240K SQFT distribution center

- 300M annual e-commerce delivery sales and retail store replenishment fulfillment
- 2014 operating results: sales +26M over sales plan without exceeding original expense plan. 1.4M expense to rate savings
- 2014 workplace safety results: 14% reduction in OHSA incidents, 6 vs 7 recordable incidents. OHSA index 3.1 vs. 4.0 industry goal
- 2014 service metrics results: fill rate, on-time delivery, quality - at or better than expectations.

Office Depot – Supply Chain (continued)

Director, Outbound Operations Buford, GA 01/2012 – 10/2013

Managing the profitability and service levels of a 500K SQFT regional distribution center

- 1B annual e-commerce delivery sales and retail store replenishment fulfillment
- Highest volume distribution center within the supply chain network

Greg May

ɔtmail.com | [illegible] .1 | 1 S Ocean Drive 1706, Fort Lauderdale, FL 33316

(continued)

- Leading continuous improvement efforts to sustain operational performances at peak levels measured through industry standard KPI metrics such as line fill rate, on time delivery, customer service index, and DPMO reporting
- 10 exempt reports to include: senior manager, department managers, and supervisors / 215 hourly associates, 3PL transportation relationships
- Quality improvements to realize $500K in savings in first year. Customer focused events to improve retention and support regional sales organization.

Office Depot – Supply Chain (continued) www.officedepot.com

Sr. Manager, Inbound and Outbound Operations Weston, FL 05/2007 – 12/2011

Managing the profitability and service levels of a 240K SQFT distribution center

- 300M annual e-commerce delivery sales and retail store replenishment fulfillment
- Current national leader in Productivity Index and Voice of Customer metrics through continuous improvement efforts focused around work place efficiencies and defect reduction
- Planned and executed the Florida network consolidation resulting in 100% increase in daily outbound shipments through the merging of two distribution centers
- 10 exempt supervisors and managers / 215 hourly associates, 3PL transportation relationships

Office Depot – Supply Chain (continued)

Manager – Production Outbound Operations 06/2004 – 05/2007

Facility department manager of an automated production module for pick/pack operations servicing 8000 customers daily, 2 shift operations, balancing up and downstream activities daily

- Implemented Kanban systems to facilitate on-time departure schedules, track and improve cycle time, and improve communication throughout an automated skip pick work environment
- Delivered highest results as measured through company KPIs 2006-2009 Customer Service Index: Fill rate, Quality, and On Time Delivery

Office Depot – Supply Chain (continued)

Project Lead – Supply Chain Training supporting Optimization and Efficiencies 04/2001 – 06/2004

Delivering innovative solutions to supply chain processes and the deployments of such continuous improvements

- National responsibility / network of 22 distribution centers
- SOP creation, scanning technology deployment, network consolidations and relocations

OfficeMax – Retail www.officemax.com

Store Manager – TRIMAX Expanded Furniture/Print/Supply Categories 08/1996 – 04/2001

Office Depot – Supply Chain and Retail www.officedepot.com

Support roles: Supply Chain and Store Operations 06/1989 – 08/1996

Acquisition implementation and International development

EDUCATION AND ON-GOING INDUSTRY INVOLVEMENT

- **Oklahoma University,** general studies 1989-1991

Greg May

l.com | |) S Ocean Drive 1706, Fort Lauderdale, FL 33316

- **Office Depot Training** 1989-2014
  - Growing Leadership Excellence
  - Insights / Relationships
  - Project Management
  - Value Steam Mapping
  - Work Place Safety
  - PIT / MHE Handling
  - Facility Management
  - Effective Communication and Presentation Skills
  - Penn State – Senior Manager Supply Chain Leadership

- **Lean Manufacturing Operating Principles** 2008-2014
  - "Modern Techniques for Retail and Distribution"
  - Kaizen and Kanban
  - 5S Methodologies
  - Identification and Elimination of Waste
  - DMAIC
  - PEX

- **Seminars, Tours, and Memberships** 2010-2014
  - SP Richards Wholesale Distribution Center
  - Strategic Thinking
  - Walgreens Automated Distribution Center
  - UPS Hialeah FL Hub processing
  - United Stationers Supply
  - Member of Council of Supply Chain Managers (CSCMP)
  - City Furniture Supply Chain Overview
  - Harvard Business Review / Supply Management Quarterly Review

5NNN

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: Somerset Pharma, LLC

Physical Address: 300 Franklin Square Drive

City: Somerset State: NJ Zip Code: 08873

Telephone Number: 732-554-1100 Fax Number: 732-554-1010

Toll Free Number: _____

E-mail: vs@somersetpharma.com Website: somersetpharma.com

Facility Manager: Veerappan Subramanian

Professional qualifications and experience of facility 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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: opthalmics, injectables

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)
Our contracted 3PL is VAWD certified.

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)
Somerset Pharma is exclusive distributor for affiliate company, Somerset Therapeutics labeler 70069

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: Wintac Limited
Address: 54/1 Budhihal, Nelamangala, Bangalore, India 560070

Name: N/A
Address:

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: _____

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 ☒

NEVADA PAGE 5

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

Veerappan Subramanian
Print Name of Authorized Person

12/24/19
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: Mendham Holdings, LLC 100% ownership

Mailing Address: 300 Franklin Square Drive

City: Somerset State: NJ Zip: 08873

Telephone: 732-554-1100 Fax: 732-554-1010

Contact Person: Veerappan Subramanian

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. none

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.

Somerset Pharma LLC

Somerset Pharma, LLC - License details

Applicant:

Somerset Pharma, LLC
300 Franklin Square Drive
Somerset County
Somerset, NJ 08873
Phone: 732-554-1100
Fax: 732-554-1010
www.somersetpharma.com
EIN: 83-4221802

Somerset Pharma LLC was incorporated in the state of Delaware on March 28, 2019

Parent Company:

Mendham Holdings, LLC
300 Franklin Square Drive
Somerset, NJ 08873 100% ownership

Corporate Officers:

Veerappan Subramanian, CEO
Bernardsville Road
Mendham, NJ 07945
SS# DOB:
vs@somersetpharma.com

Designated Representative:

Rebecca Wilczek, Director, National Accounts
High Street
South Bound Brook, NJ 08800
SS# DOB:
rwilczek@somersetpharma.com

Method of Distribution:

Third Party Logistics Provider

Masters Drug Company, Inc.
4200 Binion Way, Suite 200
Mason, OH 45036

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOMERSET PHARMA, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOMERSET PHARMA, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

7348810 8300

SR# 20200374545

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

Authentication: 202213959

Date: 01-17-20

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738009

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:

300 FRANKLIN SQUARE DR SOMERSET, NJ 08873-

Reg. No. 5005665

SOMERSET PHARMA, LLC
300 FRANKLIN SQUARE DR
SOMERSET, NJ 08873-

ISSUED PURSUANT TO N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

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

SOMERSET PHARMA LLC
0450400310

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on July 18, 2019.

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:

VEERAPPAN SUBRAMANIAN
300 FRANKLIN SQUARE DRIVE
SOMERSET, NJ 08873

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of July, 2019

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6099256186

Verify this certificate online at

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

BANK OF AMERICA

BANK OF AMERICA - CONFIDENTIAL PAGE: 1
DATE: DECEMBER 23, 2019
IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68169898

APPLICANT
SOMERSET PHARMA, LLC
300 FRANKLIN SQUARE DR
SOMERSET NJ 08873

BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
SUITE 206
RENO, NV 89521

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

AMOUNT
NOT EXCEEDING USD 100,000.00
NOT EXCEEDING ONE HUNDRED THOUSAND AND 00/100'S US DOLLARS

EXPIRATION
DECEMBER 15, 2020 AT OUR COUNTERS

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF SOMERSET PHARMA, LLC., WE, BANK OF AMERICA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF $100,000.00.

2. WE ARE ADVISED BY THE APPLICANT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/LICENSEE.

3. WE ARE FURTHER ADVISED BY THE APPLICANT THAT THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. UPON THE OCURRENCE OF ANY DEFAULT BY APPLICANT/LICENSEE AS DETERMINED BY THE BOARD IN ITS SOLE DISCRETION UNDER THIS AGREEMENT, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.

5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED OR OVERNIGHT COURIER

ORIGINAL

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

SERVICE.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT WITHIN THE EXPIRATION DATE.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE PRINCIPAL SUM. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELLED IN WHOLE UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION, WHICH (I) SHALL BE IN THE FORM OF ATTACHMENT B ATTACHED HERETO, AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD.

12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

13. THIS CREDIT MAY NOT BE TRANSFERRED, EITHER IN WHOLE OR IN PART.

14. THIS CREDIT SHALL, IF NOT CANCELED AS PROVIDED HEREIN, EXPIRE ON DECEMBER 15, 2020.

THEREFORE, BANK OF AMERICA, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 23RD DAY OF DECEMBER, 2019.

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

AUTHORIZED SIGNATURE

ORIGINAL

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

ATTACHMENT A
CERTIFICATE FOR DRAWING

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
1 FLEET WAY,
SCRANTON, PA 18507

APPLICANT:
SOMERSET PHARMA, LLC
300 FRANKLIN SQUARE DR
SOMERSET, NJ 08873

IRREVOCABLE LETTER OF CREDIT NUMBER 68169898

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
RENO, NV 89521
ATTN:EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY OF THE NEVADA STATE BOARD OF PHARMACY (BOARD) (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

1. A LAWFUL ORDER IMPOSING FINES AND/OR COST AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68169898 (CREDIT).

2. THE UNDERSIGNED IS AUTHORIZED UNDER THE TERMS OF THE CREDIT TO PRESENT THIS CERTIFICATE OF DRAWING AS THE SOLE MEANS FOR DEMANDING PAYMENT ON THE CREDIT.

3. THE BOARD IS THEREFORE MAKING A DRAWING UNDER THE CREDIT IN THE AMOUNT OF $_____.

4. THE AMOUNT DEMANDED DOES NOT EXCEED THE PRINCIPAL SUM.

5. SUMS RECEIVED SHALL BE USED BY THE BOARD IN ACCORDANCE WITH THE TERMS OF THE CREDIT.

6. THE AMOUNT OF DRAWING REQUESTED SHALL BE PAYABLE TO THE BOARD IN LAWFUL, IMMEDIATELY AVAILABLE FUNDS TO BE RECEIVED BY THE BOARD AT THE ABOVE ADDRESS NO LATER THAN 5:00 PM EASTERN TIME ON THE _____ DAY OF _____ 20_____

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE AS OF THE __DAY OF_____, 20__.

ORIGINAL

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

NEVADA STATE BOARD OF PHARMACY
BY

_____
(INSERT NAME)
EXECUTIVE SECRETARY

ORIGINAL

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

ATTACHMENT B
CERTIFICATE FOR CANCELLATION

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
CA9-705-07-05
1000 WEST TEMPLE STREET, 7TH FLOOR
LOS ANGELES, CA 90012

APPLICANT:
SOMERSET PHARMA, LLC
300 FRANKLIN SQUARE DR
SOMERSET, NJ 08873

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68169898

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. THE LICENSE FOR WHICH THE CREDIT WAS ISSUED HAS EXPIRED, BEEN REVOKED, BEEN CANCELLED OR OTHERWISE IS NO LONGER IN EFFECT, THEREBY MAKING THE CANCELLATION OF THE CREDIT APPROPIATE.

2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT AND RETURNS THE ATTACHED ORIGINAL LETTER OF CREDIT AND AMENDMENT(S), IF ANY.

THEREFORE, THE UNDERSINGED HAS EXECUTED AND DELIVERED THIS CANCELLATION AS OF THE ___DAY OF _____, 20__.

NEVADA STATE BOARD OF PHARMACY

BY

_____
(INSERT NAME)
EXECUTIVE SECRETARY

ORIGINAL

BANK OF AMERICA

BANK OF AMERICA - CONFIDENTIAL PAGE: 1
DATE: DECEMBER 23, 2019
IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68169898

APPLICANT
SOMERSET PHARMA, LLC
300 FRANKLIN SQUARE DR
SOMERSET NJ 08873

BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
SUITE 206
RENO, NV 89521

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

AMOUNT
NOT EXCEEDING USD 100,000.00
NOT EXCEEDING ONE HUNDRED THOUSAND AND 00/100'S US DOLLARS

EXPIRATION
DECEMBER 15, 2020 AT OUR COUNTERS

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF SOMERSET PHARMA, LLC., WE, BANK OF AMERICA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF $100,000.00.

2. WE ARE ADVISED BY THE APPLICANT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/LICENSEE.

3. WE ARE FURTHER ADVISED BY THE APPLICANT THAT THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. UPON THE OCURRENCE OF ANY DEFAULT BY APPLICANT/LICENSEE AS DETERMINED BY THE BOARD IN ITS SOLE DISCRETION UNDER THIS AGREEMENT, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.

5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED OR OVERNIGHT COURIER

ORIGINAL

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

SERVICE.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT WITHIN THE EXPIRATION DATE.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE PRINCIPAL SUM. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELLED IN WHOLE UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION, WHICH (I) SHALL BE IN THE FORM OF ATTACHMENT B ATTACHED HERETO, AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD.

12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

13. THIS CREDIT MAY NOT BE TRANSFERRED, EITHER IN WHOLE OR IN PART.

14. THIS CREDIT SHALL, IF NOT CANCELED AS PROVIDED HEREIN, EXPIRE ON DECEMBER 15, 2020.

THEREFORE, BANK OF AMERICA, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 23RD DAY OF DECEMBER, 2019.

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

AUTHORIZED SIGNATURE

ORIGINAL

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

ATTACHMENT A
CERTIFICATE FOR DRAWING

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
1 FLEET WAY,
SCRANTON, PA 18507

APPLICANT:
SOMERSET PHARMA, LLC
300 FRANKLIN SQUARE DR
SOMERSET, NJ 08873

IRREVOCABLE LETTER OF CREDIT NUMBER 68169898

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
RENO, NV 89521
ATTN:EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY OF THE NEVADA STATE BOARD OF PHARMACY (BOARD) (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

1. A LAWFUL ORDER IMPOSING FINES AND/OR COST AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68169898 (CREDIT).

2. THE UNDERSIGNED IS AUTHORIZED UNDER THE TERMS OF THE CREDIT TO PRESENT THIS CERTIFICATE OF DRAWING AS THE SOLE MEANS FOR DEMANDING PAYMENT ON THE CREDIT.

3. THE BOARD IS THEREFORE MAKING A DRAWING UNDER THE CREDIT IN THE AMOUNT OF $_____.

4. THE AMOUNT DEMANDED DOES NOT EXCEED THE PRINCIPAL SUM.

5. SUMS RECEIVED SHALL BE USED BY THE BOARD IN ACCORDANCE WITH THE TERMS OF THE CREDIT.

6. THE AMOUNT OF DRAWING REQUESTED SHALL BE PAYABLE TO THE BOARD IN LAWFUL, IMMEDIATELY AVAILABLE FUNDS TO BE RECEIVED BY THE BOARD AT THE ABOVE ADDRESS NO LATER THAN 5:00 PM EASTERN TIME ON THE _____ DAY OF _____ 20_____

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE AS OF THE __DAY OF_____, 20__.

ORIGINAL

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

NEVADA STATE BOARD OF PHARMACY
BY

_____
(INSERT NAME)
EXECUTIVE SECRETARY

ORIGINAL

BANK OF AMERICA

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

ATTACHMENT B
CERTIFICATE FOR CANCELLATION

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
CA9-705-07-05
1000 WEST TEMPLE STREET, 7TH FLOOR
LOS ANGELES, CA 90012

APPLICANT:
SOMERSET PHARMA, LLC
300 FRANKLIN SQUARE DR
SOMERSET, NJ 08873

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68169898

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. THE LICENSE FOR WHICH THE CREDIT WAS ISSUED HAS EXPIRED, BEEN REVOKED, BEEN CANCELLED OR OTHERWISE IS NO LONGER IN EFFECT, THEREBY MAKING THE CANCELLATION OF THE CREDIT APPROPIATE.

2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT AND RETURNS THE ATTACHED ORIGINAL LETTER OF CREDIT AND AMENDMENT(S), IF ANY.

THEREFORE, THE UNDERSINGED HAS EXECUTED AND DELIVERED THIS CANCELLATION AS OF THE ___DAY OF _____, 20__.

NEVADA STATE BOARD OF PHARMACY

BY

_____
(INSERT NAME)
EXECUTIVE SECRETARY

ORIGINAL

Mark I. Sedar

From: njohnson@somersetpharma.com
Sent: Tuesday, March 24, 2020 11:44 AM
To: Mark I. Sedar
Subject: RE: Nevada Out-of-State Wholesaler Application - Somerset Pharma

Hi Mark,

We use a 3PL who handles all of our distribution.

Somerset Pharma only provides customer sales support which is myself Nikiyah Johnson, Customer Service and Rebecca Wilczek Director, National Accounts.

Thank you

Nikiyah Johnson
Customer Service

Somerset Pharma LLC
300 Franklin Square Drive
Somerset, NJ 08873
Office: (732) 554-1100 ext. 119
Direct: (732) 554-1019
Email: nJohnson@Somersetpharma.com

CONFIDENTIALITY NOTE: This e-mail and any files transmitted are intended only for the use of the individual or entity to whom they are addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient or have received this email in error, please notify the sender immediately and promptly destroy any record of this email. You are hereby notified that any unauthorized disclosure, copying, distribution or use of any of the information is strictly forbidden.

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Monday, March 23, 2020 5:35 PM
To: njohnson@somersetpharma.com
Subject: RE: Nevada Out-of-State Wholesaler Application - Somerset Pharma

Good afternoon Nikiyah,

One last bit of house cleaning before I can move forward with the application. Could you please send me over a list of employees who handle your products on a daily basis?

Thank you,

Mark Sedar

From: njohnson@somersetpharma.com <njohnson@somersetpharma.com>
Sent: Tuesday, March 10, 2020 1:01 PM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: RE: Nevada Out-of-State Wholesaler Application - Somerset Pharma

Hi Mark,

Thank you for taking the time to speak with me in regards to the missing documents.

Please processed with the background check for Veerappan Subramanian.

Attached please find a copy of our renewed home state license and a Certificate of Good Standing from our Secretary of State.

Thank you

Nikiyah Johnson
Customer Service

300 Franklin Square Drive
Somerset, NJ 08873
Office: (732) 554-1100 ext. 119
Direct: (732) 554-1019
Email: nJohnson@Somersetpharma.com

CONFIDENTIALITY NOTE: This e-mail and any files transmitted are intended only for the use of the individual or entity to whom they are addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient or have received this email in error, please notify the sender immediately and promptly destroy any record of this email. You are hereby notified that any unauthorized disclosure, copying, distribution or use of any of the information is strictly forbidden.

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Wednesday, March 4, 2020 12:32 PM
To: njohnson@somersetpharma.com
Subject: Nevada Out-of-State Wholesaler Application - Somerset Pharma

Hello Nikiyh,

I was able to speak with Darla who originally sent the email out in January. She indicated that we need proof that Somerset Pharma is the "exclusive distributor" for Somerset Therapeutics. Any documentation that can be provided indicating such, would allow the application to possibly move forward without having to run fingerprints for Mr. Subramanian. If you are unable to supply the document, we can proceed with the fingerprint background check for Mr. Subramanian.

In addition, I will need updated information to move the application process along:

- An updated copy of the Home State License.
- An updated Certificate of Good Standing from your Secretary of State

Thank you,

Somerset Pharma LLC

Contracted CMO: Wintac Limited
54/1 Budhihal, Nelamangala
Bangalore, India 560070 FDA: 3003821988

Nature of Business:
Somerset Pharma is an exclusive distributor of pharmaceutical opthalmic and injectable products approved and manufactured under the Somerset Therapeutics label. The company is engaged in sales, marketing, warehousing, shipping, accounting and handling of all pharmacovigilance activities for the product. The company has contracted to be the exclusive distributor and have a team to manage all the activities mentioned above and also works with a third party logistics company to manage all the logistic activities.

Affiliated Company: Somerset Therapeutics

Labeler Code: 70069

5000

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: SPYKA Wholesale Inc

Physical Address: 118 Adams St, Suite 305

City: Fairmont State: WV Zip Code: 26554

Telephone Number: 304-384-0666 Fax Number: _____

Toll Free Number: _____

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

Facility Manager: Arutyun Avetisyan

Professional qualifications and experience of facility manager: Desginated Reprsentative license held, with over 7 years plus managerial experience with prescription drug wholesale. Attached is the current DR license with the application form.

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)
☐ Hypodermic Devices
☒ Veterinary Legend Drugs
☐ 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)

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.
New Company and we have not sold anything in the last year.

Name: Real Value Products Corporation
Address: 5100 Commerce Pkwy, San Antonio, TX 78218

Name: Axis Pharmaceutics Inc
Address: 1712 Pioneer Ave, Ste 1623, Cheyenne, WY 82001

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

Arutyun Avetisyan
Print Name of Authorized Person

April 7th 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: Wyoming

Parent Company if any: _____

Mailing Address: 118 Adams St, Suite 305

City: Fairmont State: WV Zip: 26554

Telephone: 304-384-0666 Fax: (877) 662-2964

Contact Person: Arutyun Avetisyan

For any corporation non-publicly traded, disclose the following:

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

a) Arutyun Avetisyan — 118 Adams St, Suite 305, Fairmont, WV 26554
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. 10,000

3) What was the price paid per share? $ 0.01 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.

SPYKA
WHOLESALE INC

List of Officers

Name	Address Business	Address Home	Designation	Date of birth
Arutyun Avetisyan	118 Adams St, Suite 305 Farimont, WV 26554	; Sky View Ln, Glendale, CA 91214	CEO and 100% Owner	

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Spyka Wholesale Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **May 1, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000854046**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of April, 2020 at 5:46 PM. This certificate is assigned ID Number 035891534.

Edward A. Buchanan

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

Spyka Wholesale Inc.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **1st** day of **May, 2019** at **8:54 AM.**

Remainder intentionally left blank.

Filed Date: 05/01/2019

Secretary of State

Filed Online By:

DeAnna Montemayor

on 05/01/2019

WHOLESALE DRUG DISTRIBUTOR PERMIT

July 1, 2019 - June 30, 2020 Date Issued: 6/11/2019

SPYKA Wholesale Inc.

118 Adams St. Suite 305
Fairmont, WV 26554

LICENSE # WD0560185

BOARD OF PHARMACY

LICENSING DETAILS FOR: EXC 25151

NAME: AVETISYAN, ARUTYUN

LICENSE TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE STATUS: CLEAR

ADDRESS NOT DISCLOSED

ISSUANCE DATE

DECEMBER 24, 2018

EXPIRATION DATE

DECEMBER 1, 2020

CURRENT DATE / TIME

APRIL 7, 2020
7:11:10 PM

Mark I. Sedar List of Employees

From: Harry Avetisyan <info@spykawholesale.com>
Sent: Thursday, April 9, 2020 4:53 PM
To: Mark I. Sedar
Cc: Harry Avetisyan
Subject: Re: Nevada Out-of-State Wholesaler application - SPYKA Wholesale, Inc.
Attachments: Arutyun Avetisyan - CV.docx; CertOfGoodStanding.pdf

Thank you for the email.

Please find attached the following

1) Updated letter of good standing from Secretary of State Wyoming
2) No employees will handle drugs daily. It will be only the Designated Representative which is myself Arutyun Avetisyan
3) Arutyun Avetisyan Resume

Let me know if you need any more information from my side.

Thanks

On Thu, Apr 9, 2020 at 2:45 PM Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from SPYKA Wholesale, Inc. The application is incomplete due to the following missing items.

- Updated Certificate of Good Standing from your Secretary of State
- List of Employees who handle drugs daily
- Resume for Arutyun Avetisyan

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.

--

Harry Avetisyan
Founder / CEO

118 Adams Street
Suite 305
fairmont , WV 26554

(304) 384-0666 Direct
/ Cell
www.spykawholesale.com

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. W150374224

Application/License No. WD0560185

Spyka Wholesale, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
118 Adams Street STE 305 Fairmont, WV 26554, as
Address of Applicant/Principal
PRINCIPAL, and Old Republic Surety Company, a
Surety Company
corporation organized under the laws of the state of Wisconsin
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
445 S Moorland Rd, Suite 200 Brookfield, WI 53005 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 4/1/2020.
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.

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 1st day of April, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Jodie Doner, 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

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 Ventura

On 4/2/2020 (Date) before me, Andrea Fisher, Notary Public (Here Insert Name and Title of the Officer)

personally appeared Jodie Lee Doner (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.

ANDREA FISHER
Notary Public - California
Ventura County
Commission # 2267327
My Comm. Expires Nov 17, 2022

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 Andrea Fisher
Signature of Notary Public

Place Notary Seal and/or Stamp Above

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: Pharmacy Wholesaler Bond

Document Date: 4/1/2020 Number of Pages:

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 of Conservator	☐ Trustee ☐ Guardian of Conservator
☐ Other:	☐ Other:
Signer is Representing: Old Republic Surety Co.	Signer is Representing:

©2017 National Notary Association

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

Jodie Doner Of WESTLAKE VILLAGE, CA

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds),*** as follows: Effective Date: 4/1/2020 12:00:00 AM

Bond Number: W150374224 Bond Amount: One Hundred Thousand Dollars $ 100,000.00

Principal Name: Spyka Wholesale, Inc.

Obligee Name: NV State Board of Pharmacy of Reno, NV

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 1st day of April, 2020.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 1st day of April, 2020, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

Kathryn R. Pearson
Notary Public

My Commission Expires: 09/28/2022

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0700017

Signed and sealed at the City of Brookfield, WI this 1st day of April, 2020.

Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)

ARTHUR J GALLAGHER & CO DBA INSURANCE BROKERS OF CA INC

BOARD MEMBERS
John J. Bernabei
David Bowyer
Chuck Jones*
Sam Kapourales
Everett Frazier *
Dennis Lewis
Vicky Skaff
(*Public Member)

STAFF
Michael L. Goff
Acting Executive Director &
CSMP Administrator

John Smolder
CFO/COO

Ryan L. Hatfield
General Counsel

Office Address
2310 Kanawha Blvd, East
Charleston, WV 25311

Phone
www.wvbop.com

(304) 558-0558
(304) 558-0572 (fax)

March 31, 2020

Facility License Verification

Mailed to:	Nevada Board of Pharmacy 985 Damonte Ranch Pkwy, Ste 206 Reno, NV 89521
Facility:	SPYKA Wholesale Inc
License number;	WD0560185
Issue date:	6/11/2019
Expiration date:	6/30/2020
Disciplinary:	No

I Tina Roberts, certify I am the custodian of records for the West Virginia Board of Pharmacy and that the enclosed document(s) (**IF applicable**) is a true and correct copy of the original maintained in the West Virginia Board of Pharmacy office.

Signature: Tina Roberts Title: Licensing Clerk
Print Name: Tina Roberts

West Virginia State Board of Pharmacy Seal

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: SPYKA Wholesale In

Address: 118 Adams St, Suite 305

City: Fairmont State: WV Zip: 26554

I hereby authorize the West Virginia Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
WD0560185	Active	6-11-19	6-30-20

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
Tina Roberts	Licensing Clerk	WV	3-31-20	

ARUTYUN AVETISYAN

118 Adams Street Suite 305, Fairmont, West Virginia
harry@spykawholesale.com

EXPERIENCE

10/2019 – CURRENT

AXIS PHARMACEUTICS, INC

Founder and CEO of Axis Pharmaceutics located in West Virginia a specialty pharmaceutical company focusing on development and marketing of multi-platform delivery system of prescription drugs.

2/26/2019 – 9/1/2019

GOLDEN STATE GENERICS, DBA GSGRX

Founder and CEO of California based wholesale distributor for generics prescription drugs.

01/2015 – 04/2017

DSQUARED PHARMACEUTIALS INC.

Full-service wholesale distributor my role was to assist the DIR on file with any, and all his duties which included but not limited to distribution or dispensing of dangerous drugs or dangerous devices in, drug wholesaler.

LICENSES **

CALIFORNIA DESIGNATED REPRESENTATIVE (WHOLESALER)

EXC 25151

5PPP

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: mcheifferov@gmail.com

Website: _____

Managing Pharmacist: Mary Grear, RPh License Number: 10687

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: 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

Sep Bady 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% (Name) 7183 Advanced Way, Las Vegas NV 89113 (Business Address)

b) Nick Liu, 8.333% (Name) 7183 Advanced Way, Las Vegas, NV 89113 (Business Address)

c) Tim Trainor, 8.333% (Name) 7183 Advanced Way, Las Vegas, NV 89113 (Business Address)

d) Advanced orthopedic Specialties of NV, 28.333% (Name) 7183 Advanced Way Las Vegas, NV 89113 (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 Cindy 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: NV 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

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 Barbara K. Cegavske Secretary of State State of Nevada	20180420280-77
	Filing Date and Time 09/25/2018 7:25 PM
	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** ☒ Member(s)
(check only one box)

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 | CHICAGO | IL | 60614
Street Address | City | State | Zip Code

2) ADVANCED ASC INVESTORS, LLC
Name
8420 W. WARM SPRINGS | LAS VEGAS | NV | 89113
Street Address | City | State | 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 | LAS VEGAS | NV | 89119
Address | City | State | 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.)

Filed in the office of	Document Number
Barbara K. Cegavske Barbara K. Cegavske Secretary of State State of Nevada	20180420281-88
	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

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.

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: 1905 NORTH BISSELL ST., UNIT 1		CHICAGO	IL	60614
ADVANCED ASC INVESTORS, LLC	MANAGER OR MANAGING MEMBER			
ADDRESS: 8420 W. WARM SPRINGS		LAS VEGAS	NV	89113
	MANAGER OR MANAGING MEMBER			
ADDRESS				
	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 <u>cannot</u> 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:

Bady — Sep
Last Name — First Name — Middle Name

Sepehr Badymoghaddam
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

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

Tehran, Iran
Date of Birth — Place of Birth (City, County, State)

45 — Male
Age — Social Security Number — Sex

Brown — Black — 175 — 6' 01"
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 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	Sherman Oaks	CA 91403

Applicant's initial SG

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
05/2010	Yee Advanced Orthopedics and Sports Medicine 7195 Advanced Way Las Vegas, NV 89113	
Title	**Description of Duties**	**Name of Supervisor**
Orthopedic Surgeon/ Spine Surgery	Provide care for patients	Mario Moya
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 BARTH	Home	S Forte Apache		89148	3	8 years
Employer Self	Business	PA-4 Free BARTH LLC				
Name Randall Yee	Home	SAN Sicily ST.		89141		9 years
Employer AOSM	Business	Physician				
Name Thomas Kerwin	Home	Paradise #3202		89109		9 years
Employer Self/AOSM	Business	Physician				
Name TIM TRAINER	Home	Quicksilver LN LVNV		89135	5	9 years
Employer Self/AOSM	Business	Physician				
Name NICK LILL	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 # A880643

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:

Last Name	First Name	Middle Name
Trainor	Timothy	James

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
Quiet Moon Ln	Las Vegas	NV,89135

Present Business Address	Dates	City	State/Zip
7183 Advnaced Way		Las Vegas	NV, 89113

Occupation	Dates	Phone:
Orthopedic Surgeon	07/24/2007 - Current	Residence
		Business 702-740-5327

Date of Birth	Place of Birth (City, County, State)
	Leominister, MA

Age	Social Security Number	Sex
50		Male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	Brown		193		5' 11"

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	QUIET 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. Leominister, MA 01453	Deceased
Mother	Colleen Trainor		1 Walnut St Leominister, 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. Southboro, 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 07/2007 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
JUL 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 WASHINGTON DC	Completion of Residency Orthopaedic Surgery
Title	**Description of Duties**	**Name of Supervisor**
Orthopaedic Surgery Resident		Jack Detaday

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	5 years
Employer State of Nevada	Business					
Name Sep Brady	Home 1 River Plate Dr	Pahrump	NV	89048		9 years
Employer Advanced Ortho	Business 7195 Advanced Way	Las Vegas	NV	89113		3
Name Thomas Kuevsila	Home 7 Paradise Rd #3202	Las Vegas	NV	89109		10 year
Employer Advanced Ortho	Business 7195 Advanced Way	Las Vegas	NV	89113		.5
Name Xiu Liu	Home Saint Croix	Henderson	NV	89012		13 years
Employer Advanced Ortho	Business 7195 Advanced Way	Las Vegas	NV	89113		11
Name Maria Pieno	Home Unicorn St	Las Vegas	NV	89131		8 years
Employer Advanced Ortho	Business 7195 Advanced Way	Las Vegas	NV	89131		1

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 2006 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:

Last Name	First Name	Middle Name
Trainor	Michael	Andrew

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise): N/A

Present Residence Address-Street or RFD	City	State/Zip
Regents Gate Dr	Henderson	NV, 89012

Present Business Address	Dates	City	State/Zip
7183 ~~Advnaced Way~~ ADVANCED WAY		Las Vegas	NV, 89113

Occupation	Dates	Phone:
Orthopedic Surgeon/ Spine Surgeon	02/1/2011 - current	Residence N/A
		Business 702-740-5327

Date of Birth	Place of Birth (City, County, State)
	Leominister, MA

Age	Social Security Number	Sex
50		Male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	Brown		190		6' 02"

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 MT

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, NV 89012 (City State Zip)

Telephone: Residence NA Business 773-368-0524

Spouse's employer Michael A Trainor DO PC Occupation Secretary

Address of employer 523 Regents Gate Dr (Street) Henderson NV 89012 (City State 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 MT

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	726	17 years
Employer Self	Business	Orthopedic Specialists 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	Hide & Seek Lane	-	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 MN

STATE OF Nevada

ss.

COUNTY OF Clark

I, Michael Trainor, 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: Flores | First Name: Randy | Middle Name: Noel

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A

Present Residence Address-Street or RFD: /ille Franche Street | City: Las Vegas | Dates: 3/2014-present | State/Zip: NV/89145

Present Business Address: Las Vegas Institute for Advanced Surgery 7183 Advanced Way | City: Las Vegas | Dates: New center/Present | State/Zip: 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: 43 | Social Security Number | Sex: 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 1 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	1 Ville Franche Street, Las Vegas, 89145
Angeline Summer Flores		Las Vegas, NV	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	3 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:

Last Name	First Name	Middle Name
Liu	Xin	Nick

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
Saint Croix St	Henderson	NV, 89012

Present Business Address	Dates	City	State/Zip
7183 Advnaced Way		Las Vegas	NV, 89113

Occupation	Dates	Phone:
Orhtopedic Surgeon	05/2004 - current	Residence
		Business 702-740-5327

Date of Birth	Place of Birth (City, County, State)
!	Ningxia, China

Age	Social Security Number	Sex
47		

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black		145		5' 7"

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	[illegible]	Henderson, NV	[illegible] Havensight Lane Henderson, NV 89052
Peter Mei Liu	[illegible]	Henderson, NV	[illegible] 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**

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:

Last Name	First Name	Middle Name
Kuruvilla	Thomman	Manjummelkudiyil

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
Paradise Rd Unit 3202	Las Vegas	NV, 89109

Present Business Address	Dates	City	State/Zip
7183 Advanced Way		Las Vegas	NV,89113

Occupation	Dates	Phone:
Podiatrist	07/2006 - current	Residence ...
		Business 702-740-5327

Date of Birth	Place of Birth (City, County, State)
	West Babylon, NY

Age	Social Security Number	Sex
43		Male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Black	Black		140		5'09"

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 Derama		Gally Echo St LV, NV 89141	Retired
Mother-in-Law	Carolina Derama		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	1989 -1991	Yes ☒ No ☐
High School	Saint Anthony Hgl School	275 Wolf Hill Rd, Huntington 11725	1992 -1996	Yes ☒ No ☐
College University	New York College Of Podiatric Medicine	1800 Parke Ave New York, NY 10035 11747	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.

July 2008-current 7195 Advance Dr, LV, NV 89113 Current Employment

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Podiatrist	Physician / Owner	Randy Yee
Title	**Description of Duties**	**Name of Supervisor**

July 2007-July 2008 3195 Charleston Rd, LV NV 89106 Sales

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Podiatrist	Physician / Associate	Anthony Borgia
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**

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				6
Employer Regen Medl	Business	Biology Sales			OH 44116	
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 TN

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, Thomman 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

Bonnie Smith
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: 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: Brown
Color of Hair: Brown
Complexion: white
Weight: 200
Build: m
Height: 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 TB

MARITAL INFORMATION-Continued

A. **Current Marriage** April 22, 2017 (Date) Chicago, Cook, IL (City, County and State)

Spouse's full name (Maiden) Kaitlin Cooper Canisdels S.S. No. —

Date of Birth / / Place of Birth Waukegan, IL

Resident address 1 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 TMB

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	/ /	Robinerest lane Lindenhurst, IL 60064	Sales rep
Mother-in-Law	Bonnie Lucas (Gorken)	/ /	Grand 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	Uber driver
Spouse	None			
	Michelle Thompson	/ /	Club Rd. Sherwood, AR 72120	Homemaker
Spouse	None			
	Kelly Frandsen	/ /	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 TB

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 THB

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 TB

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	~~[illegible]~~ 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 Health 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 Grisch	Home	Lakser 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	Burrinston 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
~~[illegible]~~ Axiom consulting	Business	1375 S. Lapeer Rd. #109 Lake Orion, MI 48360			(248) 693-7550	
Name Nesd Alsikafi	Home	moffett Rd. Lake Bluff, IL 60044				8 years
~~[illegible]~~ VAO 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/
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 TDB

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

ADDITIONAL INFORMATION

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 Health Park
managing member 600 Health Park 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 Lone Tree 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 Cassaday, 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 TDB

5QQQ

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: Desert Orthopaedic Center Recovery Center

Physical Address: 2800 East Desert Inn Road # 200

City: Las Vegas State: Zip Code: NV Telephone: 89121

Fax: Toll Free Number:

E-mail:

Website:

Managing Pharmacist: Mary Grear, RPh License Number: 10687

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: Recovery Center	☐ ☒	Sterile Compounding
		☐ ☒	Non Sterile Compounding
		☐ ☒	Mail Service Sterile Compounding
		☐ ☒	Other Services:

All boxes must be checked
For the application to be complete

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

ERNIE ELLIOTT

Print Name of Authorized Person

4/15/2020

Date

Board Use Only Date Processed:_____ Amount: _____

APPLICATION FOR NEVADA PHARMACY 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: MICHAEL MIAO, MD %: 5.11

Name: TROY WATSON, MD %: 5.11

Name: ANDREW KIM, DO %: 5.11

Name: PARMINDER KANG, MD %: 5.11

Partnership Name: Institute of Orthopaedic Surgery, LLC

Mailing Address: 2800 East Desert Inn Rd. #150

City, State Zip Code: Las Vegas NV 89121

Telephone Number: 702.735.7355 Fax Number: 702.735.7921

Contact Person: Ernie Elliott

List any physician shareholders and percentage of ownership.

Name: SEE ATTACHED LIST %:_____

Name:_____ %:_____

Name:_____ %:_____

Hours of Operation for the pharmacy:

Monday thru Friday_____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours X

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

Ownership Names		%
John	Baldauf	5.11%
Hugh	Bassewitz	5.11%
Thomas	Dunn	5.11%
Roger	Fontes	5.11%
Matthew	Fouse	5.11%
Chad	Hanson	5.11%
Lawrence	Huff	5.11%
Parminder	Kang	5.11%
Andrew	Kim	5.11%
Daniel	Lee	5.11%
Michael	Lee	5.11%
Michael	Miao	5.11%
Russell	Nevins	3.83%
Andrew	Park	4.26%
Archie	Perry	5.11%
Abdi	Raissi	5.11%
William	Stewart	5.11%
Craig	Tingey	5.11%
Troy	Watson	5.11%
Richard	Winder	5.11%

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Ernie Elliott

Responsible Person of Desert Orthopaedic Center Recovery Center

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

Ernie Elliott
Print Name of Authorized Person

4/15/2020
Date

Managing Pharmacist

Pharmacist Name: Mary Grear License #: 10687

Pharmacy Name: Desert Orthopaedic Center Recovery 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: NV 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

2/13/2020 ~~2002~~
Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4/15/2020

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 Business Pharmacy License
Nature of License

Desert Orthopaedic Center Recovery Center, 2800 E. Desert Inn Rd., #200, Las Vegas, NV 89121
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Kim — Last Name
Andrew — First Name
B. — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Plaza De Rafael — Present Residence Address-Street or RFD
Las Vegas — City
NV 89102 — State/Zip

Present Business Address — Dates
City — State/Zip

Provider/Partner — Occupation
Dates 1/9/2017

Phone: Residence
Business 702-731-1616

Date of Birth
Chicago, IL — Place of Birth (City, County, State)

42 — Age
Social Security Number or ITIN
Male — Sex

Brown — Color of Eyes
Grey — Color of Hair
med — Complexion
245 lbs — Weight
Build
6' 1" — Height

Scars, tattoos or distinguishing marks and/or characteristics NA

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 03/26/13
Date — City, County and State

Spouse's full name (Maiden) Glenda DoLatre SS# or ITIN

Date of Birth [illegible] Place of Birth Chicago, Illinois

Resident address 3220 Plaza De Rafael LV NV 89102
Street — City — State — Zip

Telephone: Residence [illegible] Business NA

Spouse's employer NA Occupation Registered Nurse

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
	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
Elijah	[illegible]	Las Vegas	Plaza De Rafael
Luke	[illegible]	Las Vegas	Plaza De Rafael

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 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	Byung Chul Kim	/ /	N. Knox Skokie IL 60076	Retired
Mother	IN SUB KIM (SOHN)	/ /	N. Knox Skokie, IL 60076	Retired
Father-in-Law	ROLANO DOLATRE	/ /	BUCKHORN Island ave Las Vegas, NV 89113	Retired
Mother-in-Law	LUCY DOLATRE (CORPUS)	/ /	1 BUCKHORN ISLAND AVE Las VEGAS, NV 89113	Registered 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
Cynthia Kim	/ /	S. Laflin St. # Chicago, IL 60607	Teacher

Spouse NA

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Devonshire	Skokie, IL	1985 - 1988	Yes No
High School	Niles North	Skokie, IL	1992 - 1996	Yes No
College University	University of IL @Urbana Champaign	IL	Aug 1996 - May 2000	Yes No
Other	NOVA Southeastern Univ.	FL	Aug 2002 - May 2006	Yes No

Type of degree obtained, if any DO

College or university where obtained NOVA Southeastern Univ, FL

Applicant's initial Ae

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
2015 - Present	1 Plaza De Rafael	Las Vegas	NV 89102
2013 - 2015	349 Falcons Fire	Las Vegas	NV 89148
2011 - 2013	1601 Trinco Ct	Las Vegas	NV 89117
2010 - 2011	1540 S. Centinela	Los Angeles	CA 90025
2007 - 2010	2626 North Blvd	Houston	TX 77098
2006 - 2007	9020 N. Knox	Skokie	IL 60076
2003 - 2006	9411 Evergreen PL	Davie	FL 33328
2002 - 2003	2876 S. University Dr.	Davie	FL 33328
2000 - 2002	9020 N. Knox	Skokie	IL 60076
1996 - 2000	University of Illinois College Campus	Urbana, IL	
1980 - 1996	9020 N. Knox	Skokie	IL 60076

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
Dec 2016 - Present	2800 E. Desert Inn Rd, #100, Las Vegas, NV 89121	N/A
Title	**Description of Duties**	**Name of Supervisor**
DO/Partner	Pain Management	Michael Pendleton

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Oct 2011 - Dec 2016	Southern NV Pain Center,6950 W. Desert Inn Rd.,#110, Las Vegas, NV 89117	N/A
Title	**Description of Duties**	**Name of Supervisor**
DO	Pain Management	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2010 - Jun 2011	UCLA, WLA VA Campus	completion of training
Title	**Description of Duties**	**Name of Supervisor**
Fellow	Fellowship training	Quynh Pham, MD

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2007 - Jun 2010	University of Texas - Houston	Completion of Training
Title	**Description of Duties**	**Name of Supervisor**
Resident	Residency training	Gerard Francisco, MD

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2006 - Jun 2007	Advocate Lutheran General	Completion of Training
Title	**Description of Duties**	**Name of Supervisor**
Intern	Internship training	Gary Solomon, MD

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 Adam Boester	Home	5UL Ross St, Houston, TX 77098					18
Employer Methodist	Business						
Name Mazen Hamamth	Home	Whitefield St, Dearborn Hts, MI 48127					18
Employer Premier Pediatrics	Business						
Name Tom Kim	Home	2 Lurking Cave, DeKalb, IL 60115					30
Employer District 219	Business						
Name Khuram Khan	Home	Water Crest Circle, East Parkland, FL, 33076					18
Employer Prestige Anesthesia	Business						3
Name DAN Lee	Home	Hawk Ridge DR, LV, NV 89135					9
Employer Desert Orthopaedic Center	Business	(702) 271 1970					

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
NA			

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

NV 2011 - Current

CA 2010 - Current

AZ 2014 - Current

TX 2008 - 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

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 4/2020

Applicant's initial

STATE OF State

ss.

COUNTY OF Clark

I, Andrew B. Kim, 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 16th day of April 2020

Carol Anne Ball

Notary Public

CAROL ANNE BALL
Notary Public, State of Nevada
Appointment No. 05-96747-1
My Appt. Expires Apr 25, 2021

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial _____

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4/8/2020

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 Business Pharmacy License
Nature of License

Desert Orthopaedic Center Recovery Center, 2800 E. Desert Inn Rd., #200, Las Vegas, NV 89121
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Kang — Last Name
Parminder — First Name
S — Middle Name

Parm
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Dutch Oven Ct. — Present Residence Address-Street or RFD
Las Vegas — City
89178 — State/Zip

2800 E. Desert Inn Rd., #100 — Present Business Address
Dates
Las Vegas — City
89121 — State/Zip

Orthopaedic Surgeon — Occupation
Dates 4/2012 – Present

Phone:
Residence
Business 702-731-1616

Date of Birth
India — Place of Birth (City, County, State)

41 — Age
Social Security Number or ITIN
M — Sex

Brown — Color of Eyes
Black — Color of Hair
Medium — Complexion
218 — Weight
Muscular — Build
5'10" — Height

Scars, tattoos or distinguishing marks and/or characteristics Left chest tattoo (Khunda)

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 11/30/2018 (Date) Las Vegas, Clark, NV (City, County and State)

Spouse's full name (Maiden) Tamara Vannah SS# or ITIN

Date of Birth Place of Birth Las Vegas, Nevada

Resident address Enchanted View Las Vegas NV 89149
Street City State Zip

Telephone: Residence Business

Spouse's employer Vannah & Vannah Occupation Lawyer

Address of employer 400 S. 7th street Las Vegas NV 89101
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
Gurpreet Singh	12/18/12	Houston, TX	Divorce	Flagstaff, Coconino County, AZ

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

Name	Street	City	State	Zip	Telephone
GURPREET SINGH	DECEASED				

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
Sukhamani Kang		Flagstaff, AZ	Enchanted View St Las Vegas, NV
Simran Kang		Las Vegas, NV	Las Vegas, NV, 89149

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 N/A

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	Baldev Kang		1 Emory OAK Drive LAS VEGAS, NV 89138	RETIRED
Mother	Gurmeet Ghuman		"	HOMEMAKER
Father-in-Law	Robert Vannah		Congressional Ct, Las Vegas, NV 89113	
Mother-in-Law	Marsha Dorney		"	

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	Tajinder Kang		1 Emory OAK Drive Las Vegas, NV 89138	Med Student
Spouse	~~Vimmi Kang~~			
Spouse	Vimmi Kang		Corby Street Omaha NE 68116	Doctor
	Awinder Singh		"	Doctor
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Brinley Middle School		1991 - 1993	Yes No
High School	Clark High School		1993-1997	Yes No
College University	University of California at Berkeley (BA)		1997-2001	Yes No
Other	State University of New York Downstate Medical Center		2001-2005	Yes No

Type of degree obtained, if any Medical Doctorate

College or university where obtained State University of New York Downstate Medical Center

Applicant's initial P

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? N Yes → No →

County Clark State NV Date registered 6/1997

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	Disposition/Date	Arresting Agency
11/25/2009	30	Misdemeanor Assault	Houston, TX	Sealed 5/19/2011	Houston Police Dept.

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? 10/21/2014 city, county and state Houston, Harris County, TX

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 N

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
Defendant	10/30/18	A-18-782012-C	Las Vegas, Clark, NV	Pending-10/1/17

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
8/2011 - 8/2017	9191 Dutch Oven Ct.	Las Vegas	NV
8/2017 - Present	Enchanted View St	Las Vegas	NV
7/2010 - 8/2011	530 North Union BLVD, Apt 201	St. Louis, MO	
7/2005 - 7/2010	1330 Old Spanish Trail	Houston, TX	77054
8/2001 - 6/2005	825 New York Avenue Apt 1101	Brooklyn, NY	
8/1997 - 8/2001	2498 Piedmont Avenue	Berkeley, CA	
6/1990 - 7/1997	4613 Stacey Avenue	Las Vegas, NV	

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
May 2012	Desert Orthopaedic Center 2800 E. Desert Inn Rd., #100 Las Vegas, NV 89121	N/A
Title	**Description of Duties**	**Name of Supervisor**
Provider/Partner	Ortho Consults/Surgery/Admin	Michael Pendleton
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2010	Washington University in St. Louis 660 S. Euclid Ave, St. Louis, MO 63110	Finished Fellowship
Title	**Description of Duties**	**Name of Supervisor**
Fellow	Specialized Training in Joint Replacement	John Clohisy
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/2005	Baylor College of Medicine 1 Baylor Plaza, Houston, TX 77030	Finished Residency
Title	**Description of Duties**	**Name of Supervisor**
Resident	Training in Orthopaedics	John Marymont
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2001	SUNY Downstate College of Medicine	Finished school
Title	**Description of Duties**	**Name of Supervisor**
Med Student	Student	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/1997	UC Berkeley	N/A
Title	**Description of Duties**	**Name of Supervisor**
Student	Student	N/A
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 Jaswinder Grover	Home	Smoke Ranch Rd	Las Vegas, NV	89126		(8)
Employer NV Spine Clinic	Business	Orthopaedics			(702) 320 8111	
Name Ed McDougall	Home	1 Bloomington Dr.			( )	89134 (8)
Employer Smith & Nephew	Business		Las Vegas, NV	89134		
Name Marlo Daubs	Home				( )	(8)
Employer Conformis	Business					
Name Thomas Alfreda	Home	9 W Horizon Ridge				06 (7)
Employer Self-Employed	Business	Primary Care Physician				
Name Amanda ~~Davis~~ Graham	Home	Interventional Pain			( )	18 (6)
Employer Self	Business	851 S. Rampart, St. 100, Las Vegas, NV 89145				

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

MD, Nevada 2012-present

MD, MO 2010-2012

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 3/2020

Applicant's initial PD

STATE OF Nevada

ss.

COUNTY OF Clark

I, Parminder S. Kang, 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 16th day of April 2020

Notary Public

CAROL ANNE BALL
Notary Public, State of Nevada
Appointment No. 05-96747-1
My Appt. Expires Apr 25, 2021

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial_____

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

Date 4/15/2020

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 Business Pharmacy License
Nature of Pharmacy or Wholesaler

Desert Orthopaedic Center Recovery Center 2800 E. Desert Inn Rd.#200, Las Vegas, NV 89121
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Miao — Last Name
Michael — First Name
Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Wade Hampton Trail — Present Residence Address-Street or RFD
Henderson — City
NV/89052 — State/Zip

2800 E. Desert Inn Rd., #100 — Present Business Address
Dates
Las Vegas — City
NV/89121 — State/Zip

Present Position with the Pharmacy or Wholesaler
Dates
Phone:
Residence
Business 702-731-1616

(— Date of Birth
Los Angeles, CA — Place of Birth (City, County, State)

57 — Age
Social Security Number or ITIN
M — Sex

Brown	Black	Tan	210	Broad	5' 11"
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 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 5/18/1991 (Date) Honolulu HI (City, County and State)

Spouse's full name (Maiden) Myra Joy Bowlin Soong SS# or ITIN

Date of Birth Place of Birth Honolulu HI

Resident address Wade Hampton Trail (Street) Henderson (City) NV (State) 89052 (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
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
Tyler		Fontana CA	Wade Hampton Trail Henderson, NV 89052
Jared		Las Vegas NV	" "
Ryland		Henderson, NV	" "

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 N/A

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	Deceased			
Father-in-Law	Deceased			
Mother-in-Law	MyRNA Nora Hoang Hee		Hawaiian PL Honolulu	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	Deborah Miao		5 N Granada Ave #15 Alhambra CA 91801	Retired
Spouse	Diana Miao		1 Brentwood Ave SF CA 94127	Dental Hygienist
Spouse	Michael Eng			Banking
Spouse	Pamela Miao		5 Domouse SD CA 92129	School Admin

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Delevan Drive	LA	1968 – 77	Yes No
High School	Flintridge Ave	LA	1977 – 1980	Yes No
College University	Harvard University	MA	1980 - 1984	Yes No
Other	University of Southern Calif	CA	1986 - 1991	Yes No

Type of degree obtained, if any Medical Doctorate

College or university where obtained University of So Calif

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 LA State CA Date registered 1981

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 a

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
Defendant ~~[illegible]~~	1998	N/A	Fontana LA CA California	Settled 5/20/99
Defendant ~~[illegible]~~	2001	N/A	Fontana LA California	~~Defense~~ 2002
Defendant ~~[illegible]~~	1998	N/A	Fontana LA California	Defense 2001
Defendant ~~[illegible]~~	1998	N/A	" " "	Dismissed 1999

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
9/2001 - Current	Wade Hampton Trail	Henderson	NV 89052
5/2000 - 9/2001	93 Fountainhead Circle	"	" "
8/1997 - 5/2000	7426 Butterfield Place	Rancho Cucamonga	CA 91730
8/1996 - 8/1997	3718 Colina Dorada Dr #B106	San Diego	CA 92124
6/1991 - 8/1996	5600 Mumbell Road	Pittsburgh	PA 15217

Applicant's initial [signature]

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
6/2000	Desert Orthopaedic Center 2800 E. Desert Inn Rd., #100 Las Vegas, NV 89121	N/A
Title	**Description of Duties**	**Name of Supervisor**
MD/Partner	Ortho Surgery/Sports Med	Michael Pendleton

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/1997- 5/2000	So. Calif Permanente Medical Group, 9985 Sierra Ave, Fontana, CA 92335	Moved out of state
Title	**Description of Duties**	**Name of Supervisor**
MD	Ortho Surgery/Sports Med	David Anderson MD

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 _____

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 Connie Mulick	Home	6 N Green Valley Pkwy	Henderson	NV 89074		20
Employer N/A	Business	N/A				
Name Jennifer Kwok	Home	9 Aragon Canyon St.	LV	NV 89135		2
Employer N/A	Business	N/A				
Name Kelly Tourek	Home	Desert Highlands Dr	Henderson	NV 89052		10
Employer N/A	Business	N/A				
Name Dawn Soong	Home	Newport Isle Ct	LV	NV 89117		18
Employer N/A	Business	N/A				
Name Michele Chia	Home	9 Via Savona	Henderson	NV 89052		20
Employer N/A	Business	N/A				

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

MD HI 2000-Current

MD CA 1996 - Current

MD NV 2000-Current

MD PA 1991-1996

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 4/2020

Applicant's initial

STATE OF Nevada

ss.

COUNTY OF Clark

I, Michael Miao, 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 16th day of April 2020

Carol Anne Ball

Notary Public

CAROL ANNE BALL
Notary Public, State of Nevada
Appointment No. 05-96747-1
My Appt. Expires Apr 25, 2021

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial _____

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4/15/2020

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 Business Pharmacy License
Nature of License

Desert Orthopaedic Center Recovery Center, 2800 E. Desert Inn Rd., #200, Las Vegas, NV 89121
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Watson — Troy — S.
Last Name — First Name — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Kittansett Loop — Henderson, — NV 89052
Present Residence Address-Street or RFD — City — State/Zip

2800 E. Desert Inn Rd., #100, — Dates — Las Vegas, — NV 89121
Present Business Address — City — State/Zip

Physician/Partner — Dates — 6/1/2000 - Present
Occupation

Phone: Residence
Business 702-731-1616

Los Angeles, CA
Date of Birth — Place of Birth (City, County, State)

54 — Male
Age — Social Security Number or ITIN — Sex

Green — Brown — 165 — 5'9"
Color of Eyes — Color of Hair — Complexion — Weight — Build — Height

Scars, tattoos or distinguishing marks and/or characteristics Ø

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 TSW

MARITAL INFORMATION-Continued

A. Current Marriage 8/24/1996 (Date) Los Angeles, CA (City, County and State)

Spouse's full name (Maiden) Judith Batliner Walter SS# or ITIN

Date of Birth 1701 Place of Birth Los Angeles

Resident address Kittansett Loop (Street) Henderson (City) NV (State) 89052 (Zip)

Telephone: Residence Business

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
None				

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

Name	Street	City	State	Zip	Telephone
None					

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
Skyler	"	Charlotte NC	Same as above
Clayton	"	Charlotte NC	
Chloe	"	Las Vegas	

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 BW

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	Harriette Watson		Mission Viejo, CA	Retired Teacher
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	Brooks Watson		Austin, TX	Retired
Spouse	Sharon Watson		Carmel	Restaurant Owner
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes No
High School	Capistrano Valley High School		1980 - 1983	Yes No
College University	University of Southern California		8/1983 - 12/1987	Yes No
Other	Georgetown University, Washington, DC		8/1990 - 5/1994	Yes No

Type of degree obtained, if any MD

College or university where obtained Georgetown University, Washington, DC

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 Bre

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
	Kittansett Loop	Henderson,	NV 89052
	Clear Crossing Trail	Henderson,	NV 89052

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
6/2000	Desert Orthopaedic Center 2800 E. Desert Inn Rd.,#100, Las Vegas, NV 89121	N/A
Title	**Description of Duties**	**Name of Supervisor**
MD/Partner	Ortho Foot/Ankle Consults/Surgeries/Admin	Michael Pendleton

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**

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 TBW

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 Roman Sibel	Home					
Employer	Business	3175 St. Rose Pkwy	Henderson	NV 89052	702.434.6920	10yrs
Name Jameson Noorda	Home					
Employer	Business	68 N. Pecos Rd. Ste. A	Henderson	NV 89074	702.456.1411	10yrs.
Name Jonathan Camp	Home					
Employer	Business	1525 E. Windmill Ln. Ste. 201	Las Vegas	NV 89123	702.434.6920	10yrs
Name Jason Terno	Home					
Employer	Business	2779 W. Horizon Ridge Pkwy #200	Henderson	NV 89052	702.990.2290	7yrs
Name Michael Coretti	Home					
Employer	Business	2779 W. Horizon Ridge Pkwy	Henderson	NV 89052	702.990.2290	7yrs.

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

NC 1999-2000
GA 1997-1997
LA 1995-2000
NV 2000- 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 _____

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 March 2020

Applicant's initial

STATE OF Nevada

ss.

COUNTY OF Clark

I, Troy S. Watson, 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 15 April 2020 day of

Jocelyn Marie Brady

Notary Public

JOCELYN MARIE BR
NOTARY PUBLIC
STATE OF NEVAD
APPT. NO. 19-4356
MY APPT. EXPIRES AUGUST

(seal)

JOCELYN MARIE BRADY
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 19-4356-01
MY APPT. EXPIRES AUGUST 21, 2023

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial _____

5RRR

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 ~~[illegible]~~
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: 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		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: 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 Navratil 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 Navratil 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 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

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: NAVRATIL | First Name: DAVID | Middle Name: LLOYD

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise): NONE

Present Residence Address-Street or RFD: 7 DAVINA ST | Dates: 12/23/1991 - PRES | City: HENDERSON | State/Zip: NV 89074

Present Business Address: SAME | Dates: | City: | State/Zip:

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

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 PREDJUDICE 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	; DAVINA ST	HENDERSON	NV

Applicant's initial DY

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
8/1994 - 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**

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 DN

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	702-467-0110	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 LACANADA 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 8/1

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

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

ADDITIONAL INFORMATION

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	Dates	City	State/Zip
876 Seven Hills Dr.		Henderson	NV 89052

Occupation

Phone: Residence

Business 702-750-1038

Date of Birth

Place of Birth (City, County, State) Saginaw, Saginaw, MI

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	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

6

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

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.

6A

FILED
DEC 13 2019
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTIN A. HESTDALEN, MD,** **Certificate of Registration No. CS11061,** **Respondent.**	**Case No. 19-228-CS-N** **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 and this respondent because at the time of the alleged events, Respondent Kristin A. Hestdalen, MD, held an expired Nevada Controlled Substance Registration, Certificate No. CS11061, issued by the Board.

FACTUAL ALLEGATIONS

II.

Respondent failed to timely renew her Certificate of Registration No. CS11061, which expired on October 31, 2018.

III.

Respondent wrote two-hundred sixty-three prescriptions for controlled substances between November 1, 2018 and May 3, 2019.

IV.

The Board approved a new Controlled Substance Registration for Respondent on December 4, 2019.

APPLICABLE LAW

V.

It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a); NRS 639.100(1).

VI.

A prescription for a controlled substance may be issued only by an individual practitioner who is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 CFR § 1306.03(a)(1). Every practitioner who prescribes any controlled substance within this State shall obtain biennially a registration issued by the Board. NRS 453.226(1).

VII.

Failure to renew a certificate of registration by failing to submit the application for renewal is grounds for suspension or revocation of that registration by the Board. NRS 639.210(13).

VIII.

It is unlawful for any person falsely to represent himself as a practitioner entitled to write prescriptions in this State. NRS 639.2813(1).

IX.

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).

X.

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).

XI.

The Board may suspend or revoke a registration to prescribe 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).

FIRST CAUSE OF ACTION

XII.

By failing to timely renew her Certificate of Registration CS11061, Respondent is subject to discipline pursuant to NRS 639.210(13) and NRS 639.255.

SECOND CAUSE OF ACTION

XIII.

By writing two-hundred sixty-three prescriptions for controlled substances between November 1, 2018 and May 3, 2019, without a valid registration, Respondent violated 21 CFR § 1306.03 and is subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

THIRD CAUSE OF ACTION

XIV.

By writing two-hundred sixty-three prescriptions for controlled substances between November 1, 2018 and May 3, 2019, without a valid registration, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.2813(1) and/or 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

FOURTH CAUSE OF ACTION

XV.

By writing two-hundred sixty-three prescriptions for controlled substances between November 1, 2018 and May 3, 2019, without a valid registration, Respondent committed an act that would render her Nevada Controlled Substance Registration, Certificate No. CS11061, inconsistent

with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

XVI.

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.

Signed this 13th day of December, 2019.

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 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 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,	)	**CASE NO. 19-228-CS-S**
Petitioner,	)	
v.	)	
KRISTIN A. HESTDALEN, MD,	)	**STATEMENT TO THE RESPONDENT**
Certificate of Registration No. CS11061,,	)	**AND NOTICE OF HEARING**
Respondent.	)	

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, January 15, 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 December, 2019.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of December, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kristin A. Hestdalen
691 Sierra Rose Ln #B
Reno, NV 89511
NIA 19-228-CS-S

Lyn E. Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

SHIRLEY HUNTING

FILED
JAN 21 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 19-228-CS-N**
Petitioner,	)	
v.	)	**ANSWER AND NOTICE OF DEFENSE**
KRISTIN A. HESTDALEN, M.D. **Certificate of Registration No. CS11061**	)	
Respondent.	)	

Respondent Kristin A. Hestdalen, M.D. hereby files with the Nevada State Board of Pharmacy ("Board"), her Answer and Notice of Defense.

1. Respondent Kristin A. Hestdalen, M.D., hereby declares that she does not object to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her.

2. Respondent Kristin A. Hestdalen, M.D. answers the Notice of Intended Action and Accusation as follows:

Factual Allegations: Paragraphs II through IV

Paragraph II: Dr. Hestdalen admits and agrees with the assertions set forth therein to the extent that she became aware in May 2019 that she had failed to timely renew her Certificate of Registration in October 2018.

Paragraph III: Dr. Hestdalen admits and agrees with the assertions set forth therein to the extent that she did write prescriptions for controlled substances between November 1, 2018 and early April, 2019; no prescriptions were written after that date but may have been filled at a later date. Dr. Hestdalen is without sufficient knowledge regarding the exact amount of prescriptions

written. Dr. Hestdalen notes that all prescriptions written were within the scope of her psychiatric practice and that she wrote the prescriptions without realizing that her Certificate of Registration had lapsed. Dr. Hestdalen asserts that she had moved her offices prior to the expiration of her Registration and did not recall receiving any correspondence regarding the expired Registration at her new address.

Paragraph IV: Dr. Hestdalen admits and agrees with the assertions set forth therein;

Applicable Law: Paragraphs V through XI

Dr. Hestdalen agrees that Paragraphs V through XI of the Accusation accurately reflect current Nevada law.

Causes of Action: Paragraphs XII through XV

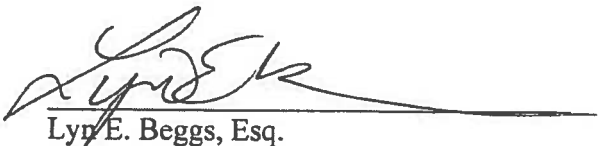
First cause of action (paragraph XII): Dr. Hestdalen declines to respond to the allegations set forth therein.

Second cause of action (paragraph XIII): Dr. Hestdalen declines to respond to the allegations set forth therein.

Third cause of action (paragraph XIV): Dr. Hestdalen declines to respond to the allegations set forth therein.

Fourth cause of action (paragraph XV): Dr. Hestdalen declines to respond to the allegations set forth therein.

Respectfully submitted this 21st day of January, 2020.



Lyn E. Beggs, Esq.
Attorney for Respondent Kristin A. Hestdalen, M.D.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 21st day of January, 2020.

Kristin A. Hestdalen, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTIN A. HESTDALEN, MD,** **Certificate of Registration No. CS11061,** **Respondent.**	**Case No. 19-228-CS-N** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Kristin A. Hestdalen, MD, Certificate of Registration No. CS11061, by and through counsel, Lyn E. Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about December 13, 2019, Board Staff properly served Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of her right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. 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).

5. 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 Paragraphs 8, 13 and 14 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 him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent failed to timely renew her Certificate of Registration No. CS11061, which expired on October 31, 2018, in violation of NRS 639.210(13), and

B. While Respondent held an expired Nevada Controlled Substance Registration, she wrote two-hundred sixty-three prescriptions for controlled substances between November 1, 2018 and May 3, 2019, in violation of NRS 453.226(1), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.2813(1) and/or 21 CFR § 1306.03.

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. The Board approved a new Controlled Substance Registration for Respondent on December 4, 2019, at which time Respondent appeared before the Board to answer questions and give testimony regarding her application and the facts and circumstances regarding this matter.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Kristin A. Hestdalen, MD, Certificate of Registration No. CS11061, shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations; and

C. Pay Nine-Hundred and Fifty Dollars ($950.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. 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 by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. 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 March 18, 2020, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

12. 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.

13. 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.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to 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 located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, in monthly installments of $500.00 for ten months and due on the first date of each month commencing May 1, 2020.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein 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.

16. 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 March, 2020

KRISTIN A. HESTDALEN, MD,
Certificate of Registration NoCS11061

Signed this ___ day of March, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this ___ day of March, 2020

LYN E. BEGGS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Kristin A. Hestdalen, MD, Certificate of Registration No. CS11061, in Case No. 19-228 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of March, 2020.

_____
Helen Park, President
Nevada State Board of Pharmacy

6B

FILED 1433
FEB 06 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH,** **Certificate of Registration No. 18575,** **WALGREENS PHARMACY #7864,** **License No. PH01977.** **Respondents.**	**CASE NOS. 17-081-RPH-S** **17-081-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 Silvia Torres (Torres), Certificate of Registration No. 18575, was a pharmacist registered with the Board and respondent Walgreens Pharmacy #7864 (Walgreens), License No. PH01977, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

Torres was employed by Walgreens #7864 at the time of the events alleged herein.

III.

On August 14, 2017, D.O. saw his physician and received a prescription for losartan potassium oral tablet ***50 mg***. with directions to take one tablet daily. The prescription allowed for four (4) refills.

IV.

D.O. tendered the prescription to Walgreens where pharmaceutical technician Xochitl Coin (Coin)[i] performed data entry in Walgreens's computer system. The computer system designated the prescription as no. 1593346.

V.

During data entry, Coin mistakenly selected losartan potassium oral tablet ***25 mg.*** with directions to take one tablet daily, half the dosage amount prescribed.

VI.

Torres is on record as the verifying pharmacist for prescription no. 1593346. She failed to detect the medication error when she verified data entry as accurate and performed the final product review.

VII.

The change in strength from 50 mg. to 25 mg. required the pharmacist to counsel the patient.

VIII.

Walgreens's computer patient "Consultation Required" field indicated "Y" for prescription no. 1593346. Torres documented that the patient declined counseling.

IX.

D.O. was not offered counseling.

X.

D.O. discovered the error prior to ingesting the medication.

FIRST CAUSE OF ACTION

(Respondent Torres)

XI.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent,

---

[i] At the time of the alleged events, Xochitl Coin's last name was Dominquez.

unskillful, or negligent manner." 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.)

Respondent Torres violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified the data and final product on prescription no. 1593346 as accurate when it was not, which resulted in Walgreens dispensing losartan potassium ***25 mg***. tablets rather than losartan potassium ***50 mg***. tablets as prescribed. Torres is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION
(Respondent Torres)

XII.

NRS 639.266(1) requires a pharmacist to "communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient." NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling "at the time that counseling is provided or refused." A pharmacist who performs those duties in an "incompetent, unskillful or negligent manner" engages in unprofessional conduct in violation of NAC 639.945(1)(i).

Respondent Torres violated NRS 639.266(1), NAC 639.707(1),(2) and/or (4) and engaged in unprofessional conduct in violation of NAC 639.945(1)(i) by failing to adequately counsel D.O. regarding prescription no. 1593346. That error, combined with other errors within the pharmacy, caused Walgreens to dispense losartan potassium ***25 mg***. tablets rather than

losartan potassium ***50 mg***. tablets as prescribed. Torres is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

THIRD CAUSE OF ACTION
(Respondent Walgreens #7864)

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, Walgreens Pharmacy #7864 is responsible for any violations of law by Torres 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 6th day of February, 2020.

J. David Wuest, Deputy 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.** **SILVIA TORRES, RPH** **Certificate of Registration No. 18575,** **Respondent.**	**CASE NOS. 17-081-RPH-S** **STATEMENT TO THE RESPONDENT** **NOTICE OF INTENDED ACTION** **AND ACCUSATION** **RIGHT TO 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

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:

Silvia Torres, R.Ph.
10656 College Hill Avenue
Las Vegas, NV 89166

Walgreens Pharmacy #07864
7755 N. Durango Drive
Las Vegas, NV 89131

William J. Stilling, Esq.
215 South State Street, Suite 500
Salt Lake City, UT 84111

SHIRLEY HUNTING

FILED
MAR 10 2020
NEVADA STATE BOARD OF PHARMACY

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-980-1888
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlaw.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CATHY SILVIA TORRES, RPH** **Certificate of Registration No. 18757,** **W ALGREENS PHARMACY #7864** **Certificate of Registration No. PH01977,** **Respondents.**	**CASE NOS. 17-081-RPH-A-S** **17-081-PH-B-S** **17-081-PH-S** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents Silvia Torres, R.Ph. and Walgreens Pharmacy #7864 by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice of Intended Action and Accusation and will be available on March 18, 2020 in Las Vegas, Nevada.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice of Intended Action and Accusation, Respondents admit, deny, and allege as follows:

JURISDICTION

I.

Respondents admit the allegations in paragraph I.

FACTUAL ALLEGATIONS

II.

Respondents admit the allegations in paragraph II.

III.

Respondents lack sufficient knowledge to admit or deny the allegations in paragraph III describing D.O. activities and therefore deny the same.

IV.

Respondents admit that D.O. tendered a prescription for losartan potassium oral tablet 50 mg which prescription was designated as no. 1593346.

V.

Respondents lack sufficient knowledge to admit or deny the allegations addressing the activities of Ms. Coin in paragraph V and therefore deny the same.

VI.

Respondents admit that Ms. Torres was the verifying pharmacist for prescription no. 1593346 and that she did not detect the 25 mg dosage when she verified the prescription.

VII.

Paragraph VII reflects a legal conclusion to which no admission or denial response is required.

VIII.

Respondents admit the allegations in paragraph VIII.

IX.

Respondents deny the allegations in paragraph IX. D.O. denied counseling.

X.

Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph IV and therefore deny the same.

FIRST CAUSE OF ACTION
(Respondent Torres)

XI.

Respondents deny the allegations in paragraph XI.

SECOND CAUSE OF ACTION
(Respondent Torres)

XII.

Respondents deny the allegations in paragraph XII.

THIRD CAUSE OF ACTION
(Respondent Walgreens #7864)

XIII.

Respondents deny the allegations in paragraph XIII.

OTHER DEFENSES

Each cause of action fails to state a claim upon which relief can be granted.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

1. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

2. To the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

PRAYER FOR RELIEF

1. That the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

2. That the Board dismiss all Causes of Acton in in the Notice.

3. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 10th day of March 2020.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Silvia Torres, R.Ph.
Walgreens Pharmacy # 78642

CERTIFICATE OF SERVICE

I hereby certify that on March 10, 2020, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
bkandt@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH,** **Certificate of Registration No. 18575,** **WALGREENS PHARMACY #7864,** **Pharmacy License No. PH01977.** **Respondents.**	**CASE NOS. 17-081-RPH-S** **17-081-PH-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent Silvia Torres (Torres), Certificate of Registration No. 18575, and Respondent Walgreens Pharmacy #7864 (Walgreens), Pharmacy License No. PH01977, by and through their counsel, William J. Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about February 6, 2020, Board Staff properly served each Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about March 10, 2020, Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them 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).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of Paragraphs 9, 10, 11, 16 and 17 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondents do not contest the allegations in the Accusation, but acknowledge 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. Respondent Torres violated NAC 639.252(2) and NAC 639.945(1)(d) when she verified the data and final product on Prescription No. 1593346 as accurate when it was not, which resulted in Walgreens dispensing losartan potassium ***25 mg***. tablets rather than losartan potassium ***50 mg***. tablets as prescribed, and is subject to discipline pursuant to NRS 639.210(4) and (12).

B. Respondent Torres violated NRS 639.266(1), NAC 639.707(1), (2) and/or (4), and/or NAC 639.945(1)(i) by failing to discuss the medication sufficiently with the patient to detect that she was dispensing a wrong medication, and is subject to discipline pursuant to NRS 639.210(4) and/or (12); and

C. As the pharmacy at which the violations of law alleged herein occurred, Walgreens Pharmacy #7864 is responsible for any violations of law by Torres pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent Torres admitting to the allegations in the Accusation, the Board and Respondent Torres stipulate to the following penalties. Respondent Silvia Torres, Certificate of Registration No. 18575, shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a pharmacist;

B. Pay a fine of One-Thousand Dollars ($1,000.00) for the alleged violations;

C. Pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours she must otherwise complete to maintain licensure. Respondent must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this Order.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent Pharmacy #7864 admitting to the allegations in the Accusation, the Board and Respondent Walgreens Pharmacy ##7864 stipulate to the following penalties. Respondent Pharmacy #7864 (Walgreens), Pharmacy License No. PH01977, shall:

A. Pay a fine of One-Thousand Dollars ($1,000.00) for the alleged violations; and

B. Pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

11. Any failure by any 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 that 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 by that Respondent, the Board may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapter 639.

12. 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 March 18, 2020, in Las Vegas, Nevada. Respondents and their authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

13. 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.

14. 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.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to 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 located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein 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.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, 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.

Respondents, and each of them, have 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 have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June, 2020

_____
SILVIA TORRES, RPH,
Certificate of Registration No. 18575

Signed this ___ day of June, 2020

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of June, 2020

_____
WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

APPROVED AS TO FORM AND CONTENT this ___ day of June, 2020

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Silvia Torres, Certificate of Registration No. 18575, and Respondent Walgreens Pharmacy #7864, Pharmacy License No. PH01977, in Case No. 17-081 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June, 2020.

_____
Helen Park, President
Nevada State Board of Pharmacy

6C

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **License No. PH01977,** **Respondent.**	**CASE NOS. 17-081-PH-S** **STATEMENT TO THE RESPONDENT** **NOTICE OF INTENDED ACTION** **AND ACCUSATION** **RIGHT TO 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

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:

Silvia Torres, R.Ph.
10656 College Hill Avenue
Las Vegas, NV 89166

Walgreens Pharmacy #07864
7755 N. Durango Drive
Las Vegas, NV 89131

William J. Stilling, Esq.
215 South State Street, Suite 500
Salt Lake City, UT 84111

SHIRLEY HUNTING

FILED
MAR 10 2020
NEVADA STATE BOARD
OF PHARMACY

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-980-1888
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlaw.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CATHY SILVIA TORRES, RPH** **Certificate of Registration No. 18757,** **W ALGREENS PHARMACY #7864** **Certificate of Registration No. PH01977,** **Respondents.**	**CASE NOS. 17-081-RPH-A-S** **17-081-PH-B-S** **17-081-PH-S** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents Silvia Torres, R.Ph. and Walgreens Pharmacy #7864 by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice of Intended Action and Accusation and will be available on March 18, 2020 in Las Vegas, Nevada.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice of Intended Action and Accusation, Respondents admit, deny, and allege as follows:

JURISDICTION

I.

Respondents admit the allegations in paragraph I.

FACTUAL ALLEGATIONS

II.

Respondents admit the allegations in paragraph II.

III.

Respondents lack sufficient knowledge to admit or deny the allegations in paragraph III describing D.O. activities and therefore deny the same.

IV.

Respondents admit that D.O. tendered a prescription for losartan potassium oral tablet 50 mg which prescription was designated as no. 1593346.

V.

Respondents lack sufficient knowledge to admit or deny the allegations addressing the activities of Ms. Coin in paragraph V and therefore deny the same.

VI.

Respondents admit that Ms. Torres was the verifying pharmacist for prescription no. 1593346 and that she did not detect the 25 mg dosage when she verified the prescription.

VII.

Paragraph VII reflects a legal conclusion to which no admission or denial response is required.

VIII.

Respondents admit the allegations in paragraph VIII.

IX.

Respondents deny the allegations in paragraph IX. D.O. denied counseling.

X.

Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph IV and therefore deny the same.

FIRST CAUSE OF ACTION
(Respondent Torres)

XI.

Respondents deny the allegations in paragraph XI.

SECOND CAUSE OF ACTION
(Respondent Torres)

XII.

Respondents deny the allegations in paragraph XII.

THIRD CAUSE OF ACTION
(Respondent Walgreens #7864)

XIII.

Respondents deny the allegations in paragraph XIII.

OTHER DEFENSES

Each cause of action fails to state a claim upon which relief can be granted.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

1. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

2. To the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

PRAYER FOR RELIEF

1. That the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

2. That the Board dismiss all Causes of Acton in in the Notice.

3. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 10th day of March 2020.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Silvia Torres, R.Ph.
Walgreens Pharmacy # 78642

CERTIFICATE OF SERVICE

I hereby certify that on March 10, 2020, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
bkandt@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

6D

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.** **JOSHUA AIGHOBAHI, RPH,** **Certificate of Registration No. 18747,** **Respondent.**	**CASE NO. 19-035-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 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 17th 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.** **JOSHUA AIGHOBAHI, RPH,** **Certificate of Registration No. 18747,** **Respondent.**	**CASE NO. 19-035-RPH-A-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.

_____

JOSHUA AIGHOBAHI, 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

March 6, 2020

J. David Wuest, R. Ph., Executive Secretary
Nevada State Board Pharmacy
985 Damonte Ranch Pkwy., Suite 206
Reno, Nevada 89521-4881

Re: Surrender of Certificate of Pharmacy Registration #18747

Dear Mr. Wuest:

This letter is to notify you that I hereby surrender my Certificate of Pharmacy Registration #18747, in accordance with NRS 639.2107.

Sincerely,

Joshua Aighobahi

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** **(Respondents Joshua Aighobahi,** **Felicia Aighobahi and** **Divine Touch Services Pharmacy)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747, Respondent Felicia Aighobahi, Certificate of Registration No. PT17660, and Respondent Divine Touch Services Pharmacy, License No. PH03411 (Divine Touch), by and through their counsel, Persi J. Mishel, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about February 18, 2020, Respondents were 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. On or about March 6, 2020, through their legal counsel, Joshua Aighobahi voluntarily surrendered Certificate of Registration No. 18747, Felicia Aighobahi voluntarily surrendered Certificate of Registration No. PT17660, and Joshua Aighobahi on behalf of Divine Touch voluntarily surrendered License No. PH03411. A true and correct copy of the documentation of voluntarily surrender is attached as **EXHIBIT A** hereto.

3. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them 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).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of Paragraphs 8-10 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondents do not contest the allegations in the Accusation, but acknowledge 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 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).

B. 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).

C. 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).

D. 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).

E. 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).

F. 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. § 846, and are subject to discipline pursuant to NRS 639.210(9), (11) and (12).

G. 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 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).

H. By failing to include the expiration date for medication on prescription labels, Joshua Aighobahi 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).

I. 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.

J. As the managing pharmacist of Divine Touch and the only registered pharmacist employed in the pharmacy until approximately October 31, 2019, Joshua is responsible for the violations during that time frame, 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).

K. As the owner of Divine Touch at the time of the violations 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).

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747 stipulate to the following penalties:

A. By voluntarily surrendering his Certificate of Registration No. 18747 while this administrative action was pending, Joshua Aighobahi is subject to discipline pursuant to NRS 233B.121(6).

B. Joshua Aighobahi may not work for any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has petitioned the Board for reinstatement pursuant to NRS 622A.410 and NRS 639.257 and the Board reinstates his certificate of registration.

C. Joshua Aighobahi may not petition for reinstatement of his certificate of registration for a period of one (1) year from the effective date of this Order.

D. In the event Joshua Aighobahi applies for reinstatement, or for any other certificate, license or permit with the Board he shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

E. In the event Joshua Aighobahi applies for reinstatement, or for any other certificate, license or permit with the Board, he shall successfully complete an evaluation of his competence to practice pharmacy pursuant to NRS 639.2445.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Felicia Aighobahi, Certificate of Registration No. PT17660, stipulate to the following penalties:

A. By voluntarily surrendering her Certificate of Registration No. PT17660 while this administrative action was pending, Felicia Aighobahi is subject to discipline pursuant to NRS 233B.121(6).

B. Felicia Aighobahi may not work for any facility licensed by the Board, including a pharmacy, in any capacity unless and until she has petitioned the Board for reinstatement pursuant to NRS 622A.410 and NRS 639.257 and the Board reinstates her certificate of registration.

C. Felicia Aighobahi may not petition for reinstatement of her certificate of registration for a period of one (1) year from the effective date of this Order.

D. In the event Felicia Aighobahi applies for reinstatement, or for any other certificate, license or permit with the Board, she shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Divine Touch Services Pharmacy, License No. PH03411, stipulate to the following penalties:

A. By voluntarily surrendering License No. PH03411 while this administrative action was pending, Divine Touch is subject to discipline pursuant to NRS 233B.121(6).

B. Divine Touch Services Pharmacy may not operate in any capacity unless and until it has petitioned the Board for reinstatement pursuant to NRS 622A.410 and NRS 639.257 and the Board reinstates its pharmacy license.

C. Divine Touch may not petition for reinstatement of its pharmacy license for a period of one (1) year from the effective date of this Order.

D. In the event Divine Touch applies for reinstatement, or for any other certificate, license or permit with the Board, Joshua Aighobahi shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

11. In addition to the foregoing penalties, Respondent Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747, Respondent Felicia Aighobahi, Certificate of Registration No. PT17660, and Respondent Divine Touch Services Pharmacy, License No. PH03411, further stipulate to the following:

A. Payment of a fine of Two-Thousand Five-Hundred Dollars ($2500.00) pursuant to NRS 639.255(1)(f) for which Respondents shall be jointly and severally liable; and

B. Payment of Three-Thousand Dollars ($3000.00) to partially reimburse the Board for attorney's fees and costs incurred in investigating and prosecuting this matter that are recoverable pursuant to NRS 622.400, for which Respondents shall be jointly and severally liable.

10. Any failure by any 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 that 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 by that respondent, the Board may impose additional discipline upon that respondent not inconsistent with the provisions of NRS Chapter 639.

11. 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 March 18, 2020, in Las Vegas, Nevada. Respondents and their authorized representative(s) 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 Respondents or their counsel are not present at the meeting.

12. 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.

13. 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.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fine agreed to 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 located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this order.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein 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.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, 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.

Respondents, and each of them, have 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 have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of March, 2020

JOSHUA AIGHOBAHI, RPH,
Certificate of Registration No. 18747

Signed this ___ day of March, 2020

FELICIA AIGHOBAHI, PT,
Certificate of Registration No. PT17660

Signed this ___ day of March, 2020

DIVINE TOUCH SERVICES PHARMACY,
Pharmacy License No. PH03411

APPROVED AS TO FORM AND CONTENT this ___ day of March, 2020

PERSI J. MISHEL, ESQ.
Counsel for Respondents

Signed this ___ day of March, 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 Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747, Respondent Felicia Aighobahi, Certificate of Registration No. PT17660, and Respondent Divine Touch Services Pharmacy, License No. PH03411, 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 March, 2020.

_____
Helen Park, President
Nevada State Board of Pharmacy

6E

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FELICIA AIGHOBAHI, PT,** **Certificate of Registration No. PT17660,** **Respondent.**	**CASE NO. 19-035-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 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.** **FELICIA AIGHOBAHI, PT** **Certificate of Registration No. PT17660,** **Respondent.**	**CASE NO. 19-035-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.

_____

FELICIA AIGHOBAHI, PT

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

March 6, 2020

J. David Wuest, R. Ph., Executive Secretary
Nevada State Board Pharmacy
985 Damonte Ranch Pkwy., Suite 206
Reno, Nevada 89521-4881

Re: Surrender of Certificate of Registration PT17660

Dear Mr. Wuest:

This letter is to notify you that I hereby surrender my Certificate of Registration PT17660 in accordance with NRS 639.2107.

Sincerely,

Felicia Aighobahi

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** **(Respondents Joshua Aighobahi,** **Felicia Aighobahi and** **Divine Touch Services Pharmacy)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747, Respondent Felicia Aighobahi, Certificate of Registration No. PT17660, and Respondent Divine Touch Services Pharmacy, License No. PH03411 (Divine Touch), by and through their counsel, Persi J. Mishel, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about February 18, 2020, Respondents were 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. On or about March 6, 2020, through their legal counsel, Joshua Aighobahi voluntarily surrendered Certificate of Registration No. 18747, Felicia Aighobahi voluntarily surrendered Certificate of Registration No. PT17660, and Joshua Aighobahi on behalf of Divine Touch voluntarily surrendered License No. PH03411. A true and correct copy of the documentation of voluntarily surrender is attached as **EXHIBIT A** hereto.

3. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them 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).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of Paragraphs 8-10 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondents do not contest the allegations in the Accusation, but acknowledge 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 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).

B. 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).

C. 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).

D. 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).

E. 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).

F. 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. § 846, and are subject to discipline pursuant to NRS 639.210(9), (11) and (12).

G. 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 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).

H. By failing to include the expiration date for medication on prescription labels, Joshua Aighobahi 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).

I. 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.

J. As the managing pharmacist of Divine Touch and the only registered pharmacist employed in the pharmacy until approximately October 31, 2019, Joshua is responsible for the violations during that time frame, 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).

K. As the owner of Divine Touch at the time of the violations 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).

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747 stipulate to the following penalties:

A. By voluntarily surrendering his Certificate of Registration No. 18747 while this administrative action was pending, Joshua Aighobahi is subject to discipline pursuant to NRS 233B.121(6).

B. Joshua Aighobahi may not work for any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has petitioned the Board for reinstatement pursuant to NRS 622A.410 and NRS 639.257 and the Board reinstates his certificate of registration.

C. Joshua Aighobahi may not petition for reinstatement of his certificate of registration for a period of one (1) year from the effective date of this Order.

D. In the event Joshua Aighobahi applies for reinstatement, or for any other certificate, license or permit with the Board he shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

E. In the event Joshua Aighobahi applies for reinstatement, or for any other certificate, license or permit with the Board, he shall successfully complete an evaluation of his competence to practice pharmacy pursuant to NRS 639.2445.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Felicia Aighobahi, Certificate of Registration No. PT17660, stipulate to the following penalties:

A. By voluntarily surrendering her Certificate of Registration No. PT17660 while this administrative action was pending, Felicia Aighobahi is subject to discipline pursuant to NRS 233B.121(6).

B. Felicia Aighobahi may not work for any facility licensed by the Board, including a pharmacy, in any capacity unless and until she has petitioned the Board for reinstatement pursuant to NRS 622A.410 and NRS 639.257 and the Board reinstates her certificate of registration.

C. Felicia Aighobahi may not petition for reinstatement of her certificate of registration for a period of one (1) year from the effective date of this Order.

D. In the event Felicia Aighobahi applies for reinstatement, or for any other certificate, license or permit with the Board, she shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Divine Touch Services Pharmacy, License No. PH03411, stipulate to the following penalties:

A. By voluntarily surrendering License No. PH03411 while this administrative action was pending, Divine Touch is subject to discipline pursuant to NRS 233B.121(6).

B. Divine Touch Services Pharmacy may not operate in any capacity unless and until it has petitioned the Board for reinstatement pursuant to NRS 622A.410 and NRS 639.257 and the Board reinstates its pharmacy license.

C. Divine Touch may not petition for reinstatement of its pharmacy license for a period of one (1) year from the effective date of this Order.

D. In the event Divine Touch applies for reinstatement, or for any other certificate, license or permit with the Board, Joshua Aighobahi shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

11. In addition to the foregoing penalties, Respondent Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747, Respondent Felicia Aighobahi, Certificate of Registration No. PT17660, and Respondent Divine Touch Services Pharmacy, License No. PH03411, further stipulate to the following:

A. Payment of a fine of Two-Thousand Five-Hundred Dollars ($2500.00) pursuant to NRS 639.255(1)(f) for which Respondents shall be jointly and severally liable; and

B. Payment of Three-Thousand Dollars ($3000.00) to partially reimburse the Board for attorney's fees and costs incurred in investigating and prosecuting this matter that are recoverable pursuant to NRS 622.400, for which Respondents shall be jointly and severally liable.

10. Any failure by any 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 that 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 by that respondent, the Board may impose additional discipline upon that respondent not inconsistent with the provisions of NRS Chapter 639.

11. 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 March 18, 2020, in Las Vegas, Nevada. Respondents and their authorized representative(s) 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 Respondents or their counsel are not present at the meeting.

12. 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.

13. 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.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fine agreed to 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 located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this order.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein 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.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, 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.

Respondents, and each of them, have 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 have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of March, 2020

JOSHUA AIGHOBAHI, RPH,
Certificate of Registration No. 18747

Signed this ___ day of March, 2020

FELICIA AIGHOBAHI, PT,
Certificate of Registration No. PT17660

Signed this ___ day of March, 2020

DIVINE TOUCH SERVICES PHARMACY,
Pharmacy License No. PH03411

APPROVED AS TO FORM AND CONTENT this ___ day of March, 2020

PERSI J. MISHEL, ESQ.
Counsel for Respondents

Signed this ___ day of March, 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 Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747, Respondent Felicia Aighobahi, Certificate of Registration No. PT17660, and Respondent Divine Touch Services Pharmacy, License No. PH03411, 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 March, 2020.

_____
Helen Park, President
Nevada State Board of Pharmacy

6F

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DIVINE TOUCH SERVICES PHARMACY,** **Pharmacy License No. PH03411,** **Respondent.**	**CASE NO. 19-035-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 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.** **DIVINE TOUCH SERVICES PHARMACY, Pharmacy License No. PH03411,** **Respondent.**	**CASE NO. 19-035-PH-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.

_____
TYPE OR PRINT NAME

_____
AUTHORIZED REPRESENTATIVE FOR DIVINE TOUCH SERVICES PHARMACY

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 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

PERSI J. MISHEL
Attorney at Law

10161 Park Run Dr., Ste. 150
Las Vegas, NV 89145

(702) 981-3043
mishelpersi@yahoo.com

March 6, 2020

J. David Wuest, R. Ph., Executive Secretary
Nevada State Board Pharmacy
985 Damonte Ranch Pkwy., Suite 206
Reno, Nevada 89521-4881

Re: Joshua Aighobahi, RPH, Certificate of Registration #18747
Felicia Aighobahi, PT, Certificate of Registration PT17660
Divine Touch Services Pharmacy. Pharmacy License #PH03411

Dear Mr. Wuest:

I represent the above-referred persons and pharmacy. My clients are surrendering their pharmacy registrations pursuant to NRS 639.2107. Please see attached my client's letters addressed to you.

They respectfully request that the hearing of March 18, 2020, be vacated and the Notice of Intended Action and Accusation dated February 13, 2020, be withdrawn.

Sincerely,

Persi J. Mishel

Persi J. Mishel, Esq.

Enclosures: as stated above

Cc: Clients
Brett Kandt, Esq.

March 6, 2020

J. David Wuest, R. Ph., Executive Secretary
Nevada State Board Pharmacy
985 Damonte Ranch Pkwy., Suite 206
Reno, Nevada 89521-4881

Re: Surrender of Divine Touch Services Pharmacy License #PH03411

Dear Mr. Wuest:

This letter is to notify you that I hereby surrender Divine Touch Services Pharmacy's License #PH03411, in accordance with NRS 639.2107.

Sincerely,

Joshua Aighobahi, Owner of Divine Touch Services 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** **STIPULATION AND ORDER** **(Respondents Joshua Aighobahi,** **Felicia Aighobahi and** **Divine Touch Services Pharmacy)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747, Respondent Felicia Aighobahi, Certificate of Registration No. PT17660, and Respondent Divine Touch Services Pharmacy, License No. PH03411 (Divine Touch), by and through their counsel, Persi J. Mishel, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about February 18, 2020, Respondents were 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. On or about March 6, 2020, through their legal counsel, Joshua Aighobahi voluntarily surrendered Certificate of Registration No. 18747, Felicia Aighobahi voluntarily surrendered Certificate of Registration No. PT17660, and Joshua Aighobahi on behalf of Divine Touch voluntarily surrendered License No. PH03411. A true and correct copy of the documentation of voluntarily surrender is attached as **EXHIBIT A** hereto.

3. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them 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).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of Paragraphs 8-10 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondents do not contest the allegations in the Accusation, but acknowledge 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 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).

B. 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).

C. 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).

D. 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).

E. 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).

F. 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. § 846, and are subject to discipline pursuant to NRS 639.210(9), (11) and (12).

G. 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 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).

H. By failing to include the expiration date for medication on prescription labels, Joshua Aighobahi 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).

I. 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.

J. As the managing pharmacist of Divine Touch and the only registered pharmacist employed in the pharmacy until approximately October 31, 2019, Joshua is responsible for the violations during that time frame, 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).

K. As the owner of Divine Touch at the time of the violations 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).

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747 stipulate to the following penalties:

A. By voluntarily surrendering his Certificate of Registration No. 18747 while this administrative action was pending, Joshua Aighobahi is subject to discipline pursuant to NRS 233B.121(6).

B. Joshua Aighobahi may not work for any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has petitioned the Board for reinstatement pursuant to NRS 622A.410 and NRS 639.257 and the Board reinstates his certificate of registration.

C. Joshua Aighobahi may not petition for reinstatement of his certificate of registration for a period of one (1) year from the effective date of this Order.

D. In the event Joshua Aighobahi applies for reinstatement, or for any other certificate, license or permit with the Board he shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

E. In the event Joshua Aighobahi applies for reinstatement, or for any other certificate, license or permit with the Board, he shall successfully complete an evaluation of his competence to practice pharmacy pursuant to NRS 639.2445.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Felicia Aighobahi, Certificate of Registration No. PT17660, stipulate to the following penalties:

A. By voluntarily surrendering her Certificate of Registration No. PT17660 while this administrative action was pending, Felicia Aighobahi is subject to discipline pursuant to NRS 233B.121(6).

B. Felicia Aighobahi may not work for any facility licensed by the Board, including a pharmacy, in any capacity unless and until she has petitioned the Board for reinstatement pursuant to NRS 622A.410 and NRS 639.257 and the Board reinstates her certificate of registration.

C. Felicia Aighobahi may not petition for reinstatement of her certificate of registration for a period of one (1) year from the effective date of this Order.

D. In the event Felicia Aighobahi applies for reinstatement, or for any other certificate, license or permit with the Board, she shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Divine Touch Services Pharmacy, License No. PH03411, stipulate to the following penalties:

A. By voluntarily surrendering License No. PH03411 while this administrative action was pending, Divine Touch is subject to discipline pursuant to NRS 233B.121(6).

B. Divine Touch Services Pharmacy may not operate in any capacity unless and until it has petitioned the Board for reinstatement pursuant to NRS 622A.410 and NRS 639.257 and the Board reinstates its pharmacy license.

C. Divine Touch may not petition for reinstatement of its pharmacy license for a period of one (1) year from the effective date of this Order.

D. In the event Divine Touch applies for reinstatement, or for any other certificate, license or permit with the Board, Joshua Aighobahi shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

11. In addition to the foregoing penalties, Respondent Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747, Respondent Felicia Aighobahi, Certificate of Registration No. PT17660, and Respondent Divine Touch Services Pharmacy, License No. PH03411, further stipulate to the following:

A. Payment of a fine of Two-Thousand Five-Hundred Dollars ($2500.00) pursuant to NRS 639.255(1)(f) for which Respondents shall be jointly and severally liable; and

B. Payment of Three-Thousand Dollars ($3000.00) to partially reimburse the Board for attorney's fees and costs incurred in investigating and prosecuting this matter that are recoverable pursuant to NRS 622.400, for which Respondents shall be jointly and severally liable.

10. Any failure by any 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 that 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 by that respondent, the Board may impose additional discipline upon that respondent not inconsistent with the provisions of NRS Chapter 639.

11. 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 March 18, 2020, in Las Vegas, Nevada. Respondents and their authorized representative(s) 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 Respondents or their counsel are not present at the meeting.

12. 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.

13. 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.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fine agreed to 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 located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this order.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein 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.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, 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.

Respondents, and each of them, have 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 have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of March, 2020

JOSHUA AIGHOBAHI, RPH,
Certificate of Registration No. 18747

Signed this ___ day of March, 2020

FELICIA AIGHOBAHI, PT,
Certificate of Registration No. PT17660

Signed this ___ day of March, 2020

DIVINE TOUCH SERVICES PHARMACY,
Pharmacy License No. PH03411

APPROVED AS TO FORM AND CONTENT this ___ day of March, 2020

PERSI J. MISHEL, ESQ.
Counsel for Respondents

Signed this ___ day of March, 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 Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747, Respondent Felicia Aighobahi, Certificate of Registration No. PT17660, and Respondent Divine Touch Services Pharmacy, License No. PH03411, 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 March, 2020.

_____
Helen Park, President
Nevada State Board of Pharmacy

6G

FILED
FEB 14 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281, and** **DITHRA A. COTTON-LEWIS, APRN,** **Certificate of Registration No. CS27780,** **Respondents.**	**Case Nos. 18-103-CS-A-S** **18-103-CS-B-S** **18-103-CS-C-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 Rosa A. Bellota-Rojas, MD (Bellota-Rojas) held a Nevada Controlled Substance Registration, Certificate No. CS21931, Respondent Anuranjan Bist, MD (Bist) held a Nevada Controlled Substance Registration, Certificate No. CS14281, and Respondent Dithra A. Cotton-Lewis, APRN (Cotton-Lewis) held a Nevada Controlled Substance Registration, Certificate No. CS27780, all issued by the Board.

FACTUAL ALLEGATIONS

II.

Bellota-Rojas and her husband, Bist, own and operate Mind Brain Institute; Cotton-Lewis was employed by Mind Brain Institute from May 2018 until May 2019.

III.

Investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation of Mind Brain Institute in late 2018.

IV.

The investigators found evidence of misconduct and violations involving prescription records and the unlawful dispensing of controlled substances at Mind Brain Institute.

V.

Bellota-Rojas pre-signed controlled substance prescriptions that were issued to patients while she was engaged in overseas travel. Bellota-Rojas traveled outside of the United States on the following dates: September 25, 2016 – October 3, 2016; June 27, 2017 – July 9, 2017; December 12, 2017 – December 30, 2017; April 14, 2018 – April 22, 2018; and June 7, 2018 – July 1, 2018. Prescriber records and prescriptions document three-hundred and fifty-three (353) controlled substance prescriptions written or authorized in Bellota-Rojas' name during these periods.

VI.

Bellota-Rojas unlawfully prescribed controlled substances for fifty-two (52) patients with whom she did not have a bona fide practitioner/patient relationship.

VII.

Cotton-Lewis prescribed controlled substances and dangerous drugs prior to being registered to do so. Prescriber records and prescriptions document a total of fifteen (15) controlled substance prescriptions written prior to October 4, 2018, when Cotton-Lewis was issued Certificate of Registration No. CS27780. Furthermore, Cotton-Lewis wrote four (4) schedule II controlled substance prescriptions on November 2, 2018, prior to having a proper

DEA registration. In addition, Cotton-Lewis wrote twelve (12) dangerous drug prescriptions on June 7, 15 and 22, 2018, without a registration.

VIII.

Bist pre-signed controlled substance prescriptions that were issued to patients while he was engaged in overseas travel. Bist traveled outside of the United States on the following dates: November 4, 2016 – November 26, 2016; April 7, 2017 – April 29, 2017; June 27, 2017 – July 9, 2017; November 3, 2017 – November 18, 2017; January 14, 2018 – January 31, 2018; April 14, 2018 – April 22, 2018; and June 6, 2018 – July 1, 2018. Prescriber records and prescriptions document sixty (60) controlled substance prescriptions written or authorized in Bist's name during these periods.

APPLICABLE LAW

IX.

A practitioner must be properly licensed and/or registered to prescribe controlled substances or dangerous drugs. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03; NRS 453.226; NRS 453.232; NRS 639.235. An advanced practice registered nurse may only prescribe controlled substances or dangerous drugs with authorization from both the Board and the State Board of Nursing. NRS 454.695; NRS 639.2351.

X.

A practitioner may prescribe controlled substances only for a legitimate medical purpose and in the usual course of his professional practice. 21 CFR § 1306.04; NRS 453.381(1); NRS 639.23911(1)(a).

XI.

Each written prescription for a controlled substance or dangerous drug must contain the handwritten signature of the prescribing practitioner. 21 CFR § 1306.05; NRS 453.128(1)(a); NRS 454.00961(1)(a), NRS 454.223(2)(a); NRS 639.013(1)(a); NRS 639.2353(2); NAC 453.410(1)(b)(8); NAC 453.440(1)(c); NAC 454.060(1).

XII.

Falsifying a prescription for a controlled substance and the possession of signed prescription blanks are felony offenses. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(f) and (h).

XIII.

Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

XIV.

Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.2813(1).

XV.

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).

XVI.

> **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.

. . . .

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

. . . .

XVII.

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;

. . . .

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;

. . . .

FIRST CAUSE OF ACTION
(Respondents Bellota-Rojas and Bist)

XVIII.

By pre-signing controlled substance prescriptions that were issued to patients while they were engaged in overseas travel, Bellota-Rojas and Bist were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 639.210(4).

SECOND CAUSE OF ACTION
(Respondents Bellota-Rojas and Bist)

XIX.

By pre-signing controlled substance prescriptions that were issued to patients while they were engaged in overseas travel, Bellota-Rojas and Bist performed their duties as holders of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4).

THIRD CAUSE OF ACTION
(Respondent Bellota-Rojas)

XX.

By unlawfully prescribing controlled substances to patients with whom she did not have a bonda fide therapeutic relationship, Bellota-Rojas engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 639.210(4).

FOURTH CAUSE OF ACTION
(Respondent Bellota-Rojas)

XXI.

By unlawfully prescribing controlled substances to patients with whom she did not have a bona fide therapeutic relationship, Bellota-Rojas violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f) and 21 CFR § 1306.04. By pre-signing controlled substance prescriptions that were issued to patients while she was engaged in overseas travel, Bellota-Rojas violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR § 1306.03 and CFR § 1306.05, and is subject to discipline pursuant to NRS 639.210(11).

FIFTH CAUSE OF ACTION
(Respondent Bist)

XXII.

By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel, Bist violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR § 1306.03 and CFR § 1306.05, and is subject to discipline pursuant to NRS 639.210(11).

SIXTH CAUSE OF ACTION
(Respondent Cotton-Lewis)

XXIII.

By prescribing controlled substances and dangerous drugs prior to being licensed to do so, Cotton-Lewis was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

SEVENTH CAUSE OF ACTION
(Respondent Cotton-Lewis)

XXIV.

By prescribing controlled substances and dangerous drugs prior to being licensed to do so, Cotton-Lewis engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 639.210(4).

EIGHTH CAUSE OF ACTION
(Respondent Cotton-Lewis)

XXV.

By prescribing controlled substances and dangerous drugs prior to being licensed to do so, Cotton-Lewis violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f) and 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 639.210(11).

NINTH CAUSE OF ACTION
(Respondents Bellota-Rojas and Bist)

XXVI.

By permitting Cotton-Lewis to prescribe controlled substances and dangerous drugs prior to being licensed to do so, Bellota-Rojas and Bist were party to a fraudulent or deceitful practice or transaction and aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and (j), and are subject to discipline pursuant to NRS 639.210(4).

TENTH CAUSE OF ACTION

(Respondents Bellota-Rojas and Bist)

XXVII.

By pre-signing controlled substance prescriptions that were issued to patients while they were engaged in overseas travel, Bellota-Rojas and Bist violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.128(1)(a), NRS 453.331(1)(f) and (h), NRS 453.401(l)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a), NRS 639.2353(2), NAC 453.410(1)(b)(8), NAC 453.440(1)(c), NAC 454.060(1), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05, and are subject to discipline pursuant to NRS 639.210(12).

ELEVENTH CAUSE OF ACTION

(Respondents Bellota-Rojas, Bist and Cotton-Lewis)

XXVIII.

By Cotton-Lewis being permitted to prescribe, and by her prescribing, controlled substances and dangerous drugs prior to being licensed to do so, Bellota-Rojas, Bist and Cotton-Lewis violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226, NRS 453.232, NRS 453.331(1), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.695, NRS 639.235, NRS 639.2351, NRS 639.23911(1(a), NRS 639.2813(1), NAC 453.440(1)(c), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05, and are subject to discipline pursuant to NRS 639.210(12).

TWELVTH CAUSE OF ACTION
(Respondent Bellota-Rojas)

XXIX.

By unlawfully prescribing controlled substances to patients with whom she did not have a bona fide therapeutic relationship, Bellota-Rojas violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1), NRS 453.401(l)(a), NRS 639.23911(1(a), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.04, and is subject to discipline pursuant to NRS 639.210(12).

THIRTEENTH CAUSE OF ACTION
(Respondents Bellota-Rojas, Bist and Cotton-Lewis)

XXX.

By their actions as set forth herein, Bellota-Rojas, Bist and Cotton-Lewis have committed acts that render their registration to prescribe or otherwise dispense a controlled substance inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

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.

DATED this 11th 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.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **Respondent.**	**CASE NO. 18-103-CS-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 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 14th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of February, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rosa Bellota-Rojas, MD
4958 S. Rainbow Blvd., #100
Las Vegas, NV 89118

Anuranjan Bist, MD
4958 S. Rainbow Blvd., #100
Las Vegas, NV 89118

Dithra Cotton-Lewis, APRN
1820 E. Warm Springs Rd., Suite 140
Las Vegas, NV 89119

Bridgett Kelly, Esq.
Nutile Law
7395 S. Pecos Road, Ste. 103
Las Vegas, NV 89120

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD** **Certificate of Registration No. CS21931,** **Respondent.**	**CASE NO. 18-103-CS-A-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").

Please see attached.

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 20th day of ~~February~~ MARCH, 2020

Rosa Bellota MD

ROSA A. BELLOTA-ROJAS, MD

Respondent Statement
Rosa Bellota-Rojas, M.D.
Case No. 18-103-CS-A-S
March 20, 2020

Please accept the following in answer to the Notice of Intended Action and Accusation in this matter.

I object to the Notice as incomplete and failing to clearly state the charges against me. The Notice makes general allegations as to controlled substance prescriptions written or authorized while out of the country. However, the Notice fails to state with any specificity who the alleged patients were or what medications the prescriptions were for. I therefore cannot properly respond to these allegations.

I have previously responded to notices of investigation from the Nevada State Board of Pharmacy, and refer to those responses to the extent they apply to the present allegations.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281, and** **DITHRA A. COTTON-LEWIS, APRN,** **Certificate of Registration No. CS27780,** **Respondents.**	**Case Nos. 18-103-CS-A-S** **18-103-CS-B-S** **18-103-CS-C-S** **STIPULATION AND ORDER** **(Respondents Bellota-Rojas and Bist ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Rosa A. Bellota-Rojas, MD (Bellota-Rojas), Certificate of Registration No. CS21931, and Respondent Anuranjan Bist, MD (Bist), Certificate of Registration No. CS14281, by and through counsel, Maria Nutile, Esq. and Bridget Kelly, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about February 14, 2020, Board Staff properly served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about March 20, 2020, Respondents each filed an Answer and Notice of Defense to the Accusation.

4. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which

may be accorded 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).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that either Respondent has failed to comply with the provisions of Paragraphs 9, 10, 11, 17 and/or 18 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondents admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that Respondents:

A. Pre-signed controlled substance prescriptions that were issued to patients while Respondents were engaged in overseas travel, in violation of NRS 453.128(1)(a), NRS 453.331(1)(f) and (h), NRS 453.401(l)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a), NRS 639.2353(2), NAC 453.410(1)(b)(8), NAC 453.440(1)(c), NAC 454.060(1), NAC 639.945(1)(h) and (i), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

B. Permitted an employee, Respondent Dithra A. Cotton-Lewis, APRN, to prescribe controlled substances and dangerous drugs prior to being licensed to do so, in violation of NRS 453.226, NRS 453.232, NRS 453.331(1), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.695, NRS 639.235, NRS 639.2351, NRS 639.23911(1)(a), NRS 639.2813(1), NAC 453.440(1)(c), NAC 639.850, NAC 639.854, NAC 639.945(1)(h) and (j), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Bellota-Rojas stipulate to the following penalties. The registration of Respondent Rosa A. Bellota-Rojas, MD, Certificate of Registration No. CS21931, is hereby suspended. The suspension is stayed, and Bellota-Rojas is placed on probation for two (2) years, subject to the following conditions. Bellota-Rojas shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations;

C. Pay Two-Thousand Dollars ($2000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Bist stipulate to the following penalties. The registration of Respondent Anuranjan Bist, MD, Certificate of Registration No. CS14281, is hereby suspended. The suspension is stayed, and Bist is placed on probation for two (2) years, subject to the following conditions. Bist shall:

A. Receive a letter of reprimand from Board Staff regarding his duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations;

C. Pay Two-Thousand Dollars ($2000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while his registration is on probation.

11. In addition, Board inspectors shall conduct scheduled quarterly inspections of Respondents' practice, Mind Brain Institute, for a period of 12 months from the effective date of this Order, whichever occurs first, and Respondents shall bear and reimburse the Board for inspection costs in an amount not to exceed $500 per quarterly inspection.

12. If each respondent complies with the terms of probation, at the end of the probationary period the Executive Secretary is granted authority, at his sole discretion, to terminate that respondent's probation.

13. Any failure by either 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 that 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 by either respondent, the Board may impose additional discipline upon that respondent not inconsistent with the provisions of NRS Chapter 639.

14. 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 June 3, 2020. Respondents will appear telephonically at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

15. 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.

16. 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 at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

17. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to 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 located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

18. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein 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.

19. Subject to the approval of this Stipulation by the Board, the Board and Respondents 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.

Respondents, and each of them, have 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 have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June, 2020

_____
ROSA A. BELLOTA-ROJAS, MD
Certificate of Registration No. CS21931

Signed this ___ day of June, 2020

_____
ANURANJAN BIST, MD
Certificate of Registration No. CS14281

APPROVED AS TO FORM AND CONTENT this ___ day of June, 2020

_____
MARIA NUTILE/BRIDGET KELLY
Counsel for Respondents

Signed this ___ day of June, 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 Rosa A. Bellota-Rojas, MD, Certificate of Registration No. CS21931, and Respondent Anuranjan Bist, MD, Certificate of Registration No. CS14281, in Case No. 18-103-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June, 2020.

_____
Helen Park, President
Nevada State Board of Pharmacy

6H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281,** **Respondent.**	**CASE NO. 18-103-CS-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 14th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of February, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rosa Bellota-Rojas, MD
4958 S. Rainbow Blvd., #100
Las Vegas, NV 89118

Anuranjan Bist, MD
4958 S. Rainbow Blvd., #100
Las Vegas, NV 89118

Dithra Cotton-Lewis, APRN
1820 E. Warm Springs Rd., Suite 140
Las Vegas, NV 89119

Bridgett Kelly, Esq.
Nutile Law
7395 S. Pecos Road, Ste. 103
Las Vegas, NV 89120

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** ANURANJAN BIST, M.D. ~~**ROSA A. BELLOTA-ROJAS**~~, **MD** **Certificate of Registration No.** ~~**CS21931**~~, CS14281 **Respondent.**	**CASE NO. 18-103-CS-~~A~~-S** B **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").

Please see attached.

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 20th day of ~~February~~ MARCH, 2020

~~ROSA A. BELLOTA-ROJAS, MD~~

ANURANJAN BIST, M.D.

Respondent Statement
Anuranjan Bist, M.D.
Case No. 18-103-CS-B-S
March 20, 2020

Please accept the following in answer to the Notice of Intended Action and Accusation in this matter.

I object to the Notice as incomplete and failing to clearly state the charges against me. The Notice makes general allegations as to controlled substance prescriptions written or authorized while out of the country. However, the Notice fails to state with any specificity who the alleged patients were or what medications the prescriptions were for. I therefore cannot properly respond to these allegations.

I have previously responded to notices of investigation from the Nevada State Board of Pharmacy, and refer to those responses to the extent they apply to the present allegations.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281, and** **DITHRA A. COTTON-LEWIS, APRN,** **Certificate of Registration No. CS27780,** **Respondents.**	**Case Nos. 18-103-CS-A-S** **18-103-CS-B-S** **18-103-CS-C-S** **STIPULATION AND ORDER** **(Respondents Bellota-Rojas and Bist ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Rosa A. Bellota-Rojas, MD (Bellota-Rojas), Certificate of Registration No. CS21931, and Respondent Anuranjan Bist, MD (Bist), Certificate of Registration No. CS14281, by and through counsel, Maria Nutile, Esq. and Bridget Kelly, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about February 14, 2020, Board Staff properly served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about March 20, 2020, Respondents each filed an Answer and Notice of Defense to the Accusation.

4. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which

may be accorded 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).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that either Respondent has failed to comply with the provisions of Paragraphs 9, 10, 11, 17 and/or 18 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondents admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that Respondents:

A. Pre-signed controlled substance prescriptions that were issued to patients while Respondents were engaged in overseas travel, in violation of NRS 453.128(1)(a), NRS 453.331(1)(f) and (h), NRS 453.401(l)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a), NRS 639.2353(2), NAC 453.410(1)(b)(8), NAC 453.440(1)(c), NAC 454.060(1), NAC 639.945(1)(h) and (i), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

B. Permitted an employee, Respondent Dithra A. Cotton-Lewis, APRN, to prescribe controlled substances and dangerous drugs prior to being licensed to do so, in violation of NRS 453.226, NRS 453.232, NRS 453.331(1), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.695, NRS 639.235, NRS 639.2351, NRS 639.23911(1)(a), NRS 639.2813(1), NAC 453.440(1)(c), NAC 639.850, NAC 639.854, NAC 639.945(1)(h) and (j), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Bellota-Rojas stipulate to the following penalties. The registration of Respondent Rosa A. Bellota-Rojas, MD, Certificate of Registration No. CS21931, is hereby suspended. The suspension is stayed, and Bellota-Rojas is placed on probation for two (2) years, subject to the following conditions. Bellota-Rojas shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations;

C. Pay Two-Thousand Dollars ($2000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Bist stipulate to the following penalties. The registration of Respondent Anuranjan Bist, MD, Certificate of Registration No. CS14281, is hereby suspended. The suspension is stayed, and Bist is placed on probation for two (2) years, subject to the following conditions. Bist shall:

A. Receive a letter of reprimand from Board Staff regarding his duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations;

C. Pay Two-Thousand Dollars ($2000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while his registration is on probation.

11. In addition, Board inspectors shall conduct scheduled quarterly inspections of Respondents' practice, Mind Brain Institute, for a period of 12 months from the effective date of this Order, whichever occurs first, and Respondents shall bear and reimburse the Board for inspection costs in an amount not to exceed $500 per quarterly inspection.

12. If each respondent complies with the terms of probation, at the end of the probationary period the Executive Secretary is granted authority, at his sole discretion, to terminate that respondent's probation.

13. Any failure by either 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 that 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 by either respondent, the Board may impose additional discipline upon that respondent not inconsistent with the provisions of NRS Chapter 639.

14. 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 June 3, 2020. Respondents will appear telephonically at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

15. 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.

16. 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 at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

17. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to 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 located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

18. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein 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.

19. Subject to the approval of this Stipulation by the Board, the Board and Respondents 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.

Respondents, and each of them, have 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 have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June, 2020

ROSA A. BELLOTA-ROJAS, MD
Certificate of Registration No. CS21931

Signed this ___ day of June, 2020

ANURANJAN BIST, MD
Certificate of Registration No. CS14281

APPROVED AS TO FORM AND CONTENT this ___ day of June, 2020

MARIA NUTILE/BRIDGET KELLY
Counsel for Respondents

Signed this ___ day of June, 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 Rosa A. Bellota-Rojas, MD, Certificate of Registration No. CS21931, and Respondent Anuranjan Bist, MD, Certificate of Registration No. CS14281, in Case No. 18-103-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June, 2020.

_____
Helen Park, President
Nevada State Board of Pharmacy

6I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DITHRA A. COTTON-LEWIS, APRN,** **Certificate of Registration No. CS27780,** **Respondent.**	**CASE NO. 18-103-CS-C-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 14th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of February, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rosa Bellota-Rojas, MD
4958 S. Rainbow Blvd., #100
Las Vegas, NV 89118

Anuranjan Bist, MD
4958 S. Rainbow Blvd., #100
Las Vegas, NV 89118

Dithra Cotton-Lewis, APRN
1820 E. Warm Springs Rd., Suite 140
Las Vegas, NV 89119

Bridgett Kelly, Esq.
Nutile Law
7395 S. Pecos Road, Ste. 103
Las Vegas, NV 89120

SHIRLEY HUNTING

FILED
MAR 05 2020
NEVADA STATE BOARD OF PHARMACY

Crane M. Pomerantz, Esq.
Nevada Bar No.: 14103
SKLAR WILLIAMS PLLC
410 South Rampart Boulevard, Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-0000
Email: cpomerantz@sklar-law.com

Attorneys for Dithra Cotton-Lewis

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. DITHRA COTTON-LEWIS, APRN, Certificate of Registration No. CS27780, Respondent.	CASE NO.: 18-103-CS-C-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-titled matter before the Nevada States Board of Pharmacy (the "Board"), declares:

1. That her objections to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds:

a. As alleged, the allegations in Paragraph VII, as reflected in the Sixth, Seventh, Eighth, Eleventh, and Thirteenth Causes of Action, violate Ms. Cotton-Lewis' Sixth Amendment rights and are unconstitutionally vague because they fail to apprise the Respondent, with reasonable certainty, of the allegations against her and, thus, deprive her of the ability to prepare a defense. *United States v. Nance*, 533 F.2d 699, 701 (D.C. Cir. 1976); *see United States v. Blinder*, 10 F.3d 1468, 1476 (9th Cir. 1993)(indictment charging RICO violation in omitting material facts sufficient despite lack of detailed explanations of omissions). Paragraph VII generally alleges that "prescriber records and prescriptions" document: (1) fifteen controlled

substance prescriptions written prior to October 4, 2018; (2) four schedule II controlled substance prescriptions on November 2, 2018; and (3) twelve dangerous drug prescriptions on three separate days. By failing to identify specific prescriptions written on dates certain, the Notice of Intended Action and Accusation deprives Respondent of the ability to defend herself adequately.

b. As alleged, the Allegations in the Sixth, Seventh, Eighth, Eleventh, and Thirteenth Causes of Action are duplicitous, insofar as the Board has joined in a single count two or more distinct and separate offenses. *Gordon v. Eighth Judicial District Court*, 112 Nev. 216, 228, 913 P.2d 240, 247-8 (1996); *United States v. UCO Oil Co.*, 546 F.2d 833, 835 (9th Cir. 1976). As alleged, the Board of Pharmacy could take disciplinary action against Ms. Cotton-Lewis' license if it determines either that she: (1) wrote fifteen controlled substance prescription prior to October 4, 2018; (2) wrote four schedule II controlled substance prescription on November 2, 2018; or (3) wrote twelve dangerous drug prescriptions on June 7, 15, and 22, 2018, without specifying which. Ms. Cotton-Lewis respectfully submits that an individual Cause of Action only may allege one violation.

c. The purpose of the foregoing paragraphs was to place the Board on notice of Respondent's legal objections to its Notice of Intended Action and Accusation. Ms. Cotton-Lewis respectfully reserves the right to brief further and expand upon these objections at the appropriate juncture, if necessary.

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies, and alleges as follows:

a. Respondent admits that the Board has jurisdiction over this matter.

b. Paragraphs I through VI and VIII of the Notice of Intended Action and Accusation do not contain allegations against Respondent. To the extent an answer is required, Respondent denies the allegations in these paragraphs.

c. With regard to the allegations in Paragraph VII, Respondent:

1. Denies that she was issued Certificate of Registration No. CS27780 on October 4, 2018 and, thus, denies that she wrote fifteen controlled substance prescriptions prior to being registered to do so. She further denies this allegation on the grounds that she cannot respond adequately to the allegation without further information, as set forth in her objections above.

2. Cannot respond adequately to the allegation that she wrote four

schedule II controlled substance prescriptions on November 2, 2018 without further information, as set forth in her objections above, and, thus, denies this allegation on that basis.

3. Admits that she wrote a small number of dangerous drug prescriptions prior to receiving the appropriate registration from the Board due to inadvertent error, but cannot respond adequately without knowing precisely which prescriptions were written on which day.

d. The allegations in Paragraphs IX through VXII contain conclusions of law for which no answer is required.

e. The First, Second, Third, Fourth, Fifth, Ninth, Tenth, and Twelfth Causes of Action do not contain allegations against the Respondent. To the extent an answer is required, the Respondent denies the allegations in these paragraphs.

f. For the reasons set forth in her objections, and based on her admissions and denials of the allegations in Paragraph VII, Respondent denies the allegations in the Sixth, Seventh, Eighth, Eleventh, and Thirteenth Causes of Action.

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 best of my knowledge.

Dated this 4th day of March, 2020.

Dithra Cotton-Lewis, APRN

Dithra Cotton-Lewis, APRN

On behalf of Respondent:

SKLAR WILLIAMS PLLC

Crane M. Pomerantz, Esq.
Nevada Bar No. 14103
410 South Rampart Blvd., Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-000

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of SKLAR WILLIAMS PLLC, and that on this 4th day of March, 2020, I caused two true and correct copies of the foregoing **Answer and Notice of Defense** to be sent via overnight mail to the Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521.

/s/ Rachel Chavez
Rachel Chavez
An employee of SKLAR WILLIAMS PLLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281, and** **DITHRA A. COTTON-LEWIS, APRN,** **Certificate of Registration No. CS27780,** ***Respondents.***	**Case Nos. 18-103-CS-A-S** **18-103-CS-B-S** **18-103-CS-C-S** **STIPULATION AND ORDER** **(Respondent Cotton-Lewis ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Dithra A. Cotton-Lewis, APRN (Cotton-Lewis), Certificate of Registration No. CS27780, by and through counsel, Crane M. Pomerantz, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about February 14, 2020, Board Staff properly served Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about March 4, 2020, Respondent filed an Answer and Notice of Defense to the Accusation.

4. Respondent is fully aware of her right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. 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).

6. 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 Paragraphs 8, 13 and 14 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 him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. 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 Respondent prescribed drugs prior to being licensed to do so, in violation of, without limitation, NRS 454.695 and NRS 639.2351.

8. The alleged violations are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Dithra A. Cotton-Lewis, APRN, Certificate of Registration No. CS27780, shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and *responsibilities as a prescribing practitioner;*

B. *Pay a fine of Five-Thousand Dollars ($5000.00)* for the alleged violations; and

C. Pay Nine-Hundred and Fifty Dollars ($950.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. 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 by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. 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 April 15, 2020, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

12. 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.

13. 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.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to 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 located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein 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.

16. 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 14 day of April, 2020	**Signed this ___ day of April, 2020**
Dithra Cotton-Lewis APRN	
DITHRA A. COTTON-LEWIS, APRN, **Certificate of Registration No. CS27780**	**BRETT KANDT, ESQ.** **General Counsel** **Nevada State Board of Pharmacy**

APPROVED AS TO FORM AND CONTENT this ___ day of April, 2020

CRANE M. POMERANTZ, ESQ.
Counsel for Respondent

7

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Dithra A. Cotton-Lewis, APRN, Certificate of Registration No. CS27780, in Case No. 18-103-CS-C-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of April, 2020.

_____

Helen Park, President

Nevada State Board of Pharmacy

9

7

Controlled Substance Application

Before you can prescribe any controlled substances in the state of Nevada, you MUST OBTAIN the following IN THIS ORDER:

1. **Pending Controlled Substance (CS) registration number; THEN**
2. **Drug Enforcement Administration (DEA) number; THEN**
3. **Nevada Prescription Monitoring Program (PMP) account**
4. **Permanent Controlled Substance (CS) registration number.**

Follow each step below IN ORDER to ensure successful processing of your application.

Step 1: Obtaining your Controlled Substance (CS) registration number

A. Complete the attached Controlled Substance Application (*NOTE: You must have a current Nevada practice license from your licensing board AND a Nevada practice address to complete this application.)

B. Mail your completed application with the required fee of $200.00 (payable by check or credit card only) to:

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521
This application cannot be returned by fax or email.
An original signature and fee are required to process.

C. When we receive your completed application and fee, we will send you an email with your **PENDING CS** registration number once reviewed and approved.

D. When you receive your **PENDING CS** registration number, you may proceed to Step 2 to apply for your DEA number.

E. You ***WILL NOT*** receive your **ACTUAL CS** registration number until Steps 2 and 3 are completed.

Step 2: Obtaining your Drug Enforcement Administration (DEA) number

A. Complete the on-line DEA application at deadiversion.usdoj.gov. If you already have a DEA number from another state, and you want to transfer that DEA number to Nevada, you will need to complete the DEA Registration Change Requests form. (*NOTE: You must have your PENDING CS registration number to complete the DEA application or the Registration Change Requests form.)

B. Once you complete the DEA application or the Registration Change Requests form, you will receive your DEA certificate in the mail.

C. You ***MUST*** fax (775-850-1444) or email (mailto:pharmacy@pharmacy.nv.gov) a copy of your DEA certificate to the Nevada State Board of Pharmacy. Once you fax or email a copy of your DEA certificate to the Nevada State Board of Pharmacy, you may proceed to Step 3 to apply for your PMP account.

Step 3: Nevada Prescription Monitoring Program (PMP) account

(VETERINARIANS ARE EXEMPT FROM THIS STEP.)

A. Go to nevada.pmpaware.net and follow the instructions below to complete the on-line PMP application:
   a) Click "Create an Account".
   b) Input your email address, create a password, click "Save and Continue".
   c) Select Your User Role and click "Save and Continue".
   d) Complete required "Personal" and "Employer" information. (*NOTE: You must have your PENDING CS registration and DEA number to complete the PMP application.)
   e) Complete and return the HealthCare Professional Certification Statement Form. This can be uploaded directly onto the site during registration, faxed to (775) 687-5161, or sent to pmp@pharmacy.nv.gov.
   f) You must verify your email by clicking on a link contained in an email from "No Reply PMP Aware". It is a computer generated email so it may go into your spam or junk file.
   g) When the PMP administration receives your completed application, your PMP application will be approved within 1-3 business days. Once your application has been approved, you will receive an email stating your PMP application has been approved.

Once you have completed Steps 1, 2, and 3 (or Steps 1, and 2 for Veterinarians) you will receive your ACTUAL CS registration number from the Nevada State Board of Pharmacy in the mail within 14 business days. You ARE NOT authorized to prescribe controlled substances in the state of Nevada until you have received your ACTUAL CS registration number.

CSR number expires October 31, of the even numbered years, despite when the license is issued. It is your responsibility to keep us up to date with your practicing address by notifying the board in writing. For questions, please contact the Nevada State Board of Pharmacy at (775) 850-1440.

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:_____ Middle:_____ Last:_____

Practice Name (if any):_____

Nevada Address:_____ Suite #:_____

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City:_____ State:_____ Zip Code:_____

PO Box:_____ SS#:_____

Degree:_____ E-mail address:_____

Work Telephone:_____ Personal Phone:_____

Fax:_____ Degree:_____

Date of Birth:_____ Sex: ☐ M or ☐ F

Practitioner License Number:_____ Specialty:_____

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 <u>any</u> state?	☐	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...	☐	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> 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. Date

Board Use Only: Date Processed: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** ____ ____ ____ ____	
Expiration Date: ___/___ (MM/YY	**CVV** (3 digits on back of card):	**License Amount:** $
Name on Card: _____		
Billing Address: _____ _____ _____		

Pharmaceutical Technician Application

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Download application and mail to the address on the top of the application with the required fee of $50.00. The fee is payable by check or credit card only.

Fee is made payable to: **Nevada State Board of Pharmacy**

Before calling with questions, please read all information carefully.

- If you only have a certificate from the Pharmacy Technician Certification Board (PTCB) or National Tech Exam (ICPT) you will be required to work in Nevada as a registered pharmaceutical technician in training for 500 hours. Please download the application for a pharmaceutical technician in training. If you send in a pharmacy technician application with PTCB or ICPT only, the application and fee will be returned.

You must include ONE of the following with the application:

- Copy of current registration or on-line verification from state in which you are currently registered as a pharmaceutical technician. Your license in the other state must be current to use for licensure in Nevada or;
- Copy of a certificate from an ASHP approved pharmacy technician school. We only accept pharmacy technician schools that are ASHP (American Society of Health Pharmacists) approved. If your school is ASHP approved, the information will be included on your certificate from the school or;
- Copy of a certificate from a non-ASHP school **and** PTCB or ICPT.

Upon receipt of the application and fee, a certificate of registration can be sent directly to you. You are **not** required to live in Nevada or have a job in Nevada to obtain registration as a pharmaceutical technician. The application must contain an original signature, no copies accepted.

All pharmaceutical technician registrations expire on October 31st, of even-numbered years, no matter when the license issued. It is your responsibility to keep us up to date with your mailing address.

If you have any questions, please feel free to contact the Reno office at (775) 850- 1440.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card only. Credit Cards are charged a 5% processing fee)

Complete Name (no abbreviations):

First:_____ Middle:_____ Last: _____

Home Address:_____ Apt#:_____

City:_____ State:_____ Zip Code: _____

Telephone:_____ Social Security Number: _____

Date of Birth:_____ Place of Birth:_____ 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: _____

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
		/ /			

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 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

_____ Date

Board Use Only: Date Processed:_____ Amount: _____

APPLICATION BY EXAMINATION AS A PHARMACIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Complete this application, if you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Download application and mail to the address on the top of the application with the required $250.00 fee. The fee is payable by check or credit card.

Fee is made payable to: **Nevada State Board of Pharmacy**

Before calling with questions, please read all information carefully:

- ☐ You are required to access NABP's website at www.nabp.net to register on-line for the NAPLEX and MPJE exams.
- ☐ Required to get ATT for NAPLEX and MPJE: The Nevada application and $250 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and dated.
- ☐ You will not receive an ATT until you have applied to Nevada and NABP. You will receive an authorization to test (ATT) along with all information needed to schedule your NAPLEX and MPJE from NABP. The ATT is sent to you by NABP, not Nevada.
- ☐ Allow 30 days to receive an email from the Nevada State Board of Pharmacy regarding receipt of your application.
- ☐ The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the Nevada MPJE exam. http://bop.nv.gov/board/ALL/Regulations/. An email will be sent within 30 days of the receipt your application.
- ☐ The NAPLEX exam can be taken once every 45 days (retake fee required for NABP). The MPJE exam can be taken once every 30 days (retake fee required for NABP). They are NABP's rules, not Nevada's. You can reapply to NABP at any time after you fail them exam. You do not need to wait for anything official from Nevada. NABP has a new requirement for how many times an exam may be taken. Please refer to www.nabp.net for current information.
- ☐ You can access your scores at nabp.net.

LICENSURE INFORMATION

- A Nevada pharmacist's license will not be issued until you have successfully passed the NAPLEX and MPJE exams and submitted the following:

- 1740 Intern Hours (minimum). Verification of intern hours must come directly to us from the state board of pharmacy were you are licensed as an intern. We will also accept a verification of hours from your school. NO EXCEPTIONS. INTERN HOURS ARE NOT REQUIRED TO TAKE THE EXAM, JUST NEEDED TO ISSUE THE LICENSE.

- Transcripts conferring your pharmacy degree. The transcripts must come directly to us from the school of pharmacy from which you graduated with your degree posted. **Transcripts are not required for foreign graduates, FPGEC certificates only.

- TRANSCRIPTS AND INTERN HOURS ARE REQUIRED FOR LICENSURE EVEN IF YOU ARE A LICENSED PHARMACIST IN ANOTHER STATE. Intern hours and transcripts may be submitted to the board prior to taking the exams.

- The $250.00 fee includes all required fees including the $200 registration fee. The fee does not include any payment for the NAPLEX or MPJE exams. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

- If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office at (775) 850-1440 if you need additional information.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First:_____ Middle:_____ Last: _____

Mailing Address: _____

City:_____ State:_____ Zip Code: _____

Telephone:_____ E-mail Address: _____

Date of Birth:_____ Place of Birth: _____

Social Security Number:_____ Sex: ☐ M or ☐ F
(Full Number Required)

College of Pharmacy Information

Graduation Date: _____
(mm/dd/yy)

Degree Received: ☐ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: _____

Location of School: _____

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: _____ Entity #: _____
Email _____ NAPLEX _____ 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?
		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

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
1. 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?	☐	☐
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state	☐	☐
4. 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/or documentation**:

Board Administrative Action:	State	Date: / /	Case #:

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, its 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, its 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 Date

APPLICATION BY SCORE TRANSFER AS A PHARMACIST

This application cannot be returned by fax or email. We must have an original signature and fee to process

If you have or will request from NABP to have your NAPLEX score transferred to Nevada and only need to take the Nevada MPJE, complete this application. NABP requires that you must complete a score transfer request within 90 days of taking the exam.

Download application and mail to the address on the top of the application with the required $250.00 fee. The fee is payable by check or credit card.

Fee is made payable to: **Nevada State Board of Pharmacy**.

Before calling with questions, please read all information carefully:

- You are required to access NABP's website at www.nabp.net to register on-line for the MPJE.
- Required to get approval for MPJE: The Nevada application and $250 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and/or dated.
- Once your application has been received and approved, and you have registered for the MPJE through NABP, you can then be approved to sit for the MPJE.
- You will receive an authorization to test (ATT) along with all information needed to schedule your MPJE exam from NABP. The MPJE is given Monday through Saturday, excluding holidays. Allow 30 days for your application to be received and processed. The ATT is sent to you by NABP, not Nevada
- The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the Nevada MPJE exam http://bop.nv.gov/board/ALL/Regulations/. An email will be sent within 30 days of receipt of your application.
- The MPJE exam can be taken once every 30 days (retake fee required for NABP). They are NABP's rules, not Nevada's. You can reapply to NABP at any time after you fail them exam. You do not need to wait for anything official from Nevada. NABP has a new requirement for how many times an exam may be taken. Please refer to www.nabp.net for current information.

- You can access your scores at nabp.net.

Required documentation needed for licensure after you successfully pass the NAPLEX and MPJE:

- A Nevada pharmacist's license will not be issued until you have successfully passed the NAPLEX and MPJE exams and submitted the following:

- 1740 Intern Hours (minimum). Verification of intern hours must come directly to us from the state board of pharmacy were you are licensed as an intern. We will also accept a verification of hours from your school. NO EXCEPTIONS. INTERN HOURS ARE NOT REQUIRED TO TAKE THE EXAM, JUST NEEDED TO ISSUE THE LICENSE

- Transcripts conferring your pharmacy degree. The transcripts must come directly to us from the school of pharmacy from which you graduated with your degree posted. **Transcripts are not required for foreign graduates, FPGEC certificates only.

- TRANSCRIPTS AND INTERN HOURS ARE REQUIRED FOR LICENSURE EVEN IF YOU ARE A LICENSED PHARMACIST IN ANOTHER STATE. Intern hours and transcripts may be submitted to the board prior to taking the exams.

- The $250.00 fee includes all required fees including the $200 registration fee. The fee does not include any payment for the NAPLEX or MPJE exams. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office at (775) 850-1440 if you need additional information.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY SCORE TRANSFER AS A PHARMACIST

If you have or will request from NABP to have your NAPLEX score transferred to Nevada and only need to take the Nevada MPJE, complete this application.

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)
Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First:_____ Middle:_____ Last: _____

Mailing Address: _____

City:_____ State:_____ Zip Code: _____

Telephone:_____ E-mail Address: _____

Date of Birth:_____ Place of Birth: _____

Social Security Number:_____ Sex: ☐ M or ☐ F
(Full Number Required)

College of Pharmacy Information

Graduation Date: _____
(mm/dd/yy)

Degree Received: ☐ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: _____

Location of School: _____

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: _____ Entity #: _____

Email _____ NAPLEX Taken: _____ 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?
		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

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
1. 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?	☐	☐
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	☐	☐
4. 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

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, its 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, its 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 Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

Credit Cards are charged a 5% processing fee

Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** ____ ____ ____ ____	
Expiration Date: __ __/__ __(MM/YY	**CVV** (3 digits on back of card): _____	**License Amount:** $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

APPLICATION BY RECIPROCATION AS A PHARMACIST

This application cannot be returned by fax or email. We must have an original signature and fee to process

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:

As of July 1, 2008, Nevada will accept reciprocation of pharmacists licensed in all states, including California and Florida.

Pharmacists reciprocating from California will need to have been issued a license by taking and passing the NAPLEX exam. Therefore, we can only accept California pharmacists who were licensed after January 1, 2004. There are no restrictions for pharmacists reciprocating from Florida, so all Florida pharmacists may apply.

Download application (3 pages) and mail to the address on the top of the application with the required $250.00 fee. The fee is payable by check or credit card.

Fee is made payable to: **Nevada State Board of Pharmacy.**

Before calling with questions, please read all information carefully

- You are required to access NABP's website at www.nabp.net to register on-line for the MPJE exam.

  - ☐ Required to get approval for MPJE: The Nevada application and $250 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and dated.

  - ☐ Once your application has been received and approved, and you have registered for the MPJE through NABP, you can then be approved to sit for the examination.

  - ☐ You will receive an authorization to test (ATT) along with all information needed to schedule your MPJE from NABP. The MPJE is given Monday through Saturday, excluding holidays. Allow 30 days for your application to be received and processed.

- The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the Nevada MPJE exam. http://bop.nv.gov/board/ALL/Regulations/ An email will be sent within 30 days of the receipt your application.

- ☐ The MPJE exam can be taken once every 30 days (retake fee required for NABP). They are NABP's rules, not Nevada's. You can reapply to NABP at any time after you fail them exam. You do not need to wait for anything official from Nevada. NABP has a new requirement for how many times an exam may be taken. Please refer to www.nabp.net for current information.

- ☐ You can access your scores at nabp.net.

Just a reminder: You will be required to access NABP's website at www.nabp.net to obtain the Preliminary Application for Transfer of Pharmaceutic Licensure for NABP. Also referred to as the official NABP application.

To receive license as a pharmacist in Nevada by reciprocation, the following needs to be on file:

Nevada application and fee
Passage of the MPJE exam
Official NABP application

You have one (1) year from the date we receive the Nevada application to completethe process of licensure. The $250.00 fee includes all required fees including the $200 registration fee. The $250.00 fee does NOT include the fee for the MPJE exam or the fee for NABP preliminary application. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office at (775) 850-1440 if you need additional information

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: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First:_____ Middle:_____ Last: _____

Mailing Address: _____

City:_____ State:_____ Zip Code: _____

Telephone:_____ E-mail Address: _____

Date of Birth:_____ Place of Birth: _____

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:_

_____ Date of Issuance: _____

College of Pharmacy Information

Graduation Date: _____
(mm/dd/yy)

Degree Received: ☐ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: _____

Location of School: _____

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: _____ 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?
		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

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
1. 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?	☐	☐
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	☐	☐
4. 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**

Board Administrative Action:	State	Date: / /	Case #:

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, its 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, its 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 Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

Credit Cards are charged a 5% processing fee

Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** ____ ____ ____ ____	
Expiration Date: ___/___ (MM/YY	**CVV** (3 digits on back of card): ____	**License Amount**: $ _____
Name on Card: _____		
Billing Address: _____ _____ _____		

8

Kristopher Mangosing

From: David Wuest
Sent: Saturday, January 11, 2020 12:02 PM
To: Kristopher Mangosing; Candy Nally
Cc: Shannon Reichman; Yenh Long; Shirley Hunting
Subject: FW: Pharmacy Technician Application

Please put this appearance request on the March Meeting.

Thanks

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

From: Emille Gonzalez <EmilleG@success.edu>
Sent: Friday, January 10, 2020 5:16 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Re: Pharmacy Technician Application

David,

Thank you for taking the time to chat with me.

We would like to get the BOP approval for our Pharmacy Technician Program in the state of Nevada.

Here is the school information-

Nevada Career Institute
3231 N Decatur Blvd.#201
Las Vegas NV 89130
Contact Phone # 702.209.0030

Thank you,
Emille Gonzalez
Pharmacy Technician Program Chair
Emillee@success.edu
Cell# 323.602.8477

From: David Wuest <dwuest@pharmacy.nv.gov>
Sent: Friday, January 10, 2020 5:08:55 PM
To: Emille Gonzalez
Subject: RE: Pharmacy Technician Application

Emille,

Thank you for your time today. Yes you will need the Board's approval. Please email me your intent.

Sincerely,

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

From: Emille Gonzalez <EmilleG@success.edu>
Sent: Tuesday, January 7, 2020 2:55 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Pharmacy Technician Application

Hi Dave,

How are you? Hope everything is well.

Do you have some time this week so we can talk and chat? I want to verify/ clarify with you the different pathways to get approved for a pharmacy technician license.

I also want to know more about this for our Pharmacy Technician Program in Nevada.

NAC 639.256 Program of training: Approval by Board; testing of pharmaceutical technician in training for presence of alcohol or drug. (NRS 639.070<https://www.leg.state.nv.us/NRS/NRS-639.html#NRS639Sec070>, 639.1371<https://www.leg.state.nv.us/NRS/NRS-639.html#NRS639Sec1371>)

1. A program of training for pharmaceutical technicians must be approved by the Board before it is provided in this State. A request for approval must be filed with the Board. ***(where do we get this form)***

The Board will approve a program only if the program:

(a) Is accredited by the American Society of Health-System Pharmacists; and

(b) Administers at least one random test for the presence of alcohol or a controlled substance or other drug to each pharmaceutical technician in training before the pharmaceutical technician in training is allowed to participate in any part of the program that involves employment or training in a pharmacy. If the pharmaceutical technician in training tests positive for the presence of alcohol or a controlled substance or other drug for which the pharmaceutical technician in training does not have a lawfully issued prescription or the pharmaceutical technician in training refuses to submit to such a test, the administrator of the

program must:

(1) Suspend the pharmaceutical technician in training from participating in any part of the program that involves employment or training in a pharmacy;

(2) Notify the Board that the pharmaceutical technician in training has tested positive for the presence of alcohol or a controlled substance or other drug for which the pharmaceutical technician in training does not have a lawfully issued prescription or has refused to submit to such a test; and

(3) Prevent the pharmaceutical technician in training from resuming participation in any part of the program that involves employment or training in a pharmacy without the approval of the Board.

2. The Board may refuse to approve a program of training for pharmaceutical technicians or may withdraw its approval of a program at any time for good cause shown.

3. A program of training for pharmaceutical technicians that is provided outside this State shall be deemed to be approved by the Board if the program is accredited by the American Society of Health-System Pharmacists.

4. For the purposes of this section, "program of training for pharmaceutical technicians" does not include on-the-job training that is provided to a pharmaceutical technician in training by his or her employer.

(Added to NAC by Bd. of Pharmacy, eff. 11-15-93; A by R036-07, 1-30-2008)?

Is there a form that we need to fill out and send to the BOP once we get the approval from ASHP or what is the process?

Thanks,
Emille Gonzalez
323.602.8477

NWC North-West COLLEGE

Emille Gonzalez
Pharmacy Technician Program Chair

EmilleG@success.edu
T 626-960-5046
F 626-960-9190

nw.edu
2121 W. Garvey Ave. N.
West Covina, CA 91790

Our Core Purpose: We Educate Students for Success!

9

FENNEMORE CRAIG
ATTORNEYS

Lynn S. Fulstone
Director
lfulstone@fclaw.com

300 S. Fourth Street, Suite 1400
Las Vegas, Nevada 89101
PH (702) 791-8245 | FX (702) 791-8246
fennemorecraig.com

October 31, 2019

Via E-Mail and FedEx

Mr. David Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, Nevada 89521

Re: Petition Requesting a Declaratory Order or Advisory Opinion

Dear Mr. Wuest:

The Nevada Association of Nurse Anesthetists ("Petitioner"), acting by and through Fennemore Craig, P.C., respectfully submits to the Nevada State Board of Pharmacy (the "Board of Pharmacy") pursuant to Section 639.150 of the Nevada Administrative Code ("NAC"), this Petition for a Declaratory Order or an Advisory Opinion (the "Petition"). Specifically, Petitioner requests that the Board of Pharmacy make a determination, consistent with the current scope of practice, that a certified registered nurse anesthetist ("CRNA") licensed by the Nevada State Board of Nursing (the "Board of Nursing") need not obtain a license from the Board of Pharmacy and/or a registration from the Drug Enforcement Administration ("DEA") to select and administer preanesthetic medications, intraoperative anesthesia and postanesthetic medications when such medications are ordered by the CRNA for surgical procedures from a DEA registered institutional pharmacy providing services for a Nevada licensed hospital or medical facility.

BACKGROUND

Petitioner is a professional organization for CRNAs in Nevada. CRNAs are professional registered nurses who have obtained, through additional education and successful completion of a national examination, certification as anesthesia nursing specialists.[1] This specialized education focuses on all aspects of clinical anesthesia practice, including pharmacology and pharmacotherapeutics. The Board of Nursing first adopted regulations establishing standards and authorizing functions that CRNAs may perform in 1986.[2] The Nevada State Legislature subsequently recognized CRNAs in 1987.[3] Under Nevada law, CRNAs are authorized "to administer anesthetic agents to a person under the care of a licensed physician, a licensed dentist

[1] *See* NEV. REV. STAT. § 632.014(1).
[2] NEV. ADMIN. CODE § 632.500 to 632.550, inclusive.
[3] S.B. 458, 64th Leg. (Nev. 1987) (adding definition of CRNAs to the NRS).

or a licensed podiatric physician."[4] CRNAs practice in every setting in which anesthesia is delivered, including, but in no way limited to, traditional hospital surgical suites and obstetrical delivery rooms, critical access hospitals, ambulatory surgical centers and rural clinics.[5] Historically, CRNAs have not been required to obtain a license from the Board of Pharmacy or DEA registration in order to select, order, and administer anesthetic agents to inpatients for preoperative, intraoperative, or postoperative use when the anesthetic agents are ordered by the CRNA solely from the institutional pharmacy. A Declaratory Order or an Advisory Opinion is necessary to confirm that this customary practice of CRNAs authorized by Nevada regulations does not constitute "prescribing" under Nevada law and to clarify that CRNAs do not need a license from the Board of Pharmacy or DEA registration so long as the CRNA performs services for patients in a Nevada licensed hospital or medical facility, and orders preanesthetic medications, intraoperative anesthesia and postanesthetic medications solely from the hospital's or facility's institutional pharmacy that is licensed by the State Board of Pharmacy and registered with the DEA. Such a Declaratory Order or Advisory Opinion would be consistent with Nevada statutes and regulations and would not change practices that have been acceptable in Nevada for over two decades.

LEGAL AUTHORITY

A person may petition the Board of Pharmacy for a declaratory order or advisory opinion as to the applicability of any statutory provision, regulation or decision of the Board of Pharmacy.[6] The Board of Pharmacy is responsible for regulating the practice of pharmacy in Nevada, including the dispensing, prescribing and administration of drugs.[7] Additionally, the Board of Pharmacy may "issue certificates, licenses and permits required" by Chapters 639, 453, or 454 of the Nevada Revised Statutes ("NRS").[8] The Board of Pharmacy, therefore, has discretion to determine which acts constitute the prescribing of drugs under Nevada law and which practitioners are required to obtain a license from the Board of Pharmacy and/or DEA registration under specific circumstances. For these reasons, the Board has authority under both the NRS and NAC to issue a declaratory opinion in response to this Petition.

---

[4] NEV. REV. STAT. § 632.014(2).
[5] CRNAs are often the exclusive anesthesia providers to a majority of rural Nevadans.
[6] NEV. ADMIN. CODE § 639.150; NEV. REV. STAT. § 233B.120.
[7] NEV. REV. STAT. § 639.070(1); *See also* NEV. REV. STAT. §§454.211 and 639.0065 (defining the term "dispense" to include prescribing and administering controlled substances and dangerous drugs).
[8] NEV. REV. STAT. § 639.070(c).

DISCUSSION

1. **The practice of CRNAs - selecting, ordering, and administering anesthetic agents preoperatively, intraoperatively, and postoperatively – does not constitute "prescribing" under Nevada law and is consistent with Nevada statutory law.**

CRNAs in Nevada are authorized to select, order, and administer anesthetic agents in preoperative, intraoperative, and postoperative settings.[9] This regulatory authority does not contravene any applicable Nevada statutory authority. Neither the Nevada State Legislature nor the Board of Pharmacy has defined the term "order" in the context of administration of anesthetic agents. Rather, the focus of the current Nevada statutory and regulatory framework is who is authorized to possess, administer, prescribe or dispense controlled substances and dangerous drugs.

There is no dispute that a registered nurse, including a CRNA, may possess and administer a drug or medicine.[10] Further, the furnishing of anesthetic agents by a pharmacy in a medical facility to an inpatient during the inpatient's procedure, test, or treatment at a medical facility does not constitute "dispensing."[11] The statutory definition of "dispense" in Chapter 454 and 639 does not include the furnishing of a dangerous drug or controlled substance by a hospital pharmacy for inpatients.[12] The Board of Pharmacy regulations further clarify that the term "dispense" refers to furnishing drugs in quantities greater than that necessary for the needs of the ultimate user.[13] "The term does not include the furnishing of a controlled substance or dangerous drug by a pharmacy in a medical facility to an inpatient of the medical facility in which the pharmacy is located."[14]

Similarly, the practice of CRNAs does not constitute "prescribing" under Nevada law because a "chart order" for an inpatient specifying drugs for inpatient use does not constitute "prescribing" drugs under Nevada law.[15] The Nevada State Legislature defines "prescription" as follows:

NRS 639.013 "Prescription" defined.

1. "Prescription" means:
    a. An order given individually for the person for whom prescribed, directly from the practitioner to a pharmacist or indirectly by means of an order

---

[9] NEV. ADMIN. CODE § 632.500, attached hereto as **Exhibit 1**; *see also* NEV. REV. STAT. § 632.014.
[10] NEV. REV. STAT. § 454.213(1)(c).
[11] NEV. ADMIN. CODE § 639.450.
[12] NEV. REV. STAT. §§ 639.0065(2) (regulating controlled substances) and 454.211(2) (regulating dangerous drugs).
[13] NEV. ADMIN. CODE § 639.450.
[14] *Id.*
[15] NEV. REV. STAT. §§ 639.013(2) and 454.00961(2).

signed by the practitioner or by an electronic transmission from the practitioner to a pharmacist.

b. A chart order written for an inpatient specifying drugs which the inpatient is to take home upon discharge.

2. The term does not include a chart order written for an inpatient for use while he or she is an inpatient.

NRS 454.00961 "Prescription" defined.

1. "Prescription" means:
   a. An order given individually for the person for whom prescribed, directly from the practitioner, or the practitioner's agent, to a pharmacist or indirectly by means of an order signed by the practitioner or an electronic transmission from the practitioner to a pharmacist.
   b. A chart order written for an inpatient specifying drugs which he or she is to take home upon discharge.
2. "Prescription" does not include a chart order written for an inpatient for use while he or she is an inpatient.

The term "inpatient" is not defined in NRS Chapter 639 or 454. However, its usage throughout the pharmacy statutes and regulations suggests a broader connotation than that conferred by the Nevada State Board of Health.[16] The pertinent distinction between "patient" and "inpatient" appears to be whether the order from practitioner to patient requires (1) the patient to fill the order at a pharmacy for the patient's own use or (2) the practitioner to fill the order at an institutional pharmacy for the practitioner to administer to patient at a medical facility. Whether the patient is technically an "inpatient" or "outpatient" at a hospital or medical facility is of little import to this analysis.

Indeed, an "institutional pharmacy" is defined as a pharmacy that is part of or is operated in conjunction with a medical facility as defined in NRS 449.0151.[17] The definition of a "medical facility" includes:

1. A surgical center for ambulatory patients;
2. An obstetric center;

---

[16] NEV. ADMIN. CODE § 449.289 defines "inpatient" as "a person who has been formally admitted into a hospital for diagnosis or treatment." NEV. ADMIN. CODE § 449.297 defines "outpatient" as "a person who has been registered or accepted for care in a hospital but who has not been formally admitted as an inpatient, and who does not remain in the hospital for more than 48 hours. Even this distinction may relate more to reimbursement status rather than whether or not drugs are being dispensed since in both the case where a patient is admitted to the hospital and when a patient remains in a hospital for observation for 48 hours, drugs may be administered to the patients in the hospital pursuant to a chart order.

[17] NEV. REV. STAT. § 639.0085.

3. An independent center for emergency medical care;
4. An agency to provide nursing in the home;
5. A facility for intermediate care;
6. A facility for skilled nursing;
7. A facility for hospice care;
8. A hospital;
9. A psychiatric hospital;
10. A facility for the treatment of irreversible renal disease;
11. A rural clinic;
12. A nursing pool;
13. A facility for modified medical detoxification;
14. A facility for refractive surgery;
15. A mobile unit; and
16. A community triage center.[18]

The term "institutional pharmacy" further includes "[a] pharmacy on the premises of the medical facility which provides a system of distributing and supplying medication to the facility, whether or not operated by the facility" and "[a] pharmacy off the premises of the medical facility which provides services only to the patients of the facility and provides a system of distributing medication based upon chart orders from the medical facility."[19] The overall statutory framework clearly contemplates a system of distributing medication to medical facilities so medical facilities can administer medication to their patients. To adopt a limiting definition of the term "inpatient" would lead to an absurd result given the breadth of medical procedures, tests and treatments that do not require a patient's formal admission to a hospital or medical facility.

Importantly, the scope of practice for CRNAs is limited to "preoperative, intraoperative, and postoperative" settings.[20] As such, CRNAs are only authorized to select, order and administer anesthetic agents for patients during the patients' procedure, test, or treatment at a licensed hospital or medical facility. The statutory definition of a "chart order" is an order entered on the chart of an inpatient in a hospital or medical facility licensed by the Division of Public and Behavioral Health of the Department of Health and Human Services.[21] Given the limited scope of CRNAs practice and the distinction between a "prescription" and "chart order" under Nevada law, the "ordering" authorized to be performed by CRNAs is synonymous to a chart order and is clearly not a prescription.

The current statutory and regulatory framework does not define who is permitted to make a chart order. Although CRNAs are not expressly included in the statutory definition of a

---

[18] NEV. REV. STAT. § 449.0151.
[19] NEV. REV. STAT. § 454.00905(1) and (2).
[20] NEV. ADMIN. CODE § 632.500.
[21] NEV. REV. STAT. § 639.004 and NEV. ADMIN. CODE § 639.442.

"practitioner," the hospital or institutional pharmacies from which CRNAs "order" anesthetic agents are included in the statutory definition of a "practitioner" to the extent they are licensed or registered to distribute, dispense or administer drugs.[22] The logical rationale for including hospitals and institutional pharmacies as "practitioners" in this context would mean that it is unnecessary for a CRNA to obtain a license from the Board of Pharmacy or DEA registration when ordering anesthetic agents from a licensed and DEA registered hospital or institutional pharmacy for the CRNA to administer to the patient at the hospital or medical facility. Moreover, it is unnecessarily duplicative and does not address any State or Federal policy goals to have CRNAs obtain such a license from the Board of Pharmacy or DEA registration under these circumstances, since CRNAs are performing services solely for patients within the hospital or medical facility.

2. **The practice of CRNAs does not constitute "prescribing" under Federal law.**

The current statutory and regulatory framework under Federal law also suggests that the practice of CRNAs does not constitute "prescribing." "Prescription means an order for medication which is dispensed to or for an ultimate user but does not include an order for medication which is dispensed for immediate administration to the ultimate user (e.g., an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription)."[23] Further, the DEA has promulgated clear exceptions to the requirement of DEA registration for individual practitioners administering, dispensing or prescribing controlled substances under the registration of the hospital or institutional pharmacy.[24] 21 C.F.R. § 1301.22 provides, in pertinent part:

> (c) An individual practitioner who is an agent or employee of a hospital or other institution may, when acting in the normal course of business or employment, administer, dispense, or prescribe controlled substances under the registration of the hospital or other institution which is registered in lieu of being registered him/herself, provided that:
>
> (1) Such dispensing, administering or prescribing is done in the usual course of his/her professional practice;
> (2) Such individual practitioner is authorized or permitted to do so by the jurisdiction in which he/she is practicing;
> (3) The hospital or other institution by whom he/she is employed has verified that the individual practitioner is so permitted to dispense, administer, or prescribe drugs within the jurisdiction;
> (4) Such individual practitioner is acting only within the scope of his/her employment in the hospital or institution;

---

[22] NEV. REV. STAT. §§ 639.0125(2) and 454.00958(2).
[23] 21 C.F.R. § 1300.01.
[24] 21 C.F.R. § 1301.22.

> (5) The hospital or other institution authorizes the individual practitioner to administer, dispense or prescribe under the hospital registration and designates a specific internal code number for each individual practitioner so authorized. The code number shall consist of numbers, letters, or a combination thereof and shall be a suffix to the institution's DEA registration number, preceded by a hyphen (e.g., APO123456–10 or APO123456–A12); and
> (6) A current list of internal codes and the corresponding individual practitioners is kept by the hospital or other institution and is made available at all times to other registrants and law enforcement agencies upon request for the purpose of verifying the authority of the prescribing individual practitioner.

This regulation suggests that practitioners in institutional settings who issue orders for medications for direct administration to a patient, such as CRNAs in their normal scope of practice, are not prescribing within the meaning of 21 C.F.R. § 1300.01, and would be exempt from registration. Federal policy concerns have to do with controls and procedures against theft of controlled substances. Accordingly, the DEA distinguishes institutional settings where CRNAs issuing orders for anesthetic agents for direct administration to patients are subject to the controls or procedures of the DEA registrant, such as a hospital or institutional pharmacy, from situations outside institutional settings or where CRNAs dispense and administer their own drugs. Thus, if a CRNA does not "prescribe" and if the CRNA is an agent or employee of a DEA registrant, it follows that the CRNA does not have to register with the DEA.

CONCLUSION

The practice of CRNAs issuing orders for anesthetic agents from hospital or institutional pharmacies for direct administration to patients does not constitute "prescribing" pursuant to the definition of "prescription" in NRS 639.013 and NRS 454.00961 or 21 C.F.R. § 1300.01. Given the limited scope of CRNAs practice and the distinction between a "prescription" and "chart order" under Nevada law, the "ordering" performed by CRNAs is synonymous to a chart order and is clearly not a prescription. For these reasons, we respectfully request a declaratory order or advisory opinion concluding that a CRNA licensed by the State Board of Nursing is not required to obtain a license from the Board of Pharmacy and/or DEA registration to order anesthetic agents from an institutional pharmacy located at a Nevada licensed hospital or medical facility for patient services at the hospital or medical facility.

Thank you for your time and consideration. Please do not hesitate to contact our office should you have any questions and/or comments.

Sincerely,

FENNEMORE CRAIG, P.C.

Lynn S. Fulstone

LFUL/cada

Cc: Robert Erickson, CRNA, President
Nevada Association Nurse Anesthetists

Paul Edwards, General Counsel
Nevada State Board of Pharmacy

EXHIBIT 1

Nevada Administrative Code § 632.500. Authorized functions. (NRS 632.120)

1. A certified registered nurse anesthetist may, in addition to those functions authorized for the registered nurse, perform the following acts, when it has been determined by a patient's physician, dentist or podiatric physician that an anesthetic is necessary for a procedure, test or other treatment, in accordance with the applicable policies and procedures regarding the administration of anesthetics:

(a) Obtain a history of the patient's health, as appropriate to the anticipated procedure, test or treatment;

(b) Assess the client's condition, as appropriate to the anticipated procedure, test or treatment;

(c) Recommend, request and order pertinent diagnostic studies and evaluate the results of those studies;

(d) Prepare a written preanesthetic evaluation of the patient and obtain the patient's informed consent for the anesthesia;

(e) Select, order and administer preanesthetic medication;

(f) Order, prepare and use any equipment and supplies necessary for the administration of anesthesia and perform or order any necessary safety checks on the equipment;

(g) Order and prepare any drugs used for the administration of anesthesia;

(h) Select and order anesthesia techniques, agents and adjunctive drugs;

(i) Perform and manage general, regional and local anesthesia and techniques of hypnosis;

(j) Perform tracheal intubation and extubation and provide mechanical ventilation;

(k) Provide perianesthetic invasive and noninvasive monitoring. as appropriate, and respond to any abnormal findings with corrective action;

(l) Manage the patient's fluid, blood and balance of electrolytes and acid base;

(m) Recognize abnormal response by a patient during anesthesia, select and take corrective action;

(n) Identify and manage any related medical emergency requiring such techniques as cardiopulmonary resuscitation, airway maintenance, ventilation, tracheal intubation, pharmacological cardiovascular support and fluid resuscitation;

(o) Evaluate the patient's response during emergence from anesthesia and institute pharmacological or supportive treatment to ensure adequate recovery from anesthesia;

(p) Provide care consistent with the principles of infection control and anesthesia safety to prevent the spread of disease and prevent harm to the anesthetized patient and others in the anesthetizing environment;

(q) Select, order and administer postanesthetic medication;

(r) Report to the person providing postanesthetic care the patient's physical and psychological condition, perioperative course and any anticipated problems;

(s) Initiate, order and administer respiratory support to ensure adequate ventilation and oxygenation in the immediate postanesthetic period;

(t) Release the patient from the postanesthetic care unit or discharge the patient from the ambulatory surgical setting;

(u) Include in a timely manner as a part of the patient's medical records a thorough report on all aspects of the patient's anesthesia care; and

(v) Assess the patient's postanesthetic condition, evaluate the patient's response to anesthesia and take corrective action.

2. In addition, the nurse anesthetist may accept additional responsibilities which are appropriate to the practice setting and within his or her expertise. Such responsibilities may include, but are not limited to, the selection and administration of drugs and techniques for the control of pain in the preoperative, intraoperative and postoperative setting.

10

11

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	03/19/20 postponed		
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					
453.520: Schedule II - 4-ANPP; despropionyl fentanyl	03/19/20 06/03/20							
639.NEW – Licensing/regulating wholesalers.	03/19/20	3/24/20	R040-20					
639.NEW - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the	03/19/20 – postponed to 06/03/20							

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								
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20					
453.550 – Deschedule Epidiolex	06/03/20							
639.NEW – CS Electronic Transmission Exemption	06/03/20							

EXECUTIVE SECRETARY REPORT – June 3rd, 2020

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - COVID-19
  - Emergency Regulation Update
- **REPORT TO BOARD**
  - Licensing software update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - PMP Integration

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT
MARCH 19, 2020 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the March 2020 Board meeting.

Licensing Activity:

- 16 licenses were granted for Out-of-State pharmacies.
- 1 license was granted for Out-of-State Compounding pharmacies.
- 7 licenses were granted for Out-of-State Medical Devices, Equipment and Gases (MDEG) companies.
- 1 license was granted for Nevada pharmacies.
- 4 licenses were granted for Out-of-State Wholesalers

Disciplinary Actions:

- Wholesaler SWS surrendered their license for failure to comply with the requirements of NRS 639.500.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- Licensing software update was provided.

Public Hearing:

1. **Amendment of Nevada Administrative Code (NAC) 453.510**: Schedule 1. The proposed amendment to NAC 453.510 will add Etizolam to the controlled substances listed in schedule 1. (LCB File No. R093-19)

Workshop:

1. **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.

2. **Amendment of Nevada Administrative Code (NAC) 639.** The proposed amendment relates to the licensing and regulation of wholesalers.

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

12

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R008-20

March 2, 2020

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[~~omitted material~~]** is material to be omitted.

AUTHORITY: §§1 and 2, NRS 639.070 and 639.210.

A REGULATION relating to pharmacy; revising provisions governing unprofessional conduct or conduct contrary to the public interest; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to suspend or revoke a certificate, license, registration or permit or deny the application of any person for a certificate, license, registration or permit if the person is guilty of unprofessional conduct or conduct contrary to the public interest. (NRS 639.210) Existing regulations provide that it is unprofessional conduct and conduct contrary to the public interest to: (1) dispense a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship; or (2) prescribe a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. (NAC 639.945) This regulation provides that it is not unprofessional conduct or conduct contrary to the public interest to prescribe or dispense a drug in accordance with certain federal guidelines. Those federal guidelines provide for the prescribing and dispensing of drugs for the treatment of certain sexually transmitted infections without a medical evaluation to the sexual partner of a person diagnosed with such an infection.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 2, the following publications are hereby adopted by reference:

(a) "Guidance on the Use of Expedited Partner Therapy in the Treatment of Gonorrhea," available from the Centers for Disease Control and Prevention of the United States Department of Health and Human Services at no cost on the Internet at https://www.cdc.gov/std/ept/gc-guidance.htm, or, if that Internet website ceases to exist, from the Board.

(b) "Expedited Partner Therapy in the Management of Sexually Transmitted Diseases: Review and Guidance," available from the Centers for Disease Control and Prevention of the United States Department of Health and Human Services at no cost on the Internet at https://www.cdc.gov/std/treatment/eptfinalreport2006.pdf, or, if that Internet website ceases to exist, from the Board.

2. Except as otherwise provided in this subsection, the most current version of a publication adopted by reference pursuant to subsection 1 which is published will be deemed to be adopted by reference. The Board will periodically review and determine, within 30 days after the review, whether any change made to a publication listed in subsection 1 is appropriate for application in this State. If the Board does not disapprove a change to an adopted publication within 30 days after the review, the change is deemed to be approved by the Board.

Sec. 2. NAC 639.945 is hereby amended to read as follows:

639.945 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:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

(1) The date on which the permission was granted;

(2) The name of the practitioner granting the permission;

(3) The name of the person obtaining the permission;

(4) The name of the drug dispensed; and

(5) The name of the manufacturer or distributor of the drug.

(c) Using secret formulas.

(d) Except as otherwise provided by subsection 2 of NRS 639.2396, failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.

(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.

(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.

(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(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.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(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.

(n) ***Except as otherwise provided in subsection 2:***

(1) Dispensing a drug as a dispensing practitioner to a patient or animal or owner of an animal with whom the dispensing practitioner does not have a bona fide therapeutic relationship

~~[.~~

~~(o)]~~ ***; or***

(2) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

2. ***It is not unprofessional conduct or conduct contrary to the public interest for a practitioner to prescribe or dispense a drug under the circumstances described in paragraph (n) of subsection 1 if the drug is prescribed or dispensed in accordance with either publication adopted by reference in section 1 of this regulation.***

3. 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.

~~[3.]~~ ***4.*** For the purposes of this section, a bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics within or outside of this State or the United States by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

13

13A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

June 3, 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 639.2177

Amendment of Nevada Administrative Code (NAC) 639.010, 639.200, 639.4992, 639.4996, 639.4998 and 639.750. The proposed amendments set forth the requirements for the licensing and regulation of recovery centers to dispense controlled substances and dangerous drugs if the Recovery Center is licensed by the State Board of Health pursuant to NRS 449.0303.

NAC 639.220 Schedule of fees; penalty for late renewal; exemptions from certain fees (NRS 639.070, 639.170)

1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist.....	Actual cost of the examination
For the investigation or registration of an applicant as a registered pharmacist.....	$200
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	200
For the investigation or issuance of an original license to conduct a retail pharmacy.....	500
For the biennial renewal of a license to conduct a retail pharmacy.....	500
For the investigation or issuance of an original license to conduct an institutional pharmacy.....	500
For the biennial renewal of a license to conduct an institutional pharmacy.	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution.....	500
For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....	500
For the investigation or issuance of an original license to conduct a recovery center or surgical center for ambulatory patients licensed by the State Board of Health pursuant to NRS 449.0303	***500***
For the biennial renewal of a license to conduct a recovery center or surgical center for ambulatory patients licensed by the State Board of Health pursuant to NRS 449.0303	***500***
For the issuance of an original or duplicate certificate of registration as a registered pharmacist.....	50

For the biennial renewal of registration as a registered pharmacist.....	200
For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse).....	100
For the initial registration of a pharmaceutical technician or pharmaceutical technician in training.....	50
For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training.....	50
For the investigation or registration of an intern pharmacist.....	40
For the biennial renewal of registration as an intern pharmacist.....	40
For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80
For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80
For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, ***recovery center or*** facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	200
For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, ***recovery center or*** facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	200
For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the investigation or issuance of an original license to a manufacturer or wholesaler.....	500
For the biennial renewal of a license for a manufacturer or wholesaler.....	500
For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....	50
For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....	300
For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....	300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both..... 150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both..... 150

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

Ê is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.

6. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

> is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.

8. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay actual costs of inspection incurred by the Board.

NAC 639.010 Definitions. (NRS 639.070) As used in this chapter, unless the context otherwise requires:

1. "Board" means the State Board of Pharmacy.
2. "Controlled substances" has the meaning ascribed to it in NRS 0.031.
3. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.
4. "Direct supervision" means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

5. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

6. "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

7. "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (e) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

8. "Practitioner" has the meaning ascribed to it in NRS 639.0125.

9. "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

10. "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

11. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

12. "Recovery center" has the meaning ascribed to it in NRS 639.0144.

NAC 639.457 "Medical facility" defined. (NRS 639.070) "Medical facility" includes:

1. A surgical center for ambulatory patients;
2. An obstetric center;
3. An independent center for emergency medical care;
4. An agency to provide nursing in the home;
5. A facility for intermediate care;
6. A facility for skilled nursing;
7. A hospice;
8. A hospital;
9. A psychiatric hospital;
10. A facility for the treatment of irreversible renal disease~~; and~~
11. A rural clinic***; and***
12. ***A recovery center***.

NAC 639.4992 Dispensing controlled substances *or dangerous drugs*: Registration and licensing required. (NRS 639.070, 639.071, ***NRS 639.2177***) Each ***recovery center or*** surgical center for ambulatory patients shall ***apply to the Board for a license to dispense controlled substances or dangerous drugs by submitting an application on a form prescribed by the Board and shall***:

1. Register with ~~the Board and~~ the Drug Enforcement Administration of the United States Department of Justice to dispense controlled substances;

2. Ensure that each practitioner who dispenses controlled substances ***or dangerous drugs*** in the ***recovery center or*** surgical center is registered with the Board and the Drug Enforcement Administration of the United States Department of Justice; and

3. Require each person employed to work in a pharmacy of the ***recovery center or*** surgical center for ambulatory patients and any person with whom the ***recovery center or*** surgical center for ambulatory patients has entered into a contract to provide pharmaceutical services to possess a current state license or certificate to provide such services.

4. A license to dispense controlled substances or dangerous drugs granted pursuant to this section is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

NAC 639.4996 Establishment and review of policies and procedures by pharmacist. (NRS 639.070, 639.071, ***NRS 639.2177***)

1. A ***recovery center or*** surgical center for ambulatory patients shall employ or enter into a contract with a pharmacist to establish policies and procedures which:

(a) Are consistent with the policies and procedures developed pursuant to NAC 639.477;

(b) Require the maintenance of records in accordance with the provisions of NAC 639.485 and 639.486;

(c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;

(d) Require maintenance of a perpetual inventory of all controlled substances;

(e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;

(f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;

(g) Ensure that the ***recovery center or*** surgical center dispenses drugs and investigational drugs ***by chart orders and*** in accordance with applicable state and federal laws; and

(h) Ensure that all compounding is:

(1) Performed by a registered pharmacist in accordance with the provisions of this chapter and chapter 639 of NRS; or

(2) If performed by an employee of the ***recovery center or*** surgical center, other than a registered pharmacist, performed:

(I) In accordance with the provisions of this chapter and chapter 639 of NRS;

(II) In a location designated for compounding that is clean and disinfected before each act of compounding; and

(III) By a person who has completed training for the type of compounding that will be performed.

2. The policies and procedures established pursuant to subsection 1 must be maintained, reviewed at least annually, and dated upon adoption and amendment.

3. The pharmacist employed by or contracted with a ***recovery center or*** surgical center for ambulatory patients pursuant to subsection 1 may establish the policies and procedures required pursuant to that subsection with the assistance of a practitioner or an employee or contractor of the ***recovery center or*** surgical center.

NAC 639.4998 Duties of pharmacist who establishes policies and procedures. (NRS 639.070, 639.071, ***NRS 639.2177***) A pharmacist employed by or contracted with a ***recovery center or*** surgical center for ambulatory patients pursuant to NAC 639.4996 shall:

1. Visit the ***recovery center or*** surgical center at least once each month to:

(a) Evaluate the effectiveness of the policies and procedures established pursuant to NAC 639.4996; and

(b) Confirm that the ***recovery center or*** surgical center is complying with those policies and procedures, the provisions of this section and NAC 639.4996;

2. Maintain documentation of each visit that the pharmacist makes pursuant to subsection 1;

3. Conduct an audit at least once each month using a sufficient number of records of the ***recovery center or*** surgical center, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:

(a) The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;

(b) Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;

(c) The records demonstrate:

(1) That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and

(2) That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;

(d) The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;

(e) The employees of the ***recovery center or*** surgical center properly maintain accurate records relating to drugs and investigational drugs; and

(f) The employees of the ***recovery center or*** surgical center properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and

4. Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:

(a) The ***recovery center or*** surgical center is violating a state or federal law which affects the care and safety of a patient;

(b) There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ***recovery center or*** surgical center and the amount of the controlled substance that should be in the possession of the ***recovery center or*** surgical center according to the records of the ***recovery center or*** surgical center, including, without limitation:

(1) Purchase orders and invoices for the controlled substance;

(2) Records which indicate the removal of the controlled substance from the storage area;

(3) Patient records;

(4) Records which indicate the return of the controlled substance to the manufacturer;

(5) Records which indicate that the controlled substance was destroyed; and

(6) Any other record for the controlled substance;

(c) The ***recovery center or*** surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;

(d) The ***recovery center or*** surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or

(e) The ***recovery center or*** surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the ***recovery center or*** surgical center.

NAC 639.750 Dispensing of medication at certain locations when local retail pharmacy is closed. (NRS 639.070)

1. If the services of a local retail pharmacy are not available, the practitioner in charge of the emergency room of a hospital, ***of a recovery center*** or of a surgical center for ambulatory patients may dispense medication in an amount adequate to treat patients in the emergency room, ***recovery center*** or surgical center for ambulatory patients during the hours that the local retail pharmacy is closed.

2. If a practitioner dispenses medication at the emergency room of a hospital, ***at a recovery center*** or at a surgical center for ambulatory patients:

(a) The following information must be maintained for each medication dispensed:

(1) The name of the patient and, if not readily available from the records of the hospital, the address of the patient;

(2) The name, strength and quantity of the medication;

(3) The name of the prescribing practitioner and the classification of his or her license;

(4) The registration number of the prescribing practitioner that is issued by the Drug Enforcement Administration of the United States Department of Justice, if the medication is a controlled substance;

(5) The signature of the practitioner who dispenses the medication;

(6) The directions for using the medication;

(7) The date the medication is dispensed; and

(8) The signature of the prescribing practitioner.

(b) The medication must be dispensed in a container in accordance with NAC 639.740.

(c) A label that contains the following information must be affixed to the container:

(1) The date;

(2) The name of the prescribing practitioner;

(3) The name of the patient;

(4) The number of dosage units;

(5) Specific directions for use;

(6) The expiration date of the medication;

(7) The proprietary or generic name of the medication;

(8) The strength of the medication;

(9) The initials of the practitioner who dispenses the medication; and

(10) The following warning:

> Caution: Do not use with alcohol or nonprescription drugs without consulting the prescribing practitioner.

13B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop
June 3, 2020

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in Schedule II; and providing other matters properly relating thereto.

NAC 453.520 Schedule II. (NRS 453.146, 453.2182, 639.070)

1. Schedule II consists of the drugs listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis, is hereby enumerated in schedule II:

(a) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrorphan, nalbuphine, nalmefene, naloxone and naltrexone, and their respective salts, but including:

Codeine;
Diprenorphine;
Ethylmorphine;
Etorphine hydrochloride;
Granulated opium;
Hydrocodone;
Hydrocodone combination product (meaning any product that contains hydrocodone in combination with any other active ingredient);
Hydromorphone;
Metopon;
Morphine;
Opium extracts;
Opium fluid;
Powdered opium;
Raw opium;
Oxycodone;
Oxymorphone;
Thebaine; and
Tincture of opium.

(b) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (a) if they do not include the isoquinoline alkaloids of opium.

(c) Opium poppy and poppy straw.

(d) Cocaine hydrochloride salt prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration.

(e) Benzolyecgonine or ecgonine.

(f) Concentrate of poppy straw (meaning the crude extract of poppy straw in either liquid, solid or powder form and containing the phenanthrene alkaloids of the opium poppy).

3. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (dextrorphan and levopropoxyphene excepted), are hereby enumerated on schedule II:

Alfentanil;
Alphaprodine;
Anileridine;
4-anilino-N-phenethylpiperidine (some trade or other names: 4-ANPP; ANPP; 4-anilino-N-phenethyl-4-piperidine; despropionyl fentanyl; 4-Aminophenyl-1-phenethylpiperidine; N-phenyl-1-(2-phenylethyl)-4-piperidinamine)
~~***4-Anilino-N-Phenethyl-4-Piperidine (ANPP) (some trade or other names: 4-ANPP; despropionyl fentanyl);***~~
Bezitramide;
Bulk dextropropoxyphene (in nondosage forms);
Carfentanil;
Dihydrocodeine;
Diphenoxylate;
Fentanyl;
Isomethadone;
Levo-alphacetylmethadol (some trade or other names: levo-alpha-acetylmethadol; levomethadyl acetate; LAAM);
Levomethorphan;
Levorphanol;
Metazocine;
Methadone;
Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;
Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;
Pethidine (meperidine);
Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;
Pethidine-Intermediate-B, ethyl-4-phenylpiperdine-4-carboxylate;
Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
Phenazocine;
Piminodine;

Racemethorphan;
Racemorphan;
Ramifentanil;
Sufentanil; or
Tapentadol.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system is hereby enumerated on schedule II:

(a) Amphetamine, its salts, optical isomers and salts of optical isomers;

(b) Phenmetrazine and its salts;

(c) Unless specifically excepted, any preparation which contains any quantity of methamphetamine, including its salts, isomers and salts of isomers, prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice, which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration;

(d) Methylphenidate; or

(e) Lisdexamfetamine.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule II:

Amobarbital;
Glutethimide;
Pentobarbital; or
Secobarbital.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances is hereby enumerated on schedule II:

(a) Immediate precursors to phencyclidine (PCP):

1-Phenylcyclohexylamine; or
1-piperidinocyclohexanecarbonitrile (PCC).

(b) Immediate precursors to amphetamine and methamphetamine:

Phenylacetone (some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone).

7. Any material, compound, mixture or preparation which contains any quantity of Nabilone (commonly referred to as: (+)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H- dibenzol[b,d]pyran-9-one) is hereby enumerated on schedule II.

8. Dronabinol oral solution in a drug product approved by the Food and Drug Administration (some trade or other names: (6aR,10aR)-6a,7,8,10a-Tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d]-pyran-1-ol; (-)-delta-9-trans-tetrahydrocannabinol; Syndros) is hereby enumerated on schedule II.

DRAFT

13C

PROPOSED REGULATION OF THE NEVADA STATE BOARD OF PHARMACY

Workshop

June 3, 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 639.2353; NRS 639.23535

A REGULATION relating to the manner in which a prescription must be given.

Chapters 453, and 639 of NAC is hereby amended by adding or omitting thereto the following provisions:

NAC 453.430 Restrictions on issuance of prescriptions; continuation of dependency on narcotic drug~~; transmission of prescription by facsimile machine~~. (NRS 453.221, 453.385, 639.070)

1. An individual practitioner may not issue a prescription in order to obtain controlled substances for the purpose of general dispensing to patients.
2. A prescription may not be issued for dispensing any narcotic drug to a person dependent on a narcotic drug for the purpose of continuing the person's dependence upon the drug except in the course of an authorized clinical investigation in the development of a program for rehabilitating narcotic addicts.
3. The administering or dispensing directly, but not the prescribing, of any narcotic drugs to a person dependent on a narcotic drug for the purpose of continuing the person's dependence upon the drug is permissible in the course of conducting a federally authorized clinical investigation in the development of a program for rehabilitating narcotic addicts if the activity is within the course of professional practice or research.

~~*4. A prescription for a controlled substance listed in schedule III, IV or V may be transmitted by a practitioner or his or her agent by a facsimile machine to a pharmacy pursuant to the provisions of NAC 639.711.*~~

[Bd. of Pharmacy, § 453.240, eff. 6-26-80] — (NAC A by R164-01, 12-17-2001; ***XX-XX-2020***)

...

NAC 639.010 Definitions. (NRS 639.070) As used in this chapter, unless the context otherwise requires:

1. "Board" means the State Board of Pharmacy.
2. "Controlled substances" has the meaning ascribed to it in NRS 0.031.
3. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.
4. "Direct supervision" means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

5. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

6. "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

7. "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (e) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

8. "Practitioner" has the meaning ascribed to it in NRS 639.0125.

9. "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

10. "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

11. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

12. "Technological failure" means an outage of power or internet services that prevents the prescriber or dispenser from transmitting or receiving electronic prescriptions, or unwanted error of a technology-based system, including without limitation, the unavailability or unresponsiveness of the computerized program established pursuant to NRS 453.162.

[Bd. of Pharmacy, § 639.010, 6-26-80] — (NAC A 3-27-90; 6-14-90; 10-1-93; 11-15-93; 5-22-96; 10-24-97; R014-99, 11-3-99; R019-03, 10-21-2003; R041-04, 5-25-2004; R036-07, 1-30-2008; R098-13, 3-28-2014, ***XX-XX-2020***)

. . .

NAC 639.XXX Board approved exemption certificate.

1. A practitioner shall not be exempt from the requirements of NRS 639.23535 unless the practitioner completes a form furnished by the Board certifying that the practitioner is exempt pursuant to NRS 639.23532(2).

2. The certification form required for an exempt practitioner pursuant to subsection 1 shall be maintained as a readily retrievable record by the practitioner at least until December 31, 2021, and made available to the Board upon request.

3. The exemption available pursuant to NRS 639.23532(2) shall only be in effect until December 31, 2021 (Added to NAC by Bd. of Pharmacy, eff. XX-XX-2020).

. . .

NAC 639.7105 Electronic transmission of prescription. (NRS 639.070, 639.0745, *639.23535*) Except as otherwise provided in NAC 639.648 and 639.711:

1. A prescription for a dangerous drug ~~or a controlled substance listed in schedule II, III, IV or V~~ may be transmitted to a pharmacy electronically by a practitioner or, if the prescription is for a dangerous drug, the designated agent of the practitioner, if the patient:

(a) Consents to the transmission of the prescription electronically; and

(b) Approves the pharmacy where the prescription will be transmitted.

2. A practitioner shall not transmit a prescription for a controlled substance to a pharmacy electronically unless:

(a) The practitioner is the only person who will have access to the prescription until it is received by the pharmacy; and

(b) All requirements of 21 C.F.R. Part 1311 are satisfied.

3. The designated agent of a practitioner shall not transmit a prescription for a dangerous drug to a pharmacy electronically unless:

(a) The practitioner prescribes the dangerous drug;

(b) The designated agent receives training from the practitioner regarding the electronic transmission of prescriptions and the practitioner keeps written documentation of such training at his or her office; and

(c) The practitioner documents in the medical record of the patient for whom the prescription is being transmitted electronically the intention of the practitioner to prescribe the dangerous drug and to have his or her designated agent transmit the prescription electronically.

4. If the designated agent of a practitioner transmits a prescription electronically to a pharmacy, the practitioner shall review the electronic prescription file not later than 24 hours after the electronic transmission.

5. In addition to the requirements set forth in NRS 639.2353, ***NRS 639.23535,*** and 639.2589, a prescription that is transmitted electronically to a pharmacy must include:

(a) The telephone number of the prescribing practitioner;

(b) The time and date of the transmission; and

(c) The name of the pharmacy to which the prescription is sent.

6. In addition to the requirements set forth in subsection 5 and NRS 639.2353, ***NRS 639.23535,*** and 639.2589, a prescription for a controlled substance that is transmitted electronically to a pharmacy must include:

(a) The registration number from the Drug Enforcement Administration of the prescribing practitioner; and

(b) If the technological capability exists to require such information to be transmitted electronically:

(1) The Nevada controlled substance registration number of the prescribing practitioner;

(2) The indication for use or the diagnosis code; and

(3) The date of the last physical examination of the patient.

7. A pharmacist who receives a prescription that is transmitted electronically shall keep a paper or electronic copy of the prescription for at least 2 years after the pharmacist receives the prescription. The copy of the prescription that is kept must be readily accessible to:

(a) Personnel of the pharmacy who are authorized to access records of prescriptions kept by the pharmacy; and

(b) Members, employees, agents and designees of the Board.

8. A pharmacist shall not dispense a prescription that is transmitted electronically until the pharmacist determines that the prescription complies with the requirements of state and federal law.

9. A prescription that is transmitted and complies with the provisions of this section shall be deemed an original prescription.

10. The Board may suspend the privilege of a practitioner to transmit prescriptions electronically or take any other appropriate action if the Board reasonably suspects that the practitioner or the designated agent of the practitioner has transmitted a prescription electronically that is:

(a) Unlawful;

(b) Fraudulent; or

(c) Not for a legitimate medical purpose.

(Added to NAC by Bd. of Pharmacy, eff. 11-14-97; A by R164-01, 12-17-2001; R160-10, 5-5-2011; R176-12, 12-20-2012; R119-13, 3-28-2014; R154-16, 10-31-2017; R146-17, 5-16-2018; ***XX-XX-2020***)

13D

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop June 3, 2020

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION relating to controlled substances; removing certain substances to the controlled substances listed in Schedule V; and providing other matters properly relating thereto.

NAC 453.550 Schedule V. (NRS 453.146, 639.070)

1. Schedule V consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Any compound, mixture or preparation containing any of the following narcotic drugs or their salts calculated as the free anhydrous base alkaloid, containing one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone, in quantities:

(a) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;

(b) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;

(c) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;

(d) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;

(e) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams; or

(f) Not more than 0.5 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

3. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pyrovalerone having a stimulant effect on the central nervous system, including their salts, isomers and salts of isomers.

4. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pregabalin having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers.

5. Lacosamide.

6. ~~*A drug product which:*~~

~~*(a) Has been approved by the United States Food and Drug Administration;*~~

~~*(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and*~~

~~*(c) Contains not more than 0.1 percent residual THC by weight.*~~

DRAFT

13E

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – June 3rd, 2020

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.100; NRS 639.500

A REGULATION relating to the scope of services provided by a pharmacist in a hospital or correctional institution; and providing other matters properly relating thereto.

Section. 1. NAC Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

NAC 639.464 Scope of services in hospital or correctional institution. (NRS 639.070, 639.071, 639.072) In a hospital or correctional institution:

1. The scope of services provided by a pharmacy must be consistent with the needs of the patients for medication as determined by the medical staff, managing pharmacist and other health care professionals involved in delivering or administering drugs in the hospital or correctional institution in which the pharmacy is located.

2. Pharmaceutical services may include, but are not limited to:

(a) Interpreting orders for prescriptions and medication.

(b) Compounding, dispensing, distributing, labeling and administering drugs and devices.

(c) Monitoring drug therapy.

(d) Therapeutic interchange.

(e) Participating in evaluations of the uses of drugs and the selection of drug products.

(f) Ensuring the proper and safe storage and distribution of drugs and devices, and the maintenance of proper records related thereto.

(g) Providing information related to drugs, including, but not limited to, the proper dosages, hazards and the optimal use of drugs and devices.

(h) Supervising pharmaceutical technicians and pharmaceutical technicians in training.

(i) Conducting research.

3. As used in this section, "therapeutic interchange" means the dispensing of one drug in place of another pursuant to guidelines *and protocols* approved by an appropriate committee of the medical staff.

4. As used in this section, "monitoring drug therapy" means the clinical evaluation of the appropriateness of drug dosage and or usage, including modification of drug dosage or discontinuation of a drug based on the clinical

evaluation pursuant to guidelines and protocols approved by an appropriate committee of the medical staff. A record of the approved guideline or protocol must be readily retrievable for 2 years.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91; 11-15-93)

NAC 639.468 Establishment of policies, procedures and systems. (NRS 639.070, 639.071, 639.072) The managing pharmacist of a pharmacy shall establish policies, procedures and systems related to the following matters, without limitation:

1. Preparation of parenteral medications compounded within the pharmacy.
2. Supervision of the admixture of parenteral products and training of personnel in incompatible admixtures if they are not performed within the pharmacy.
3. Supervision of the bulk compounding of drugs.
4. Procurement and storage of all materials in the pharmacy, including drugs, chemicals and biologicals.
5. Participation in the development of a formulary for the medical facility or correctional institution in which the pharmacy is located, subject to the approval of the appropriate committee *of the medical staff* at the facility or institution.

6. Participation in the development of guidelines and protocols for "monitoring drug therapy" and "therapeutic interchange" pursuant to NAC 639.464 for the facility or correctional institution in which the pharmacy is located, subject to the approval of the appropriate committee of the medical staff at the facility or institution. A record of the approved guideline or protocol must be readily retrievable for 2 years.

~~6~~ *7.* Distribution of drugs to be administered to patients, pursuant to an original or a direct copy of a practitioner's order for medication.

~~7~~ *8.* Filling and labeling of all containers from which drugs are to be distributed or dispensed.

~~8~~ *9.* Maintenance and availability in the pharmacy, and in areas where care is provided to inpatients, of:

(a) A sufficient inventory of emergency drugs;

(b) The telephone numbers of poison control centers and other organizations for emergency assistance; and

(c) Such other materials and information as are considered necessary by the appropriate committee.

~~9~~ *10.* Recording of all transactions of the pharmacy required by applicable state and federal laws.

~~10~~ *11.* Participation in those aspects of the medical facility's program to evaluate care provided to patients that relate to the use and effectiveness of pharmaceutical materials.

~~11~~ *12.* Participation in teaching and research programs at the medical facility.

~~12~~ *13*. Carrying out the policies and decisions of the appropriate committee relating to pharmaceutical services of the medical facility.

~~13~~ *14*. Labeling, storage and distribution of investigational drugs, and maintenance of information in the pharmacy and nursing stations where such drugs are being administered concerning the dosage form, route of administration, strength, uses, side effects, interactions and symptoms of toxicity of those drugs.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91)

Support document for June 3rd 2020 Workshop (13E)

NRS 639.00525 "Collaborative practice of pharmacy" defined. "Collaborative practice of pharmacy" means the performance of tests to address chronic diseases and public health issues, including, without limitation, outbreaks and occurrences of specific diseases and disorders, by one or more pharmacists in collaboration with one or more practitioners in accordance with a collaborative practice agreement.
(Added to NRS by 2017, 2518)

NRS 639.0052 "Collaborative practice agreement" defined. "Collaborative practice agreement" means an agreement that meets the requirements of NRS 639.2627 between one or more pharmacists and one or more practitioners which authorizes a pharmacist to engage in the collaborative practice of pharmacy or collaborative drug therapy management.
(Added to NRS by 2017, 2518)

NRS 639.00525 "Collaborative practice of pharmacy" defined. "Collaborative practice of pharmacy" means the performance of tests to address chronic diseases and public health issues, including, without limitation, outbreaks and occurrences of specific diseases and disorders, by one or more pharmacists in collaboration with one or more practitioners in accordance with a collaborative practice agreement.

NRS 639.0124 "Practice of pharmacy" defined. "Practice of pharmacy" includes, but is not limited to, the:

1. Performance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients.
2. Interpretation and evaluation of prescriptions or orders for medicine.
3. Participation in drug evaluation and drug research.
4. Advising of the therapeutic value, reaction, drug interaction, hazard and use of a drug.
5. Selection of the source, storage and distribution of a drug.
6. Maintenance of proper documentation of the source, storage and distribution of a drug.
7. Interpretation of clinical data contained in a person's record of medication.
8. Development of written guidelines and protocols in collaboration with a practitioner which are intended for a patient in a licensed medical facility or in a setting that is affiliated with a medical facility where the patient is receiving care and which authorize collaborative drug therapy management. The written guidelines and protocols must comply with NRS 639.2629.
9. Implementation and modification of drug therapy, administering drugs and ordering and performing tests in accordance with a collaborative practice agreement.

Ê The term does not include the changing of a prescription by a pharmacist or practitioner without the consent of the prescribing practitioner, except as otherwise provided in NRS 639.2583.

Collaborative Practice of Pharmacy; Collaborative Drug Therapy Management

NRS 639.2623 Authority; requirements to enter into collaborative practice agreement; duties of pharmacist; patient consent required; conditions and limitations.

1. Except as otherwise provided in subsection 5, a pharmacist who has entered into a valid collaborative practice agreement may engage in the collaborative practice of pharmacy or collaborative drug therapy management at any location in this State.
2. To enter into a collaborative practice agreement, a practitioner must:

(a) Be licensed in good standing to practice his or her profession in this State;

(b) Agree to maintain an ongoing relationship with a patient who is referred by the practitioner to a pharmacist pursuant to a collaborative practice agreement for collaborative drug therapy management;

(c) Agree to obtain the informed, written consent from a patient who is referred by the practitioner to a pharmacist pursuant to a collaborative practice agreement for collaborative drug therapy management; and

(d) Except as otherwise provided in this paragraph, actively practice his or her profession within 100 miles of the primary location where the collaborating pharmacist practices in this State. A practitioner and

pharmacist may submit a written request to the Board for an exemption from the requirements of this paragraph. The Board may grant such a request upon a showing of good cause.

3. A pharmacist who engages in the collaborative practice of pharmacy shall:

(a) Except as otherwise provided in paragraph (b), document any treatment or care provided to a patient pursuant to a collaborative practice agreement after providing such treatment or care in the medical record of the patient, on the chart of the patient or in a separate log book;

(b) Document in the medical record of the patient, on the chart of the patient or in a separate log book any decision or action concerning the management of drug therapy pursuant to a collaborative practice agreement after making such a decision or taking such an action;

(c) Maintain all records concerning the care or treatment provided to a patient pursuant to a collaborative practice agreement in written or electronic form for at least 7 years;

(d) Comply with all provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, the regulations adopted pursuant thereto, and all other federal and state laws and regulations concerning the privacy of information regarding health care; and

(e) Provide a patient with written notification of:

(1) Any test administered by the pharmacist and the results of such a test;

(2) The name of any drug or prescription filled and dispensed by the pharmacist to the patient; and

(3) The contact information of the pharmacist.

4. A pharmacist shall obtain the informed, written consent of a patient before engaging in the collaborative practice of pharmacy on behalf of the patient. Such written consent must include, without limitation, a statement that the pharmacist:

(a) May initiate, modify or discontinue the medication of the patient pursuant to a collaborative practice agreement;

(b) Is not a physician, osteopathic physician, advanced practice registered nurse or physician assistant; and

(c) May not diagnose.

5. A practitioner may not enter into a collaborative practice agreement with a pharmacist for the management of controlled substances.

6. A pharmacy must not require a registered pharmacist, as a condition of employment, to enter into a collaborative practice agreement.

(Added to NRS by 2017, 2519)

NRS 639.2627 Requirements for contents of and submission of collaborative practice agreement; expiration and renewal of agreement.

1. A collaborative practice agreement must be signed by each practitioner and pharmacist who enter into the agreement and submitted to the Board in written and electronic form. A collaborative practice agreement must include:

(a) A description of the types of decisions concerning the management of drug therapy that the pharmacist is authorized to make, which may include a specific description of the diseases and drugs for which the pharmacist is authorized to manage drug therapy;

(b) A detailed explanation of the procedures that the pharmacist must follow when engaging in the collaborative practice of pharmacy, including, without limitation, the manner in which the pharmacist must document decisions concerning treatment and care in accordance with subsection 3 of NRS 639.2623, report such decisions to the practitioner and receive feedback from the practitioner;

(c) The procedure by which the pharmacist will notify the practitioner of an adverse event concerning the health of the patient;

(d) The procedure by which the practitioner will provide the pharmacist with a diagnosis of the patient and any other medical information necessary to carry out the patient's drug therapy management;

(e) A description of the means by which the practitioner will monitor clinical outcomes of a patient and intercede when necessary to protect the health of the patient or accomplish the goals of the treatment prescribed for the patient;

(f) Authorization for the practitioner to override the agreement if necessary to protect the health of the patient or accomplish the goals of the treatment prescribed for the patient;

(g) Authorization for either party to terminate the agreement by written notice to the other party, which must include, without limitation, written notice to the patient that informs the patient of the procedures by which he or she may continue drug therapy;

(h) The effective date of the agreement;

(i) The date by which a review must be conducted pursuant to subsection 2 for the renewal of the agreement, which must not be later than the expiration date of the agreement;

(j) The address of the location where the records described in subsection 3 of NRS 639.2623 will be maintained; and

(k) The process by which the pharmacist will obtain the informed, written consent required by subsection 4 of NRS 639.2623.

2. A collaborative practice agreement must expire not later than 1 year after the date on which the agreement becomes effective. The parties to a collaborative practice agreement may renew the agreement after reviewing the agreement and making any necessary revisions.

(Added to NRS by 2017, 2520)

NRS 639.2629 Written guidelines and protocols authorizing collaborative drug therapy management: Authorized and required provisions; approval by Board; regulations.

1. Written guidelines and protocols developed by a registered pharmacist in collaboration with a practitioner which authorize collaborative drug therapy management:

(a) May authorize a pharmacist to order and use the findings of laboratory tests and examinations.

(b) May provide for collaborative drug therapy management for a patient receiving care:

(1) In a licensed medical facility; or

(2) If developed to ensure continuity of care for a patient, in any setting that is affiliated with a medical facility where the patient is receiving care. A pharmacist who modifies a drug therapy of a patient receiving care in a setting that is affiliated with a medical facility shall, within 72 hours after initiating or modifying the drug therapy, provide written notice of the initiation or modification of the drug therapy to the collaborating practitioner or enter the appropriate information concerning the drug therapy in an electronic patient record system shared by the pharmacist and the collaborating practitioner.

(c) Must state the conditions under which a prescription of a practitioner relating to the drug therapy of a patient may be changed by the pharmacist without a subsequent prescription from the practitioner.

(d) Must be approved by the Board.

2. The Board may adopt regulations which:

(a) Prescribe additional requirements for written guidelines and protocols developed pursuant to this section; and

(b) Set forth the process for obtaining the approval of the Board of such written guidelines and protocols.

(Added to NRS by 2011, 3077; A 2017, 2522) — (Substituted in revision for NRS 639.2809)

NRS 639.2583 General requirements governing substitution; procedure; limitations; exceptions. [Effective through December 31, 2020.]

1. Except as otherwise provided in this section, if a practitioner has prescribed a:

(a) Drug by brand name and the practitioner has not indicated, by a method set forth in subsection 5, that a substitution is prohibited, the pharmacist who fills or refills the prescription shall dispense, in substitution, another drug which is available to him or her if the other drug:

(1) Is less expensive than the drug prescribed by brand name;

(2) Is biologically equivalent to the drug prescribed by brand name;

(3) Has the same active ingredient or ingredients of the same strength, quantity and form of dosage as the drug prescribed by brand name; and

(4) Is of the same generic type as the drug prescribed by brand name.

(b) Biological product and the practitioner has not indicated, by a method set forth in subsection 5, that a substitution is prohibited, the pharmacist who fills or refills the prescription shall dispense, in substitution, another biological product which is available to him or her if the other biological product:

(1) Is an interchangeable biological product for the biological product prescribed; and

(2) Is less expensive than the biological product prescribed by brand name.

2. If the pharmacist has available to him or her more than one drug or interchangeable biological product that may be substituted for the drug prescribed by brand name or biological product prescribed, the pharmacist shall dispense, in substitution, the least expensive of the drugs or interchangeable biological products that are available to him or her for substitution.

3. Before a pharmacist dispenses a drug or biological product in substitution for a drug prescribed by brand name or biological product prescribed, the pharmacist shall:

(a) Advise the person who presents the prescription that the pharmacist intends to dispense a drug or biological product in substitution; and

(b) Advise the person that he or she may refuse to accept the drug or biological product that the pharmacist intends to dispense in substitution, unless the pharmacist is being paid for the drug by a governmental agency.

4. If a person refuses to accept the drug or biological product that the pharmacist intends to dispense in substitution, the pharmacist shall dispense the drug prescribed by brand name or biological product prescribed, unless the pharmacist is being paid for the drug or biological product by a governmental agency, in which case the pharmacist shall dispense the drug or biological product in substitution.

5. A pharmacist shall not dispense a drug or biological product in substitution for a drug prescribed by brand name or biological product prescribed if the practitioner has indicated that a substitution is prohibited using one or more of the following methods:

(a) By oral communication to the pharmacist at any time before the drug or biological product is dispensed.

(b) By handwriting the words "Dispense as Written" on the form used for the prescription, including, without limitation, any form used for transmitting the prescription from a facsimile machine to another facsimile machine. The pharmacist shall disregard the words "Dispense as Written" if they have been placed on the form used for the prescription by preprinting or other mechanical process or by any method other than handwriting.

(c) By including the words "Dispense as Written" in any prescription that is given to the pharmacist by electronic transmission pursuant to the regulations of the Board or in accordance with NRS 439.581 to 439.595, inclusive, and the regulations adopted pursuant thereto, including, without limitation, an electronic transmission from a computer equipped with a facsimile modem to a facsimile machine or from a computer to another computer pursuant to the regulations of the Board.

6. The provisions of this section also apply to a prescription issued to a person by a practitioner from outside this State if the practitioner has not indicated, by a method set forth in subsection 5, that a substitution is prohibited.

7. The provisions of this section do not apply to:

(a) A prescription drug or biological product that is dispensed to any inpatient of a hospital by an inpatient pharmacy which is associated with that hospital;

(b) A prescription drug that is dispensed to any person by mail order or other common carrier by an Internet pharmacy which is certified by the Board pursuant to NRS 639.23288 and authorized to provide service by mail order or other common carrier pursuant to the provisions of this chapter; or

(c) A prescription drug or biological product that is dispensed to any person by a pharmacist if the substitution:

(1) Would violate the terms of a health care plan that maintains a mandatory, exclusive or closed formulary for its coverage for prescription drugs and biological products; or

(2) Would otherwise make the transaction ineligible for reimbursement by a third party.

(Added to NRS by 1979, 1348; A 1981, 393, 1374; 1985, 2005; 2003, 1213; 2011, 1764; 2017, 634)

14

15

16