

NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

March 18-19, 2020

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



Nevada State Board of Pharmacy

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Date Posted: March 5, 2020

FIRST AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, March 18, 2020 at 9:00 am. The meeting will continue, if necessary, on Thursday, March 19, 2020 at 9:00 am or until the Board concludes its business at the following location:

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

Please Note:

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

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

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

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

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

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that 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 January 15-16, 2020, Minutes (**FOR POSSIBLE ACTION**)
4. Applications for Out-of-State Pharmacy License – Non Appearance (**FOR POSSIBLE ACTION**)
- A. Alliance Medication Services LLC – Tamaqua, PA
 - B. Angels Pharmacy III LLC – Titusville, FL
 - C. Costco Pharmacy #1348 – Jeffersonville, IN
 - D. CVS/pharmacy #11339 – La Habra, CA
 - E. Equinox Home Care, Inc. – Newport Beach, CA
 - F. Fusion Rx Pharmacy – Fort Worth, TX
 - G. Hill Derm Pharmacy Inc. – Sanford, FL
 - H. HOMECARE RX INC. – Fairfield, NJ
 - I. Jewel Pharmacy – Riverside, IL
 - J. Lakeside Pharmacy – Lake Havasu City, AZ
 - K. Meridian Meds, LLC – Lehi, UT
 - L. Mixlab, Inc. – New York, NY
 - M. Nob Hill Discount Pharmacy – Tamarak, FL
 - N. SinfoniaRx, Inc. – Phoenix, AZ
 - O. Somerset Pharmacy Inc – Somerset, KY
 - P. Truepiii NY LLC – Brookiyn, NY

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

- Q. National Pharmacy – West Hollywood, CA

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

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

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

Background Check Not Required by Law.

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

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

- BB. Kaiser Foundation Hospitals – Livermore, CA

Application for Nevada Pharmacy License – Non Appearance

- CC. The ER at McCarran NW – Reno, NV

◆ REGULAR AGENDA ◆

5. 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. Alan G. Burstein, MD (19-227-CS-S)
 - B. Kristin Hestdalen, MD (19-228-CS-N)
 - C. Jevons Wang, PT (20-008-PT-S)

D.	Silvia Torres, R.Ph	(17-081-RPH-S)
E.	Walgreens #07864	(17-081-PH-S)
F.	Joshua Aighobahi	(19-035-RPH-A-S)
G.	Katherine Kuehl	(19-035-RPH-B-S)
H.	Felicia Aighobahi	(19-035-PT-S)
I.	Divine Touch Services	(19-035-PH-S)
J.	Rosa Bellota-Rojas, MD	(18-103-CS-A-S)
K.	Anuranjan Bist, MD	(18-103-CS-B-S)
L.	Dithra Cotton-Lewis, APRN	(18-103-CS-C-S)

6. Status conference: Simplot Western Stockmen's (19-216-WH). 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)**
7. Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board – Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
- Craig Weingrow, MD (17-066-CS-S)
8. Applications for Controlled Substances Registration – Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
- A. Roger M. Belcourt, MD
 B. Justin R. Sempscrott, MD
 C. Eugene Shin, MD
9. Applications for Pharmacist Registration by Reciprocity – Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
- A. Ronak A. Desai
 B. Zishan S. Khan
10. Application for Intern Registration - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Rachel Faber

11. Application for Advanced Practice Registered Nurse Prescribe Registration - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Lonny D. Krause, APRN

12. Application for Physicians Assistant Prescribe Registration- Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Joseph T. Pollino, PA

13. Application for Veterinarian Authority to Dispense Drugs Registration - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Melissa A. Tyson, DVM

14. Request for Reinstatement of Pharmaceutical Technician Registration - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

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

15. Applications for Pharmaceutical Technician in Training Registration - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

- A. Gina Chiofolo
- B. Kellie M. Hillard
- C. Atavia C. Jackson
- D. Alexander E. Peralta
- E. Brittani N. Walters

16. Application for Pharmaceutical Technician Registration - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Courtney R. Lee

17. Application for Pharmacist Registration Renewal - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct,

professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Massoud Zarkesh, R.Ph

18. Applications for Pharmaceutical Technician Registration Renewal - Appearance:
Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
- A. Eyosias Bekele
 - B. Mohd Fiazean
19. Applications for Out-of-State Compounding Pharmacy License – Appearance
(FOR POSSIBLE ACTION)
- A. DYL LLC South Lake Pharmacy – Zephyrhills, FL
 - B. INFUCARE RX LLC – Aston, PA
 - C. Revive Rx – Houston, TX
20. Applications for Out-of-State Pharmacy License – Appearance
- A. Cardinal Health 414, LLC – Sacramento, CA
 - B. Genoa Healthcare LLC – Kingman, AZ
 - C. ScriptHero Pharmacy LLC – Columbus, OH
21. Application for Out-of-State Medical, Devices, Equipment and Gases License – Appearance **(FOR POSSIBLE ACTION)**
- Cardinal Health 108, LLC – LaVergne, TN
22. Application for Nevada Wholesaler License – Appearance **(FOR POSSIBLE ACTION)**
- Crane Pharmaceuticals, Inc. – Las Vegas, NV
23. Applications for Out-of-State Wholesaler License – Appearance **(FOR POSSIBLE ACTION)**

Background Check Not Required by Law.

- 8. Distributor for Single Manufacturer (NAC 639.593(7)(e))
None
- 9. Manufacturer (NAC 639.593(7)(d))
None
- 10. Publicly Traded (NAC 639.593(7)(a))

None

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

None

12. Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

None

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

None

14. 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.

- A. Clean Harbors Aragonite, LLC – Dugway, UT
- B. Fresenius Kabi, LLC – Duncan, SC
- C. Janus Trade Group LLC – Eatontown,

24. Wholesalers Appearing Pursuant to NRS 639.500: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

- A. Anutra Medical, Inc. – Morrisville, NC
- B. Broughton Pharmaceuticals – Savannah, GA (Ownership Change)
- C. Primary Pharmaceuticals, Inc. – Ocean Springs, MS
- D. Qualanex – Libertyville, IL
- E. Reliance Wholesale Inc. – Collierville, TN
- F. Salus Medical, LLC – Phoenix, AZ
- G. Vetsource - Portland, OR
- H. Victor Medical Company – Irvine, CA
- I. X-Gen Pharmaceuticals, Inc. - Horseheads, NY

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

B & B Pharmaceuticals Inc. – Englewood, CO

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

EUCYT Laboratories, LLC – Las Vegas, NV

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

- A. AMG Medical Supplies LLC – Pahrump, NV
 - B. Pop Durable Medical Equipment – Las Vegas, NV
28. Request for Permission to Begin Shipping Sterile Compounded Drugs from Existing Out-of-State Pharmacies – Appearance **(FOR POSSIBLE ACTION)**
- Avrio Pharmacy – Scottsdale, AZ (PH03822)
29. Approval of Revised Controlled Substance Registration, Pharmaceutical Technician Registration, Pharmacist Registration and Wholesaler License Application Forms. **(FOR POSSIBLE ACTION)**
30. 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)**
31. 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)**
32. Review of Audit No. 20-05 - Board of Pharmacy Licensing Process **(Discussion Only)**
33. General Counsel Report
34. Executive Secretary Report:
- A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities:
 1. Meetings with Other Health Care Boards
 2. Open Beds Meeting
 3. Legislative Committee on Regulations
 - D. Report to Board:
 1. Licensing software update
 - E. Board Related News
 - F. Licensing Activities Report
 1. PMP Integration
 2. Narcan Training for Medical Students

◆ PUBLIC HEARING ◆

Thursday, March 19, 2020 – 9:00 am

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

(FOR POSSIBLE ACTION):

- A. **Amendment of Nevada Administrative Code (NAC) 453.510:** Schedule 1. The proposed amendment to NAC 453.510 will add Etizolam to the controlled substances listed in schedule 1. (LCB File No. R093-19)
- B. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed regulation requires the holder of any certificate, license or permit issued by the Board to report certain convictions and administrative actions to the board. (LCB File No. R094-19)

◆ WORKSHOP ◆Thursday, March 19 2020 – 9:00 am

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

April 15-16, 2020 – Las Vegas, NV
- 38. 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)
- 39. 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 Shirley Hunting at (775) 850-1440, as soon as possible.

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

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

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

Elko County Courthouse – Elko

Washoe County Courthouse – Reno

Nevada Board of Pharmacy – Reno & Las Vegas

Mineral County Courthouse – Hawthorne

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

January 15-16, 2020

BOARD MEETING

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

Board Members Present:

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

Board Staff Present:

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

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

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

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

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

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

There was no public comment.

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

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

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

Board Action:

Motion: Jade Jacobo moved to approve the December 2019 Meeting Minutes with corrections as discussed.

Second: Wayne Mitchell

Action: Passed unanimously

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

- A. AFA Pharmacy, LLC – Dallas, TX
- B. Chewy Pharmacy, LLC – Jeffersontown, KY
- C. Costco Pharmacy #1347 – Jeffersonville, IN
- D. Costco Pharmacy #1349 – Jeffersonville, IN
- E. Cura Pharmacy – Tustin, CA
- F. Hemophilia Preferred Care of Memphis, Inc. – Memphis, TN
- G. OptionOne, LLC – Oklahoma City, OK
- H. SMP Pharmacy Solutions #4 – Northridge, CA

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

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

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

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

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

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

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

Application for Nevada Pharmacy – Non Appearance

- DD. Albertsons Pharmacy #0155 – Elko, NV

Application for Ambulatory Surgery Center – Non Appearance

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

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

Background Check Not Required by Law.

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

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

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

KK. Numed – Springboro, OH
 LL. Medical Supply Distribution, LLC – Zanesville, OH

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously

5. Discipline

- | | | |
|----|---------------------------|------------------|
| A. | Cathy Quach, R.Ph | (17-121-RPH-A-S) |
| B. | Jennifer Englehaupt, R.Ph | (17-121-RPH-B-S) |
| C. | Walgreens #7032 | (17-121-PH-S) |

Jennifer Englehaupt was not present.

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

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

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

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

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

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

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

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

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

Ms. Quach shall pay a \$250 fine, pay a \$250 administrative fee and shall complete two additional CEU on error prevention.

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

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

Board discussion ensued regarding the issue of misbranding prescriptions.

Board Action:

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

Second: Wayne Mitchell

Aye: Freitas, Jacobo, Mitchell, Park, Tomasso

Nay: Tejero

Action: Motion carries

D. Diamond P. Stewart, PT

(17-077-PT-A-S)

E. Monet M. Young, PT

(17-077-PT-B-S)

Ms. Stewart and Ms. Young were not present.

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

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

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

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

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

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

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

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

Board Action:

Motion: Jade Jacobo moved that the Board has jurisdiction in this matter.

Second: Krystal Freitas

Action: Passed unanimously

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously

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

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously

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

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

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

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

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

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

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

Board Action:

Motion: Jade Jacobo moved that the Board has jurisdiction over this matter.

Second: Krystal Freitas

Action: Passed unanimously

Board Action:

Motion: Jade Jacobo moved that Board Staff properly served Monet Young.

Second: Krystal Freitas

Action: Passed unanimously

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

F. Armen E. Nikogosian, MD (19-229-CS-S)

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

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

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

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

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

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

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

Board Action:

Motion: Wayne Mitchell moved to accept the Stipulation and Order with the modification to allow Dr. Nikogosian to pay his fine and fee by payment plan.

Second: Jade Jacobo

Action: Passed unanimously

G.	Shahn Sherafat, R.Ph	(17-093-RPH-S)
H.	Nellis Care Pharmacy	(17-093-PH-S)

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

Bill Stilling was present as counsel representing the Respondents.

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

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

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

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

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

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

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

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

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

Board Action:

Motion: Jade Jacobo moved to accept the Stipulation and Order regarding Shahn Sherafat and Nellis Care Pharmacy.

Second: Wayne Mitchell

Action: Passed unanimously

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

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

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

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

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

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

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

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

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

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

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

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

Board Action:

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

Second: Gener Tejero

Action: Passed unanimously

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

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

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

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

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

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

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

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

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

Board Action:

Motion: Jade Jacobo moved that to date Westminster Pharmaceuticals, LLC has failed to comply with NRS 639.500.

Second: Krystal Freitas

Action: Passed unanimously

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

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

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

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

Craig Weingrow, MD

(17-066-CS-S)

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

Jeffrey Setness was present as counsel representing Dr. Weingrow.

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

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

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

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

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

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

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

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

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

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

7. Applications for Pharmaceutical Technician in Training - Appearance:

A. Ciara J. Johnson

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

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

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

Board Action:

Motion: Jade Jacobo moved to approve Ciara Johnson's Application for Pharmaceutical Technician in Training Registration.

Second: Wayne Mitchell

Action: Passed unanimously

B. Heidi S. Minson

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

Ms. Minson disclosed past discipline on her application.

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

Board Action:

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

Second: Gener Tejero

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

Jade Jacobo accepted the friendly amendment.

Gener Tejero did not accept the friendly amendment.

Action: Motion failed

Board Action:

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

Second: Gener Tejero

Aye: Freitas, Jacobo, Mitchell, Tejero

Nay: Park, Tomasso

Action: Motion carries

8. Applications for Pharmaceutical Technician - Appearance:

A. Sergio J. Garcia

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

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

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

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

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

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

Board Action:

Motion: Jade Jacobo moved to deny Sergio Garcia's Application for Pharmaceutical Technician Registration.

Second: Gener Tejero

Action: Passed unanimously

B. Courtney R. Lee

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

C. Carmen S. Martinez

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

Ms. Martinez disclosed past discipline on her application.

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

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

Board Action:

Motion: Jade Jacobo moved to approve Carmen Martinez's Application for Pharmaceutical Technician Registration.

Second: Wayne Mitchell

Action: Passed unanimously

D. Britney McDermott

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

Ms. McDermott disclosed past discipline on her application.

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

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

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

Board Action:

Motion: Jade Jacobo moved to approve Britney McDermott's Application for Pharmaceutical Technician Registration.

Second: Richard Tomasso

Action: Passed unanimously

9. Applications for Out-of-State Wholesalers – Appearance

A. Huvepharma, Inc. - St. Joseph, MO

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

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

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

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

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

B. JAMS Rx - Deerfield Beach, FL

This matter was postponed to a future meeting.

C. Preferred Medical Supply – Waco, TX

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

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

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

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

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

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

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

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

Board Action:

Motion: Jade Jacobo moved to approve Preferred Medical Supply's Application for Out-of-State Wholesaler License.

Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

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

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

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

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

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

Board Action:

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

Second: Gener Tejero

Action: Passed unanimously

10. Wholesalers Appearing Pursuant to NRS 639.500:

- A. Broughton Pharmaceuticals – Savannah, GA (Ownership Change)

This matter was postponed to a future meeting.

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

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

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

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

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

Board Action:

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

Second: Gener Tejero

Action: Passed unanimously

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

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

- E. Wolf Medical Supply - Sunrise, FL

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

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

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

11. Applications for Nevada Wholesaler – Appearance

- A. Crane Pharmaceuticals, Inc. – Las Vegas, NV

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

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

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

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

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

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

B. Hilco – North Las Vegas, NV

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

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

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

Board Action:

Motion: Jade Jacobo moved to approve Hilco's Application for Nevada Wholesaler License pending a positive inspection.

Second: Krystal Freitas

Action: Passed unanimously

12. Applications for Nevada Pharmacy – Appearance

- A. All City Pharmacy #2 – Las Vegas, NV
- B. All City Pharmacy #3 – Las Vegas, NV
- C. All City Pharmacy #4 – Henderson, NV

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

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

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

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

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

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

Board Action:

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

Second: Richard Tomasso

Action: Passed unanimously

Board discussion ensued regarding the qualifications of managing pharmacist.

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously

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

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

D. Atlantic Pharmacy – North Las Vegas, NV

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

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

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

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

Board Action:

Motion: Jade Jacobo moved to approve Atlantic Pharmacy's Application for Nevada Pharmacy License pending a positive inspection.

Second: Krystal Freitas

Action: Passed unanimously

E. Combined Wellness Pharmacy – Las Vegas, NV

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

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

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

Board Action:

Motion: Wayne Mitchell moved to deny Combined Wellness Pharmacy's Application for Nevada Pharmacy License.

Second: Richard Tomasso

Action: Passed unanimously

13. Applications for Out-of-State Pharmacy – Appearance

A. Catalent Pharmacy Services (PHL) – Philadelphia, PA

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

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

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

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

Board Action:

Motion: Wayne Mitchell moved to approve Catalent Pharmacy Services' Application for Out-of-State Pharmacy License.

Second: Gener Tejero

Action: Passed unanimously

B. DirectRx Pharmacy – Troy, MI

Jade Jacobo was not present for this agenda item.

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

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

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

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

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

Board Action:

Motion: Gener Tejero moved to approve DirectRx Pharmacy's Application for Out-of-State Pharmacy License.

Second: Wayne Mitchell

Action: Passed unanimously

C. Home Rx Healthcare LLC – Lumberton, NC

Jade Jacobo was not present for this agenda item.

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

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

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

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

Board Action:

Motion: Gener Tejero moved to approve Home Rx Healthcare LLC's Application for Out-of-State Pharmacy License.

Second: Wayne Mitchell

Action: Passed unanimously

D. Promesa Health Pharmacy – Omaha, NE

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

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

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

Board Action:

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

Second: Jade Jacobo

Action: Passed unanimously

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

Omnicare of Cerritos – Cerritos, CA

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

Jade Jacobo was Acting President regarding this matter.

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

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

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

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously

15. Applications for Out-of-State Outsourcing Facility – Appearance

A. Central Admixture Pharmacy Services, Inc. – Phoenix, AZ

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

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

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

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

Board Action:

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

Second: Jade Jacobo

Action: Passed unanimously

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

This matter was postponed to a future meeting.

C. Leiter's – San Jose, CA

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

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

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

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

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

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

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

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

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously

D. Pine Pharmaceuticals LLC – Tonawanda, NY

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

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

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

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

E. QuVa Pharma, Inc. – Bloomsbury, NJ

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

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

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

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

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

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

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

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

A. AMG Medical Supplies LLC – Pahrump, NV

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

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

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

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

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

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

B. MDRX, LLC – Henderson, NV

No representative from MDRX, LLC was present.

17. Applications for Pharmacist Renewal - Appearance:

A. Kimberly B. Aksentijevic, R.Ph

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

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

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

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

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

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

Board Action:

Motion: Jade Jacobo moved to approve Kimberly Aksentijevic's Renewal Application for Pharmacist Registration.

Second: Wayne Mitchell

Action: Passed unanimously

B. Donald Cowles, R.Ph

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

C. Garret Garber, R.Ph

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

Mr. Garber disclosed multiple DUI charges on his application.

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

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

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

D. Gregory G. Gaiser, R.Ph

This matter was postponed to a future meeting.

E. David Makhani, R.Ph

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

Bill Stilling was present as counsel representing Mr. Makhani.

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

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

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

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

Board Action:

Motion: Wayne Mitchell moved to approve David Makhani's Renewal Application for Pharmacist Registration.

Second: Jade Jacobo

Action: Passed unanimously

F. Tung K. Nguyen, R.Ph

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

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

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

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

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

Board Action:

Motion: Jade Jacobo moved to approve Tung Nguyen's renewal application for Pharmacist Registration pending completion of two additional CEU on counselling.

Second: Richard Tomasso

Action: Passed unanimously

G. Mohammad Pourteymaur, R.Ph

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

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

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

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

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

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

Board Action:

Motion: Jade Jacobo moved to approve Mohammad Pourteymaur's Renewal Application for Pharmacist Registration.

Second: Wayne Mitchell

Action: Passed unanimously

H. Paul Yamamoto, R.Ph

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

I. Massoud Zarkesh, R.Ph

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

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

Mr. Zarkesh answered questions regarding his discipline in California.

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

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

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

Public Comment December 4, 2019, 5:00 PM

There was no public comment.

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

Sathish Ariarra Cariappa

This matter was postponed to a future meeting.

19. Applications for Advanced Practice Registered Nurse - Appearance:

A. Lonny Krause, APRN

Mr. Krause was not present.

B. Jason Speaks, APRN

Jade Jacobo was not present for this agenda item.

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

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

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

Board Action:

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

Second: Gener Tejero

Action: Passed unanimously

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

Beth Farley - EiadeBailly

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

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

21. General Counsel Report

General Counsel had nothing further to report.

22. Executive Secretary Report:

A. Financial Report

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

B. Temporary Licenses

There were no temporary licenses issued since the last meeting.

C. Staff Activities:

1. Meetings with Other Health Care Boards
2. Open Beds Meeting
3. Legislative Committee on Regulations

D. Report to Board:

1. Licensing software update

E. Board Related News

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

F. Licensing Activities Report

1. PMP Integration
2. Narcan Training for Medical Students

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

Mr. Wuest and Mr. Kandt provided background information.

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

President Park opened the Public Comment.

There was no public comment.

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

Public Comment January 15, 2020 3:50 PM

There was no public comment.

Public Comment January 16, 2020 9:00 AM

There was no public comment.

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

- A. Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will add a new regulation for the Board to consider a petition for review of criminal history pursuant to AB 319.

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

President Park opened the Public Comment.

There was no public comment.

Board discussion ensued regarding adding “personally appear” to Section 3.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed language and move forward to Public Hearing with revisions to Section 3 as discussed.

Second: Gener Tejero

Action: Passed unanimously

- B. Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will authorize the treatment of partners for a shared communicable disease upon the diagnosis of one of the partners.

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

President Park opened the Public Comment.

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

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously

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

Mr. Wuest provided background information.

President Park opened the Public Comment.

There was no public comment.

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

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

Board Action:

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

Second: Richard Tomasso

Action: Passed unanimously

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

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

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

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

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

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

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

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

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

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

Deeflat Pharmacy – Bullhead City, AZ

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

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

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

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

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

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

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

27. Applications for Pharmaceutical Technician in Training - Appearance:

Martine Silva

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

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

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

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

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

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously

28. Date and Location of Next Scheduled Board Meeting:

March 18-19, 2020 – Las Vegas, NV

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

There was no public comment.

30. Adjournment

President Park adjourned the meeting.

4

4A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 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: Alliance Medication Services LLC

Physical Address: 88 Mahanoy Ave. Tamagua PA 18252

Mailing Address: PO BOX 222

City: Barnesville State: PA Zip Code: 18214

Telephone: 866-929-8590 Fax: 570-668-8825

Toll Free Number: 866-929-8590 (Required per NAC 639.708)

E-mail: rachael@alliancemed.com Website: www.alliancemed.com

Managing Pharmacist: Rachael Thorne License Number: RP443625

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Other Services: <u>Workers' Compensation</u>

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

Audre S. Hinchman
Print Name of Authorized Person

2-6-20
Date

Page 2

Board Use Only

Date Processed: FEB 20 2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
 Parent Company if any: Alliance Medication Services, LLC,
 Mailing Address: P.O. Box 222
 City: Barnesville State: PA Zip: 19426
 Telephone: 570-668-8820 Fax: 570-668-8825
 Contact Person: Andre Hinchman CEO.

For any corporation non publicly traded, disclose the following:

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

- a) Sue Mickatavage - West Elm, Gordon PA 17936
Name Address
- b) Colleen Fowler - State Rd, Barnesville, PA 18214
Name Address
- c) Andre Hinchman - Meadowridge Cir, Coleridgeville PA 19426
Name Address
- d) Ø
Name Address

- 2) Provide the number of shares issued by the corporation. 567
- 3) What was the price paid per share? \$ 52.91
- 4) What date did the corporation actually receive the cash assets? 24 NOV 2010
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: Ø %: _____
 Name: Ø %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday N/A am N/A pm
 Sunday N/A am N/A pm 24 Hours N/A

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

Alliance Medication Services, LLC Corporate Officers			
Name	Title	Address	DOB
Andre S. Hinchman	CEO and Managing Member	Meadowridge Circle, Collegeville, PA 19426	
Colleen M. Fowler	CFO	State Road, Barnesville, PA 18214	(
Susanne M. Mickatavage	COO	West Elm Street, Gordon, PA 17936)
BUSINESS ADDRESS: P.O. Box 222, Barnesville, PA 18214			
PHARMACY ADDRESS: 88 Mahanoy Avenue, Tamaqua, PA 18252			
CORPORATE NAME: Alliance Medication Services, D/B/A AllianceMeds, D/B/A MSA-Meds			

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Andre S. Hinchman CEO

Responsible Person of Alliance Medication Services LLC,

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

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

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



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

Andre S. Hinchman
Print Name of Authorized Person

2-6-20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Pa)
Schuylkill) ss. COUNTY)

I, Andre Hinckman, 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 Alliance Medication 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.

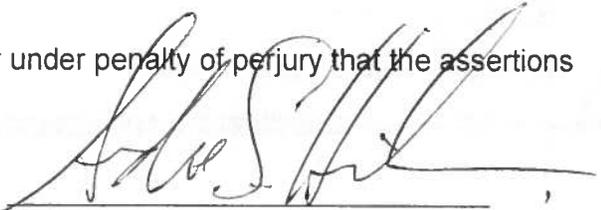
3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

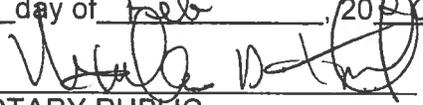
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

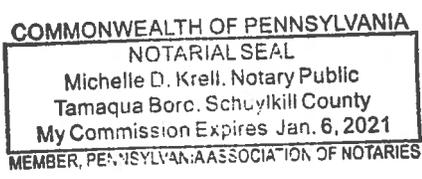
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Andre S. Hinckman, 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 6 day of Feb, 2020

NOTARY PUBLIC



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

Pharmacy

License Number
PP482133

Expiration Date
08/31/2021

Active

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

OFFICIAL DOCUMENT

READ THE RULES AND REGULATIONS LARGELY BY CONSULTING THE RULES
IN THE WORKS OF THE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
FOR THE VARIOUS PROFESSIONS AND CERTIFICATE HOLDERS DEPENDENT
ON THE TYPE OF LICENSE AND PROFESSION.

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to
renew your license, change your personal or
license address, or order duplicate licenses.

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

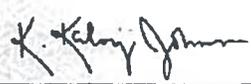
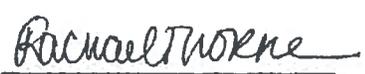
DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

19 0805996

<p>License Type Pharmacy</p> <p>ALLIANCE MEDICATION SERVICES, LLC RACHAEL ERIN THORNE 88 MAHANAY AVE TAMAQUA, PA 18252</p>	<p>License Status Active</p> <p>Initial License Date 05/27/2011</p>
---	---

	Expiration Date 08/31/2021	
	License Number PP482133	

 _____ Acting Commissioner of Professional and Occupational Affairs	 _____ Signature
--	--

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 P.S. § 4911

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

02/12/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Alliance Medication Services LLC

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

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



IN TESTIMONY WHEREOF I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Katly Bockman

Secretary of the Commonwealth

Certification Number: TSC200212090339-1

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

4B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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: ANGELS PHARMACY III LLC

Physical Address: 7455 US 1 STE A Titusville, FL - 32780

Mailing Address: 7455 US 1 STE A

City: Titusville State: FL Zip Code: 32780

Telephone: 321-225-4833 Fax: 321-225-4559

Toll Free Number: 888-688-2643 (Required per NAC 639.708)

E-mail: Angelspharmacy309@gmail.com Website: _____

Managing Pharmacist: Poojy Patel License Number: P957572

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

H. G. Shal
Original Signature of Person Authorized to Submit Application, no copies or stamps

Haedik shal
Print Name of Authorized Person

11/11/19
Date

Page 2

Board Use Only

Date Processed: 2-11-2020

Amount: 500-

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited

Partnership Name: ANGELS PHARMACY III LLC

Mailing Address: 7455 US-1 SIE A

City: Titusville State: FL Zip Code: 32780

Telephone Number: 321-225-4833 Fax Number: 321-225-4559

Contact Person: Pooey Patel

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

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>See Attachment</u>		

List names of 4 largest partners and percentage of ownership:

- Name: Virat Patel %: 50
- Name: Harshik Shah %: 25
- Name: Pooey Patel %: 15
- Name: Rajendra Patel %: 10

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 10 am 1 pm
 Sunday - am - pm 24 Hours -

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Haroldik Shel

Responsible Person of Angels Pharmacy III 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.

H.g. Shel

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

Haroldik Shel
Print Name of Authorized Person

11/11/19
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
Orange) ss.)
COUNTY)

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

1. I am the owner for Angel's 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.

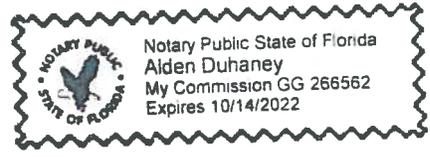
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

Alden Duhaney
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
21 day of January, 2020
A. Duhaney
NOTARY PUBLIC



STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/09/2019	PH 31025	107461

QUALIFICATION(S):
 COMMUNITY PHARMACY
 SCHEDULE II & III

The PHARMACY
 named below has met all requirements of
 the laws and rules of the state of Florida.
 Expiration Date: **FEBRUARY 28, 2021**
ANGEL'S PHARMACY III LLC
ANGEL'S PHARMACY
7455 US-1
SUITE A
TITUSVILLE, FL 32780



Ron DeSantis
 GOVERNOR

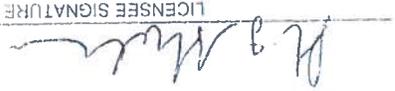
DISPLAY IF REQUIRED BY LAW

DATE	LICENSE NO.	CONTROL NO.
01/09/2019	PH 31025	107461

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

Expiration Date: **FEBRUARY 28, 2021**

ANGEL'S PHARMACY III LLC


 LICENSEE SIGNATURE

QUALIFICATION(S):
 Community Pharmacy
 Schedule II & III

State of Florida

Department of State

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

The document number of this limited liability company is L16000088402.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on April 30, 2019, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-eighth day of January,
2020*



Samuel R. Bee
Secretary of State

Tracking Number: 8271663894CU

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

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

Angel's Pharmacy

7455 S US Highway 1, Suite A, Titusville, FL 32780

Phone: 321-225-4833 Fax: 321-225-4559

Email: angelspharmacy3@gmail.com

Angels Pharmacy III LLC Ownership Detail:

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

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

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

- 3) Parag Patel – 15%
 Title: Owner, Pharmacist-In-Charge
 DOB:
 State Pharmacist Lic # FL - PS57572
 Dusty Pine Dr, Apopka, FL-32703
 Phone # 5
 SSN:
 Liability: Limited

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

Mission:

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



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

January 13, 2020

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

RE: License Certification for Angels Pharmacy III LLC

To Whom It May Concern:

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

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH31025
ORIGINAL CERTIFICATION:	11/07/2017
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,

Gerlisa K. Still
Regulatory Specialist II

/gs



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

4C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

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

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Costco Pharmacy #1348

Physical Address: 260 Logistics Ave., Suite B, Jeffersonville, IN 47130-4672

Mailing Address: Attn: Licensing, PO Box 35005

City: Seattle State: WA Zip Code: 98124-3405

Telephone: 425-313-8219 Fax: 425-313-6922

Toll Free Number: 800-607-6861 (Required per NAC 639.708)

E-mail: ksheare@costco.com Website: www.costco.com

Managing Pharmacist: Samuel Lee License Number: 26019570A

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
- Retail
 - Hospital (# beds _____)
 - Internet
 - Nuclear
 - Ambulatory Surgery Center
 - Community
 - Other: Mail Order

- Yes/No
- Off-site Cognitive Services
 - Parenteral **
 - Parenteral (outpatient)
 - Outpatient/Discharge
 - Mail Service
 - Long Term Care
 - 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,**

The board has a legal right to require an appearance at a scheduled 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 provider 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 Statutes & 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? OK for consent per Tenh
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

Victor Curtis
Print Name of Authorized Person

12/12/19
Date

Board Use Only	Date Processed: <u>2-5-2020</u>	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Washington

Parent Company if any: N/A

Corporation Name: Costco Wholesale Corporation

Mailing Address: Attn: Licensing, PO Box 35005

City: Seattle State: WA Zip: 98124-3405

Telephone: 425-313-8219 Fax: 425-313-6922

Contact Person: Kristopher Shearer

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: 5/12/1987

Registration number issued: C4347-1987

Stock Exchange: NASDAQ

Hours of Operation for the pharmacy:

Monday thru Friday	<u>5:00</u> am	<u>7:00</u> pm	Saturday	<u>9:30</u> am	<u>2:00</u> pm
Sunday	<u>Closed</u> am	_____ pm	24 Hours	<u>N/A</u>	

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

Must be included with the application for a publicly traded corporation

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

List of officers and directors.

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Indiana)
Clark COUNTY) ss.)

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

1. I am the Pharmacy Manager for Castco Pharmacy #1348 (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 into 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.

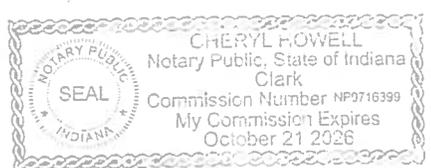
FURTHER AFFIANT SAYETH NOT.

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

[Signature]
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 4th day of Dec., 2019.

Cheryl Howell
NOTARY PUBLIC



STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Victor Curtis

Responsible Person of Costco Pharmacy #1348

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

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

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



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

Victor Curtis
Print Name of Authorized Person

12/12/19
Date

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

COSTCO WHOLESALE CORPORATION

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

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

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

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

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



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

A handwritten signature in cursive script that reads "Kim Wyman".

Kim Wyman, Secretary of State

Date Issued: 11/01/2019

License Verifications

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

Please contact me if you have any questions.

Kristopher Shearer

,

kshearer@costco.com



STATE OF INDIANA

Eric J. Holcomb

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

Digitally Certified Proof of Licensure

RE Costco Pharmacy #1348

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

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

To verify the authenticity of the digital certification as of the date and time stamp below, go to

<https://secure.in.gov/apps/pla/search/verify/>

and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate.

You may also verify the authenticity in Adobe by ensuring the

'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye, Executive Director

Thu Jun 20 01:37:21 PM EST 2019



STATE OF INDIANA

Eric J. Holcomb

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

Official Proof of Licensure Digitally Certified Record

Personal Information

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

Owner Name:

License Information

Number Issued: 60006731A
License Type: Pharmacy - Closed Door (III)
Status: Active
Issue date: 06/17/2019
Expiration Date: 12/31/2019
Obtained By: Application

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

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

Digitally Certified on: Thu Jun 20 01:37:21 PM EST 2019

**COSTCO WHOLESALE CORPORATION
PRINCIPAL OFFICERS AND DIRECTORS**

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



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

Pharmacy

License Number	Expire Date
60006731A	12/31/2021

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

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency



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

Pharmacy

License Number	Expire Date
60006731A	12/31/2021

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

Signature

4D

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

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

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

Mailing Address: One CVS Dr, Licensing Dept/MC1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 866-735-6655 Fax: 401-765-7885

Toll Free Number: 866-735-6655 (Required per NAC 639.708)

E-mail: PermitInfo@CVSHealth.com Website: www.cvs.com/content/multidose

Managing Pharmacist: Min G Oh License Number: CA Lic # 67873

TYPE OF PHARMACY AND SERVICES PROVIDED

- | | |
|--|--|
| Yes/No | Yes/No |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Retail | <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral ** |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Internet | <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear | <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center | <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Community | <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____ | <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding ** |
| | <input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding |
| All boxes must be checked | <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding ** |
| For the application to be complete | <input type="checkbox"/> <input type="checkbox"/> 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.

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

Kimberley DeSousa, Assistant Secretary
Print Name of Authorized Person

6/5/19
Date

Board Use Only	Date Processed: <u>2-11-2020</u>	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: RI 11/12/2004

Parent Company if any: CVS Pharmacy, Inc.

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-765-1500 Fax: 401-765-7887

Contact Person: Therese Switzer, Lead Licensing Coordinator

For any corporation non publicly traded, disclose the following:

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

a) N/A - CVS Pharmacy, Inc. owns 100% of interest

Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? 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 am 9 pm Saturday 8 am 6 pm
Sunday 8 am 6 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

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

Personnel Name	Management Title	Home Address	Business Address	Phone
Thomas S. Moffatt	President	Homestead Circle, Kingston, RI 02881	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Carol A. DeNale	Senior Vice President & Treasurer	Poplar St., Watertown, MA 02472	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Melanie K. Luker	Secretary	1 Coldbrook Drive, Cranston, RI 02920	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Jeffrey E. Clark	Assistant Treasurer	7 Joy Lane, Hingham, MA 02043	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Sheelagh M. Beaulieu	Assistant Treasurer	Washington Street, Fairhaven, MA 02719	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Linda M. Cimbron	Assistant Secretary	Bridge Street, Warren, RI 02885	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Kimberley M. DeSousa	Assistant Secretary	5 Larchwood Dr, Cumberland 02864	One CVS Drive, Woonsocket, RI 02895	401-765-1500

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
) ss.
Los Angeles COUNTY)

I, Min G Oh, 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 CVS/pharmacy # 11339 (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 into 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, Min G Oh, do hereby swear under penalty of perjury that the assertions of this affidavit are true.


Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
8th day of May, 2019.

NOTARY PUBLIC



STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kimberley DeSousa, Assistant Secretary

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

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

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

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



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

Kimberley DeSousa, Assistant Secretary

Print Name of Authorized Person

6/5/19
Date

State of California Secretary of State

CERTIFICATE OF STATUS

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

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

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

ALEX PADILLA
Secretary of State

RML



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



November 19, 2019

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

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: CVS/PHARMACY # 11339

License Type: PHARMACY

License Number: PHY 57180

Status: ACTIVE

Issue Date: 10/23/19

Expiration Date: 06/01/20

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

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

LICENSING DETAILS FOR: PHY 57180

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

LICENSE STATUS: CLEAR 

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

ISSUANCE DATE
 OCTOBER 23, 2019

EXPIRATION DATE
 JUNE 1, 2020

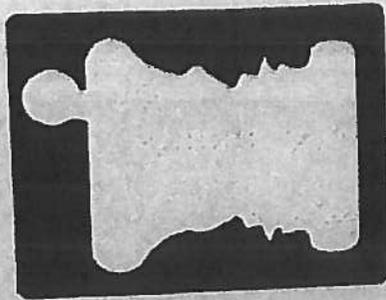
CURRENT DATE / TIME
 OCTOBER 30, 2019
 4:57:29 AM

LICENSE RELATIONSHIPS

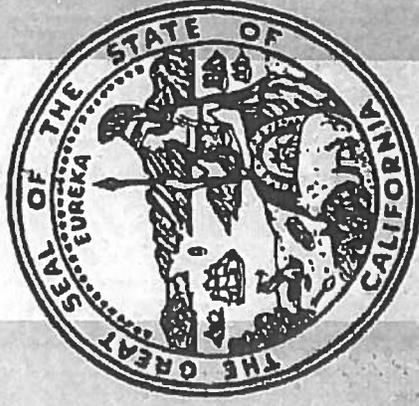
NAME: OH, MIN GEE

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: [67873](#) PRIMARY STATUS: CLEAR



Board of Pharmacy
1625 North Market Blvd.,
Suite N-219
Sacramento, CA 95834
916 574-7900



REGISTERED PHARMACIST

LICENSE NO. RPH 67873

MIN GEE OH
15818 MANDARIN LN
LA MIRADA CA 90638

EXPIRATION 02/29/20

Signature _____

[Handwritten signature]

RECEIPT NO.

80170811

4E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 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: Equinox Home Care, Inc.

Physical Address: 2424 S. E. Bristol Street Suite 250 Newport Beach CA 92660

Mailing Address: 2424 S.E. Bristol Street, Suite 250

City: Newport Beach State: California Zip Code: 92660

Telephone: (949) 498-6284 Fax: N/A

Toll Free Number: 833-266-7462 (Required per NAC 639.708)

E-mail: gberman@equinoxus.com Website: www.equinoxus.com

Managing Pharmacist: N/A License Number: _____

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/>	<input type="checkbox"/> Mail Service
<input type="checkbox"/>	<input checked="" type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: <u>Assistive Equipment</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: <u>Assistive Equipment</u>

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

Gary Berman
Print Name of Authorized Person

12/20/14
Date

Board Use Only	Date Processed: FEB 05 2020	Amount: 500.00
----------------	-----------------------------	----------------

SEE CALIFORNIA JURAT ATTACHED
DATE 12-20-14 INITL [Signature]

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Equinox Ophthalmic, Inc.

Mailing Address: 2424 S.E. Bristol Street, Suite 250

City: Newport Beach State: CA Zip: 92660

Telephone: (949) 498-6284 Fax: N/A

Contact Person: Gary Berman

For any corporation non publicly traded, disclose the following:

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

a)	<u>Gary Berman</u>	<u>2424 S.E. Bristol Street, Suite 250, Newport Beach, California 92660</u>
	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	<u>8:00</u> am	<u>5:00</u> 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: _____

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

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 20
day of December, 2019, by Gary Berman

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



(Seal)

Signature [Handwritten Signature]

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Gary Berman, Chief Business Officer

Responsible Person of Equinox Home Care, Inc.

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

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

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



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

Gary Berman
Print Name of Authorized Person

12/20/19
Date

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

ACKNOWLEDGMENT

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

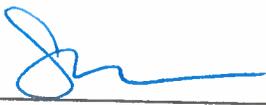
State of California
County of Orange

On 12-20-2019 before me, Sarah Coover, Notary Public
(insert name and title of the officer)

personally appeared Gary Berman
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature 

(Seal)



Equinox Home Care, Inc.

List of officers

John Berdahl- CEO

Matt Larson- COO/President

Gary Berman- Chief Business Officer

Michael W. Brown, Esq- Legal/Compliance Officer



One Tower Square, Hartford, Connecticut 06183

COMMON POLICY DECLARATIONS
OFFICE PAC

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

BUSINESS: OPTOMETRISTS

INSURING COMPANY:
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:

EQUINOX OPHTHALMIC INC
EQUINOX HOME CARE INC
4100 BIRCH ST
STE 200
NEWPORT BEACH CA 92660

2. POLICY PERIOD: From 07/30/2019 to 07/30/2020 12:01 A.M. Standard Time at your mailing address.

3. DESCRIPTION OF PREMISES:

PREM. LOC. NO.	BLDG. NO.	OCCUPANCY	ADDRESS
001	001	OPTOMETRISTS	(same as Mailing Address unless specified otherwise) 4100 BIRCH ST STE 200 NEWPORT BEACH CA 92660

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

COVERAGE PARTS and SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	ACJ

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

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

POLICY	POLICY NUMBER	INSURING COMPANY
--------	---------------	------------------

DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	\$	599.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

MARSH & MCLENNAN AGCY TY334
PO BOX 5113

COUNTERSIGNED BY:

Authorized Representative

SIOUX FALLS SD 57117-5113

IL TO 19 02 05 (Page 1 of 01)

DATE: 08/14/2019

Office: MINNEAPOLIS MN DOWN



One Tower Square, Hartford, Connecticut 06183

BUSINESSOWNERS COVERAGE PART DECLARATIONS

OFFICE PAC

POLICY NO.: 680-0P098788-19-42

ISSUE DATE: 08/14/2019

INSURING COMPANY:

TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

POLICY PERIOD:

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

FORM OF BUSINESS: CORPORATION

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

COMMERCIAL GENERAL LIABILITY COVERAGE

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

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 1,000 per occurrence.
 Building Glass: \$ 1,000 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:

Fine Arts: \$ 25,000

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

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001

BUILDING NO. : 001

COVERAGE		LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUSINESS PERSONAL PROPERTY	\$	10,000	RC*	N/A	3.0%
*Replacement Cost					

COVERAGE EXTENSIONS:

Accounts Receivable	\$	25,000
Valuable Papers	\$	25,000

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

Delaware

Page 1

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



7368084 8100
SR# 20197734849

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

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

Authentication: 203866938
Date: 10-25-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:55 PM 04/10/2019
FILED 08:55 PM 04/10/2019
SR 20192741201 - File Number 7368084

**CERTIFICATE OF INCORPORATION
OF
EQUINOX HOME CARE, INC.**

ARTICLE 1

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

ARTICLE 2

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

ARTICLE 3

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

ARTICLE 4

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

ARTICLE 5

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

(b) Meetings of the stockholders may be held within or without the State of Delaware, as the Bylaws may provide. The books of the Corporation may be kept (subject to any provision contained in the General Corporation Law of the State of Delaware) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or by the Bylaws of the Corporation.

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

ARTICLE 6

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

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

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

ARTICLE 7

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

ARTICLE 8

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

ARTICLE 9

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

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

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

/s/ Thomas Pascoe
Thomas Pascoe, Incorporator

4F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
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: FUSION RX PHARMACY

Physical Address: 3848 N TARRANT PKWY, STE 150, FORT WORTH, TX 76244

Mailing Address: 3848 N TARRANT PKWY, STE 150, FORT WORTH, TX 76244

City: _____ State: _____ Zip Code: _____

Telephone: (817) 562-7871 Fax: (817) 562-7872

Toll Free Number: (888) 982-9656 (Required per NAC 639.708)

E-mail: INFO@FUSIONRXPHARMACY.C Website: NONE

Managing Pharmacist: JENNIT RAJU License Number: 50740

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

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

SUNJAY WAGLE

Print Name of Authorized Person

Date

01/25/2020

Page 2

Board Use Only

Date Processed: FEB 13 2020

Amount: 500.⁰⁰

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

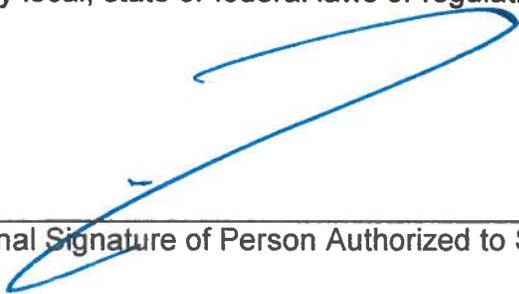
I, SUNJAY WAGLE

Responsible Person of FUSION 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

SUNJAY WAGLE

Print Name of Authorized Person

01/25/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
) ss.
DENTON COUNTY)

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

1. I am the OFFICER for FUSION RX PHARMACY (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

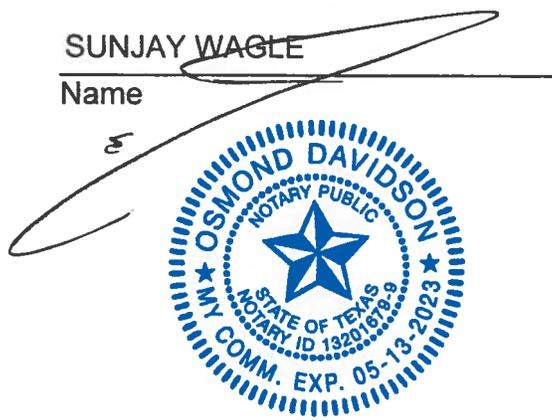
FURTHER AFFIANT SAYETH NOT.

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

SUNJAY WAGLE
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 1st day of FEBRUARY, 2020.

[Signature]
NOTARY PUBLIC





TEXAS STATE BOARD OF PHARMACY

Re: Jennit Raju, R.Ph.
License No.: 50740
Date Issued: September 09, 2011
Licensure Status: Active
Expiration Date: August 31, 2020
Granted by: Examination
Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Jennit Raju, R.Ph. (Texas Pharmacist License #50740) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

A handwritten signature in cursive script that reads "Megan G. Holloway".

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



January 22, 2020
Date

TEXAS STATE BOARD OF PHARMACY

**License No.
50740**

**Expiration Date
8/31/2020**

JENNIT RAJU

RAJU, JENNIT

REGISTERED PHARMACIST

Allison

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



TEXAS STATE BOARD OF PHARMACY

Re: Fusion RX Pharmacy
Address: 3848 N Tarrant Pkwy Ste 150
 Fort Worth, TX 76244
License No.: 32981
Date Issued: November 07, 2019
Licensure Status: Active
Expiration Date: November 30, 2021
Type of Pharmacy: Community – Class A
Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Fusion RX Pharmacy (Texas Pharmacy License #32981) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

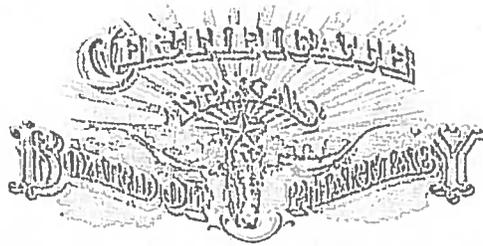
Megan G. Holloway

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



January 22, 2020
 Date

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



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

License No. **32981**

Expiration Date: **11/30/2021**

Balances: 1

**FUSION RX PHARMACY
3848 N TARRANT PKWY STE 150
FORT WORTH TX 76244**



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



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

Fusion RX Specialty Pharmacy LLC
803346206

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

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

Dated: 09/04/2019

Effective: 09/04/2019



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State

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

FILED
In the Office of the
Secretary of State of Texas

SEP 04 2019

Corporations Section

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

Article I - Entity Name and Type

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

Article II - Other Amendments to Certificate of Formation

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

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

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

Chet Vayani - PO Box 1986, Frisco, Texas 75034

Sunjay Wagle - PO Box 1986, Frisco, Texas 75034

Article III - Approval of Amendments

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

Article IV - Effective Date of Filing

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

Article V - Execution

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

FILE COPY

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



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

Fusion RX Specialty Pharmacy LLC
File Number: 803346206

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

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

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

Dated: 06/18/2019

Effective: 06/18/2019



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza
Deputy Secretary of State

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 #: 803346206 06/18/2019 Document #: 896169390002 Image Generated Electronically for Web Filing
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Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

Fusion RX Specialty Pharmacy 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:

Milton W. Colegrove Jr

C. The business address of the registered agent and the registered office address is:

Street Address:

2340 E. Trinity Mills Rd.

Ste. 233 Carrollton TX 75006

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:

Managing Member 1: (Business Name) **Crisp Investments LLC**

Address: **PO Box 1986 Frisco TX, USA 75034**

Managing Member 2: (Business Name) **Mantra LLC**

Address: **PO Box 1986 Frisco TX, USA 75034**

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

Address: **PO Box 1986 Frisco TX, USA 75034**

Managing Member 4: (Business Name) **Ashrina LLC**

Address: **PO Box 1986 Frisco TX, USA 75034**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions // Information

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

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

Effectiveness of Filing

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

OR

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.

Milton W. Colegrove Jr.

Signature of Organizer

FILING OFFICE COPY

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



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

Fusion RX Specialty Pharmacy LLC

File Number: 803346206

Assumed Name:

Fusion RX Pharmacy

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

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

Dated: 08/15/2019

Effective: 08/15/2019



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza
Deputy Secretary of State



Office of the Secretary of State
 Corporations Section
 P.O. Box 13697
 Austin, Texas 78711-3697
 (Form 503)

Filed in the Office of the
 Secretary of State of Texas
 Filing #: 803346206 8/15/2019
 Document #: 907084150002
 Image Generated Electronically
 for Web Filing

**ASSUMED NAME CERTIFICATE
 FOR FILING WITH THE SECRETARY OF STATE**

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

Fusion RX Pharmacy

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

Fusion RX Specialty Pharmacy LLC

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

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

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

6. The entity's principal office address is:

2340 E. Trinity Mills Rd., Ste. 233, Carrollton, TX, USA 75006

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

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

ALL COUNTIES

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

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



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

August 15, 2019

Milton W. Colegrove

Milton W. Colegrove

1 E. Trinity Mills Rd., Ste. 1
Carrollton, TX 75006 USA

RE: Fusion RX Specialty Pharmacy LLC
File Number: 803346206

Assumed Name:
Fusion RX Pharmacy

File Date: 08/15/2019

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

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

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

Sincerely,

Corporations Section
Business & Public Filings Division

Enclosure

Come visit us on the internet at <https://www.sos.texas.gov/>

Phone: (512) 463-5555

Fax: (512) 463-5709

Dial: 7-1-1 for Relay Services

Prepared by: WEBSUBSCRIBER

TID: 10336

Document: 907084150002

Fusion RX Specialty Pharmacy LLC

Name of the entity

By: Jennit Raju

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

FILING OFFICE COPY

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



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Fusion RX Specialty Pharmacy LLC (file number 803346206), a Domestic Limited Liability Company (LLC), was filed in this office on June 18, 2019.

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

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 27, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State

4G

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH _____ Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: HILL DERM PHARMACY INC

Physical Address: 3065 S. MELLONVILLE AVE Suite B

Mailing Address: 3065 S. MELLONVILLE AVE

City: SANFORD State: FL Zip Code: 32773

Telephone: 407 585 6060 Fax: 407 585 6065

Toll Free Number: 877-727-9579 (Required per NAC 639.708)

E-mail: elaine.kania@hillderm.com Website: www.hillderm.com

Managing Pharmacist: KATHINI PATEL License Number: PS 36210

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> 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

KAMINI PATEL
Print Name of Authorized Person

2/4/2020
Date

Page 2

Board Use Only

Date Processed: 2-11-2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: FLORIDA

Parent Company if any: _____

Mailing Address: 3065 S. HELLONVILLE AVE

City: SAUFORD State: FL Zip: 32773

Telephone: 407-585-6060 Fax: 407-585-6065

Contact Person: KAMINI PATEL

For any corporation non publicly traded, disclose the following:

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

a) JERRY S. ROTH 9 ALAQUA, LONGWOOD, FL 32812
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. NONE-

3) What was the price paid per share? 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 12 am 7 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: _____

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: Jerry Roth

Business Name: Hill Derm Pharmacy Inc.

Current Business Address: 3065 S. Mellonville Avenue

City: Sanford State: FL Zip Code: 32773

Telephone: 407-585-6060 Fax: 407-585-6065

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 12 pm 7 pm

Saturday closed am _____ pm

Sunday closed am _____ pm

24 Hours N/A

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, KAMINI PATEL

Responsible Person of HILL DEEM PHARMACY INC

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

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

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



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

KAMINI PATEL

Print Name of Authorized Person

2/4/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FLORIDA)
Seminole COUNTY) ss.)

I, KAMINI 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 MANAGING PHARMACIST for HILL DERRY 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.

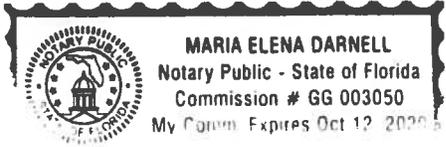
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

MARIA ELENA DARNELL
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
4th day of February, 2020.
Maria Elena Darnell
NOTARY PUBLIC



State of Florida

Department of State

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

The document number of this corporation is P18000093293.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on January 21, 2020, and that its status is active.

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

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-first day of January,
2020*



Randy R. Lee
Secretary of State

Tracking Number: 5826684059CC

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

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

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

January 30, 2020

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

RE: License Certification for Hill Derm Pharmacy, Inc

To Whom It May Concern:

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

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH31964
ORIGINAL CERTIFICATION:	03/21/2019
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,

Lucy Nova

Lucy Nova
Regulatory Specialist II

/In



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

HILL DERM PHARMACY, Inc.

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

Officers & Directors

Owner 100%	Jerry S. Roth
Home Address	Alaqua, Longwood, FL 32779
Home Phone	
Business Address	3065 S. Mellonville Ave., Sanford, FL 32773
Business Phone	407 323 1887
Email Jerry Roth	jrhusky6@gmail.com

AC# 8889640

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/22/2019	PH 31964	114767

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
HILL DERM PHARMACY, INC
3065 S. MELLOWVILLE AVE
SUITE B
SANFORD, FL, 32773



Rod DeSantis
GOVERNOR

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: FEBRUARY 28, 2021

Your license number is PH 31964. 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.

QUALIFICATION(S):
Community Pharmacy

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

DATE	LICENSE NO.	CONTROL NO.
03/22/2019	PH 31964	114767

THE PHARMACY

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

Expiration Date : FEBRUARY 28, 2021

HILL DERM PHARMACY, INC



4H

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 **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: HOMECARE RX INC

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

Mailing Address: PO BOX 2397

City: SECAUCUS State: NJ Zip Code: 07096

Telephone: (877) 920-2090 Fax: (877) 920-0466

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

E-mail: dpatel@homecarerx.com Website: N/A

Managing Pharmacist: Ami Patel, R.Ph. License Number: 28R103544600

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> 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.

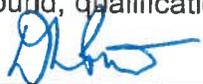
Within the last five (5) years:

- 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

DHARA PATEL
Print Name of Authorized Person

2/11/2020
Date

Board Use Only	Date Processed: <u>FEB 13 2020</u>	Amount: <u>300.00</u>
-----------------------	------------------------------------	-----------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NEW JERSEYParent Company if any: INFUCARE RX INCMailing Address: PO BOX 2578City: SECAUCUS State: NJ Zip: 07096Telephone: (877) 828-3940 Fax: (877) 828-3941Contact Person: DHARA PATEL

For any corporation non publicly traded, disclose the following:

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

a) INFUCARE RX INC (100%) PO BOX 2578, SECAUCUS, NJ 07096
Name Addressb) List of Officers appears on following page
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 1,0003) What was the price paid per share? \$14) What date did the corporation actually receive the cash assets? 02/06/2015

5) Provide a copy of the corporation's stock register evidencing the above information - See Exhibit A

List any physician shareholders and percentage of ownership.

Name: NONE %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 5:30 pm Saturday Closed am _____ pmSunday Closed am _____ pm 24 Hours NOA Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

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

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

List of officers and directors

DHARA PATEL, PRESIDENT/VICE-PRESIDENT/SECRETARY

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

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF NEW JERSEY)
) ss.
ESSEX COUNTY)

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

1. I am the PRESIDENT for HEMOCARE 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.

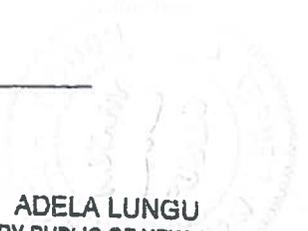
FURTHER AFFIANT SAYETH NOT.

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


Name DHARA PATEL

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

NOTARY PUBLIC


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

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

**HOMECARE RX INC
0400722426**

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

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

I further certify that the registered agent and office are:

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



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

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6103556463

Verify this certificate online at

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

Send to State Board of Pharmacy for Completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
(775) 850-1440
985 DAMONTE RANCH PARKWAY, SUITE 206, RENO, NV 89521
LICENSE VERIFICATION

Name: HEMOCARE RX INC
 Address: 695 US HWY 46, SUITE 100
 City: FAIRFIELD State: NJ Zip: 07004
 I hereby authorize the NEW JERSEY BOARD OF PHARMACY to furnish to the Nevada State Board of Pharmacy, the information requested below.
 Signature of Applicant [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
<u>282500738900</u>	<u>Active</u>	<u>4/15/2015</u>	<u>6/30/2020</u>

Has this license been encumbered in any way?
 Yes No

Type of Encumbrance: (if any)
 Revoked Surrendered Limited N/A
 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
<u>[Signature]</u>	<u>Agency Services Representative</u>	<u>NJ</u>	<u>2/11/2020</u>	



41

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: Jewel Pharmacy RX Corp dba Jewel Pharmacy

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

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

City: Riverside State: Illinois Zip Code: 60546

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

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

E-mail: chicagorxpharmacy@gmail.com Website: _____

Managing Pharmacist: Dipa V. Shah License Number: 051.298427

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds _____)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
 Parenteral **
 Parenteral (outpatient)
 Outpatient/Discharge
 Mail Service
 Long Term Care
 Sterile Compounding **
 Non Sterile Compounding
 Mail Service Sterile Compounding **
 Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

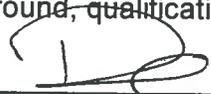
Within the last five (5) years:

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

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

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

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


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

Daniel Lee

Print Name of Authorized Person

12-26-19
Date

Page 2

Board Use Only

Date Processed: FEB 05 2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Illinois

Parent Company if any: _____

Mailing Address: 51 E. Burlington St., STE CCity: Riverside State: IL Zip: 60546Telephone: 888-316-3652 Fax: 708-438-4640Contact Person: Daniel Lee

For any corporation non publicly traded, disclose the following:

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

a) Daniel Lee Walnut Cir Porter Ranch CA 91326
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 15003) What was the price paid per share? 15.004) What date did the corporation actually receive the cash assets? 09/24/2018

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9</u> am	<u>5</u> 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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Daniel Lee

Responsible Person of Jewel Pharmacy RX Corp dba Jewel Pharmacy

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

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

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



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

Daniel Lee

Print Name of Authorized Person

12-26-19

Date

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.

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
Los Angeles) ss. COUNTY)

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

1. I am the Owner for Jewel Pharmacy RX Corp dba Jewel Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

[Signature]
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 26th day of December, 2019.

[Signature]
NOTARY PUBLIC



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

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

File #: 71992926

Approved By: JXR

FILED
SEP 24 2018
Jesse White
Secretary of State

1. Corporate Name: JEWEL PHARMACY RX CORP.

2. Initial Registered Agent: LEGALINC CORPORATE SERVICES INC.

First Name	Middle Initial	Last Name

Initial Registered Office: E RANDOLPH ST STE

Number	Street	Suite No.
<u>CHICAGO</u>	<u>IL</u>	<u>60601-6528</u>
City	ZIP Code	County

3. Purposes for which the Corporation is Organized:

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

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
<u>COMMON</u>	<u>1500</u>	<u>1500</u>	<u>s 15</u>

NAME & ADDRESS OF INCORPORATOR

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

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

List of Owners:

Daniel Lee
Walnut Cir
Porter Ranch CA 91326



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: 4222074



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: 4222074

State of Illinois
 Department of Financial and Professional Regulation
 Division of Professional Regulation

LICENSE NO. 051.298427

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: 03/31/2020

REGISTERED PHARMACIST

DIPA V DENOUDEN
 N WEST ST
 NAPERVILLE, IL 60563-2428




 DEBORAH HAGAN
 SECRETARY

 CECILIA ABUNDIS
 ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com 12217360

Cut on Dotted Line ✂

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

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 1319069

ILLINOIS Jesse White • Secretary of State USA
DRIVER'S LICENSE



4d LT
 3 DR
 4b EXP: 12/16/2022 4a ISS: 01/24/2019
 1 DENOUDEN
 2 DIPA SHAH
 N WEST ST
 NAPERVILLE, IL 60563
 9 CLASS: D 9a ETO: NONE
 12 REST: NONE
 15 SEX: F 16 HGT: 5'-05"
 17 WGT: 130 lbs 18 EYES: BRN TYPE:
 5 DO 20190124254NP3248

THE OFFICIAL STATUS OF THIS LICENSE CAN BE VERIFIED AT www.idfpr.com

Cut on Dotted Line ✂



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 Jewel Pharmacy
DIPA V DENOUDEN
51 E Burlington St Ste C

Licensee: License Jewel Pharmacy Rx Corp

Number: 054.021131

Profession: LICENSED PHARMACY

Date of Issuance: 03/20/2019

Expiration Date: 03/31/2020

License Status: ACTIVE

License Method: NON-EXAM

Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 01/08/2020

Cecilia Abundis
Acting Director

01/08/2020

Date

Division of Professional Regulation

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

4J

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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 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

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

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

City: Riverside State: Illinois Zip Code: 60546

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

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

E-mail: chicagorxpharmacy@gmail.com Website: _____

Managing Pharmacist: Dipa V. Shah License Number: 051.298427

TYPE OF PHARMACY AND SERVICES PROVIDED

<p>Yes/No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Community</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____</p> <p>All boxes must be checked For the application to be complete</p>	<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____</p>
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****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

Daniel Lee
Print Name of Authorized Person

12-26-19
Date

Board Use Only	Date Processed: FEB 05 2020	Amount: 500.00
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Illinois

Parent Company if any: _____

Mailing Address: 51 E. Burlington St., STE CCity: Riverside State: IL Zip: 60546Telephone: 888-316-3652 Fax: 708-438-4640Contact Person: Daniel Lee

For any corporation non publicly traded, disclose the following:

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

a) Daniel Lee Walnut Cir Porter Ranch CA 91326
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 15003) What was the price paid per share? 15.004) What date did the corporation actually receive the cash assets? 09/24/2018

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 5 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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Daniel Lee

Responsible Person of Jewel Pharmacy RX Corp dba Jewel Pharmacy

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

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

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



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

Daniel Lee

Print Name of Authorized Person

12-26-19

Date

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.

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
Los Angeles) ss. COUNTY)

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

1. I am the Owner for Jewel Pharmacy RX Corp dba Jewel Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

[Signature]
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 26th day of December, 2019.

[Signature]
NOTARY PUBLIC



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

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

File #: 71992926

Approved By: JXR

FILED
SEP 24 2018
Jesse White
Secretary of State

1. Corporate Name: JEWEL PHARMACY RX CORP.

2. Initial Registered Agent: LEGALINC CORPORATE SERVICES INC.

First Name	Middle Initial	Last Name

Initial Registered Office: E RANDOLPH ST STE

Number	Street	Suite No.	City	State	ZIP Code	County
	CHICAGO		IL	60601-6528		COOK

3. Purposes for which the Corporation is Organized:

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

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	1500	1500	\$ 15

NAME & ADDRESS OF INCORPORATOR

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

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

List of Owners:

Daniel Lee
Walnut Cir
Porter Ranch CA 91326



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: 4222074



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: 4222074

State of Illinois
 Department of Financial and Professional Regulation
 Division of Professional Regulation

LICENSE NO. 051.298427

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: 03/31/2020

REGISTERED PHARMACIST

DIPA V DENOUDEN
 N WEST ST
 NAPERVILLE, IL 60563-2428




DEBORAH HAGAN SECRETARY
 CECILIA ABUNDIS ACTING DIRECTOR

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

12217360

Cut on Dotted Line ✂

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

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 1319069

ILLINOIS Jesse White • Secretary of State USA
DRIVER'S LICENSE



4d LP: *[Signature]*
 4b EXP: 12/16/2022 4a ISS: 01/24/2019
 1 DENOUDEN
 2 DIPA SHAH
 N WEST ST
 NAPERVILLE, IL 60563
 9 CLASS: D 9a END: NONE
 12 REST: NONE
 15 SEX: F 16 HGT: 5'-05"
 17 WGT: 130 lbs 18 EYES: BRN TYPE: D-00
 5DD 20190124254NP248

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

Cut on Dotted Line ✂



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 Jewel Pharmacy
DIPA V DENOUDEN
51 E Burlington St Ste C

Licensee: License Jewel Pharmacy Rx Corp

Number: 054.021131

Profession: LICENSED PHARMACY

Date of Issuance: 03/20/2019

Expiration Date: 03/31/2020

License Status: ACTIVE

License Method: NON-EXAM

Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 01/08/2020

Cecilia Abundis
Acting Director

01/08/2020

Date

Division of Professional Regulation

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

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or **Ownership Change** (Provide current license number if making changes: **PH02929**)

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: Meridian Meds, LLC

Physical Address: 220 North 1200 East, Ste 104

Mailing Address: 220 North 1200 East, Ste 104

City: Lehi State: UT Zip Code: 84043

Telephone: 801-331-8291 Fax: 801-331-8650

Toll Free Number: 877-760-5223 (Required per NAC 639.708)

E-mail: brett.johnson@m2rx.com Website: www.m2rx.com

Managing Pharmacist: Brett C. Johnson License Number: 146323-1701

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other:

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services:

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

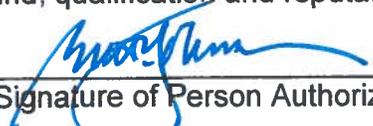
- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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


Brett C. Johnson

Print Name of Authorized Person

2/13/2020
Date

Page 2

Board Use Only

Date Processed: FEB 20 2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General N/A Limited N/A

Meridian Meds is a member managed LLC, not a Partnership. Therefore, Meridian Meds does not have general or limited partners. Meridian Meds has a sole member, which is Meridian Executive Group LLC.

Partnership Name: Meridian Executive Group LLC

Mailing Address: 1443 West 800 North, Ste. 103

City: Orem State: Utah Zip Code: 84057

Telephone Number: 801-655-4950 Fax Number: 801-655-4954

Contact Person: Richard Slack - Chief Executive Officer

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

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Meridian Executive Group LLC - Sole Member of Meridian Meds LLC</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

List names of 4 largest partners and percentage of ownership:

Name: N/A %:

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 8:30 am 4:30 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours Yes - On Call 24/7

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Brett C. Johnson

Responsible Person of Meridian 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

Brett C. Johnson

Print Name of Authorized Person

2/13/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
) ss.
Utah County COUNTY)

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

1. I am the Managing Pharmacist/ Pharmacist-in-Charge for Meridian Meds, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

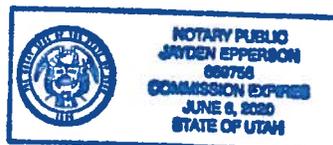
FURTHER AFFIANT SAYETH NOT.

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

Brett C. Johnson
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
13th day of February, 2020.

Joseph Epper
NOTARY PUBLIC



Certificate of Corporate Status



Utah Department of Commerce
Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

02/12/2020
8315514-016002122020-1288551

CERTIFICATE OF EXISTENCE

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

Letter of Good Standing



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

GARY R. HERBERT
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 02/12/2020

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

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

Classification of License Issued: Pharmacy - Class B

License Number: 8455352-1704

Obtained By: Application

Current Status: Active

Original Date of Licensure: 11/21/2012

Expiration Date: 09/30/2021

Agency and Disciplinary Action: NO

Docket Number: N/A

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • PO Box 146741 • Salt Lake City • UT 84114-6741
phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

Copy of Current Registration

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

Certificate of License Renewal

Control Number: 8455352-1704-20190729



RENEWAL DATE: 07/29/2019

EXPIRATION DATE: 09/30/2021

ISSUED TO: Meridian Meds LLC

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

8455352-1704	Pharmacy - Class B
8455352-8913	Dispensing Controlled Substance License

Please note that DOPL reserves the right to initiate action at any time against a licensee who did not meet the renewal/reinstatement requirements at the time this license was issued.

4L

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 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: Mixlab, Inc.

Physical Address: 336 W 37th St. Suite 850 New York, NY 10018

Mailing Address: 336 W 37th St. Suite 850 New York, NY 10018

City: New York State: NY Zip Code: 10018

Telephone: 888-901-4480 Fax: 212-967-0892

Toll Free Number: 888-901-4480 (Required per NAC 639.708)

E-mail: rita@mixlabrx.com Website: www.mixlabrx.com

Managing Pharmacist: Vinh Dam License Number: 059019

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No <input checked="" type="checkbox"/> <input type="checkbox"/> Retail <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> <input checked="" type="checkbox"/> Internet <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Veterinary</u>		Yes/No <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral ** <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding ** <input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding ** <input type="checkbox"/> <input type="checkbox"/> 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.

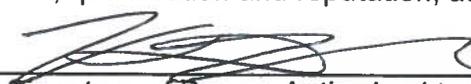
Within the last five (5) years:

- 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

Vinh Dam
Print Name of Authorized Person

2/4/20
Date

Page 2

Board Use Only

Date Processed: FEB 13 2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Delaware

Parent Company if any: _____

Mailing Address: Walker Rd, _____City: Dover State: DE Zip: 19904Telephone: 302-734-8300 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) Frederic Dijols W 37th St. New York, NY 10018
Name Addressb) Stella Kim W 37th St New York, NY 10018
Name Addressc) Rocket Internet Capital Partners SCS Rue Lou Hemmer Luxembourg – Findel N4 L-1748
Name Addressd) Rocket Internet Capital Partners (Euro) Rue Lou Hemmer Luxembourg – Findel N4 L-1748
Name Address2) Provide the number of shares issued by the corporation. 18,231,2183) What was the price paid per share? 1.116524) What date did the corporation actually receive the cash assets? 4/30/2019

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 10 am 8 pm Saturday 10 am 8 pm
Sunday 10 am 2 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, Vinh Dam

Responsible Person of Mixlab, Inc.

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

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

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



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

Vinh Dam

Print Name of Authorized Person

2/4/20

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
New York COUNTY)

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

1. I am the Pharmacist-in-Charge for Mixlab, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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


Name VINH DAM

SUBSCRIBED AND SWORN TO before me, a notary public this 4th day of February, 2020.

Rita Kupershteyn
NOTARY PUBLIC

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIXLAB, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIXLAB, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2017.

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



6362690 8300

SR# 20200290984

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

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

Authentication: 202209549

Date: 01-17-20



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

List of Mixlab Pharmacy Licenses

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

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



Ownership Information

Mixlab Owners / Officers

Frederic Dijols, CEO

Stella Kim, CXO

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

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2017-20

SUPERVISING PHARMACIST
VINH DAM



THIS IS TO CERTIFY

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

is duly recorded as a

REGISTERED PHARMACY

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

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

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

REGISTRATION NUMBER

035768



STATE BOARD OF
PHARMACY



Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

01/31/2020

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

Registration No : 035768
Date First Registered : 09/19/17
Registration Begins : 09/19/17
Registered through : 08/31/20
Supervisor : [059019](#) DAM VINH
Establishment Status : ACTIVE
Successor : NONE

* Use of this online verification service signifies that you have read and agree to the [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.



mixlab

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

Dear Sir/Madam,

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

A handwritten signature in black ink, appearing to read 'Vinh Dam', with a long horizontal line extending to the right.

Vinh Dam, Pharm.D.
Pharmacist in Charge

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

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 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: NOB HILL DISCOUNT PHARMACY

Physical Address: 7650 N. NOB HILL RD. TAMARAC FL 33321

Mailing Address: 7650 N. NOB HILL RD. TAMARAC FL 33321

City: TAMARAC State: FLORIDA Zip Code: 33321

Telephone: 954-532-6151 Fax: 954-532-9958

Toll Free Number: 888-511-1159 (Required per NAC 639.708)

E-mail: RPORTER@NOBHILLPHARMACY.COM Website: N/A

Managing Pharmacist: RICHARD PORTER License Number: PH30289

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds _____)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
 Parenteral **
 Parenteral (outpatient)
 Outpatient/Discharge
 Mail Service
 Long Term Care
 Sterile Compounding **
 Non Sterile Compounding
 Mail Service Sterile Compounding **
 Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

DANIEL RIESS
Print Name of Authorized Person

01/16/2020
Date

Board Use Only	Date Processed: <u>FEB 05 2020</u>	Amount: <u>500.⁰⁰</u>
-----------------------	------------------------------------	----------------------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: FLORIDAParent Company if any: SRI VENKATESWARAMailing Address: 7650 N. NOB HURDCity: TAMARAC State: FLORIDA Zip: 33321Telephone: 954-532-6151 Fax: 954-532-9358Contact Person: DANIEL RIESS OR RICHARD POTER

For any corporation non publicly traded, disclose the following:

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

a) DANIEL RIESS Name VINLAND WAY, NAPLES, FL, 34105 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? 10/02/2019

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>8</u> am	<u>4</u> pm	Saturday	<u>8</u> am	<u>4</u> pm
Sunday	<u>CL</u> am	<u>CL</u> pm	24 Hours	<u>X</u>	

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, DANIEL RIESS

Responsible Person of NOB HILL DISCOUNT PHARMACY

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

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

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



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

DANIEL RIESS

Print Name of Authorized Person

01/16/2020

Date

State of Florida
Department of State

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

The document number of this corporation is P15000004754.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on April 2, 2019, and that its status is active.

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

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Thirteenth day of December,
2019*

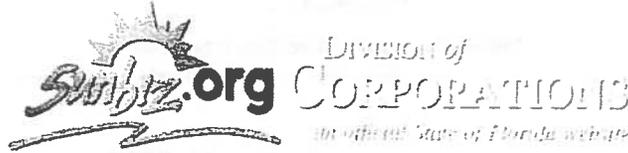


Randy R. ...
Secretary of State

Tracking Number: 6225332527CU

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

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by FEI/EIN Number

Florida Profit Corporation
SRI VENKATESWARA INC.

Filing Information

Document Number	P15000004754
FEI/EIN Number	47-2926598
Date Filed	01/16/2015
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	10/10/2019
Event Effective Date	NONE

Principal Address

7650 Nob Hill Road
Tamarac, FL 33321

Changed: 03/30/2016

Mailing Address

1 ASPEN LANE
WESTON, FL 33327

Registered Agent Name & Address

RIESS, DANIEL O
7650 Nob Hill Road
Tamarac, FL 33321

Name Changed: 10/10/2019

Address Changed: 10/10/2019

Officer/Director Detail

Name & Address

Title P,S,D

RIESS, DANIEL O
7650 NOB HILL ROAD
TAMARAC, FL 33321

Annual Reports

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

October 25, 2019

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

RE: License Certification for Sri Venkateswara Inc.

To Whom It May Concern:

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

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH30289
ORIGINAL CERTIFICATION:	08/05/2016
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
Regulatory Specialist II

**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

Officers/Directors: Nob Hill Discount Pharmacy

President/Owner:

Daniel Oliver Riess

2 Vinland Way

Naples, FL, 34105

AC#8751612

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/23/2019	PH 30289	108867

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

Expiration Date: **FEBRUARY 28, 2021**

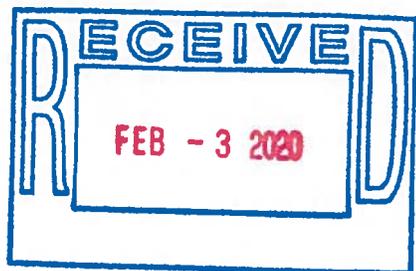
SRI VENKATESWARA INC.
NOB HILL DISCOUNT PHARMACY
7650 NOB HILL ROAD
TAMARAC, FL 33321

QUALIFICATION(S):
COMMUNITY PHARMACY
SCHEDULE I & II



Ron DeSantis
GOVERNOR

DISPLAY IF REQUIRED BY LAW



Sri Venkateswara Inc,
DBA Nob Hill Discount Pharmacy
7650 N Nob Hill Rd
Tamarac, FL 33321
954-532-6151

State Board of Pharmacy

To whom it may concern:

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

Richard Porter RPH, Pharmacist in Charge

JW 51st CT Coconut Creek, FL 33073

rporter@ipsinfusion.com

Daniel Riess President Owner

7650 N Nob Hill Rd, Tamarac, FL 33321

4N

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 **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: SinfoniaRx, Inc.

Physical Address: 2001 W. Camelback Road, Suite 290

Mailing Address: 2001 W. Camelback Road, Suite 290

City: Phoenix State: AZ Zip Code: 85015

Telephone: 602-283-4339 Fax: 602-314-6027

Toll Free Number: 866-218-6646 (Required per NAC 639.708)

E-mail: Phoenix-Facility_Licenses@sinfoniarx.com Website: sinfoniarx.com

Managing Pharmacist: Kristin Calabro License Number: S017956

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds _____)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: Non-dispensing

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
 Parenteral **
 Parenteral (outpatient)
 Outpatient/Discharge
 Mail Service
 Long Term Care
 Sterile Compounding **
 Non Sterile Compounding
 Mail Service Sterile Compounding **
 Other Services: Medication Therapy Mgmt

****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.

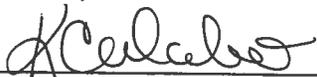
Within the last five (5) years:

- 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

Kristin Calabro

Print Name of Authorized Person

Date

12/20/19

Page 2

Board Use Only

Date Processed: 2-5-2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Arizona
 Parent Company if any: TRSHC Holdings, LLC
 Mailing Address: 228 Strawbridge Dr., Suite 100
 City: Moorestown State: NJ Zip: 08057
 Telephone: 866-648-2767 Fax: 856-235-0797
 Contact Person: Orsula V. Knowlton

For any corporation non publicly traded, disclose the following:

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

a) TRSHC Holdings, LLC - 228 Strawbridge Dr, Suite 100; Moorestown, NJ 08057

Name Address

b)

Name Address

c)

Name Address

d)

Name Address

2) Provide the number of shares issued by the corporation. 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 8:00 am 5:30 pm Saturday 9:00 am 12:00 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, Kristin Calabro

Responsible Person of SinfoniaRx, Inc.

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

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

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



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

Kristin Calabro

Print Name of Authorized Person

12/20/19

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF ARIZONA)
) ss.
MARICOPA COUNTY)

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

1. I am the Pharmacy Director for SinfoniaRx, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

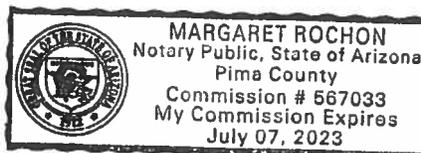
FURTHER AFFIANT SAYETH NOT.

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

K Calabro
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
20th day of December, 2019.

Margaret Rochon
NOTARY PUBLIC





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

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

Pharmacy - Limited Service

Issued to :

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

EXPIRES
 10/31/2021
 SinfoniaRx, Inc.
 2001 W. CAMELBACK RD. SUITE 290
 PHOENIX, AZ 85015

Kim Gaudin
 EXECUTIVE DIRECTOR

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



WALLET CARD

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

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

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

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

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

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law.
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

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

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

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

A handwritten signature in black ink that reads "Kam Gandhi".

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 12/19/2019

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

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

SINFONIARX, INC.

ACC file number: 18695081

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

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

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

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

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



Matthew Neubert

Matthew Neubert, Executive Director

Owner:

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

Officers:

President

Orsula V. Knowlton, PharmD
Business Address: 228 Strawbridge Dr., Suite 100; Moorestown, NJ 08057
Residence Address: Pond View Drive; Moorestown, NJ 08057
Tel: (866) 648-2767
DOB:
SSN:

Chairperson

Calvin H. Knowlton, BScPharm, MDiv, PhD
Business Address: 228 Strawbridge Dr., Suite 100; Moorestown, NJ 08057
Residence Address: Pond View Drive; Moorestown, NJ 08057
Tel:
DOB:
SSN:

Secretary

Brian W. Adams
Business Address: 228 Strawbridge Dr., Suite 100; Moorestown, NJ 08057
Residence Address: Station Avenue; Haddonfield, NJ 08033
Tel:
DOB:
SSN:

Description of Services

Patients with chronic illness face a number of challenges managing their day-to-day and long-term health, in part because medications are complex, confusing, costly and potentially dangerous. SinfoníaRx was founded to optimize medication use and improve the health of patients with chronic illness by providing Medication Therapy Management (MTM) services.

We offer a comprehensive approach to patient care and population health, with our team of dedicated pharmacists solely focused on providing medication reviews and clinical interventions to improve the health, wellness and the management of chronic health conditions.

SinfoníaRx, Inc. operates a pharmacist-run call center that provides phone-based medication therapy management (MTM) services. *This is not a retail or mail order pharmacy. It does not purchase, stock, compound, or dispense medications of any kind. Thus, it is not required to have either a state or federal controlled substance license.*

The Arizona State Board of Pharmacy has granted exemptions on items such as scales, balances, dispensing equipment, etc., as the pharmacy dispenses no medications. The Pharmacy Board also has exempted this pharmacy from counseling area requirements as the facility is not open to the general public and all sessions occur over the phone.

The pharmacists make outbound calls to patients Monday through Friday, from 8:00 AM to 5:30 PM and Saturday from 9:00 AM to 12:00 PM MST. After hours, incoming calls are routed to a service that provides patients access to a pharmacist 24 hours a day, 7 days a week.

The Pharmacy complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. All patient records are only available to personnel as needed to provide service to patients. Paper records are kept in a secure storage system within the pharmacy.

40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or **Ownership Change** (Provide current license number if making changes: **PH** _____)
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: Somerset Pharmacy Inc

Physical Address: 101 S Main St. Somerset, KY 42501

Mailing Address: 101 S Main St

City: Somerset State: KY Zip Code: 42501

Telephone: 606-679-1571 Fax: 606-677-6845

Toll Free Number: 888-812-1107 (Required per NAC 639.708)

E-mail: somersetpharm1@gmail.com Website: N/A

Managing Pharmacist: Patricia Lee Steele License Number: 020966

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds _____)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: _____

All boxes must be checked
 For the application to be complete

Yes/No

- Off-site Cognitive Services
 Parenteral **
 Parenteral (outpatient)
 Outpatient/Discharge
 Mail Service
 Long Term Care
 Sterile Compounding **
 Non Sterile Compounding
 Mail Service Sterile Compounding **
 Other Services: _____

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

Patricia Lee Steele

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

Patricia Lee Steele

Print Name of Authorized Person

12-30-19

Date

Page 2

Board Use Only

Date Processed: 2-11-2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: N/AMailing Address: 101 S Main StCity: Somerset State: KY Zip: 42501Telephone: 606-679-1571 Fax: 606-677-6845Contact Person: Patricia Lee Steele

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) N/A

Name Address

c) N/A

Name Address

d) N/A

Name Address

2) Provide the number of shares issued by the corporation. 03) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**Monday thru Friday 9 am 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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Patricia Lee Steele

Responsible Person of Somerset Pharmacy

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

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

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



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

Patricia Lee Steele

Print Name of Authorized Person

12-30-19

Date

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
 Secretary of State
 P. O. Box 718
 Frankfort, KY 40602-0718
 (502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 221799

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

SOMERSET PHARMACY, INC. OF KY

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is July 23, 2003 and whose period of duration is perpetual.

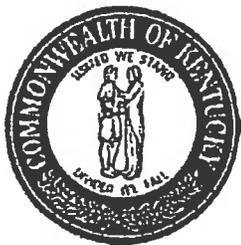
I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 23rd day of October, 2019, in the 228th year of the Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
 Secretary of State
 Commonwealth of Kentucky
 221799/0564520



COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
 125 Holmes Street
 Frankfort KY 40601

LICENSE / PERMIT: Resident Pharmacy

EFFECTIVE DATE: 06/01/2000

NUMBER: P06577

EXPIRATION DATE: 06/30/2020

PIC: PATRICIA LEE STEELE

Issued to:
 SOMERSET PHARMACY

101 S MAIN ST
 SOMERSET, KY 42501

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.



The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

100% OWNER: SOMERSET PHARMACY LLC

LAWRENCE WEISS, MANAGING MEMBER

S MAIN STREET

SOMERSET, KY 42501

PHONE:

BUSINESS PHONE: 606-679-1571

DOB:

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

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

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Truepill NY LLC

Physical Address: 850 3rd Ave STE 404 Brooklyn, NY 11232

Mailing Address: Same as Physical Address

City: _____ State: _____ Zip Code: _____

Telephone: (518) 692 - 3362 Fax: (718) 499 - 3362

Toll Free Number: (855) 687 - 8369 (Required per NAC 639.708)

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

Managing Pharmacist: Joshua Reiter License Number: 061076

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds _____)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
 Parenteral **
 Parenteral (outpatient)
 Outpatient/Discharge
 Mail Service
 Long Term Care
 Sterile Compounding **
 Non Sterile Compounding
 Mail Service Sterile Compounding **
 Other Services: _____

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

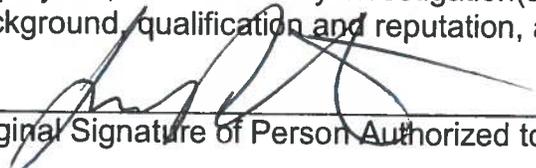
- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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


Joshua Reiter

Print Name of Authorized Person

Date

1/29/20

Page 2

Board Use Only

Date Processed: 2-11-2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Postmeds Inc.Mailing Address: 1700 S. Amphlett Blvd STE 221City: San Mateo State: CA Zip: 94402Telephone: (650) 353 - 5495 Fax: (650) 435-5932Contact Person: Joshua Reiter

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 - Truepill NY LLC is legally 100% owned by Postmeds Inc. There are 0 shares.

Name Address

b)

Name Address

c)

Name Address

d)

Name Address

2) Provide the number of shares issued by the corporation. 03) What was the price paid per share? 04) 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 %: 0Name: N/A %: 0**Hours of Operation for the pharmacy:**Monday thru Friday 9 am 6 pmSaturday N/A am N/A pmSunday N/A am N/A pm24 Hours **Toll-Free Number -
Pharmacist Consultation**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

Founder/CEO: Mohammad (Umar) Afridi
Pharmacist-in-Charge: Joshua Reiter

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Joshua Reiter

Responsible Person of Truepill NY 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

Joshua Reiter
Print Name of Authorized Person

1/29/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
Kings COUNTY)

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

1. I am the Pharmacist-in-Charge for Truepill NY LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

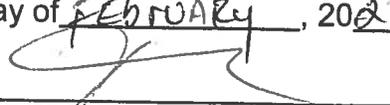
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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, Joshua Reiter, 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
51 day of FEBRUARY, 2020.

NOTARY PUBLIC

Tamara Bourdeau
Notary Public, State of New York
No. 01BO6099396
Qualified in Kings County
Commission Expires Sept 29, 2023

**State of New York
Department of State } ss:**

I hereby certify, that TRUEPILL NY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/25/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of November two
thousand and nineteen.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*

201911150279 02



Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

08/15/2019

Type : PHARMACY

Legal Name : TRUEPILL NY LLC

Trade Name :

Street Address :

850 THIRD AVE.

STE 404

BROOKLYN, NY 11232-0000

Registration No : 037429

Date First Registered : 08/02/19

Registration Begins : 08/02/19

Registered through : 07/31/22

Supervisor : 061076 REITER JOSHUA

Establishment Status : ACTIVE

Successor : NONE

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [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

SUPERVISING PHARMACIST
JOSHUA REITER



2019-22

THIS IS TO CERTIFY

TRUEPILL NY LLC
850 THIRD AVE.
STE 404
BROOKLYN, NY 11232

is duly recorded as a

REGISTERED PHARMACY

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

THIS CERTIFICATE IS EFFECTIVE ON THE SECOND DAY OF AUGUST, 2019.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF JULY, 2022.

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

REGISTRATION NUMBER

037429



Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 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: NATIONAL PHARMACY

Physical Address: 7420 SANTA MONICA BLVD, WEST HOLLYWOOD, CA 90046

Mailing Address: SAME

City: WEST HOLLYWOOD State: CA Zip Code: 90046

Telephone: 323-851-4444 Fax: 323-851-4445

Toll Free Number: 800-994-8990 (Required per NAC 639.708)

E-mail: pharmacynational@yahoo.com Website: _____

Managing Pharmacist: Audrey Toledano License Number: 68911

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds _____)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
 Parenteral **
 Parenteral (outpatient)
 Outpatient/Discharge
 Mail Service
 Long Term Care
 Sterile Compounding **
 Non Sterile Compounding
 Mail Service Sterile Compounding **
 Other Services: _____

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

A. Teledano

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

Audrey Teledano

Print Name of Authorized Person

12/20/19

Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: _____

Mailing Address: Santa Monica Blvd

City: West Hollywood State: Ca Zip: 90046

Telephone: 323-851-4444 Fax: 323-851-4445

Contact Person: Michael Imanoel

For any corporation non publicly traded, disclose the following:

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

a) Michael Imanoel S. Hall Ave, Los Angeles, Ca, 90035
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? No part value

4) What date did the corporation actually receive the cash assets? NOV/17/2009

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 4 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: _____

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
Los Angeles COUNTY) ss.)

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

1. I am the President for National Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

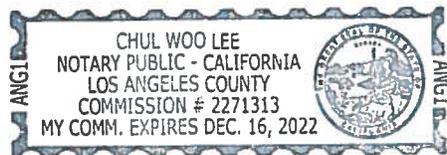
FURTHER AFFIANT SAYETH NOT.

Michael Mehرداد Imanpour do hereby swear under penalty of perjury that the assertions of this affidavit are true.

[Signature]
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 17 day of Dec, 2019.

Chulwoo Lee
NOTARY PUBLIC



STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Audrey Toledano

Responsible Person of National Pharmacy

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

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

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

Audrey Toledano

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

Audrey Toledano

Print Name of Authorized Person

12/20/19

Date



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



December 13, 2019

NATIONAL PHARMACY
7420 SANTA MONICA BLVD
WEST HOLLYWOOD CA 90046

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: NATIONAL PHARMACY

License Type: PHARMACY

License Number: PHY 50363

Status: ACTIVE

Issue Date: 07/22/10

Expiration Date: 07/01/20

Address of Record: 7420 SANTA MONICA BLVD WEST HOLLYWOOD CA 90046

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Interim Executive Officer

By

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



Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: National Pharmacy
 Address: 7420 Santa Monica Blvd
 City: West Hollywood State: CA Zip: 90046
 I hereby authorize the CA state board of pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.
 Signature of Applicant Alecton

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires

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

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

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

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

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

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

Signature of State Official	Title	State	Date	State Seal



LICENSE NO. PHY 50363
RECEIPT NO. 91280683



Retail Pharmacy Permit

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

VALID UNTIL JULY 01, 2020

NATIONAL PHARMACY
7420 SANTA MONICA BLVD
WEST HOLLYWOOD CA 90046-5605

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.

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

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

FORM WPPHY (12/31/05) P10

10/19
10/19

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NATIONAL PHARMACY, INC.

FILE NUMBER: C3260502
FORMATION DATE: 11/17/2009
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.

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

ALEX PADILLA
Secretary of State

4R

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: ALLY MEDICAL SERVICES dba ACENTUS

Physical Address: 4951-B E ADAMO DRIVE, SUITE 220 TAMPA, FL 33605-5913
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 4951-B E ADAMO DRIVE, SUITE 220

City: TAMPA State: FL Zip Code: 33605-5913

Telephone: 866-684-2507 Fax: 866-695-2183

E-mail: TODDC@ACENTUS365.COM Website: ACENTUS365.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM Fri: 9AM to 5PM

Sat: N/A to _____ Sun: N/A to _____ Holidays: N/A to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: TODD CIANFROCCA

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics |
| <input checked="" type="checkbox"/> Diabetic Supplies | 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. N/A

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:

<u>6616620001-MEDICARE</u>	<u>1396140737-NC</u>	<u>7100290040-KY</u>
<u>6616620002-MEDICARE</u>	<u>DE3878-SC</u>	<u>011052036-WASHINGTON DC</u>
<u>004438100-FL</u>	<u>1881972040-IA</u>	<u>1881972040-WASHINGTON STATE</u>

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. NO 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

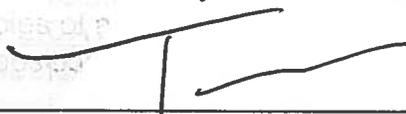
This page must be submitted for all types of ownership.

- 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

TODD CIANFROCCA
Print Name of Authorized Person

01/16/2020
Date

Board Use Only	Received: <u>FEB 05 2020</u>	Amount: <u>500.00</u>
-----------------------	------------------------------	-----------------------

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

N/A

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

License Contact Person: _____

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- 1. _____ %: _____
- 2. _____ %: _____
- 3. _____ %: _____
- 4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Include with the application for a publicly traded corporation

List of officers and directors.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited

Partnership Name: AGENTUS LLC

Mailing Address: 4951-B E ADAMO DRIVE, SUITE 220

City: TAMPA State: FL Zip: 33605-5913

Telephone: 866-684-2507 Fax: 866-695-2183

Contact Person: TODD CIANFROCCA

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

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>TODD CIANFROCCA</u>	<u>L</u>	<u>28%</u>
<u>JULIO VALDIVIA</u>	<u>L</u>	<u>28%</u>

List names of 4 largest partners and percentage of ownership:

Name: <u>GREGORY DUNNALL</u>	<u>(L)</u>	%: <u>22%</u>
Name: <u>BRETT CARROLL</u>	<u>(L)</u>	%: <u>22%</u>
Name: <u>TODD CIANFROCCA</u>	<u>(L)</u>	%: <u>28%</u>
Name: <u>JULIO VALDIVIA</u>	<u>(L)</u>	%: <u>28%</u>

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

N/A

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

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) _____
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/1/2019

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 Maman Dr. Waterloo IA 50701	CONTACT NAME: Ashley Haynes PHONE (A/C, No, Ext): (844) 346-3937 FAX (A/C, No): E-MAIL ADDRESS: Ashley.Haynes@vgm.com														
INSURED Ally Medical Services LLC; Acentus, LLC 4951-B Adamo Drive East #220 Tampa FL 33605	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : STATE NATIONAL INSURANCE CO</td> <td>12831</td> </tr> <tr> <td>INSURER B : STATE NATIONAL INSURANCE CO</td> <td>12831</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : STATE NATIONAL INSURANCE CO	12831	INSURER B : STATE NATIONAL INSURANCE CO	12831	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B : STATE NATIONAL INSURANCE CO	12831														
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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER		VGM D1019 G5261-5	10/29/2019	10/29/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		VGM D1019 G5261-5	10/29/2019	10/29/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A				PER STATUTE OTH-ER E L EACH ACCIDENT \$ 100,000 E L DISEASE - EA EMPLOYEE \$ 100 E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FEIN: 45-2398815

Locations:
 4951-B Adamo Drive East #220 Tampa FL 33605
 127 North Broad Street Ste A Brevard NC 28712

CERTIFICATE HOLDER National Supplier Clearinghouse-AG-495 PO Box 100142 Columbia SC 292023142	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
---	--

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(Check only) Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5 Please check box for type of ownership and complete correct part of the application.	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP01497</u>) <input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
---	---

FACILITY INFORMATION

Facility Name: AdaptHealth Patient Care Solutions Inc.

Physical Address: 1667 Shug Jordan Parkway, Suite 403, Auburn, AL 36830
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 220 W. Germantown Pike, Suite 250

City: Plymouth Meeting State: PA Zip Code: 19462

Telephone: 855-404-6727 Fax: 855-237-0017

E-mail: licensing@adapthealth.com Website: adapthealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm Fri: 8am to 5pm
 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Savannah Lamb

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases**
<input type="checkbox"/> Respiratory Equipment**
<input type="checkbox"/> Life-sustaining equipment**
<input checked="" type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment
<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> Orthotics and Prosthesis Blood glucose, Incontinence
Other: <u>Woundcare, Ostomy, Tracheostomy, Urological</u> |
|---|---|

**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: Savannah Lamb Telephone: 334-539-6549

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 #0208980005	_____	_____
Medicaid #123509	_____	_____
_____	_____	_____

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. NO

- | | |
|---|-------------|
| <input type="checkbox"/> Practitioner | Name: N/A |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> 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.

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

Joe Paiva
Print Name of Authorized Person

2/11/2020
Date

Board Use Only

Received: FEB 13 2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIPGeneral X Limited _____Partnership Name: AdaptHealth Patient Care Solutions Inc.Mailing Address: W. Germantown Pike, Suite 2City: Plymouth Meeting State: PA Zip: 19462Telephone: 610-630-6357 Fax: _____Contact Person: Shirley Skidmore

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

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>NRE Holding Corporation</u>	<u>G</u>	<u>100%</u>
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: NRE Holding Corporation %: 100%

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____



CERTIFICATE OF LIABILITY INSURANCE

2/6/2020

1/13/2019

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 Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Indemnity Insurance Co.		18058
INSURER B: Hartford Fire Insurance Company		19682
INSURER C: Hartford Underwriters Insurance Company		30104
INSURER D: Twin City Fire Insurance Company		29459
INSURER E: Coverys		14160
INSURER F:		

COVERAGES CERTIFICATE NUMBER: 15605799 REVISION NUMBER: XXXXXXXX

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	PHPK1982856	5/17/2019	5/17/2020	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$100,000 MED EXP (Any one person) \$ \$5,000 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$3,000,000 PRODUCTS - COMP/OP AGG \$ \$3,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	N	N	39CSES65401	2/6/2019	2/6/2020	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	PHUB676308	5/17/2019	5/17/2020	EACH OCCURRENCE \$ \$5,000,000 AGGREGATE \$ \$5,000,000 \$ XXXXXXXX
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	39WNS65400 39WBR65402 (WI)	2/6/2019 2/6/2019	2/6/2020 2/6/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
A	Prof Liab.	N	N	PHPK1982856	5/17/2019	5/17/2020	\$1M each medical incident/\$3M Agg Limit: \$51,930,048
E	Property			005PA000026190	5/17/2019	5/17/2020	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER. APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

CERTIFICATE HOLDER 15605799 Evidence of Insurance **CANCELLATION** See Attachment

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
Michael A. Calabrese

NAMED INSUREDS

AdaptHealth LLC
AdaptHealth Holdings LLC
Roberts Home Medical, LLC
Home Mediservice, LLC
TriCounty Medical Equipment and Supply, LLC
Royal Medical Supply Inc.
Royal Homestar LLC
First Choice Home Medical Equipment, LLC
Americoast Maryland LLC
Ocean Home Health Supply LLC
Med-Equip, Inc.
Health Solutions LLC
Ocean Home Health of PA LLC
Inspire Medical Equipment & Services, Inc.
LMI DME Holdings LLC
Medstar Holdings LLC
Med Star Surgical & Breathing Equipment Inc.
Family Home Medical Supply LLC
First Choice DME LLC
Royal DME LLC
Braden Partners, L.P.
Bennett Medical Services LLC
CPAP Solutions, LLC
MedBridge Home Medical LLC
Ogles Oxygen, LLC
Palmetto Oxygen, LLC
PPS HME Holdings LLC
SleepEasy Therapeutics, Inc.
Sound Oxygen Service LLC
Southeast Sleep Holdings, LLC
Verus Healthcare, Inc.
Verus Healthcare, LLC
Cpap2me, Inc.
Aircare Home Respiratory, LLC
Hometown Home Health, LLC
Total Respiratory, LLC
PPS HME LLC
Clearview Medical Incorporated
Associated Healthcare Systems, Inc.
Olean General Healthcare Systems, LLC
Orbit Medical of Portland, Inc.
Home Medical Express, Inc.
Gould's Discount Medical, LLC
(a Kentucky limited liability company)
Med Way Medical, Inc. (a Utah corporation)
AdaptHealth Intermediate Holdco LLC
AdaptHealth - Missouri LLC (a Missouri limited liability
American Ancillaries, Inc. dba AA Medical
Choice Medical Healthcare LLC
Halprin, Inc.
AdaptHealth Patient Care Solutions

4T

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.

<input type="checkbox"/> New MDEG <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5 Please check box for type of ownership and complete correct part of the application.	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MV <u>MP01082</u>) <input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
---	---

FACILITY INFORMATION

Facility Name: AdaptHealth Patient Care Solutions Inc.

Physical Address: 600 Lindbergh Drive, Moon Township, PA 15108
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 220 W. Germantown Pike, Suite 250

City: Plymouth Meeting State: PA Zip Code: 19462

Telephone: 855-404-6727 Fax: 855-237-0017

E-mail: licensing@adapthealth.com Website: adapthealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30am to 5pm Tue: 8:30am to 5pm Wed: 8:30am to 5pm Thu: 8:30am to 5pm Fri: 8:30am to 5pm
 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Rodney Carson

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases**
<input type="checkbox"/> Respiratory Equipment**
<input type="checkbox"/> Life-sustaining equipment**
<input checked="" type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment
<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> Orthotics and Prosthesis Blood glucose, Incontinence
Other: <u>Woundcare, Ostomy, Tracheostomy, Urological</u> |
|---|---|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Rodney Carson Telephone: 412-474-1743

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 #0208980001	_____	_____
Medicaid#15014850007	_____	_____
_____	_____	_____

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. NO

<input checked="" type="checkbox"/> Practitioner	Name: N/A
<input checked="" type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input checked="" type="checkbox"/> Physician's Assistant	Name: _____
<input checked="" type="checkbox"/> Physical Therapist	Name: _____
<input checked="" type="checkbox"/> Occupational Therapist	Name: _____
<input checked="" type="checkbox"/> Registered Nurse	Name: _____
<input checked="" type="checkbox"/> 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

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- 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.

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

Joe Paiva
Print Name of Authorized Person

2/11/2020
Date

Board Use Only

Received: FEB 13 2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIPGeneral Limited Partnership Name: AdaptHealth Patient Care Solutions Inc.Mailing Address: 220 W. Germantown Pike, Suite 250City: Plymouth Meeting State: PA Zip: 19462

Telephone: _____ Fax: _____

Contact Person: Shirley Skidmore

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

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>NRE Holding Corporation</u>	<u>G</u>	<u>100%</u>
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: NRE Holding Corporation %: 100%

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____



CERTIFICATE OF LIABILITY INSURANCE

2/6/2020

DATE (MM/DD/YYYY)

1/13/2019

272

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.

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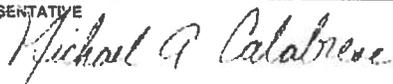
PRODUCER Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Co.</td> <td>18058</td> </tr> <tr> <td>INSURER B : Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER C : Hartford Underwriters Insurance Company</td> <td>30104</td> </tr> <tr> <td>INSURER D : Twin City Fire Insurance Company</td> <td>29459</td> </tr> <tr> <td>INSURER E : Coverys</td> <td>14160</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insurance Co.	18058	INSURER B : Hartford Fire Insurance Company	19682	INSURER C : Hartford Underwriters Insurance Company	30104	INSURER D : Twin City Fire Insurance Company	29459	INSURER E : Coverys	14160	INSURER F :
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INSURER E : Coverys	14160													
INSURER F :														
INSURED 1423544 AdaptHealth, LLC 122 Mill Road Suite A130 Phoenixville PA 19460														

COVERAGES **CERTIFICATE NUMBER:** 15605799 **REVISION NUMBER:** XXXXXXXX

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	N	N	PHPK1982856	5/17/2019	5/17/2020	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$100,000 MED EXP (Any one person) \$ \$5,000 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$3,000,000 PRODUCTS - COMP/OP AGG \$ \$3,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	39CSES65401	2/6/2019	2/6/2020	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	N	N	PHUB676308	5/17/2019	5/17/2020	EACH OCCURRENCE \$ \$5,000,000 AGGREGATE \$ \$5,000,000 \$ XXXXXXXX
C D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	39WNS65400 39WBRS65402 (WI)	2/6/2019 2/6/2019	2/6/2020 2/6/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
A E	Prof Liab. Property	N	N	PHPK1982856 005PA000026190	5/17/2019 5/17/2019	5/17/2020 5/17/2020	\$1M each medical incident/\$3M Agg Limit: \$51,930,048

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CERTIFICATE HOLDER 15605799 Evidence of Insurance	CANCELLATION See Attachment 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 
--	---

NAMED INSUREDS

AdaptHealth LLC
AdaptHealth Holdings LLC
Roberts Home Medical, LLC
Home Mediservice, LLC
TriCounty Medical Equipment and Supply, LLC
Royal Medical Supply Inc.
Royal Homestar LLC
First Choice Home Medical Equipment, LLC
Americoast Maryland LLC
Ocean Home Health Supply LLC
Med-Equip, Inc.
Health Solutions LLC
Ocean Home Health of PA LLC
Inspire Medical Equipment & Services, Inc.
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First Choice DME LLC
Royal DME LLC
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CPAP Solutions, LLC
MedBridge Home Medical LLC
Ogles Oxygen, LLC
Palmetto Oxygen, LLC
PPS HME Holdings LLC
SleepEasy Therapeutics, Inc.
Sound Oxygen Service LLC
Southeast Sleep Holdings, LLC
Verus Healthcare, Inc.
Verus Healthcare, LLC
Cpap2me, Inc.
Aircare Home Respiratory, LLC
Hometown Home Health, LLC
Total Respiratory, LLC
PPS HME LLC
Clearview Medical Incorporated
Associated Healthcare Systems, Inc.
Olean General Healthcare Systems, LLC
Orbit Medical of Portland, Inc.
Home Medical Express, Inc.
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Choice Medical Healthcare LLC
Halprin, Inc.
AdaptHealth Patient Care Solutions

4U

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

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---	---

FACILITY INFORMATION

Facility Name: AdaptHealth Patient Care Solutions Inc.

Physical Address: 2 Twosome Drive, Moorestown, NJ 08057
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 220 W. Germantown Pike, Suite 250

City: Plymouth Meeting State: PA Zip Code: 19462

Telephone: 855-404-6727 Fax: 855-237-0017

E-mail: licensing@adapthealth.com Website: adapthealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30am to 5pm Tue: 8:30am to 5pm Wed: 8:30am to 5pm Thu: 8:30am to 5pm Fri: 8:30am to 5pm
 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tyrone Taylor Jr.

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases**
<input type="checkbox"/> Respiratory Equipment**
<input type="checkbox"/> Life-sustaining equipment**
<input checked="" type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment
<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> Orthotics and Prosthesis Blood glucose, Incontinence
Other: <u>Woundcare, Ostomy, Tracheostomy, Urological</u> |
|---|---|

**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: Tyrone R. Taylor Jr. Telephone: 856-437-1912

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 #0208980015	_____	_____
Medicaid #113326	_____	_____
_____	_____	_____

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. NO

- | | |
|---|-------------|
| <input type="checkbox"/> Practitioner | Name: N/A |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> 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.

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

Joe Paiva
Print Name of Authorized Person

2/11/2020
Date

Board Use Only	Received: <u>FEB 13 2020</u>	Amount: <u>500.00</u>
----------------	------------------------------	-----------------------

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIPGeneral X Limited Partnership Name: AdaptHealth Patient Care Solutions Inc.Mailing Address: 220 W. Germantown Pike, Suite 250City: Plymouth Meeting State: PA Zip: 19462

Telephone: _____ Fax: _____

Contact Person: Shirley Skidmore

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

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>NRE Holding Corporation</u>	<u>G</u>	<u>100%</u>
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: NRE Holding Corporation %: 100%

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

NAMED INSUREDS

AdaptHealth LLC
AdaptHealth Holdings LLC
Roberts Home Medical, LLC
Home Mediservice, LLC
TriCounty Medical Equipment and Supply, LLC
Royal Medical Supply Inc.
Royal Homestar LLC
First Choice Home Medical Equipment, LLC
Americoast Maryland LLC
Ocean Home Health Supply LLC
Med-Equip, Inc.
Health Solutions LLC
Ocean Home Health of PA LLC
Inspire Medical Equipment & Services, Inc.
LMI DME Holdings LLC
Medstar Holdings LLC
Med Star Surgical & Breathing Equipment Inc.
Family Home Medical Supply LLC
First Choice DME LLC
Royal DME LLC
Braden Partners, L.P.
Bennett Medical Services LLC
CPAP Solutions, LLC
MedBridge Home Medical LLC
Ogles Oxygen, LLC
Palmetto Oxygen, LLC
PPS HME Holdings LLC
SleepEasy Therapeutics, Inc.
Sound Oxygen Service LLC
Southeast Sleep Holdings, LLC
Verus Healthcare, Inc.
Verus Healthcare, LLC
Cpap2me, Inc.
Aircare Home Respiratory, LLC
Hometown Home Health, LLC
Total Respiratory, LLC
PPS HME LLC
Clearview Medical Incorporated
Associated Healthcare Systems, Inc.
Olean General Healthcare Systems, LLC
Orbit Medical of Portland, Inc.
Home Medical Express, Inc.
Gould's Discount Medical, LLC
(a Kentucky limited liability company)
Med Way Medical, Inc. (a Utah corporation)
AdaptHealth Intermediate Holdco LLC
AdaptHealth - Missouri LLC (a Missouri limited liability
American Ancillaries, Inc. dba AA Medical
Choice Medical Healthcare LLC
Halprin, Inc.
AdaptHealth Patient Care Solutions

4V

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: WP&H,LLC dba Military Medical Supplies

Physical Address: 1440 S State College Blvd #5H Anaheim CA 92806

(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1440 S State College Blvd #5H Anaheim CA 92806

City: _____ State: _____ Zip Code: _____

Telephone: 800-270-6990 Fax: 800-497-8856

E-mail: dcscheidt@militarymedical.us.com Website: www.militarymedical.us.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm Fri: _____

9am to 5pm Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Scheidt; Owner

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases**
<input checked="" type="checkbox"/> Respiratory Equipment**
<input type="checkbox"/> Life-sustaining equipment**
<input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment
<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> 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: Tricare Telephone: 800-444-5445

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
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- 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

David Scheidt; Owner

Print Name of Authorized Person

12/11/2019

Date

Board Use Only

Received: FEB 05 2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: CaliforniaParent Company if any: N/ACorporation Name: WP&H,LLCMailing Address: 1440 S State College Blvd #5H Anaheim CA 92806

City: _____ State: _____ Zip: _____

Telephone: 800-270-6990 Fax: 800-497-8856Contact Person: David Scheidt

For any corporation non-publicly traded, disclose the following:

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

a) N/A
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) 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.



December 11, 2019

List of Owners

<u>Owner Name</u>	<u>% Ownership</u>	<u>Address</u>
David Scheidt	49%	1440 S. State College Bl. Ste. 5H Dietrich Dr. Tustin CA 92782
Levy Bynum	51%	1440 S. State College Bl. Ste. 5H Tamarack Way Buena Park CA 90620

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: WP&H, LLC

FILE NUMBER: 200208610093
FORMATION DATE: 03/25/2002
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 April 22, 2016.

ALEX PADILLA
Secretary of State

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 4/9/2019
PRODUCER The Millward Agency, Inc. 11142 N Highland Blvd #300 Highland, UT 84003	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED WP&H, LLC dba California Medical Supplies, Military Medical Supplies, American Medical Supplies, Cal-Med Hawaii 1440 S State College Blvd #5H Anaheim, CA 92806	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia	
	INSURER B: Markel	
	INSURER C:	
	INSURER D:	
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK1966200	04/18/2019	04/18/2020	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000 MED EXP (Any one person) \$ 20000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 3000000 PRODUCTS - COMP/OP AGG \$ 3000000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	MWC012629302	04/18/2019	04/18/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 99-061 Koaha Way, Suite 203-204 Aiea, HI 96701
 This Certificate verifies that coverage is currently in force.

*Except for 10-Day Notice of Cancellation for Non-Payment of Premium.

CERTIFICATE HOLDER National Supplier Clearinghouse PO Box 100142 Columbia, SC 29202-3142	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	---

WP&H, LLC

Anaheim, CA

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Home Care Accreditation Program

July 21, 2017

Accreditation is customarily valid for up to 36 months.


Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #365548
Print/Reprint Date: 10/27/2017


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





C I T Y O F A N A H E I M

BUSINESS TAX CERTIFICATE

POSTED CERTIFICATE IN A CONSPICUOUS PLACE

This certificate is not transferable or assignable. This certificate evidences that the person(s), firm or entity named herein paid the applicable tax required by Title 3 of the Anaheim Municipal Code for the period indicated and is not a regulatory permit or entitlement to do business. There may be additional requirements before the business may be legally conducted. This certificate does not authorize the conduct or continuance of any illegal or unlawful operation in violation of any law or ordinance.

This certificate is issued without verification that the holder is subject to or exempted from licensing by the state, county, federal government, or any other governmental agency.

Business Address: **MILITARY MEDICAL SUPPLIES
1440 S STATE COLLEGE BLVD 5H**

Owner / Officer: **DAVID SCHEIDT, MEMBER
WP & H LLC**

Classification: **3081B**
Business License Number: **BUS2018-03086**
Type of Business: **SALES & RENTAL OF DURABLE MEDICAL EQUIPMENT
(MEDICAL MARIJUANA PROHIBITED)**
Date Issued: **10/05/18**
Expiration Date: **03/15/20**

TO: **MILITARY MEDICAL SUPPLIES
1440 S STATE COLLEGE BLVD 5H
ANAHEIM, CA 92806 0000**

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:
The Division of the State Architect at www.dgs.ca.gov/dsa/home.aspx.
The Department of Rehabilitation at www.nrha.org/rehab.html.
The California Commission on Disability Access at www.ccdaca.gov.

BUSINESS START DATE: 03/25/2002

STATE OF HAWAII
DEPARTMENT OF TAXATION

L1865294336
FORM G-44A
(REV. 2016)

LICENSE ISSUED FOR THE PRIVILEGE OF ENGAGING IN BUSINESS AND OTHER ACTIVITIES UPON THE CONDITION THAT THE LICENSEE SHALL PAY THE TAXES ACCRUING TO THE STATE OF HAWAII UNDER THE PROVISIONS OF CHAPTER 237, HRS, AS AMENDED. LICENSEE'S ACTIVITIES ARE LISTED ON THE APPLICATION ON FILE WITH THE DIRECTOR OF TAXATION.

GENERAL EXCISE TAX LICENSE

THIS LICENSE IS NOT TRANSFERABLE.
TO BE DISPLAYED CONSPICUOUSLY AT THE
PLACE OF BUSINESS FOR WHICH ISSUED.

HAWAII TAX ID NUMBER: GE-016-154-0096-01
WP&H, LLC
DBA CALMED HAWAII
2850 PAA ST
STE 110A
HONOLULU HI 96819-4457



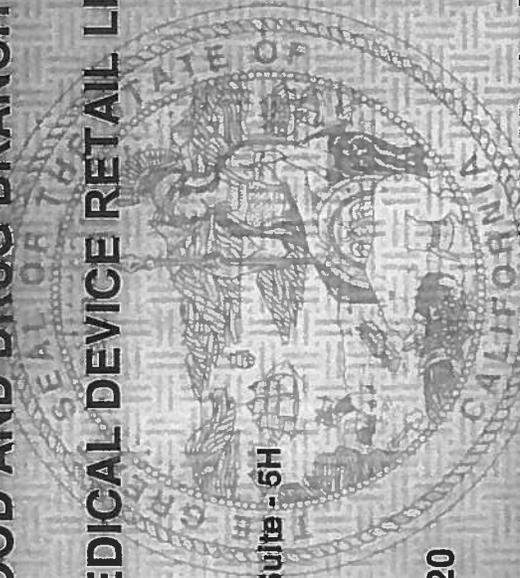
STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

WP&H, LLC
DBA: Military Medical Supplies
1440 S. State College Boulevard, Suite - 5H
Anaheim, CA 92806

LICENSE NUMBER: 52978
EXPIRATION DATE: 12/30/2020

Instate Retail Firm



The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(Check only) Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: Royal Biologics, Inc

Physical Address: 401 Hackensack Ave, Suite 604, Hackensack NJ 07601
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 401 Hackensack Ave, Suite 604

City: Hackensack State: NJ Zip Code: 07601

Telephone: 201-488-1549 Fax: 201-721-6932

E-mail: adam@royalbiologics.com Website: RoyalBiologics.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30am to 4:30pm Tue: 8:30am to 4:30pm Wed: 8:30am to 4:30pm Thu: 8:30am to 4:30pm Fri: 8:30am to 4:30pm
 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Salvatore Leo

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases**
<input type="checkbox"/> Respiratory Equipment**
<input type="checkbox"/> Life-sustaining equipment**
<input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment
<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> Orthotics and Prosthesis
Other: <u>bone marrow aspiration needles, Phlebotomy Plasma Ki</u> |
|--|--|

**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:

None _____

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.

No

- | | |
|---|-------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> 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

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

Adam Ferretti
Print Name of Authorized Person

04 Dec 2019
Date

Board Use Only

Received: FEB 05 2020

Amount: 500.00

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
ANNUAL REPORT CERTIFICATE**

**ROYAL BIOLOGICS INC.
0450132116**

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for ROYAL BIOLOGICS INC. was submitted on 08/16/2019 for the year: 2019

Registered Agent and Office

SALVATORE LEO
401 Hackensack Ave
Suite 604
Hackensack, NJ 07601

Main Business Address

401 Hackensack Ave
Suite 604
Hackensack, NJ 07601

Principal Business Address

401 Hackensack Ave
Suite 604
Hackensack, NJ 07601

Officers and Directors

CHIEF EXEC. OFFICER (CEO)
SALVATORE LEO
401 Hackensack Ave
Suite 604
Hackensack, NJ 07601

PRESIDENT
DEMETRIOS SOTEROPOULOS
401 Hackensack Ave
Suite 604
Hackensack, NJ 07601

Continued on next page..

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
ANNUAL REPORT CERTIFICATE**

ROYAL BIOLOGICS INC.
0450132116



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
16th day of August, 2019*

Elizabeth Maher Muoio

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 2421570043
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Royal Biologics, Inc List of Officers and Directors

Salvatore Leo – Chief Executive Officer

Demetri Soteropoulos – President

Jennifer Hoeffler – VP of Operations

Adam Ferretti – Director of Quality

4X

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

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Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Sleep Management, L.L.C.

Physical Address: 11801 North Tatum Blvd., Suite 140, Phoenix, AZ 85028

(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 625 E. Kaliste Saloom Road

City: Lafayette State: LA Zip Code: 70508

Telephone: (337) 504-3802 Fax: (337) 504-4409

E-mail: bstoute@viemed.com Website: www.viemed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pm Fri: 9am to 4pm

Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Richard Kovacik

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases**
<input checked="" type="checkbox"/> Respiratory Equipment**
<input type="checkbox"/> Life-sustaining equipment**
<input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment
<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> Orthotics and Prosthesis
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: Annie Taylor, RRT

Telephone: 702-321-9269

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

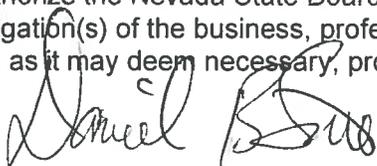
This page must be submitted for all types of ownership.

- 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

Daniel Brett Stoute

Print Name of Authorized Person

Date

01/27/2020

Board Use Only

Received: 2-10-2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION LLCState of Incorporation: LouisianaParent Company if any: VieMed, Inc.Corporation Name: Sleep Management, LLCMailing Address: 625 E. Kaliste Saloom RoadCity: Lafayette State: Louisiana Zip: 70508Telephone: 337-504-3802 Fax: 337-504-4409Contact Person: Brett Stoute

For any corporation non-publicly traded, disclose the following:

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

a) _____
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
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.

Client#: 1946454

518VIEMEINC

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/29/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 5750 Johnson Street 5th Floor Suite 505 Lafayette, LA 70503	CONTACT NAME: Kristine LeBlanc CIC,CMIP,CISR
	PHONE (A/C, No, Ext): 337 314-8949 FAX (A/C, No): 337-234-0776 E-MAIL ADDRESS: kristine.leblanc@mcgriffinsurance.com
INSURED Viemed, Inc., Sleep Management, LLC dba VieMed, Home Sleep Delivered, LLC 202-A N. Luke Street Lafayette, LA 70506	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Benchmark Insurance Company 41394
	INSURER B : Travelers Indemnity Co of CT 25682
	INSURER C : Travelers Indemnity Company 25658
	INSURER D :
	INSURER E :

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		D1018G314013	08/01/2019	08/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		8105N822729	08/01/2019	08/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		UM101850236	08/01/2019	08/01/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N N/A	UB1L76006A19I2G	08/01/2019	08/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab		D1018G314013	08/01/2019	08/01/2020	Included in GL Limits

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(See Attached Descriptions)

CERTIFICATE HOLDER Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy Suite 206 Reno, NV 89521	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 <i>William Quinlan</i>
--	--

DESCRIPTIONS (Continued from Page 1)**Schedule of Locations:**

202-A N. Luke Street, Lafayette LA 70506
202-B N. Luke Street, Lafayette LA 70506
2426 Jake Drive, Suites 1, 2 & 3, Opelousas LA 70570
1192 Long Hollow Pike, Gallatin TN 37066
447 Call Road, Suites 211 & 212, Charleston WV 25312
1902 Corona Road, Suite 101, Columbia MO 65203
6605 Abercorn Street, Suites 107 D&E, Savannah GA 31405
8201 Ranch Boulevard, Suite B-1, Offices 1 & 8, Little Rock AR 72223
16903 Red Oak Drive, Suite 172C, Houston TX 77090
9726 E. 42nd Street, Suites 133 & 135, Tulsa OK 74146
1169 Eastern Parkway, Suite 1259, Louisville KY 40217
11801 N. Tatum Blvd, Suite 140, Phoenix AZ 85028
232 Market Street, Suites 247 & 249, Flowood MS 39232
720 S. Colorado Blvd., Penthouse North, Suite# 1375/1376, Denver CO 80246
11 North Water Street, Suite 10290, Unit #1066/1067, Mobile AL 36602
1414 Eraste Landry Road, Lafayette LA 70506
625 E. Kaliste Saloom Road, Lafayette LA 70508
200 S. Virginia, Suite 829, Reno NV 89501
1050 SW 6th Avenue, Suite 1100, Portland OR 97204
625 E. Kaliste Saloom Road, Suite 200S, Lafayette LA 70508



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

SLEEP MANAGEMENT, L.L.C.

A limited liability company domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on July 07, 2006,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.



In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 29, 2020

Secretary of State

Web 36222810K

Certificate ID: 11163203#SCF52

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

4Y

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 by all types of ownership

Facility Name: RedHill Biopharma, Inc.

Physical Address: 8045 Arco Corporate Drive, Suite 200

City: Raleigh State: NC Zip Code: 27617

Telephone Number: (984) 444-7010 Fax Number: (984) 538-0422

Toll Free Number: (844) 786-9559

E-mail: REL@slsny.com Website: www.redhillbio.com

Facility Manager: Craig Robert Miller

Professional qualifications and experience of facility manager: Hire, train, manage and evaluate the performance of assigned warehouse employees; assign workloads to warehouse workers. Effectively manage orders, adhering to quality and safety standards. Management of the home office and the secure warehouse.

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) Labeler Code: 57841

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Cosmo S.P.A

Address: Lainate, Milan, Italy

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, 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

Craig Robert Miller

Print Name of Authorized Person

12.5.2019

Date

Board Use Only	Date Processed: <u>2-10-2020</u>	Amount: <u>500-</u>
----------------	----------------------------------	---------------------

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: RedHill Biopharma LtdMailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact 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) <u>RedHill Biopharma Ltd</u>	<u>21 HaArba's Street Tel Aviv, Israel 6473921</u>
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% Owned by RedHill Biopharma Ltd3) What was the price paid per share? 100% Sole Owner - No Shares IssuedA 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.



RedHill Biopharma, Inc.



Corporate Address: 8045 Arco Corporate Drive, Suite 200, Raleigh, NC 27617 USA
FEIN: 81-5095681
www.redhillbio.com

Drug Labeler Code: 57841
Incorporation State: DE
Incorporation Date: 1/19/2017

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
200	8045 Arco Corporate Drive Suite 200 Raleigh, NC 27617 County: Wake County	N/A	N/A - No CS	080638524	No	(984) 444-7010	(984) 538-0422

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Craig Robert Miller	Colin Hill Ct. Wake Forest, NC 27587-8074	VP, Trade Relations	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
RedHill Biopharma Ltd	2 HaArba's Street Tel Aviv, 6473921 Israel		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
David Kai Wasserman	1 Frank Lloyd Wright Blvd. #1084 Scottsdale, AZ 85260	VP of Compliance	No
Craig Robert Miller	Colin Hill Ct. Wake Forest, NC 27587-8074	VP, Trade Relations	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	Address	Title	Prescribing Authority
Incorp Services			

3PLS

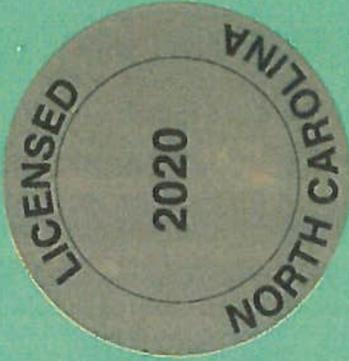
Name	Address	Title	Prescribing Authority
Eversana Life Science Services LLC	4580 Mendenhall Road Memphis, TN 38141		

Company Particulars

LICENSE/CERTIFICATE NO.
506

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

2020
NOT TRANSFERABLE
STATUTE GS 81.104-119



Steve Troxler
STEVE TROXLER, COMMISSIONER

Virtual Manufacturer

12/31/2020

LICENSE/CERTIFICATE:
TYPE

Expiration Date

LICENSEE OR CERTIFICATOR: RedHill Biopharma, Inc.
6045 Arco Corporate Drive, Sta 200
Raleigh NC 27617

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW



01/23/2020

To State licensing,

RedHill Biopharma, Ltd., with DUNS# 533278342 has already been assigned Labeler Code 57841. Please note that the FDA has given guidance that the same labeler code can be used for multiple sites if they are under one company (parent, subsidiary, and/or affiliate). In this case, RedHill Biopharma, Inc. with DUNS# 080638524 is a wholly owned subsidiary of RedHill Biopharma, Ltd., and thus qualifies to use Labeler Code 57841.

The Labeler Code belongs to the company that owns the brand or NDA, which RedHill Biopharma Ltd. does in the case of Talicia. If the company has multiple sites, each site must have its own DUNS number, but may operate under the same Labeler Code. Just to clarify, DUNS are site-specific and labeler codes are company-specific.

Best regards,

Craig Miller

Craig Miller
Vice President, Trade Channel
RedHill Biopharma, Inc.

REDHILL BIOPHARMA, INC.

 8045 ARCO CORPORATE DRIVE
SUITE 200
RALEIGH, NC 27617

 984-444-7010

 WWW.REDHILLBIO.COM

From: [Reggie Williams \(Quality\)](#)
To: [Reggie Williams \(Quality\)](#)
Subject: RE: New Labeller code required for the new product RedHill
Date: Friday, January 17, 2020 12:46:00 PM
Attachments: [image001.png](#)

Hi Pat,

FDA does not issue site-specific labeler codes anymore. They now want companies to use the same labeler code for multiple sites, subsidiaries, etc.

[Company] with DUNS [xxx] has already been assigned Labeler Code [12345].

Please note that the same labeler code can be used for multiple sites if they are under one company (parent, subsidiary, and/or affiliate). The labeler is usually the company that owns the brand, and the company most likely associated with the LC. If the company has multiple sites, each site must have its own DUNS and FEI number, but may operate under the same Labeler Code (LC). Just to clarify, DUNS and FEI are site-specific and labeler codes are company-specific.

It is acceptable to have the labeler code under the parent company (Ltd.) and market products using Inc.

Regards,
Jordan

Reggie Williams, CQA, CQM/OE
Vice President, Quality
RedHill Biopharma
8045 Arco Corporate Drive, Suite 200
Raleigh, NC 27617
Office: 984-238-2531
Cell: 919-723-7631
rwilliams@redhillus.com

www.redhillbio.com



From: Patricia Anderson <patricia@redhillbio.com>
Sent: Thursday, January 16, 2020 1:28 PM
To: Reggie Williams (Quality) <rwilliams@RedHillus.com>

NDC/NHRC Labeler Codes

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

ent current as of: 7/2018

NDC Labeler	Entity Name
4404 57815	Fuji Aoi Beverages Inc
4405 57817	Hangzhou Heaven Technology CO LTD
4406 57821	Agno Pharma Jiangsu
4407 57826	Harmoetica Corporation
4408 57831	Chunco Spices Corporation
4409 57837	Chunco Spices Corporation
4410 57839	Chunco Spices Corporation
4411 57841	Chunco Spices Corporation
4412 57842	Chunco Spices Corporation
4413 57844	Chunco Spices Corporation
4414 57845	Chunco Spices Corporation
4415 57850	Chunco Spices Corporation
4416 57851	Chunco Spices Corporation
4417 57852	Chunco Spices Corporation
4418 57853	Chunco Spices Corporation
4419 57859	Chunco Spices Corporation
4420 57876	BRACCO IMAGING SPA
4421 57881	Galena Biopharma, Inc
4422 57883	Galena Biopharma, Inc
4423 57884	Galena Biopharma, Inc
4424 57885	Galena Biopharma, Inc
4425 57886	Galena Biopharma, Inc
4426 57889	Galena Biopharma, Inc
4427 57893	Galena Biopharma, Inc

Verified DJ 1/30/2018



An official website of the United States government. Here's how you know.



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

REDHILL BIOPHARMA INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 25th day of January, 2017.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of December, 2019.

Elaine F. Marshall

Secretary of State

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0766231

Application/License No. LICENSE APPLIED FOR

REDHILL BIOPHARMA, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
8045 ARCO CORPORATE DRIVE, SUITE 200, RALEIGH, NC 27617, 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 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 1, 2019
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

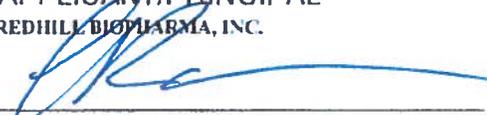
THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28TH day of AUGUST, 2019.

APPLICANT/PRINCIPAL
REDHILL BIOPHARMA, INC.



Authorized Representative

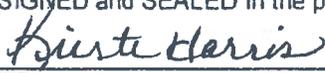
SURETY COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY



Surety Company's Representative

DAVID C. JOSEPH, Attorney-in-fact
print name

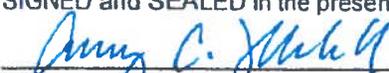
SIGNED and SEALED in the presence of:



Witness

Witness

SIGNED and SEALED in the presence of:



Witness



Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY
INTERNATIONAL FIDELITY INSURANCE COMPANY
ALLEGHENY CASUALTY COMPANY

Bond # 0769220One Newark Center, 20th Floor, Newark, New Jersey 07102-5207 PHONE (973) 624-7200

KNOW ALL MEN BY THESE PRESENTS. That **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and **ALLEGHENY CASUALTY COMPANY** a corporation organized and existing under the laws of the State of New Jersey, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

LINDA C SHEFFIELD, CONWAY C. MARSHALL, STEPHEN BEAHM, DAVID C. JOSEPH, JESSICA PALMERI, MARGARET SCHATZMAN, ROXANNE CRAVEN, ANDREA BECKER, CLARK P. FITZ-HUGH, DARLENE A. BORNT, CATHERINE C. KEHOE, KRISTINE DONOVAN, ELIZABETH W. KEARNEY
 New Orleans, LA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of 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, 2016



STATE OF NEW JERSEY
 County of Essex

George R. James

Executive Vice President (International Fidelity Insurance Company) and
 Vice President (Allegheny Casualty Company)



On this 31st day of December, 2016 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.



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, August 28, 2019

4Z

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

New Wholesaler or Ownership Change (Provide 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 by all types of ownership

Facility Name: Kaiser Foundation Hospitals

Physical Address: 5800 Coliseum Way

City: Oakland, CA State: CA Zip Code: 94621 Telephone

Number: 510-434-5858 Fax Number: 510-434-5804

Toll Free Number: N/A

E-mail: perry.lau@kp.org Website: healthy.kaiserpermanente.org

Facility Manager: Perry Lau

Professional qualifications and experience of facility manager: Over 15 years of experience in wholesale distribution and facility management. See attached resume.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

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: Hikma Pharmaceutical

Address: 401 Industrial Way West, Eatontown, NJ 207724

Name: Glaxo Smithkline

Address: One Franklin Plaza, Philadelphia, PA 19102

Name: Eli Lilly & Co

Address: 916 Mutal Savings Building, Pasadena, CA 91101

Name: Sandoz, Inc.

Address: 2555 West Midway Blvd., Broomfield, CA 80020

A licensee is not required to have a Nevada State Business License, however, if you 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

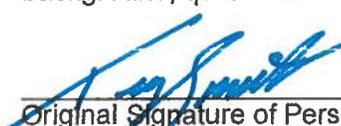
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No

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

Tracy Smith
Print Name of Authorized Person

11/12/2019
Date

Board Use Only

Date Processed: FEB 05 2020

Amount: 500-

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: N/AMailing Address: 5800 Coliseum WayCity: Oakland State: CA Zip: 94621Telephone: 510-434-5858 Fax: 510-434-5804Contact Person: Perry Lau

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 - Registered as a non-profit public benefit corporation. No owners/members.

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. 03) What was the price paid per share? 0A 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.

Kaiser Foundation Hospitals, Inc.
List of Officers

Corporate Officers	Office Address
Troy Smith, Executive Director, National Warehousing and Logistics	1 E. Walnut Street Pasadena, CA 91188
Joseph Montero, Assistant Director, Pharmacy Materials Services	1 Dalen Street Downey, CA 90242

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

KAISER FOUNDATION HOSPITALS

FILE NUMBER: C0224971
FORMATION DATE: 02/20/1948
TYPE: DOMESTIC NONPROFIT 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.

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

ALEX PADILLA
Secretary of State

DLS

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

KAISER FOUNDATION HOSPITALS

FILE NUMBER: C0224971
FORMATION DATE: 02/20/1948
TYPE: DOMESTIC NONPROFIT 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 21, 2019.

A handwritten signature in black ink, appearing to read 'Alex Padilla', written in a cursive style.

ALEX PADILLA
Secretary of State



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

Wholesale Drug Permit

LICENSE NO. WLS 4130
RECEIPT NO. 90790475

VALID UNTIL MAY 01, 2020

KAISER FOUNDATION HOSPITALS
5800 COLISEUM WAY
OAKLAND CA 94621

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

03/22/19

03/22/19 The official status of this license can be verified at www.pharmacy.ca.gov

This permit is valid only at the address shown.

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

FORM WPHWLS (12/31/05) W

NOVEMBER 12 2019



The National Association of Boards of Pharmacy[®]
hereby awards

Verified-Accredited Wholesale Distributors[®]
Accreditation

to

Kaiser Foundation Hospitals

located at

5800 Coliseum Way, Oakland, CA 94621

This facility has met all the Verified-Accredited Wholesale Distributors (VAD) 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 VAD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

October 7, 2018 - October 6, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Fehlehan IIIe Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

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. 070209564

Application/License No. n/a

KAISER FOUNDATION HOSPITALS, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
5800 Coliseum Way Oakland, CA 94621, 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
175 Berkeley Street, Boston MA 02116 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 01/06/2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statute (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 imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of January, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY

LIBERTY MUTUAL INSURANCE COMPANY

KAISER FOUNDATION HOSPITALS

David Bell
Authorized Representative

Marina Tapia
Surety Company's Representative

Marina Tapia, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Christine Pizarro
Witness

SIGNED and SEALED in the presence of:

D. Garcia
Witness Dohna Garcia

Robert W. Owens
Witness

Samantha Fazzini
Witness Samantha Fazzini

Countersigned by:

Marina Betsy Tapia
Nevada Resident Agent
Marina Betsy Tapia
Non-Resident Producer
License No.: 884868

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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

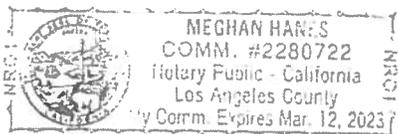
State of California

County of Los Angeles

On JAN 06 2020 before me, Meghan Hanes, Notary Public, personally appeared Marina Tapia 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 *Meghan Hanes*
Signature of Notary Public



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No. 8198054-024029

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, B. Alzman, Tracy Aston, Thomas Branigan, Lisa K. Crail, Ashraf Elmasy, Samantha Fazzini, Donna Garcia, Simone Gerhard, April Martinez, Rosa E. Rivas, Paul Rodriguez, Edward C. Spector, Marina Tapia, Nathan Varnold, KD Wapato

all of the city of Los Angeles state of California each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper 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 28th day of November, 2018



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: [Signature]
David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

State of PENNSYLVANIA
County of MONTGOMERY

On this 28th day of November, 2018 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes 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.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County, PA
My Commission Expires March 29, 2021

By: [Signature]
Teresa Pastella, Notary Public

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.

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 JAN 06 2020 day of



By: [Signature]
Renee C. Llewellyn, Assistant Secretary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

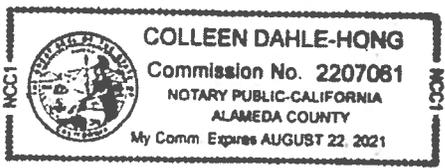
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
 County of Alameda)
 On January 9, 2020 before me, Colleen Dahle-Hong, Notary Public
Date Here Insert Name and Title of the Officer
 personally appeared David Bell
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) 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 Colleen Dahle-Hong
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 Nevada state Board of Pharmacy
 Title or Type of Document: Pharmaceutical wholesaler surety bond
 Document Date: Effective on 01/09/2020 Number of Pages: _____
 Signer(s) Other Than Named Above: No other signer

Capacity(ies) Claimed by Signer(s)
 Signer's Name: David Bell
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
 Signer Is Representing: KFH

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
 Signer Is Representing: _____

Perry Lau, Pharm. D, MCSE

MCP ID#1858399

**Pharmacy Distribution Center Manager
Oakland Pharmacy Distribution Center
California Pharmacy Materials Services
5800 Coliseum Way
Oakland CA 94621
510-434-5858 (Oakland Office)
8-498-5858
925-294-5560 (Livermore Office)
8-453-5560
E-mail:Perry.Lau@kp.org**

Pharmacy Experience

9/09 to Present

**Pharmacy Distribution Center Manager
Oakland Pharmacy Distribution Center
Pharmacy Repack Center**

Main Responsibility

- Responsible to provide pharmaceutical product and supply distribution service to Northern California Pharmacies, Southern California Downey Distribution Center, National Specialty Drug Pharmacy Program, all Distribution Centers and Pharmacies for Regions Outside of California. OPDC also provide Drug Wholesaler service to Group Health in Seattle Washington, a Non-Kaiser Health Care Partner.
- Lead a high performance operation team consisted of one BOP Licensed Assistant Manager, four BOP Licensed Production Supervisors, one Customer Service Supervisor, two Procurement Specialty Pharmacists, more than 50 Warehousemen, 12 Pharmacy Department Clerks and Procurement Specialists. Operation hours are from 7AM to 2:30AM Sunday to Thursday.
- OPDC maintains in average of \$200 to \$240 Million Pharmacy Inventory as of 2013.
- OPDC completed annual physical inventory in 2009 with variances of -\$345.97, in 2010 with variances of -\$345.97 and in 2012 with variances of +\$25.11.
- OPDC shipped and received drug products for \$40 to \$50 Million monthly in 2012.
- Significant reduction of NCAL Pharmacy and Clinic order claims from 2009 of 0.081% to 2012 of 0.040%.
- Significant reduction of Out of Region Pharmacy and Distribution Centers order claims from 2009 of 0.34% to 2012 of 0.17%.
- OPDC is Board of Pharmacy licensed for California, Oregon, Washington State, Colorado, Mid Atlantic, Hawaii and a Non-Kaiser Health Care Partner, Group Health in Seattle Washington.
- Since 2009, OPDC completed many regulatory visits and inspections including FDA, DEA, OSHA, various State and County inspections with no major deficiencies. Many internal and external SOX audits were also performed with no major deficiencies or recommendation. OPDC completed quarterly internal pharmacy audits with no major deficiencies since 2009. OPDC received full Accreditation of VAWD (Verified-Accredited Wholesaler Distributors) from National Association of Boards of Pharmacy in 2010 which recognized Drug Distribution Centers to meet and exceed Federal and State regulatory compliance standards. We are currently in a process to renew our VAWD as required every 3 years.
- Responsible to monitor local Medical Center Pharmacy and Clinic GRX drug returns and appropriate recharges and credits are completed on time.
- Significant improvement of People Pulse Survey from ~60% in 2009 to ~80% in 2012.

Additional Responsibility – Pharmacy Repack

- Responsible to ensure Kaiser National Drug Repackaging Department to align with National Pharmaceutical Contracting and Strategies for drug contracting programs. Provide service support and product demands for NCAL Outpatient, Inpatient, Consolidated Prescription Pharmacy Service, facility with Local Automation, SCAL Downey Distribution Center and Out of Region Pharmacies.
- Pharmacy Repack maintains Kaiser FDA drug labeler codes and NDC registration, issues unique NDCs for internal produced drug products and products produced by our external contracted repackagers. All contracted repackagers are inspected and audited regularly by Repack Pharmacy Management Team to ensure FDA, DEA and cGMP compliance.
- Pharmacy Repack product catalog includes drug package sizes not available commercially in Outpatient setting, solid and liquid unit dose for Inpatient setting and reverse bulking service for CPP and Facilities with Local Automation. Annual production is between 4 to 5 Million packaging units as of 2012.
- Operations consist of One Repack Manager, One Quality Assurance Pharmacist; two BOP licensed Production Supervisors, One Department Clerk and 20+ Repackagers.
- Pharmacy Repack is CDPH licensed, FDA and DEA registered drug repackaging facility. Since 2006, both FDA and DEA have routinely visited Pharmacy Repack for inspection with no citations or any major deficiencies.
- Pharmacy Repack completed the Regional Internal Audit in 2009. In addition to meet all business, financial and security compliance, Repack Pharmacy complied with all regulatory requirement including Title 21 CFR 201.11 and cGMP compliance with no deficiency.
- Repack currently has met and exceeded Pharmaceutical Industry World Class Overall Equipment Efficiency (OEE) with more than 40% vs. 35% in the Pharmaceutical Manufacturing Industry.
- Significant improvement of People Pulse Survey from ~78% in 2009 to ~98% in 2012.

9/06 to 9/09

**Pharmacy Repack Manager
Livermore Regional Office
(See Above)**

4/06 to 8/06

Special Project Manager for National Specialty Drug Pharmacy – Kaiser Daly City Medical Center

- Responsible to lead, design and implement a brand new Specialty Drug Pharmacy in NCAL to currently provide specialty drug service to Kaiser Pharmacies and members nationwide.
- After the project was assigned, Specialty Pharmacy was in operational within only 4 months including pharmacy site selection with TPMG and local Administration support, licensing, workflow and dispensing design, pharmacy system integration, inter-regional accounting setup, product selection planning, service implementation phases, clinical care and drug delivery logistic.
- Responsible to design and implement a new clinical database program which was able to manage confidential patient profile and records, comply with specialty drug FDA and Manufacturer clinical care requirement and risk maps. Worked with IT programmer to complete the database program in 3 months. The database program provided the pathway to Pharmacy Analytical Services for the development of the new Specialty Drug Pharmacy Processing System.
- Developed staffing requirement, hiring of the Pharmacy Manager and supporting staff was completed in 3 months.
- Worked with local Medical Center IT website development team to develop the first Specialty Drug Pharmacy Website using Kaiser Daly City Medical Center Portal.
- Pharmacy officially opened on time as expected in August, 2006.

10/05 to 9/06

CPP Operation Manager – Procurement, Inventory Management and Delivery Services

- Responsible to manage drug inventory procurement and supply, QMSI inventory.
- Responsible to manage drug and expense invoices and timely payment.
- Responsible to work with Pharmacy Finance and Inventory for count preparation, vendor count process and logistic, staffing and completion of the annual physical inventory on time with minimum variances.
- Responsible to manage A Frame, automated dispensing cell replenishment logistic, sorting system, daily pharmacy delivery tasks, common courier and USPS mail order logistic and service.

- Worked with Kaiser Transportation to ensure timely daily RX delivery to all NCAL pharmacies.
- Initiated and implemented new Sunday delivery in 2006.
- Provided support to extend operating hours for 24 hours production service to meet 24 hours order turnaround time expectation for the pharmacies.

10/06 – 10/07

Design and Complete Outpatient Down Time Database Program

- Responsible to develop Northern California PIMS downtime labeling program to minimize Outpatient Pharmacy service interruption during any PIMS system downtime
- Worked with Regional IT to complete the PIMS downtime labeling program packaging process (MWI SAT Tool) to allow a NCAL pharmacy wide implementation with maintenance free operations and minimum IT support.

9/99 – 10/05

Pharmacy Service Manager - Fremont Medical Center

- Managed 5 Outpatient Pharmacies and Hospital Discharge Pharmacy.
- Fremont Pharmacies had consistently provided excellence Pharmacy Service which was demonstrated by the Member Patient Satisfaction Score and Pharmacy Satisfaction Survey.
- Responsible to plan and implement local eRX. Worked closely with local TPMG, Administration and local IT Team to provide eRX training support for Fremont Medical Center care providers.
- Fremont Medical Center was consistently one of the highest eRX utilized Medical Center before the implementation of Health Connect.
- Responsible to develop plan, startup logistic and hiring manager and supporting staff to open Fremont Hospital Inpatient Pharmacy to provide new Inpatient Pharmacy Service in Fremont Medical Center.
- Responsible to plan and implementation of to PC to Fax (Pre-CPOE) ordering system and deployment of Pyxis Medstation and Pandora software.
- Worked with Fremont Hospital Administration to plan and implement after hours Pharmacy Services to ensure maximum patient care and satisfaction.
- Participated as one of the Outpatient Pharmacy Management Approving Committee Members to approve new PIMS system upgrades or releases.
- Managed all Fremont Pharmacy Ambulatory Care Service until the transition of the service management to Pharmacy Clinical Operations Manager.

11/04 – 2009

Regional Pharmacy Managed Workstation Initiative (MWI) Project Manager

- Represented NCAL Pharmacy Division to roll out Managed Workstation Initiative (MWI) for Outpatient, Inpatient and Ambulatory Care Pharmacy NON-PIMS application or programs used for business or operations.
- Responsible to identify and determine if the local pharmacy applications (32 applications) were the candidates or qualified with appropriate conditions to be converted or upgraded in the MWI application database catalog.
- Responsible to approve application conversion and upgrades, determine alternative application for business owners if needed or retired and removed the affected applications from all Kaiser Computer Systems.
- Worked with IT and Contracted Programmers for application conversion, upgrades and UAT to meet Kaiser application system and security standard for long term business use.
- Worked with Regional and local IT to implement updated or new application with minimum or no service impact for the affected pharmacies.

9/00 – 9/01

Fremont Hospital Discharge Pharmacy – New Pharmacy Opening

- Successfully planned and completed all business and regulatory logistics to open New Fremont Discharge Pharmacy to provide discharge pharmacy service for Fremont Hospital patients.

7/99 – 1/00

Interim Pharmacy Service Manager - Hayward Medical Center

- Worked as Interim Pharmacy Service Manager to manage 4 Outpatient Pharmacies, Inpatient Pharmacy and Pharmacy Clinical Services until the hiring of the new Outpatient Pharmacy Service Manager and Inpatient Pharmacy Director.

4/99 – 8/99

Member of Pharmacy Automation (1st Robotic Dispensing) Project Team - Oakland Medical Center

- Responsible to work with project team members to plan, identify requirement and implement a new prescription imaging system (Pharmacy 2000 from McKesson) and automated (Robotic-McKesson) prescription dispensing system in the pilot site.

4/98 – 9/98

Team Member Leader of the California Division Pharmacy Improvement Program Team (PIP)

- Responsible to lead NCAL East Bay PIP Team to implement pharmacy best practices to improve outpatient pharmacy services including waiting time, patient care, customer service, OTC sales, pharmacy inventory and cost effective operations.

12/95 – 9/98

Assistant Pharmacy Service Manager - Oakland Medical Center

- Responsible to Manage Oakland Main Hospital and MB Outpatient pharmacy.

9/97 – 1/98

Interim Inpatient Assistant Pharmacy Service Manager - Oakland Medical Center

- Worked as Interim Inpatient Assistant Pharmacy Service Manager to manage 24-hour Inpatient Pharmacy service, Discharge Pharmacy, Pharmacy Ambulatory Care Service including Oncology and Coumadin Clinic. Prepared, participated and passed JACHO review for 1998.

11/94 - 12/95

Outpatient Pharmacist-in-Charge - Walnut Creek Medical Center

11/93 - 11/94

Outpatient Pharmacist-in-Charge - Richmond Medical Center

12/91 - 11/93

Outpatient Staff Pharmacist - Richmond Medical Center

8/91 - 8/92

Outpatient and Inpatient Staff Pharmacist - Santa Teresa Medical Center

8/90 - 8/91

Outpatient and Inpatient Pharmacy Intern - Santa Teresa Medical Center

4/89 - 12/90

Outpatient Pharmacy Intern - Walnut Creek Medical Center

Education

1991-1992

University of California, San Francisco

Pharmacy Residency Program in Geriatric

1988-1991

University of the Pacific, School of Pharmacy

Doctor of Pharmacy

1984-1988

University of Nevada, Reno

Pre-Pharmacy/Business Administration

Professional Development/Training

2005 - 2006

UCSF Pharmacy Leadership Program

Pharmacy Leadership Institute

2004

CAMP Program

Regional Pharmacy

2000

Microsoft Certified System Engineer (MCSE)

Self-Study

Memberships in Professional Organizations/Community Groups

1988 - present

Member of the California Pharmacists Association

1988 - present

Member of the Kappa Psi Pharmaceutical Professional Fraternity Alumni

References

Lucian Cheng, Pharm D, Regional Pharmacy Service Manager – Regional Office (510)625-3836

Frank Choi, Pharm D, PRN Pharmacy Manager, Kaiser Permanente – Regional Office (510)816-2640

Calvin Wheeler, MD, Pharm D., Physician-in-Charge, Fremont Medical Center - GSAA (510)248-3111

A0734327

AMENDED AND RESTATED ARTICLES OF INCORPORATIONOFKAISER FOUNDATION HOSPITALS**ENDORSED - FILED**
in the office of the Secretary of State
of the State of California

NOV 05 2012

The undersigned certify that:

1. They are the President and the Assistant Secretary, respectively, of Kaiser Foundation Hospitals, a California nonprofit public benefit corporation.
2. The Articles of Incorporation of this corporation are amended and restated to read in their entirety as follows:

ONE: The name of this corporation is:

KAISER FOUNDATION HOSPITALS

TWO: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes. This corporation elects to be governed by all of the provisions of the Nonprofit Corporation Law effective January 1, 1980, not otherwise applicable to it under Parts 2 and 5 of Division 2 of Title 1 of the Corporations Code of the State of California.

THREE: This corporation is organized and shall at all times be operated exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), including specifically to improve the health of the communities it serves. Its activities include providing hospital, medical, and surgical care, including emergency services, extended care and home health care for members of the public without regard to the individual's ability to pay and in compliance with all applicable nondiscrimination requirements, including age, sex, race, religion, or national origin; engaging in activities designed to promote the general health of the communities it serves; educating and training medical students, physicians, and other health care professionals, and students in the healing arts; conducting, promoting and encouraging educational and scientific research in medicine and related sciences and medical and nursing education; and supporting the tax-exempt purposes of this corporation and its subsidiaries and of Kaiser Foundation Health Plan, Inc. and its subsidiaries. The corporation shall extend professional staff privileges to practitioners in the community.

FOUR: The corporation shall have no members.

FIVE: The corporation's Bylaws shall set forth the number of Directors.

SIX: The corporation's assets are irrevocably dedicated to charitable purposes. The corporation does not and shall not have the power to distribute gains, profits or dividends to its Directors or officers. Under no circumstances shall the corporation engage in any activities not permitted to be undertaken by an organization described in Code Section 501(c)(3). Moreover, the corporation shall not permit any part of its net earnings to inure to the benefit of any Director or officer of the corporation or to any other individual and shall not participate in, or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office. The corporation may compensate Directors and officers for the reasonable value of goods and services that they furnish to the corporation.

Upon the corporation's liquidation or dissolution, the Board of Directors shall, after paying or adequately providing for the corporation's liabilities, distribute the corporation's assets to one or more organizations organized and operated exclusively for charitable purposes meeting the requirements of California Revenue and Taxation Code section 214 and exempt from tax under Code Section 501(c)(3) or any amendment or successor thereto. The corporation's assets may not be distributed so as to inure directly or indirectly to the benefit of any Director or officer of the corporation, or to any other individual, or to any corporation, trust or organization whose net earnings inure to the benefit of any individual.

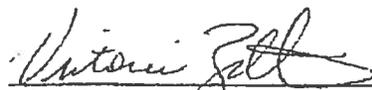
3. The foregoing amendment and restatement of Articles of Incorporation was approved by the Board of Directors of the corporation by unanimous written consent in lieu of a meeting effective October 19, 2012.
4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: November 5, 2012


Bernard Tyson, President

DATE: November 1, 2012


Victoria Zatkina, Assistant Secretary



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office

NOV 06 2012

Date: _____

Debra Bowen

DEBRA BOWEN, Secretary of State

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

New Wholesaler or **Ownership Change** (Provide current license number if making changes: WH 00238)
 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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Phoenix Assurance, LLC

Physical Address: 4750 Pleasant Hill Road

City: Memphis State: TN Zip Code: 38118

Telephone Number: 901 368 8940 Fax Number: 901 368 8990

Toll Free Number: _____

E-mail: vparke@pa3pl.com Website: www.pa3pl.com

Facility Manager: Rita Parks

Professional qualifications and experience of facility manager: BS Science with Chemistry minor, 18 years in this facility with varying owners

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: 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?
(If yes, provide a copy of the certificate)

Yes No

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes No

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes 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: Hikma Pharmaceuticals USA Inc.

Address: 4750 Pleasant Hill Road, Memphis, TN 38118

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

Rita Parks
Print Name of Authorized Person

11/21/2019
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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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 ✓

List names of 4 largest partners and percentage of ownership:

Name: Hulesy Britt %: 50Name: Rita Parks %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Phoenix Assurance, LLCMailing Address: 4750 Pleasant Hill RoadCity, State Zip Code: Memphis, TN 38118Telephone Number: 901 368 8940 Fax Number: 901 368 8990Contact Person: Rita ParksA 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, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Fingerprint Submission Instructions<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.Submit a list containing each employee(s) who handle the drugs on a daily basis.Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".



Tre Hargett
Secretary of State

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

PHOENIX ASSURANCE, LLC November 15, 2019
RITA PARKS
4750 PLEASANT HILL ROAD
MEMPHIS, TN 38118

Request Type: Certificate of Existence/Authorization Issuance Date 11/15/2019
Request # 0338708 Copies Requested 1

Document Receipt

Receipt # 005108346 Filing Fee \$20 00
Payment-Credit Card - State Payment Center - CC # 3769579131 \$20 00

Regarding: Phoenix Assurance, LLC
Filing Type Limited Liability Company - Domestic Control # 990901
Formation/Qualification Date 10/19/2018 Date Formed 10/19/2018
Status Active Formation Locale TENNESSEE
Duration Term Perpetual Inactive Date
Business County SHELBY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Phoenix Assurance, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

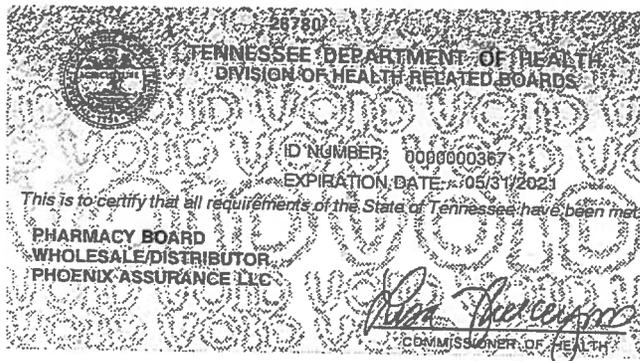
* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed

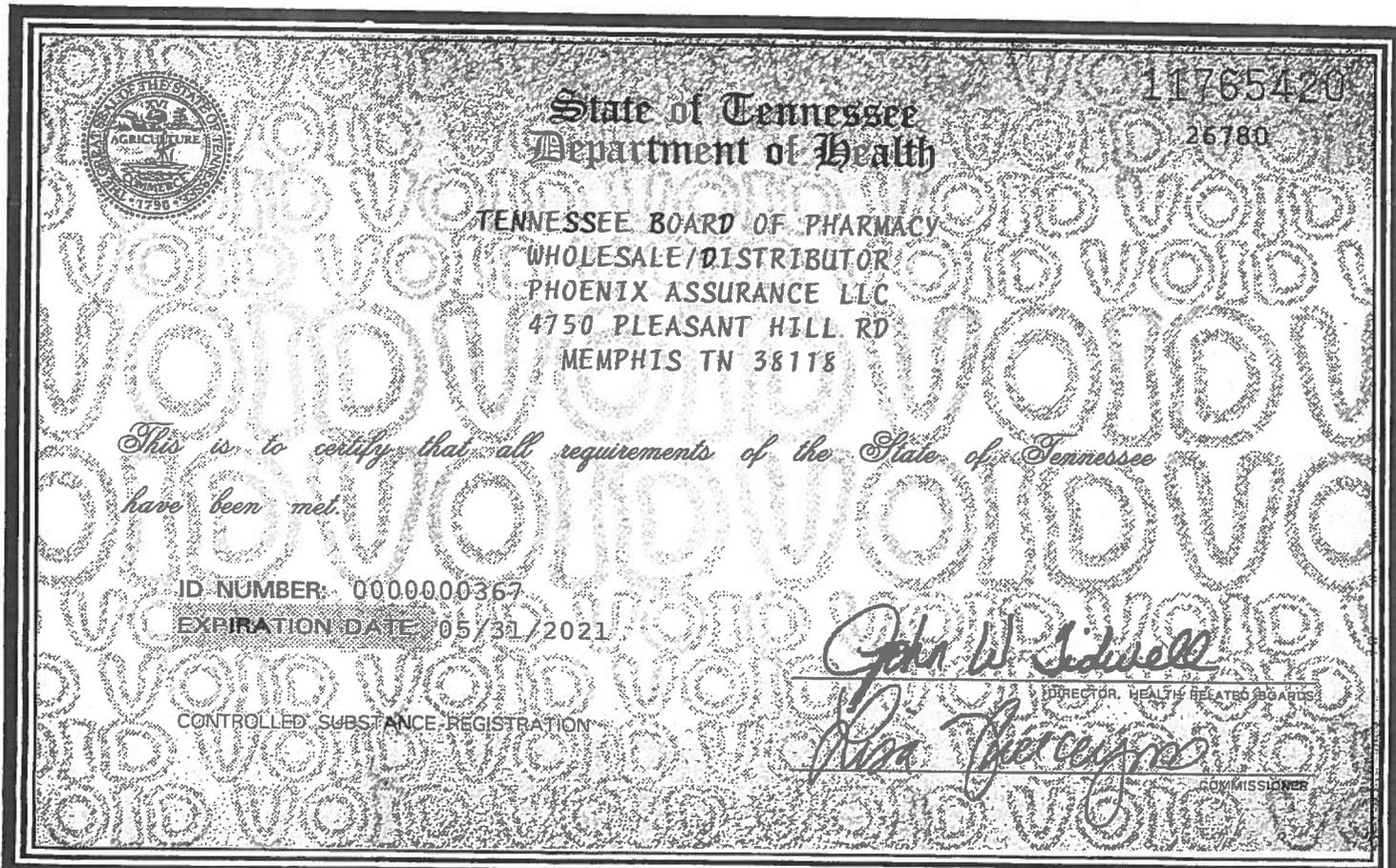
Tre Hargett
Secretary of State

Processed By Cert Web User

Verification #: 036342632



RITA PARKS
 PHOENIX ASSURANCE LLC
 4750 PLEASANT HILL RD
 MEMPHIS TN 38118-7809



Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

HIKMA PHARMACEUTICALS USA INC.
4750 PLEASANT HILL RD
MEMPHIS TN 38118

Date: 09/19/2018
Amount: \$ 515.00
Permit #: WH00238

(ID Card)

Trim ID Card to fit your wallet



Wholesaler
Expires: 10/31/2020
HIKMA PHARMACEUTICALS USA INC.
4750 PLEASANT HILL RD
MEMPHIS TN 38118

Permit #
WH00238
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Permit Type: Wholesaler
Permit #: WH00238

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Expires: 10/31/2020
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

HIKMA PHARMACEUTICALS USA INC.
4750 PLEASANT HILL RD
MEMPHIS TN 38118

NONTRANSFERABLE
POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE



*The National Association of Boards of Pharmacy[®]
hereby awards*

*Verified-Accredited Wholesale Distributors[®]
Accreditation*

to

*Phoenix Assurance, LLC
dba Phoenix Assurance*

located at

4750 Pleasant Hill Rd, Memphis, TN 38118

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

October 15, 2018 - October 14, 2021

Period of Accreditation

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
Phoenix Assurance, LLC dba Phoenix Assurance	4750 Pleasant Hill Rd Memphis, TN 38118	10/15/18

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®).

<

*Verified
DZ*

VAWD-Accredited Facilities List x

nabp.pharmacy/programs/vawd/vawd-accredited-facilities/



NABP
National Association of
Boards of Pharmacy

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VAWD-Accredited Facilities List

[VAWD](#)

[Apply](#)

[Criteria](#)

**VAWD-Accredited
Facilities List**

Find a VAWD-Accredited Facility

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
Phoenix Assurance, LLC dba Phoenix Assurance	4750 Pleasant Hill Rd Memphis, TN 38118	10/15/13
Smith's Food and Drug Centers, Inc dba Peyton's Phoenix	5305 W Buckeye Rd Ste 105 Phoenix, AZ 85043	11/05/12



*The National Association of Boards of Pharmacy®
hereby awards*

*Verified-Accredited Wholesale Distributors®
Accreditation*

to

Hikma Pharmaceuticals USA, Inc

located at

4750 Pleasant Hill Rd, Memphis, TN 38118

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catrone, Executive Director/Secretary

October 15, 2018 - October 14, 2021

Period of Accreditation



Phoenix Assurance, LLC

www.pa3pl.com

South Point
Warehouse/Distribution

4750 Pleasant Hill Road
Memphis, TN 38118
901-368-8941

Monday, December 16, 2019

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

Re: Application for Out-of-State Wholesaler License – Change of Ownership / Name
From: Hikma Pharmaceuticals USA Inc. [License WH00238]
To: PHOENIX ASSURANCE, LLC

Dear Board,

I am providing this supplemental letter as clarification to one of the documents that was uploaded with our application for Phoenix Assurance, LLC. This facility was previously Hikma Pharmaceuticals USA Inc. (which was rebranded/formerly known as West-Ward Pharmaceutical Corp).

VAWD Certificate:

The NABP completed the 3-year reaccreditation of this facility September 2019 as well as the Annual Compliance Review in October 28, 2019. The name change to Phoenix Assurance was finalized last week (see attached online verification), but we have not yet received an updated VAWD Reaccreditation Certificate. Upon receipt of the updated VAWD Certificate – to Phoenix Assurance, LLC, we will provide a copy to the board.

Thanks,

Rita Parks
Vice President / Managing Partner
PHOENIX ASSURANCE, LLC
Phone: 901-368-8944
Email: rparks@pa3pl.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 3475060

Application/License No. WH00238

PHOENIX ASSURANCE, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
4750 PLEASANT HILL RD, MEMPHIS, Tennessee, 38118, as
Address of Applicant/Principal
 PRINCIPAL, and SureTec Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Texas
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
CityWest Boulevard, Houston Texas 77042 United States 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 Jan 13, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

POA #: 3810001

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

John D. Weisbrot, Melissa L. McDade, Steven M. Varga

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for, providing the bond penalty does not exceed

Five Hundred Thousand and 00/100 Dollars (\$500,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the CEO, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be It Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate-bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its CEO, and its corporate seal to be hereto affixed this 7th day of November, A.D. 2018.

SURETEC INSURANCE COMPANY

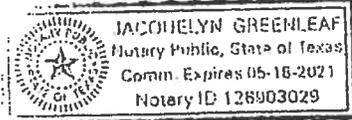
By: _____

John Knox, Jr., CEO

State of Texas ss:
County of Harris



On this 7th day of November, A.D. 2018 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is CEO of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 14th day of January, 2020, A.D.

M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity. 3810001
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/30/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for OUT OF STATE WHOLESALE LICENSE (BOARD OF PHARMACY)

PHOENIX ASSURANCE, LLC, 4750 PLEASANT HILL ROAD, MEMPHIS, TN 38118

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

PARKS	RITA	DENELL
Last Name	First Name	Middle Name
RITA DENELL POTTS, RITA POTTS PARKS		

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

CR 632	CORINTH	MS 38834
Present Residence Address-Street or RFD	City	State/Zip

4750 PLEASANT HILL ROAD	Dates	MEMPHIS	TN 38118
Present Business Address		City	State/Zip

PHOENIX ASSURANCE, LLC	Dates	05/01/2019 - PRESENT
VP / MANAGING PARTNER		

Occupation	Phone:
	Residence
	Business

	CORINTH, ALCORN, MS
Date of Birth	Place of Birth (City, County, State)

56		FEMALE
Age	Social Security Number	Sex

BROWN	BROWN	OLIVE	130 lbs	MEDIUM	5' 9"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

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

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

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

WILLIAM NELSON POTTS		CR 200, CORINTH, MS 38834	RETIRED
----------------------	--	---------------------------	---------

Mother

JUANELL LAMBERT POTTS		CR 200, CORINTH, MS 38834	RETIRED
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Father-in-Law

N/A

Mother-in-Law

N/A**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

SHANNON POTTS HARDWICK		PLANTERS GROVE, BRANDON, MS	PHARMACIST
------------------------	--	-----------------------------	------------

Spouse

KELLY HARDWICK		PLANTERS GROVE, BRANDON, MS	ATTORNEY
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N/A

Spouse

N/A

Spouse

N/A

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School FARMINGTON ELEMENTARY	FARMINGTON, MS	1968-74	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--------------------------------------	----------------	---------	---

High School ALCORN CENTRAL H.S.	CORINTH, MS	1974-80	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---------------------------------	-------------	---------	---

College University UNIVERSITY OF MISSISSIPPI	OXFORD, MS	1980-85	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	------------	---------	---

Other <u>N/A</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>
------------------	--	--	--

Type of degree obtained, if any BACHELOR OF SCIENCE - BIOLOGYCollege or university where obtained UNIVERSITY OF MISSISSIPPI

Applicant's initial



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
N/A				

Applicant's initial  Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List 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
FEB 1993 - PRESENT	CR 632	CORINTH	MS

Applicant's initial  Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MAY 2019	PHOENIX ASSURANCE, LLC: 4750 PLEASANT HILL RD, MEMPHIS, TN 38118	NOT APPLICABLE
Title	Description of Duties	Name of Supervisor
VP / MANAGING PARTNER	DIRECTOR OF QUALITY / ACTING QUALITY MANAGER	SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUNE 2011 - MAY 2019	HIKMA PHARMACEUTICALS USA INC. (fka WEST-WARD PHARMACEUTICALS CORP.) 4750 PLEASANT HILL RD, MEMPHIS, TN 38118	HIKMA CEASED OPERATIONS AT THIS LOCATION.
Title	Description of Duties	Name of Supervisor
SENIOR QUALITY MANAGER	MANAGEMENT OF QUALITY FUNCTIONS	ASUTOSH SHAH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2004 - MAY 2011	BAXTER HEALTHCARE: 4750 PLEASANT HILL RD, MEMPHIS, TN 38118	BAXTER WAS PURCHASED BY WEST-WARD.
Title	Description of Duties	Name of Supervisor
QUALITY MANAGER	MANAGEMENT OF QUALITY FUNCTIONS	CHRIS GLADWELL
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2001 - 2004	MARIETTA CORPORATION	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
DIRECTOR OF QUALITY	MANAGEMENT OF QUALITY ASSURANCE DEPARTMENT	LISA BRYSON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2000 - 2001	ACT MANUFACTURING, INC.	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
CORP. DIR. OF QUALITY	RESPONSIBLE FOR ESTABLISHING UNIFORM CQI SYSTEM	MIKE SMITH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1997 - 2000	CCL CUSTOM MFG., INC.: SOUTH THIRD ST., MEMPHIS, TN	HEWLETT - PACKARD CEASED OPERATIONS
Title	Description of Duties	Name of Supervisor
ASSOC. TECHNICAL DIRECTOR OF QA QUALITY ASSURANCE MANAGER	MANAGED QUALITY FUNCTIONS MANAGED LABS	TREY DAVIS
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1997	OHMEDA PHARMACEUTICAL	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
QUALITY ASSURANCE SPECIALIST	FACILITY AUDITS TO INSURE COMPLIANCE W/ COMPANY POLICIES	WALL JASPER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1987 - 1996	SCHERING -PLOUGH HEALTHCARE PRODUCTS	MFG DISCONTINUED AT SITE
Title	Description of Duties	Name of Supervisor
SENIOR QUALITY AUDITOR QUALITY AUDITOR II PRODUCT VERIF TECHNICIAN	SUPERVISED QUALITY AUDITORS, INSPECTORS & TECHNICIANS AUDITED FINISHED PRODUCTS TO COMPLY WITH AQLS QUALITATIVE & CHEMICAL TESTING OF PRODUCTS	GLENN JONES

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

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name TREY DAVIS	Home	GUM TREE CV, CORDOVA TN 38018				25 YEARS
Employer BAXTER HEALTHCARE	Business	MEMPHIS, TN 38118				
Name CATHERINE DAVIS	Home	WILLAS POND CV, COLLIERVILLE, TN 38018				10 YEARS
Employer N/A	Business	N/A				
Name VIRGINIA S. JONES	Home	ALEXANDRIA DR, COLLIERVILLE, TN 38017				10 YEARS
Employer RETIRED	Business	N/A				
Name SAUNDRA CONKLAN	Home	POPPY HILLS DR, COLLIERVILLE, TN 38017				25 YEARS
Employer BAXTER HEALTHCARE	Business	MEMPHIS, TN 38118				
Name GLORIA HUGGINS	Home	E. 7TH STREET, CORINTH, MS 38834				40 YEARS
Employer RETIRED	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:

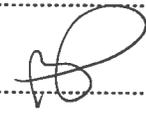
Box Number or Type of Depository	Location	City and State	Authorized Users
NOT APPLICABLE			

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

NOT APPLICABLE

12. Have you ever applied for a city, county or 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.

PHOENIX ASSURANCE, LLC, 4750 PLEASANT HILL RD, MEMPHIS, TN 38118. PARTNERS: MYSELF AND RITA PARKS. RITA PARKS, 150 CR 632, CORINTH, MS 38834. LLC INCORPORATED IN TENNESSEE ON 10/19/2019. BUSINESS LICENSES OBTAINED BY MEMPHIS/SHELBY COUNTY, TN. WHOLESALE/DISTRIBUTOR LICENSE OBTAINED FROM THE TENNESSEE BOARD OF PHARMACY.

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:

NOT APPLICABLE

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

SISTER - SHANNON POTTS HARDWICK, PHARMACIST



Date of photograph 12/20/19

Applicant's initial *SH*

STATE OF TENNESSEE

ss.

COUNTY OF SHELBY

I, RITA PARKS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or 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.

[Handwritten signature]

Original Signature of Applicant

Subscribed and Sworn to before me this 30TH day of DECEMBER, 2019

KIMBERLY J MARTIN

[Handwritten signature]

Notary Public



(seal)

Applicant's initial [Handwritten initials]

ADDITIONAL INFORMATION

Lined area for additional information, crossed out with a diagonal line.

NA
BD 12/31/19

Applicant's initial 

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/30/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for OUT OF STATE WHOLESALE LICENSE (BOARD OF PHARMACY)

Nature of License
PHOENIX ASSURANCE, LLC, 4750 PLEASANT HILL ROAD, MEMPHIS, TN 38118

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

BRITT	HULESY	N/A
Last Name	First Name	Middle Name
N/A		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
272 S. MAIN STREET, APT. 417	MEMPHIS	TN 38103
Present Residence Address-Street or RFD	City	State/Zip
4750 PLEASANT HILL RD, MEMPHIS, TN 38118	Dates	JUNE 2011 - PRESENT
Present Business Address	City	State/Zip
PHOENIX ASSURANCE, LLC	Dates	MAY 1, 2019 - PRESENT
PRESIDENT / MANAGING PARTNER	Occupation	
	Phone: Residence	
	Business	901-368-8942
	MEMPHIS, SHELBY COUNTY, TN	
Date of Birth	Place of Birth (City, County, State)	
52		MALE
Age	Social Security Number	Sex
BROWN	BALD	MEDIUM-DARK
Color of Eyes	Color of Hair	Complexion
	191	SLENDER/FIT/MUSCULAR
	Weight	Build
		6' 1"
		Height

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

Are you a citizen of the United States? Yes No If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial 

FAMILY INFORMATION-Continued

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

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

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
DOC BRITT	UNKNOWN	UNKNOWN	RETIRED
Mother			
BARBARA HUNTER		VANDALE MEMPHIS, TN	DEPT. OF CHILDREN'S SERVICES
Father-in-Law			
NOT APPLICABLE			
Mother-in-Law			
NOT APPLICABLE			

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
STACY HUBSON		RUBY CREEK CV, MEMPHIS, TN 38109	REALTOR/BROKER
Spouse			
NOT APPLICABLE			
Spouse			
NOT APPLICABLE			
Spouse			
NOT APPLICABLE			
Spouse			
NOT APPLICABLE			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	HAWKINS MILL	MEMPHIS, TN	1977	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	TREZEVANT HIGHT SCHOOL	MEMPHIS, TN	1985	Yes <input type="checkbox"/> No <input type="checkbox"/>
College University	UNIVERSITY OF MEMPHIS	MEMPHIS, TN	1998	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	NOT APPLICABLE			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... N/A.....

College or university where obtained..... N/A.....

Applicant's initial.....



5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes No

Branch U.S. MARINE CORP Date of entry-active service 1987

Date of separation 2000 Type of discharge HONORABLE

Rating at separation B-4 Serial number UNKNOWN

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 SHELBY State TENNESSEE Date registered 1985

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					
N/A					
N/A					

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

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial JB

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				
N/A				
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
SEPT. 2019 - PRESENT	TENNESSEE STREET	MEMPHIS	TN 38103
FEB. 2015 - SEP. 2019	S. MAIN STREET, APT. 417	MEMPHIS	TN 38103
JAN. 2007 - FEB. 2015	SHOEMAKER COURT, APT. 108	MEMPHIS	TN 38103
MAR. 2003 - JAN. 2007	S. FRONT #217	MEMPHIS	TN 38103
MAY 1999 - MAR. 2003	FOUNTAIN RIVER	MEMPHIS	TN 38120
2000 - 2003	NO RECALL	MEMPHIS	TN
1987 - 2000 - U.S. MARINE CORP			

Applicant's initial

LB

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MAY, 2019	PHOENIX ASSURANCE, LLC: 4750 PLEASANT HILL RD., MEMPHIS, TN 38118	NOT APPLICABLE
Title	Description of Duties	Name of Supervisor
PRESIDENT/MANAGING PARTNER	FACILITY MANAGER/OPERATIONS	SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1991 - 2018	HIKMA PHARMACEUTICALS USA INC. 4750 PLEASANT HILL RD., MEMPHIS, TN 38118	HIKMA CEASED OPERATIONS AT THIS LOCATION.
Title	Description of Duties f/k/a West-Ward Pharmaceutical Corp. f/k/a Baxter Healthcare	Name of Supervisor
ASSOC. DIRECTOR, DISTIRUBTION	FACILITY MANAGER/OPERATIONS	OMAR
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1985 - 2001	U.S. MARINE CORP	TOUR ENDED
Title	Description of Duties	Name of Supervisor
PETROLEUM ENGINEER / MARKSMANSHIP INSTRUCTOR		
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 *LB*
Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name RICK FARWELL	Home	MEMPHIS, TN				34 YEARS
Employer SELF EMPLOYED	Business	PYRAMID WINE & SPIRITS, MEMPHIS, TN				
Name KAREN WALKER	Home	MEMPHIS, TN				5 YEARS
Employer AEROTEK	Business	AEROTEK, MEMPHIS, TN				
Name AARON HALL	Home	MEMPHIS, TN				10 YEARS
Employer VERIZON	Business	VERIZON, MEMPHIS, TN				
Name JOYE MOSBY	Home	MEMPHIS, TN				15 YEARS
Employer MLGW	Business	MLGW, MEMPHIS, TN				
Name TIERINY HENDRICKS	Home	MEMPHIS, TN				14 YEARS
Employer CENTER FOR EMPLOYMENT OPPORTUNITIES	Business	MEMPHIS, TN				

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
PO BOX 3344	PEABODY PLACE	MEMPHIS, TN	HULESY BRITT

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 - EXE 1865 DESIGNATED REPRESENTATIVE

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.

.....
 PHOENIX ASSURANCE, LLC, 4750 PLEASANT HILL RD, MEMPHIS, TN 38118. PARTNERS: MYSELF AND RITA PARKS. RITA PARKS, 150 CR 632, CORINTH, MS 38834. LLC INCORPORATED IN TENNESSEE ON 10/19/2019. BUSINESS LICENSES OBTAINED BY MEMPHIS/SHELBY COUNTY, TN. WHOLESALE/DISTRIBUTOR LICENSE OBTAINED FROM THE TENNESSEE BOARD OF PHARMACY.

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:

NOT APPLICABLE

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 12/27/2019

Applicant's initial *JB*

STATE OF TENNESSEE

ss.

COUNTY OF SHELBY

I, **HULSEY BRITT**, 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 or 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,

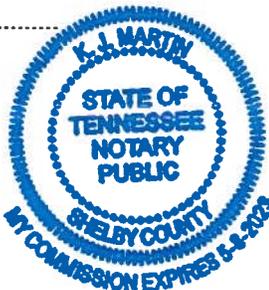
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 30TH day of DECEMBER, 2019

KIMBERLY J MARTIN


.....
Notary Public



(seal)

Applicant's initial 
Page 9

4BB

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

New Wholesaler or Ownership Change (Provide 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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Kaiser Foundation Hospitals

Physical Address: 300 Pullman Street, Admin Building

City: Livermore, CA State: CA Zip Code: 94551 Telephone

Number: 925-294-7409 Fax Number: 925-960-7527

Toll Free Number: N/A

E-mail: derrick.a.lew@kp.org Website: healthy.kaiserpermanente.org

Facility Manager: Derrick Lew

Professional qualifications and experience of facility manager: Over 10 years of experience in wholesale distribution and facility management. See attached resume.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies 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: Hikma Pharmaceutical

Address: 401 Industrial Way West, Eatontown, NJ 207724

Name: Glaxo Smithkline

Address: One Franklin Plaza, Philadelphia, PA 19102

Name: Eli Lilly & Co

Address: 916 Mutal Savings Building, Pasadena, CA 91101

Name: Sandoz, Inc.

Address: 2555 West Midway Blvd., Broomfield, CA 80020

A licensee is not required to have a Nevada State Business License, however, if you 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

Print Name of Authorized Person

Date

Board Use Only	Date Processed: _____	Amount: _____
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: N/AMailing Address: 300 Pullman Street, Admin BuildingCity: Livermore State: CA Zip: 94621Telephone: 925-294-7409 Fax: 925-960-7527Contact Person: Derrick Lew

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 - Registered as a non-profit public benefit corporation. No owners/members.

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. 03) What was the price paid per share? 0A 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.

Kaiser Foundation Hospitals, Inc.
List of Officers

Corporate Officers	Office Address
Troy Smith, Executive Director, National Warehousing and Logistics	E. Walnut Street Pasadena, CA 91188
Joseph Montero, Assistant Director, Pharmacy Materials Services	Dalen Street Downey, CA 90242

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

KAISER FOUNDATION HOSPITALS

FILE NUMBER: C0224971
FORMATION DATE: 02/20/1948
TYPE: DOMESTIC NONPROFIT 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

DLS



Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit



LICENSE NO. WLS 7439

ISSUE DATE JULY 12, 2019

KAISER FOUNDATION HOSPITALS

300 PULLMAN ST ADMIN BLDG
LIVERMORE CA 94551

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

CORPORATION

DERRICK ANTHONY LEW

EXEMPTEE IN CHARGE

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 00640717

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

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

----- POST IN PUBLIC VIEW -----

Derrick Lew, Pharm.D., MBA

300 Pullman St. Bldg A
Livermore, CA 94551
(925) 294-7409
derrick.a.lew@kp.org

Education

University of the Pacific-Thomas J. Long School of Pharmacy And Eberhardt School of Business

Joint Degree Pharm.D./ MBA Program
Stockton, CA

2006-2009

Work Related Experience

Kaiser Permanente Foundation Hospitals

March 2009-Present

Pharmacy Repack Manager

300 Pullman St. Unit A
Livermore, CA 94551
Manager: Perry Lau (510) 434-5858

Responsibilities:

- Maintain pharmaceutical manufacturing standards according to Title 21, cGMP, FDA, DEA, and CA Department of Public Health. Ensure products are the highest quality and in adequate supply at the Distribution Center.
- Audits: FDA Jun 2011, Oct 2016; DEA Aug 2012, Apr 2015
- Expanded number of SKUs for various product line: unit of use, unit dose, liquid unit dose, and reverse bulk items.
- Capital Equipment: Successfully upgraded and installed equipment Line #1; increased throughput from 30-50 bottles/minute to 100-120 bottles/minute. Maintain current equipment (4 production lines, 2 unit dose workstations, 1 liquid unit dose workstation and 2 reverse bulk workstations) with 10 year capital replenishment plan in place.
- Overall Equipment Effectiveness: Created process to gather and document OEE data as a metric of production efficiency and how to increase production time.
- Unit Base Team: Worked with staff in a Labor Management Partnership to create a process for the UBT team to disseminate information to the entire staff. The UBT team has been assigned projects to increase workflow efficiencies.

CVS/Pharmacy-Pharmacist

Aug 2009-2010

515 N State Highway 49
Jackson, CA 95642
Manager: Kathi Erosa (209) 223-2471

Responsibilities:

- Staff pharmacist for a store with script volume of 1400 per week. Review and verify prescription for accuracy and safety. Prescription review includes ensuring the safety of the patients with drug utilization review as complying with State Board of Pharmacy regulations.

- Answering customer questions and concerns regarding over-the-counter products.
- Lead the pharmacy staff to efficient workflow processes while providing high level of customer service.

Raley's-Pharmacist

Aug 2009 – 2010

2323 West Hammer Lane

Stockton, CA 95209

Manager: Harvey Lee (209) 955-1510

Responsibilities:

- Relief staff pharmacist for a store with script volume of 1000 per week. Review and verify prescription for accuracy and safety. Prescription review includes ensuring the safety of the patients with drug utilization review as complying with State Board of Pharmacy regulations.
- Answering customer questions and concerns regarding over-the-counter products.

Licenses, Certificates, Competencies, and Proficiencies

Pharmacist License #62802

Exp: Oct 31, 2018

Certified Professional

Center for Professional Innovation and Education (CfPIE) – certificate program to demonstrate technical training for Pharmaceutical, Biotech, and Medical Device professionals. Course topics and completion dates below:

Drug Development Process from Concept to Market	Jan 2018
Stability Programs for Determining Product Shelf Life	Oct 2017
Best Practices for an Effective Cleaning Validation Program	Sept 2017
Process Validation for Drugs and Biologics	Jul 2017
Pharmaceutical Root Cause Analysis of Failures and Deviations-Developing an Effective CAPA strategy	June 2016

Lean Six Sigma Green Belt Certified

Dec 2016

Cold chain improvement for Pharmacy Distribution Center. Increased compliance and regulatory oversight to cold chain management. Developed process controls such as system validation, MKT excursion analysis, and BMS alerts/responses. Developed contingency plan and response to excursions. Cost avoidance of \$150 million for regulatory compliance.

IQPC Pharmaceutical Traceability Forum

May 2016

International Quality & Productivity Center hosted a traceability forum for industry to discuss the Drug Supply Chain Security Act. Topics include GS1 standards, pedigree, aggregation, and solutions for manufacturers and distributors.

FDA

May 2012, Apr 2016

FDA hosted conference to ensure industry compliance, inspection readiness and response to warning letters. It also focused on firm's robustness of its own quality systems,

contractor oversight, data integrity/electronic data systems, and corrective action preventative action (CAPA) processes.

cGMP by the Sea Conference Jul 2013, Aug 2014, Aug 2017
Pharma Conference hosts annual conference with current FDA officers covering topics such as supply chain security, registering products appropriately, FDA audit protocol, handling 483 citations, quality management, inspection practices, and adequate training for staff. Current FDA auditors share findings from inspections with pharmaceutical manufacturers.

DEA Annual Conference Apr 2011, Feb/May 2015, May 2016
DEA annual conference with DEA inspectors covering topics such as security, reporting loss-DEA Form 106, ARCOS reporting, CSOS, inspection practices and future status of hydrocodone products and the requirements for Manufacturers and Distributors.

Kaiser Permanente Management Excellence Program Jul 2010
Kaiser Permanente management training program for new managers. Training covered topics such as emotional intelligence, working in Labor Management Partnership environment, and creating effective managers.

Extracurricular Activities

SALUD Outreach
Health Fair Stockton, CA Jan 2013
A health fair focused on the Hispanic community. Free health screenings were provided to the community to identify at risk patients. Precept pharmacy interns in health screenings: diabetes, hypertension, and hyperlipidemia.

Living Hope Health Fair
Health Fair Stockton, CA June 2012, 2013
A collaborative community every with the Bread of Life program to provide free health screenings and general health education to the local community in need. Precept pharmacy interns in health screenings: diabetes, hypertension, hyperlipidemia, MTM, and bone density.

Multicultural Health Day
Health Fair Stockton, CA Oct 2010
An outreach health fair aimed to provide free health screenings and cultural awareness to the local community. Precept pharmacy students with health screenings and over-the-counter education.

A0734327

AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
KAISER FOUNDATION HOSPITALS

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

NOV 05 2012

The undersigned certify that:

1. They are the President and the Assistant Secretary, respectively, of Kaiser Foundation Hospitals, a California nonprofit public benefit corporation.
2. The Articles of Incorporation of this corporation are amended and restated to read in their entirety as follows:

ONE: The name of this corporation is:

KAISER FOUNDATION HOSPITALS

TWO: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes. This corporation elects to be governed by all of the provisions of the Nonprofit Corporation Law effective January 1, 1980, not otherwise applicable to it under Parts 2 and 5 of Division 2 of Title 1 of the Corporations Code of the State of California.

THREE: This corporation is organized and shall at all times be operated exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), including specifically to improve the health of the communities it serves. Its activities include providing hospital, medical, and surgical care, including emergency services, extended care and home health care for members of the public without regard to the individual's ability to pay and in compliance with all applicable nondiscrimination requirements, including age, sex, race, religion, or national origin; engaging in activities designed to promote the general health of the communities it serves; educating and training medical students, physicians, and other health care professionals, and students in the healing arts; conducting, promoting and encouraging educational and scientific research in medicine and related sciences and medical and nursing education; and supporting the tax-exempt purposes of this corporation and its subsidiaries and of Kaiser Foundation Health Plan, Inc. and its subsidiaries. The corporation shall extend professional staff privileges to practitioners in the community.

FOUR: The corporation shall have no members.

FIVE: The corporation's Bylaws shall set forth the number of Directors.

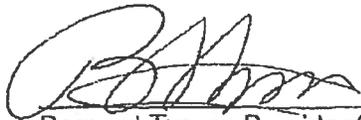
SIX: The corporation's assets are irrevocably dedicated to charitable purposes. The corporation does not and shall not have the power to distribute gains, profits or dividends to its Directors or officers. Under no circumstances shall the corporation engage in any activities not permitted to be undertaken by an organization described in Code Section 501(c)(3). Moreover, the corporation shall not permit any part of its net earnings to inure to the benefit of any Director or officer of the corporation or to any other individual and shall not participate in, or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office. The corporation may compensate Directors and officers for the reasonable value of goods and services that they furnish to the corporation.

Upon the corporation's liquidation or dissolution, the Board of Directors shall, after paying or adequately providing for the corporation's liabilities, distribute the corporation's assets to one or more organizations organized and operated exclusively for charitable purposes meeting the requirements of California Revenue and Taxation Code section 214 and exempt from tax under Code Section 501(c)(3) or any amendment or successor thereto. The corporation's assets may not be distributed so as to inure directly or indirectly to the benefit of any Director or officer of the corporation, or to any other individual, or to any corporation, trust or organization whose net earnings inure to the benefit of any individual.

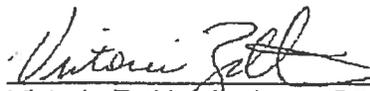
3. The foregoing amendment and restatement of Articles of Incorporation was approved by the Board of Directors of the corporation by unanimous written consent in lieu of a meeting effective October 19, 2012.
4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: November 5, 2012


Bernard Tyson, President

DATE: November 1, 2012


Victoria Zatkun, Assistant Secretary



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

NOV 06 2012

Date _____

Debra Bowen

DEBRA BOWEN, Secretary of State

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 070209552

Application/License No. _____

KAISER FOUNDATION HOSPITALS, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
300 Pullman St., Admin Building Livermore, CA 94551, as
Address of Applicant/Principal
PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY, 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
175 Berkeley Street Boston, MA 02116 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED 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 10/11/2019.
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 11th day of October, 2019.

APPLICANT/PRINCIPAL
KAISER FOUNDATION HOSPITALS



Authorized Representative

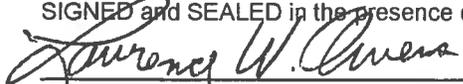
SURETY COMPANY
LIBERTY MUTUAL INSURANCE COMPANY



Surety Company's Representative

Edward C. Spector, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:



Witness

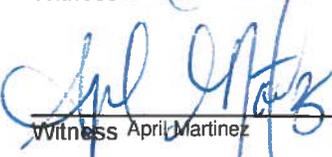
SIGNED and SEALED in the presence of:



Witness B. Aleman



Witness



Witness April Martinez

Countersigned by:


Nevada Resident Agent
Marina Betsy Tapia
Non-Resident Producer
License No.: 884868

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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

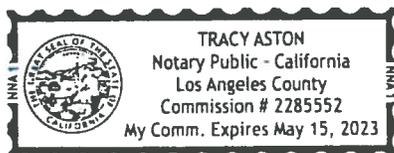
State of California

County of Los Angeles

On OCT 11 2019 before me, Tracy Aston, Notary Public, personally appeared Edward C. Spector 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 _____

Tracy Aston
Signature of Notary Public



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8198054-024029

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, B. Aleman, Tracy Aston, Thomas Branigan, Lisa K. Crail, Ashraf Elmasy, Samantha Fazzini, Donna Garcia, Simone Gerhard, April Martinez, Rosa E. Rivas, Paul Rodriguez, Edward C. Spector, Marina Tapia, Nathan Varnold, KD Wapato

all of the city of Los Angeles state of California each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper 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 28th day of November, 2018.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, 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.

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 28th day of November, 2018 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes 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.



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 OCT 11 2019 day of October, 2019.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

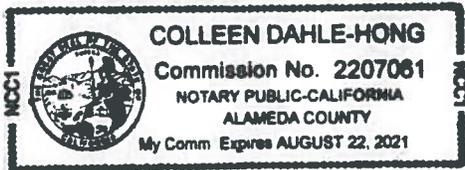
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Alameda)
On October 23, 2019 before me, Colleen Dahle-Hong, Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Robert Venema
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) 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 Colleen Dahle-Hong
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: Rx Wholesale Security Bond
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Robert Venema
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: KFH

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Kaiser Foundation Hospitals

List of Employees Who Handle Drugs

Kaiser Foundation Hospitals ("KFH") is a virtual distributor. The facility located in Livermore, CA does not house, handle or distribute any drugs. All warehousing and distribution is performed by a licensed Third Party Logistics provider, United Parcel Service (UPS) in several locations within the United States.

Therefore, there are no KFH employees who handle any drugs on a daily basis.

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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: THE ER AT MCCARRAN NW

Physical Address: 10290 NORTH MCCARRAN BLVD

City: RENO State: NV Zip Code: 89503 Telephone: _____

775-343-7520 Fax: 775-343-7519 Toll Free Number: _____

E-mail: KEITH.MARSHALL@UHSINC.COM

Website: _____

Managing Pharmacist: KEITH MARSHALL License Number: 11473 V

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: EMERGENCY ROOM

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding
- Non Sterile Compounding
- Mail Service Sterile Compounding
- Other Services: PYXIS

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

KEITH MARSHALL

Print Name of Authorized Person

2/10/2020

Date

Board Use Only

Date Processed: FEB 13 2020

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: SPARKS FAMILY HOSPITAL, INC.

Business Name: NORTHERN NEVADA MEDICAL CENTER

Current Business Address: 2375 EAST PRATER WAY

City: SPARKS State: NV Zip Code: 89434

Telephone: 775-331-7000 Fax: 775-356-4932

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

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: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, KEITH MARSHALL

Responsible Person of THE ER AT MCCARRAN NW

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

KEITH MARSHALL

Print Name of Authorized Person

2/10/2020

Date

Managing Pharmacist

 Pharmacist Name: KEITH MARSHALL

 License #: 11473

 Pharmacy Name: THE ER AT MCCARRAN NW

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
 County: _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.



 Signature

2/10/2020

 Date

ENTITY INFORMATION**ENTITY INFORMATION****Entity Name:**

SPARKS FAMILY HOSPITAL, INC.

Entity Number:

C1886-1979

Entity Type:

Domestic Corporation (78)

Entity Status:

Active

Formation Date:

04/06/1979

NV Business ID:

NV19791003372

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2020

REGISTERED AGENT INFORMATION**Name of Individual or Legal Entity:**

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:**Registered Agent Type:**

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:**Jurisdiction:**

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Email Address:

SOP@CSCGLOBAL.COM

Mailing Address:**Individual with Authority to Act:**

GEORGE MASSIH

Contact Phone Number:**Fictitious Website or Domain Name:****PRINCIPAL OFFICE ADDRESS****Address:****Mailing Address:****OFFICER INFORMATION** **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
-------	------	---------	--------------	--------

Title	Name	Address	Last Updated	Status
President	MARVIN PEMBER	S GULPH RD, KING OF PRUSSIA, PA, 19406, USA	04/10/2019	Active
Secretary	MATTHEW D KLEIN	. GULPH ROAD, KING OF PRUSSIA, PA, 19406, USA	04/10/2019	Active
Treasurer	CHERYL K RAMAGANO	S GULPH RD, KING OF PRUSSIA, PA, 19406, USA	04/10/2019	Active
Director	STEVE FILTON	S GULPH RD, KING OF PRUSSIA, PA, 19406, USA	04/10/2019	Active

Page 1 of 1, records 1 to 4 of 4

CURRENT SHARES

Class/Series	Type	Share Number	Value
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No records to view.

Number of No Par Value Shares:

2500

Total Authorized Capital:

2,500

[Filing History](#)

[Name History](#)

[Mergers/Conversions](#)

[Return to Search](#)

[Return to Results](#)



State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

License Number
653-HOS-29

This Is To Certify That
NORTHERN NEVADA MEDICAL CENTER

2375 E PRATER WAY
SPARKS, NV 89434

Is hereby licensed as a(n)

HOSPITAL

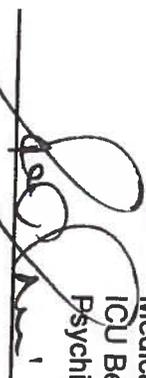
as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada
Administrative Code and the standards, rules and regulations adopted by the Board of Health.

This facility is licensed to provide the following:

Facility Type : HOSPITAL

Endorsement : PRIMARY STROKE

Bed Information : Medical/Surgical Beds - 76, Medical/Surgical
ICU Beds - 12, Rehabilitation Beds - 8, Geriatric
Psychiatric Beds - 28


ALAN OLIVE / Administrator

UNIVERSAL HEALTH SERVICES
INC/SPARKS FAMILY HOSPITAL INC


Lisa Sherych / Administrator

5

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	\$750.00	Counseling CE + \$1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	\$500.00	\$1000.00	Hearing
Ingested with potential harm or adverse outcomes	\$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort.			
No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance.			
With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from \$0.00 to \$10,000 for each Cause of Action.

Updated May 2019

5A

FILED

JAN 24 2020

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ALAN G. BURSTEIN, MD,
Certificate of Registration No. CS09361,

Respondent.

Case No. 19-227-CS-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 and this respondent because at the time of the alleged events, Respondent Alan G. Burstein, MD, held an expired Nevada Controlled Substance Registration, Certificate No. CS09361, issued by the Board.

FACTUAL ALLEGATIONS

II.

Respondent failed to timely renew his Certificate of Registration No. CS09361, which expired on October 31, 2018.

III.

Respondent wrote twenty-six prescriptions for controlled substances between November 1, 2018 and December 12, 2019.

APPLICABLE LAW

IV.

It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a); NRS 639.100(1).

V.

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).

VI.

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).

VII.

It is unlawful for any person falsely to represent himself as a practitioner entitled to write prescriptions in this State. NRS 639.2813(1).

VIII.

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).

IX.

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).

X.

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

XI.

By failing to timely renew his Certificate of Registration No. CS09361, Respondent is subject to discipline pursuant to NRS 639.210(13) and NRS 639.255.

SECOND CAUSE OF ACTION

XII.

By writing twenty-six prescriptions for controlled substances between November 1, 2018 and December 12, 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

XIII.

By writing twenty-six prescriptions for controlled substances between November 1, 2018 and December 12, 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

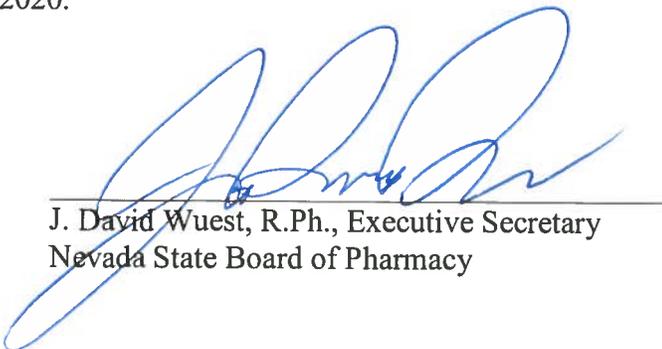
XIV.

By writing twenty-six prescriptions for controlled substances between November 1, 2018 and December 12, 2019, without a valid registration, Respondent committed an act that would render his Controlled Substance Registration, Certificate No. CS09361, inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

XV.

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 24th day of January, 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 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.

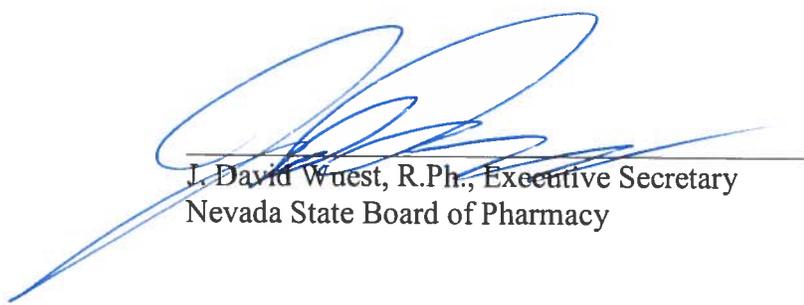
IV.

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 24th day of January, 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,	)	CASE NO. 19-227-CS-S
)	
Petitioner,	)	ANSWER AND NOTICE
v.	)	OF DEFENSE
)	
ALAN BURSTEIN, MD)	
Certificate of Registration No. CS09361)	
Respondent.)	
	/	

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.

Alan Burstein, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of January, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Alan G. Burstein, MD
4445 Lacey Oak Dr.
Palm Beach, FL 33410


SHIRLEY HUNTING

2/23/2020
Sharon Burstein
4 5 Lacey Oak Dr.
Palm Beach Gardens, FL 33410



Re: Case No. 19-227-CS-S

Dear Members of the Nevada Board of Pharmacy:

I'm writing in reference to my husband, Dr. Alan Burstein Case No. 19-227-CS-S, asking for leniency in reference to his proposed fine and attorney's fees and costs.

In July of 2018, we moved to Florida as full retirees, closer to our two grandchildren, and excited to embark on a new chapter in our lives.

In May of 2019, Alan fell. Since that time, he has experienced a precipitous decline in functioning. He rapidly and progressively lost the ability to walk, feed himself, swallow and use the bathroom. His thinking and communication became severely impaired. Several months later, we learned that he is suffering from an aggressive form of Parkinson's disease and Parkinson's Dementia.

With this condition, he's also experienced a multitude of secondary problems and infections that resulted in a string of hospitalizations. At present, he's bed-ridden, uses a feeding tube and catheter. He is under hospice care since his physician does not expect him to live more than 6 months.

Alan has no savings or income aside from his social security payments.

I am responsible for covering costs associated with his medical care and medications, which have unfortunately been exorbitant.

Because I would be the one responsible for paying the fine for these offenses, I'm writing in the hopes that these circumstances can be considered and that the fine could be somewhat reduced.

This time has been hard emotionally and financially for my family and I would be most grateful for your consideration in this matter.

Sincerely,
Sharon Burstein

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ALAN G. BURSTEIN, MD,
Certificate of Registration No. CS09361,**

Respondent.

Case No. 19-227-CS-S

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Alan G. Burstein, MD, Certificate of Registration No. CS09361,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondent and this matter.
2. On or about January 24, 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. Respondent is fully aware of his right to seek the advice of counsel in this matter prior to entering into this Stipulation.
4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, her right to reconsideration, his right to appeal and any and all other rights which may be accorded to him 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 his 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 his Certificate of Registration No. CS09361, which expired on October 31, 2018, in violation of NRS 639.210(13), and

B. While Respondent held an expired Nevada Controlled Substance Registration, he wrote twenty-six prescriptions for controlled substances between November 1, 2018 and December 12, 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. 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 Alan G. Burstein, MD, Certificate of Registration No. CS09361, 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;
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.

9. 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.

10. 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. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or his counsel are not present at the meeting.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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 24 day of Feb ~~March~~, 2020

Signed this ___ day of March, 2020

Alan G. Burstein, M.D.

**ALAN G. BURSTEIN, MD,
Certificate of Registration No. CS09361**

**BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy**

Sharon Burstein

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Alan G. Burstein, MD, Certificate of Registration No. CS09361, in Case No. 19-227 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

title, ways or means howsoever, and upon receipt thereof or of any part thereof to make, sign, execute, and deliver such receipts, releases or other discharges for the same as my said attorney shall think fit or be advised.

(c) To commence, prosecute, discontinue, or defend all actions or other legal proceedings touching my estate or any part thereof or touching any matter in which I or my estate may be in anyway concerned; and to have, sue and take all lawful ways and means and legal and equitable remedies, procedures and writs in my name for the collection, recovery of any item or matter in which I have or may acquire an interest and to compromise, settle and agree for the same and to make, execute and deliver for me and in my name all endorsements, acquittances, releases, receipts or other sufficient discharges for the same.

(d) To lease, purchase, exchange and acquire and to bargain, contract and agree for the lease, purchase and exchange and acquisition of and to take, receive and possess any real or personal property whatsoever, tangible or intangible, or any interest therein, on such terms and conditions and under such covenants as my attorney-in-fact shall deem proper.

(e) To enter into and upon all and each of my real property, and to let, manage, and improve the same or any part thereof, and to repair or otherwise improve or alter, and to insure any buildings or structures thereon.

(f) To sell, either at public or private sale, or exchange any part or parts of my real estate or personal property including my animals for such consideration and upon such terms as my attorney shall think fit, and to execute and deliver good and sufficient deeds or other instruments for the conveyance or transfer of the same, with such covenants of warranty or otherwise as my attorney-in-fact shall see fit, and to give receipts for all or any part of the purchase price or other consideration.

(g) To engage in and actively transact any and all lawful business of whatever nature or kind for me and in my name.

(h) To sign, endorse, execute, acknowledge, deliver, receive and possess such applications, contracts, agreements, options, covenants, deeds, conveyances, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, drafts, bills of exchange, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of banks, savings and loan or other institutions or associations, proofs of loss, evidences of debts, releases, and satisfaction of mortgages, judgments, liens, security agreements, and other debts and obligations, and other instruments in writing of whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted.

(i) To establish accounts and to deposit any monies which may come to my attorney-in-fact, as such attorney-in-fact, with any bank or banker or other person either in my or my attorney-in-fact's own name, and to employ or expend as my attorney-in-fact shall think fit any of such money or any other money to which I am entitled which now is or shall be so deposited; to withdraw, in the payment of any debts, or interest payable by me, or taxes, assessments, insurance, and expenses due and payable or to become due and payable on account of my real and personal estate, or in or about any of the purposes herein mentioned, or otherwise for my use and benefit, or to invest in my attorney-in-fact's own name or any nominee in any stocks, shares, bonds, securities or other property, real or personal, as my attorney-in-fact may think proper, and to manage or to make withdrawals either in whole or in part from the savings account of any savings and loan association or bank.

(j) To borrow any sum or sums of money on such terms and with such security, whether real or personal property, as my attorney-in-fact may think fit, and for that purpose to execute all promissory notes, bonds, mortgages, deeds of trust, security agreements, and other instruments which may be necessary or proper.

(k) To engage, employ, and dismiss any agents, clerks, servants, attorneys-at-law, accountants, investment advisors, custodians, or other persons in and about the performance of these presents as my attorney-in-fact shall think fit.

(l) To vote at the meetings of stockholders or other meetings of any corporation or company, or otherwise to act as my attorney or proxy in respect of any stocks, shares, or other instruments now or hereafter held by me therein, and for that purpose to execute any proxies or other instruments.

(m) To exercise any powers and any duties vested in me, whether solely or jointly, with any other or others as executor, administrator, or trustee or in any other fiduciary capacity, so far as such power or duty is capable of validly being delegated.

(n) In general, to do all other acts, deeds, matters and things whatsoever in or about my estate, property, and affairs, or to concur with persons jointly interested with myself therein in doing all acts, deeds, matters, and things herein, either particularly or generally described, as fully and effectually to all intents and purposes as I could do in my own person if personally present and competent.

(o) To make gifts, grants, or other transfers without consideration, either outright or in trust (including the forgiveness of indebtedness and the completion of any charitable pledges I may have made), to such person or organizations as my attorney-in-fact shall select; to make payments for the college and post-graduate tuition and medical care of my spouse and dependents; to consent to the splitting of gifts under Section 2513 of the Internal Revenue Code and any successor sections thereto and/or similar provisions of any state or local gift tax laws; and to pay any gift tax that may arise by reason of such gift. Notwithstanding the foregoing, in no event shall

such power to make gifts be exercised or exercisable by an attorney-in-fact in favor of himself, anyone my attorney-in-fact has the obligation to support, such attorney-in-fact's estate, such attorney-in-fact's creditors, the creditors of such attorney-in-fact's estate (collectively "Related Parties"), unless such gifts are (a) for my attorney-in-fact's health, maintenance, education, or support, or (b) do not exceed in any calendar year the greater of Five Thousand Dollars (\$5,000.00) or five percent (5%) of the aggregate value of the assets from which such gifts may be made, valued at the end of the calendar year, unless such gifts are in fulfillment of an obligation of support owed by me to my attorney-in-fact; provided however, that such power may be exercised by another attorney-in-fact then acting or successor attorney-in-fact in favor of such Related Parties.

(p) To execute a revocable trust agreement with such trustee or trustees as my attorney-in-fact shall select which trust shall provide that all income and principal shall be paid to me, to some person for my benefit or applied for my benefit in such amounts as I or my attorney-in-fact shall request or as the trustee or trustees shall determine, and that on my death any remaining income and principal shall be paid to my personal representative, and that the trust may be revoked or amended by me or my attorney-in-fact at any time and from time to time; provided, however, that any amendment by my attorney-in-fact must be such that by law or under the provisions of this instrument such amendment could have been included in the original trust agreement; to deliver and convey any or all of my assets to the trustee then in office under the trust agreement; to deliver and convey any or all of my assets to the trustee or trustees thereof; to add any or all of my assets to such a trust already in existence at the time of the creation of this instrument or created by me at any time thereafter.

(q) To renounce and disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift, testate or intestate succession; to release or abandon any property or interest in property or powers which I may now or hereafter own, including any interests in or rights over trusts (including the right to alter, amend, revoke or terminate) and to exercise any right to claim an elective share in any estate or under any will, and in exercising such discretion, my attorney-in-fact may take into account such matters as shall include but shall not be limited to any reduction in estate or inheritance taxes on my estate, and the effect of such renunciation or disclaimer upon persons interested in my estate and persons who would receive the renounced or disclaimed property.

(r) Subject to Paragraph 2 hereof, to nominate and/or petition for the appointment of my attorney-in-fact or any person my attorney-in-fact deems appropriate as primary, successor or alternate guardian, guardian ad litem or conservator or to any fiduciary office (all of such offices of guardian, et al. being hereinafter referred to as "Personal Representative") representing me or any interest of mine or any person for whom I may have a right or duty to nominate or petition for such appointment; to grant to any such Personal Representative all of the powers under applicable law that I am permitted to grant; to waive any bond requirement for such Personal Representative that I am permitted by law to waive.

(s) To allocate any portion of my exemption under §2631(a) of the Internal Revenue Code, as amended, to any property as to which I am the transferor (including property transferred by the attorney-in-fact on my behalf) as to which I did not make an allocation.

(t) To execute any authorization required or permitted by the Health Insurance Portability and Accountability Act ("HIPAA") for the disclosure or use of my protected health information, for any reason whatsoever. For purposes of HIPAA, my attorney-in-fact shall have all the rights afforded to me individually, and shall be authorized to disclose my protected health information to third parties that are not subject to HIPAA's restrictions, in addition to the right to execute authorizations for disclosure.

2. **Commencement.** This durable power of attorney shall become effective upon the disability or incapacity of the principal. I shall be deemed to be incapacitated when two physicians licensed to practice medicine certify in writing that, in their opinion, I lack sufficient understanding or capacity to make or communicate responsible decisions about my property and business affairs, and deliver such certification to my attorney-in-fact, or when a court of competent jurisdiction declares me to be incompetent or incapacitated and appoints a guardian or conservator for me. The effective date of my incapacity shall be the date of such delivery or court order. Copies of this certification or court order shall be attached to the original and all copies of this instrument, including those filed or recorded in public records.

I shall be deemed to have regained capacity when two physicians licensed to practice medicine certify in writing that, in their opinion, I have sufficient understanding or capacity to make or communicate responsible decisions about my property and business affairs, and when they deliver such certification to my attorney-in-fact, or when a court of competent jurisdiction finds me no longer incompetent or incapacitated and terminates the guardianship or conservatorship. The effective date of my capacity shall be the date of such delivery or court order. Copies of this certification or court order shall be attached to the original and all copies of this instrument, including those filed or recorded in public records.

For purposes of obtaining the written opinion of two physicians regarding my incapacity, I hereby authorize the person nominated herein as my attorney-in-fact, or any person named as a successor thereto, to execute the authorization required by 45 C.F.R. §164.508 in order to authorize disclosure of any protected health information necessary for obtaining such written opinions.

If I have executed the CERTIFICATION OF AUTHORIZATION BY PRINCIPAL attached as an exhibit to this power of attorney, then effective upon the date of execution of such certification, and notwithstanding any provision herein to the contrary, this power of attorney shall be immediately and fully effective.

I hereby nominate and appoint my attorney-in-fact or if he or she is unable to serve, the substitute attorney-in-fact named herein, to serve as my guardian, conservator, or similar

fiduciary, if a court of competent jurisdiction, after proper findings, proposes to make such an appointment. If my nomination is not authorized by law, I strongly urge such court to appoint this person as my guardian, conservator, or similar fiduciary.

3. **Successors.** If my attorney-in-fact designated herein does not serve, then LISA JILL BURSTEIN and MARCY ELLEN BURSTEIN shall serve as co-attorneys-in-fact in her place and stead. If either of LISA JILL BURSTEIN or MARCY ELLEN BURSTEIN does not serve, then the other shall serve alone as attorney-in-fact. As used herein, attorney-in-fact shall include any co-attorneys-in-fact then serving. When two co-attorneys-in-fact are serving, unanimous consent shall be required to exercise the power herein. The powers of my attorney-in-fact and substitute attorney-in-fact are personal to such individuals, and may not be delegated to any other persons.

4. **Interpretation of Durable Power of Attorney.** This instrument shall be construed and interpreted as a durable power of attorney in accordance with Nev. Rev. Stat. §§ 111.460 and 111.470. The rights, powers, and authorities of said attorney-in-fact granted herein shall commence and be in full force and effect upon my becoming physically and/or mentally incapacitated and unable to act on my own behalf and such rights, powers, and authority shall remain in full force and effect thereafter until I am no longer incapacitated or until my death. The authority of the attorney-in-fact may be exercised by him or her as provided in the power on behalf of principal notwithstanding the later disability or incapacity of the principal at law or later uncertainty whether the principal is dead or alive. Subject to paragraph 5 hereof, the enumeration of specific items, acts, rights, or powers herein does not limit or restrict, and is not to be construed or interpreted as limiting or restricting the general power herein granted to my attorney-in-fact.

5. **Limits.** Any authority granted to my attorney-in-fact herein shall be limited so as to prevent this durable power of attorney from causing my attorney-in-fact to be taxed on my income and from causing my estate to be subject to a durable power of appointment by my attorney-in-fact, as that term is defined in Section 2041 of the Internal Revenue Code of 1986, as amended. Further, in no event, shall this power of attorney be exercised in favor of my attorney, anyone my attorney has the obligation to support, my attorney's estate, my attorney's creditors or the creditors of his estate, unless specifically provided in this power of attorney.

6. **Bonds.** My attorney-in-fact shall not be obligated to furnish bond or other security.

7. **Principal's Ratification.** I hereby ratify and confirm all that my attorney-in-fact shall lawfully do or cause to be done by virtue of this durable power of attorney and the rights and powers granted herein.

8. **Principal's Indemnity.** I hereby bind myself to indemnify and save and hold harmless my attorney-in-fact against any and all claims, demands, losses, damages, actions and

causes of action, including expenses, costs and reasonable attorneys' fees which my attorney-in-fact at any time may sustain or incur in connection with him or her carrying out the authority granted him or her in the power of attorney.

9. **Termination.** This durable power of attorney revokes any previous power of attorney granted by me. This durable power of attorney shall not be diminished or revoked by the passage of time from the date of its execution, it being my intent that it remain in full force and effect until revoked as provided above or by me in writing and duly recorded in the Office of the County Recorder of Clark County, Nevada, regardless of how much time has elapsed since the date of its execution.

10. **Reliance.** Any third party (including, but not limited to, corporations, partnerships (general or limited), trusts, estates, guardianships, associations) dealing with my attorney-in-fact are expressly exonerated from any duty to inquire into the authority or power of my attorney-in-fact other than to request a copy of this instrument with the supplements set forth in Paragraph 2 hereof to which such third parties may fully rely on and to see to the application of money or property delivered to my attorney-in-fact.

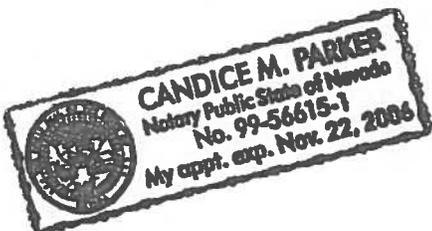
IN WITNESS WHEREOF, I hereunto set my hand this 26th day of November, 2003.

Alan G. Burstein
ALAN G. BURSTEIN

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On this 26th day of November, 2003, personally appeared before me, a Notary Public, ALAN G. BURSTEIN personally known (or proved) to me to be the person described in and who executed the foregoing instrument freely and voluntarily and for the uses and purposes mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Candice M. Parker
NOTARY PUBLIC



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
 (775) 850-1440 • FAX (775) 850-1444
 E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

February 12, 2020

Alan G. Burnstein, MD
 c/o Sharon Burstein
 4445 Lacey Oak Drive
 Palm Beach Gardens, FL 33410

Re: Case No. 19-227-CS-S

Dear Mrs. Burstein:

Pursuant to our telephone conversation, enclosed please find 1) copies of illegal prescriptions for controlled substances written by Dr. Burnstein after his Nevada Controlled Substance Registration No. CS09361 had expired; and 2) the proposed stipulation with the Nevada State Board of Pharmacy (Board) resolving this matter. Please note that patient information on prescriptions has been partially redacted to comply with federal law (Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, 45 CFR Part 160 and Part 164, Subparts A and E). Please also note that each illegal prescription constitutes a felony under federal and state law. *See* 21 U.S.C. § 841(a), 21 U.S.C. § 823(f), and 21 CFR § 1306.03, NRS 453.331(1), NRS 453.3643, NRS 453.381(1).

If you are inclined to accept the stipulation on your husband's behalf please execute the stipulation as indicated and return together with a copy of the durable power of attorney authorizing you to act on your husband's behalf and any statement you wish to have considered by the Board and entered into the record, You may return these materials in the enclosed postage-paid envelope to the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
 General Counsel
 Nevada State Board of Pharmacy

Enclosures

5B

BEFORE THE NEVADA STATE BOARD OF PHARMACY

FILED

DEC 13 2019

NEVADA STATE BOARD
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 19-228-CS-N

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**KRISTIN A. HESTDALEN, MD,
Certificate of Registration No. CS11061,**

Respondent.

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.

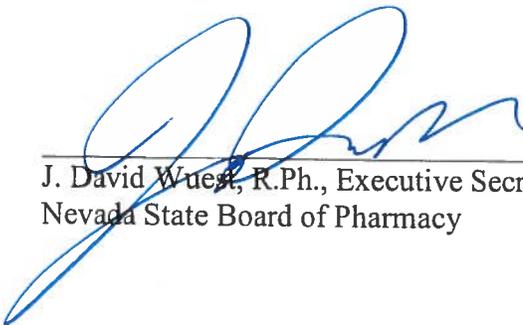
By writing two-hundred sixty-three prescriptions for controlled substances between November 1, 2018 and May 3, 2019, without a valid registration, Respondent committed an act that would render her Nevada Controlled Substance Registration, Certificate No. CS11061, inconsistent

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.

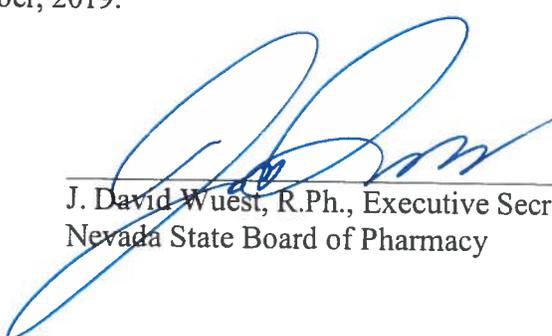
IV.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-228-CS-S
)	
Petitioner,	)	ANSWER AND NOTICE
v.	)	OF DEFENSE
)	
KRISTIN A. HESTDALEN, MD)	
Certificate of Registration No. CS11061,)	
Respondent.)	
	/	

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 December, 2019.

KRISTIN A. HESTDALEN, MD

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

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

Signed this ___ day of March, 2020


 KRISTIN A. HESTDALEN, MD,
 Certificate of Registration NoCS11061


 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

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FILED

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JEVONS WANG, PT,
Certificate of Registration No. PT21836,

Respondent.

CASE NO. 20-008-PT-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Jevons Wang, Certificate of Registration No. PT21836, was a pharmaceutical technician registered by the Board.

FACTUAL ALLEGATIONS

II.

On January 17, 2019, the Board approved Respondent's application for registration as a pharmaceutical technician, subject to the requirement that Respondent enroll in the Professionals Reaching Nevada-Pharmacist/Tech Recovery Network (PRN-PRN) program for one year and comply with all terms and conditions of the PRN-PRN contract, due to a history of substance abuse.

III.

On January 15, 2020, Respondent was terminated from the PRN-PRN program due to lack of attendance. Respondent's Certificate of Registration No. PT21836 is therefore subject to revocation or suspension pursuant to NRS 639.210(5).

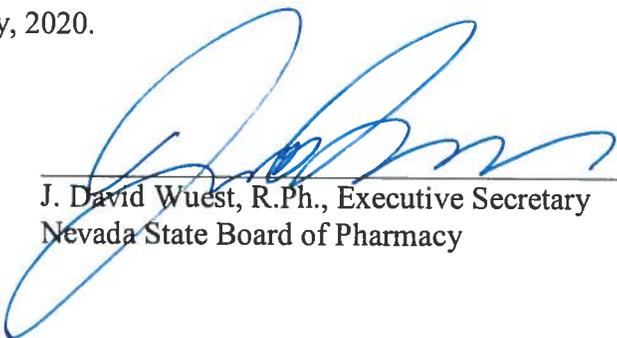
FIRST CAUSE OF ACTION

IV.

By failing to comply with all terms and conditions of the PRN-PRN contract, due to a history of substance abuse, Respondent is subject to discipline pursuant NRS 639.210(5) and NRS 639.2445(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 6th day of February, 2020.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**JEVONS WANG, PT,
Certificate of Registration No. PT21836,**

Respondent.

CASE NO. 20-008-PT-S

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 18, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

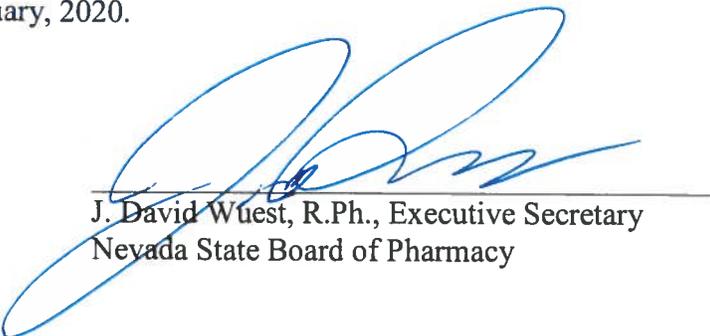
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February, 2020.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****JEVONS WANG, PT
Certificate of Registration No. PT21836,****Respondent.****CASE NO. 20-008-PT-S****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of February, 2020.

JEVONS WANG, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jevons Wang
8797 Pinley Spring Street
Las Vegas, NV 89113


SHIRLEY HUNTING

5D

FILED

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.”

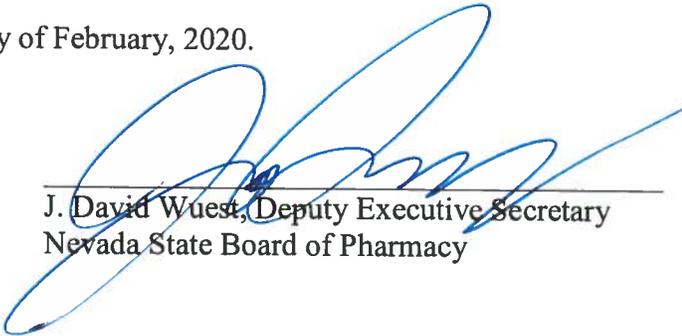
Additionally, “[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not 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.

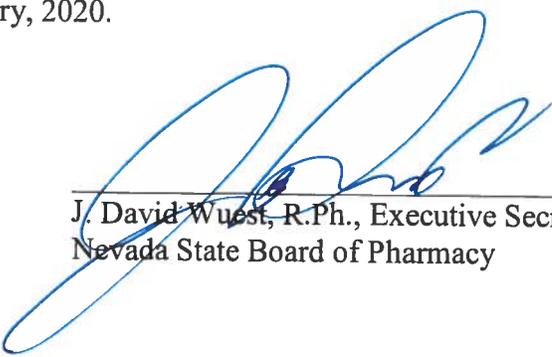
IV.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,****Petitioner,**

v.

**SILVIA TORRES, RPH
Certificate of Registration No. 18575,****Respondent.****CASE NO. 17-081-RPH-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.

SILVIA TORRES, RPH

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

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 17-081-PH-S

Petitioner,

v.

WALGREENS PHARMACY #7864

License No. PH01977,

Respondent.

**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.

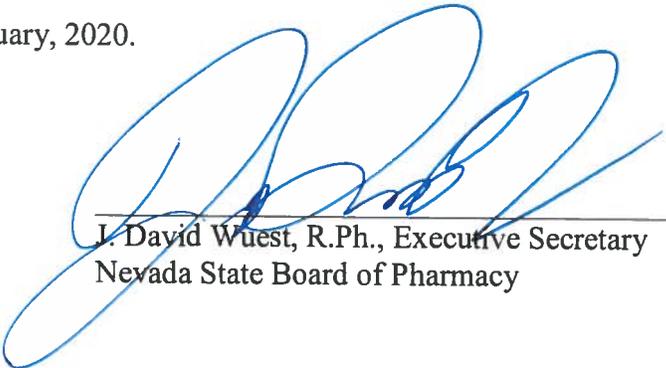
IV.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****WALGREENS PHARMACY #7864
License No. PH01977.****Respondent.****CASE NO. 17-081-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
WALGREENS PHARMACY #7864**

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

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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 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(1)(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).

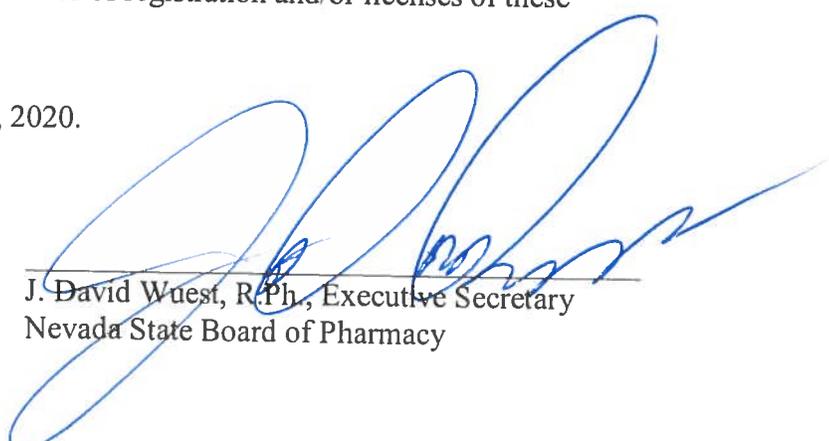
TWELVTH CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
 (Respondent Joshua Aighobahi)

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,

CASE NO. 19-035-RPH-A-S

Petitioner,

v.

**JOSHUA AIGHOBAHI, RPH,
Certificate of Registration No. 18747,**

**STATEMENT TO
THE RESPONDENT
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, 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.

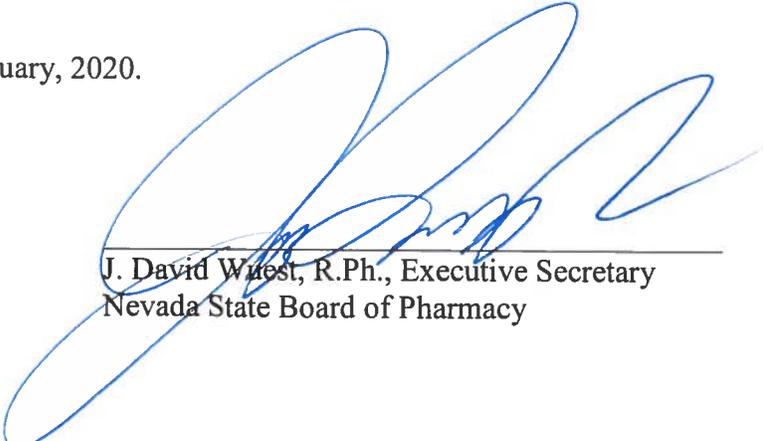
IV.

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 Wiest, 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:

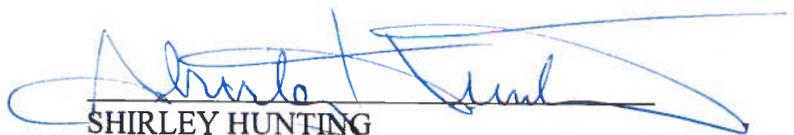
Joshua Aighobahi, R.Ph.
9504 Empire Rock Street
Las Vegas, NV 89143

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

5G

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 19-035-RPH-B-S

Petitioner,

v.

**KATHERINE KUEHL, RPH,
Certificate of Registration No. 11172,**

**STATEMENT TO
THE RESPONDENT
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, 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.

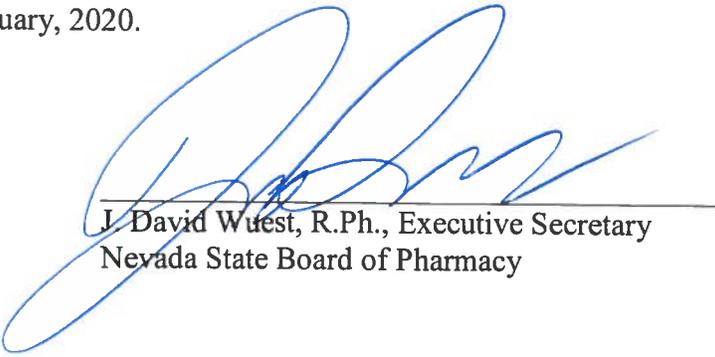
IV.

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

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:

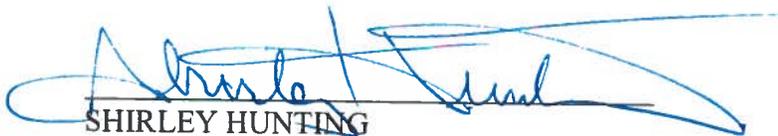
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Katherine L. Kuehl, R.Ph.
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Las Vegas, NV 89101

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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

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****KATHERINE KUEHL, RPH
Certificate of Registration No. 11172,****Respondent.****CASE NO. 19-035-RPH-B-S****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of February 2020.

KATHERINE KUEHL, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of February, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

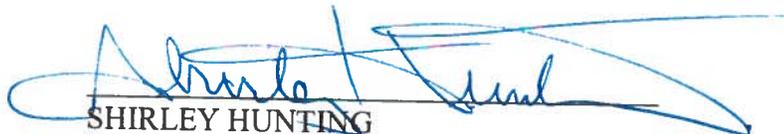
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2208 E. Charleston Blvd., #B
Las Vegas, NV 89104

Persi J. Mishel, Esq.
10161 Park Run Drive, Ste. 150
Las Vegas, NV 89145


SHIRLEY HUNTING

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 19-035-PT-S

Petitioner,

v.

**FELICIA AIGHOBAHI, PT,
Certificate of Registration No. PT17660,**

**STATEMENT TO
THE RESPONDENT
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, 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.

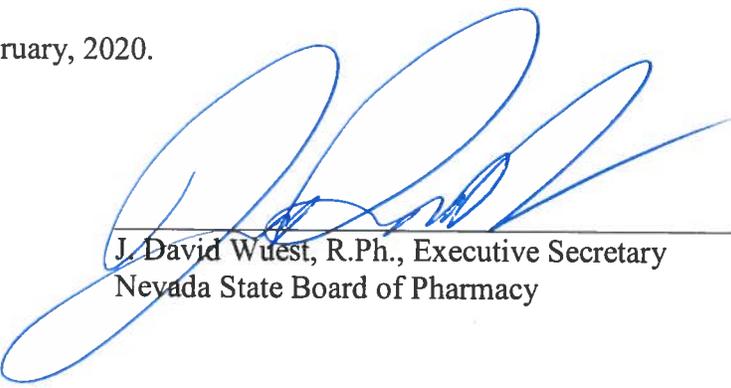
IV.

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

51

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 19-035-PH-S

Petitioner,

v.

**DIVINE TOUCH SERVICES PHARMACY,
Pharmacy License No. PH03411,**

**STATEMENT TO
THE RESPONDENT
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, 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.

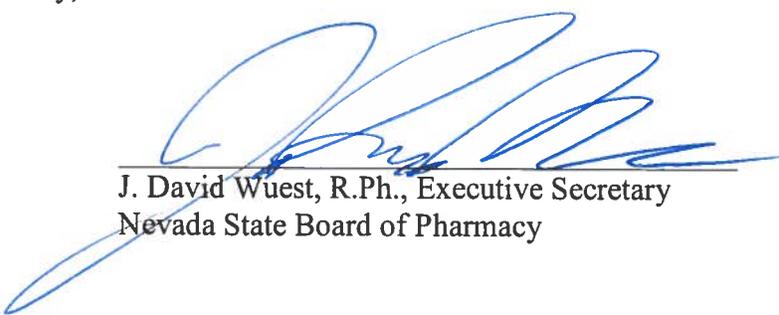
IV.

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

5J

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, andDITHRA 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-SNOTICE 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(1)(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 bona 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(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), 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(1)(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(1)(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

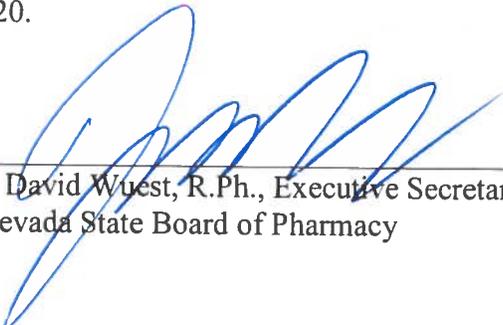
(Respondents Bellota-Rojas, Bist and Cotton-Lewis)

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 16th 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,

CASE NO. 18-103-CS-A-S

Petitioner,

v.

**ROSA A. BELLOTA-ROJAS, MD,
Certificate of Registration No. CS21931,**

**STATEMENT TO
THE RESPONDENT
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, 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.

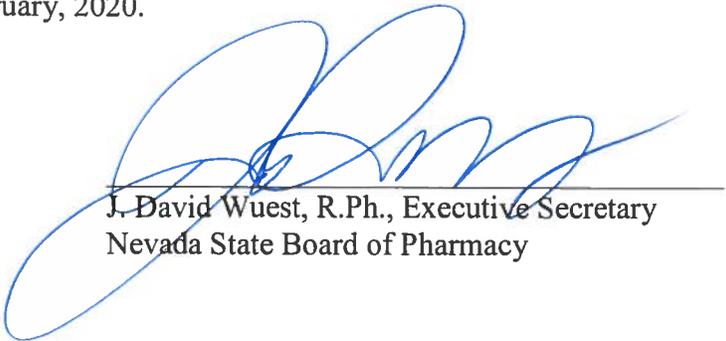
IV.

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

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").

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.

ROSA A. BELLOTA-ROJAS, MD

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

5K

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-103-CS-B-S

Petitioner,

v.

**ANURANJAN BIST, MD,
Certificate of Registration No. CS14281,**

**STATEMENT TO
THE RESPONDENT
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, 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.

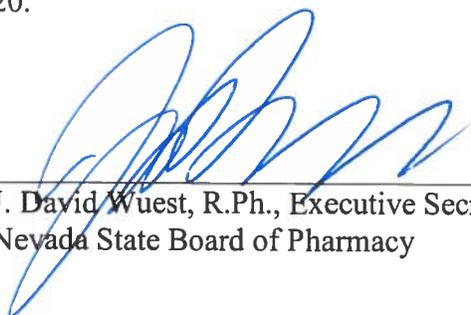
IV.

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

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****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.

ANURANJAN BIST, MD,

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

5L

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-103-CS-C-S

Petitioner,

v.

**DITHRA A. COTTON-LEWIS, APRN,
Certificate of Registration No. CS27780,**

**STATEMENT TO
THE RESPONDENT
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, 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.

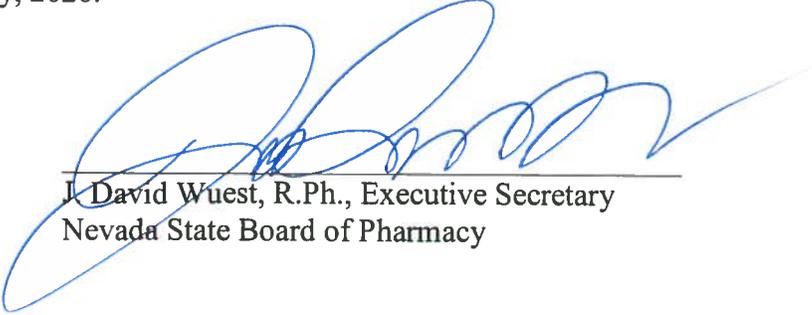
IV.

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.



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.****DITHRA A. 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-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.

DITHRA A. COTTON-LEWIS, APRN

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

6

BEFORE THE NEVADA STATE BOARD OF PHARMACY

FILED

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NEVADA STATE BOARD
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 19-216-WH

Petitioner,

ORDER

.. v.

**SIMPLOT WESTERN STOCKMEN'S,
Wholesaler License No. WH011894,**

Respondent.

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, December 4, 2019, in Reno, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent SIMPLOT WESTERN STOCKMEN'S, Wholesaler License No. WH01894, appeared by and through counsel, Gregory A. Brower, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Order.

FINDINGS OF FACT

The Board makes the following findings of fact:

1. At the time of the events set forth herein, Respondent held Wholesaler License WH01894, issued by the Board.
2. On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.
3. In response to the May 24, 2019, notice, Respondent voluntarily suspended its Nevada operations and ceased to engage in the business of furnishing drugs in this State pursuant to NRS 639.233.

4. On or about October 31, 2019, Respondent was served with the First Amended Notice of Intended Action and Accusation (Accusation) and Notice of Hearing for December 4, 2019, in Reno, Nevada.

5. On or about November 19, 2019, Respondent filed an Answer and Notice of Defense to the Accusation.

6. Respondent in its Answer and at the hearing represented that it has pending an application for accreditation by the National Association of Boards of Pharmacy under the Verified-Accredited Wholesale Distributors program. Respondent further represented that its parent company, J. R. Simplot Company, plans to effectuate an internal reorganization which will create a new subsidiary Nevada corporation whose officers and directors will have exclusive oversight and control of J.R. Simplot Company's wholesale pharmaceutical business in Nevada. Upon the creation of this subsidiary, it will apply for a new wholesaler's license, and with that application, will provide fingerprint cards for each of its officers and directors in compliance with NRS 639.500.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this Respondent, because at the time of the events herein, Respondent held Wholesaler License No. WH01894, issued by the Board.
2. Respondent is subject to the requirements of NRS 639.500 and 21 CFR Part 205.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. This matter is continued pursuant to NRS 639.247(2) for good cause shown subject to the following conditions:
 - a) Respondent shall not engage in the business of furnishing drugs in Nevada pursuant to NRS 639.233 until Respondent complies with the requirements of NRS 639.500; and

- b) Respondent shall within 14 days of the effective date of this Order provide to the Board an affidavit from an authorized representative attesting that Respondent shall continue to suspend its Nevada operations and not engage in the business of furnishing drugs in this State pursuant to NRS 639.233 until Respondent complies with the requirements of NRS 639.500.

2. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Entered this 13th day of December, 2019.



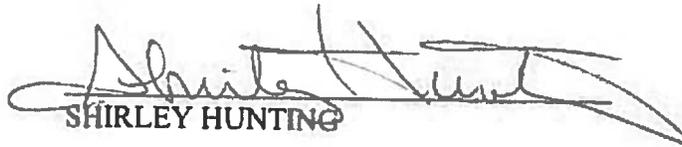
Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of December 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Simplot Western Stockmens
223 Rodeo Avenue
Caldwell, ID 83605

Gregory Brower, Esq.
100 N. City Pkwy., Suite 1600
Las Vegas, NV 89106


SHIRLEY HUNTING

7

Fabian VanCott

December 11, 2019

JEFFREY B. SETNESS
 Direct Dial: 702.333.4900
 Cellular: 702.286.2626
 jsetness@fabianvancott.com

VIA E-MAIL pedwards@pharmacy.nv.gov AND FEDERAL EXPRESS

Paul Edwards
 General Counsel
 Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway, Suite 206
 Reno, Nevada 89521



VIA E-MAIL bkandt@pharmacy.nv.gov AND FEDERAL EXPRESS

Brett Kandt
 General Counsel
 Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway, Suite 206
 Reno, Nevada 89521

**Re: *Nevada State Board of Pharmacy v. Craig Weingrow, M.D.*
 Case No. 17-066-CS-S**

**Craig Weingrow's Petition for Reinstatement of Controlled Substance
 Registration and Request to Appear Before the Board**

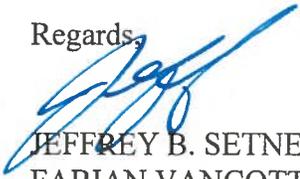
Dear Paul and Brett,

Please find enclosed Dr. Weingrow's "Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board" with exhibits.

We would respectfully request being permitted to appear at the Board's Meeting which is scheduled for January 15th and 16th, 2020 in Las Vegas.

I look forward to hearing from you.

Regards,


 JEFFREY B. SETNESS
 FABIAN VANCOTT

Enclosure

ATTORNEYS AT LAW

411 East Bonneville Avenue, Suite 400
 Las Vegas, Nevada 89101
 Tel: 702.233.4444 Fax: 877.898.1168
www.fabianvancott.com

FILED
DEC 12 2019
 NEVADA STATE
 OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of:

CRAIG WEINGROW, M.D.
Certificate of Registration Nos. CS20272
PD00502

Petitioner

CASE NO. 17-066-CS-S

PETITION FOR REINSTATEMENT OF CONTROLLED SUBSTANCE
REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

COMES NOW Petitioner Craig Weingrow, M.D. by and through his counsel, Jeffrey B. Setness of the law firm of Fabian VanCott and hereby petitions the Nevada State Board of Pharmacy ("Board") for reinstatement of Dr. Weingrow's Controlled Substance Registration pursuant to NRS 639.257 based on the following¹:

I. INTRODUCTION

On July 25, 2018, in the case of *Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al*, Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Findings of Fact, Conclusions of Law and Order which states on Page 9, in pertinent part, as follows:

...

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

¹ It should be noted that Dr. Weingrow is not petitioning for reinstatement of his dispensing practitioner registration because he no longer intends to dispense any medications.

In accordance with the terms and conditions of the above-mentioned Nevada State Board of Pharmacy Order and NRS 639.257, Dr. Weingrow files this Petition for Reinstatement of his Controlled Substance Registration and respectfully submits that reinstatement of his Controlled Substance Registration is justified based upon the following:

1. Dr. Weingrow has complied with the terms and conditions of the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order and NRS 639.257(1) based upon the fact that over 1 year has lapsed since the date of revocation that being July 18, 2018.

2. Dr. Weingrow has complied with the terms and conditions of the Settlement Agreement entered into with the Nevada State Board of Medical Examiners in September 2018, because Dr. Weingrow has:

a. Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners.

b. Paid the costs and expenses incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners.

c. Completed twenty hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances.

d. Paid a fine totaling \$12,000.

On December 6, 2019, at a hearing before the Nevada State Board of Medical Examiners, the Board approved Dr. Weingrow's request for a change in status Inactive-Probation to Active-Probation.

3. Dr. Weingrow has complied with the terms and conditions of the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration, by fully paying \$80,000 in civil penalties.

4. Dr. Weingrow accepts full responsibility for his actions and freely admits the various facts that establish the bases of violations alleged in the Accusation. Dr. Weingrow stands before the Board admitting what he did was wrong and he offers no excuses. As a physician and as a prescriber of medication, Dr. Weingrow acknowledges that he is 100% responsible for everything that goes on in his office.

5. This has been a very humbling experience for Dr. Weingrow which has driven home the fact that practicing medicine and prescribing medication is a privilege and not a right. Dr. Weingrow appreciates that he left his patients down, he let his profession down, and he let the Board of Pharmacy down because of the trust they placed in him.

6. The Nevada State Board of Pharmacy can rest assured that Dr. Weingrow's committed to maintaining the highest prescribing standards from this point forward if his Petition for Reinstatement of his Controlled Substances Registration is approved.

II. PROCEDURAL HISTORY

A. Nevada State Board of Pharmacy Proceeding

On July 23, 2012, Dr. Weingrow was issued Controlled Substance License No. CS20272 by the Nevada State Board of Pharmacy. A true and correct copy of a printout from the Nevada State Board of Pharmacy regarding this license is attached as Exhibit 1.

On January 20, 2015, Dr. Weingrow was issued Practitioner Dispensing License No. PD00502 by the Nevada State Board of Pharmacy. A true and correct copy of a printout from the Nevada State Board of Pharmacy regarding this license is attached as Exhibit 2.

On February 27, 2018, in the case of *Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al*, Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Notice of Intended Action and Accusation. A true and correct copy of the Accusation is attached as Exhibit 3.

On March 23, 2018, Dr. Weingrow filed his Answer and Notice of Defense of Craig Weingrow, M.D. A true and correct copy of this Answer is attached as Exhibit 4.

Prior to the April 2018 Board Meeting, a proposed Stipulation and Order was negotiated between counsel for Dr. Weingrow and counsel for the Nevada State Board of Pharmacy, in which Dr. Weingrow admitted that evidence existed to establish a basis for violations alleged in the Accusation. The terms of the proposed Stipulation and Order included Dr. Weingrow's Controlled Substances Registration being suspended and the suspension stayed and his registration placed on probation for a minimum of five years. In addition, Dr. Weingrow would surrender his Dispensing Practitioner Registration and he would not be eligible to hold a Dispensing Practitioner Registration for a minimum of ten years. A former Board Member moved to deny the Stipulation and Order presented by Board Staff which was passed and the case was scheduled for hearing during the July 2018 Board Meeting. The relevant excerpts of the Minutes of the April 11th and 12th 2018 Board Meeting are attached as Exhibit 5.

On July 18, 2018, in a pleading entitled "Stipulated Facts", Dr. Weingrow freely and voluntarily admitted to various factual statements. A true and correct copy of the Stipulated Facts is attached Exhibit 6.

On July 25, 2018, the Nevada State Board of Pharmacy filed its Findings of Fact, Conclusions of Law and Order. A true and correct copy of this Order is attached as Exhibit 7. Page 9 of the Order states, in pertinent part, as follows:

ORDER

THEREFORE, THE BOARD HEREBY ORDERS:

- ...
3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).
 4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

B. Nevada State Board of Medical Examiners Proceeding

On August 16, 2018, *In the Matter of Charges and Complaint Against Craig Mitchell Weingrow, M.D., Respondent*, the Nevada State Board of Medical Examiners filed its Complaint. A true and correct copy of the Complaint is attached as Exhibit 8.

On September 10, 2018, the Nevada State Board of Medical Examiners filed a Settlement Agreement which was entered into between Dr. Weingrow and the Nevada State Board of Medical Examiners. A true and correct copy of the Settlement Agreement is attached as Exhibit 9. The Settlement Agreement on Pages 5 and 6 state, in pertinent part, as follows:

...
 B. Respondent's license to practice medicine in the state of Nevada shall be revoked with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive" status until successful completion of the terms set forth in Paragraph C immediately following.

C. Respondent's license shall be subject to a term of probation for a period of time not to exceed thirty-six (36) months from the date of the Board's acceptance, adoption and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions within the Probationary Period and demonstrate compliance to the good faith satisfaction of the Board within thirty-six (36) months, or before Respondent resumes the practice of medicine in Nevada during this probationary period, whichever is first; if Respondent fails to demonstrate compliance with the terms and conditions of this Agreement within thirty-six (36) months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the stay of revocation of Respondent's license shall be lifted, and his license shall be immediately revoked. The following terms and conditions shall apply during Respondent's probationary period:

(1) Respondent shall complete the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, and, if recommended by PACE, the Fitness For Duty (FFD) evaluation, and pass all of the above to the satisfaction of the Board;

(2) Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within thirty (30) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being \$4,539.06, not including any costs that may be necessary to finalize this Agreement.

(3) Respondent shall take twenty (20) hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances within twelve (12) months from the date of the Board's acceptance,

adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

(4) Respondent shall pay a fine of \$1,000 per count admitted to hereby, consisting of 12 counts, for a total of \$12,000, within one hundred eighty (180) days of the Board's acceptance, adoption and approval of this Agreement.

(5) During the probationary period, Respondent shall successfully complete all requirements and comply with all orders, past or future, of the Nevada State Board of Pharmacy (Pharmacy Board), specifically including but limited to, the Pharmacy Board's Order issued on July 25, 2018, in its Cases Numbered 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, specifically including the following: . . .

On December 6, 2019, Dr. Weingrow appeared at a hearing before the Nevada State Board of Medical Examiners and the Board approved Dr. Weingrow's change of status from Inactive-Probation to Active-Probation. See Exhibit 10.

C. United States Attorney's Office and Drug Enforcement Administration

On November 28, 2018, Dr. Weingrow entered into a Memorandum of Agreement with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration in which he agreed to pay \$80,000 in civil penalties. See Exhibit 11. Dr. Weingrow has fully paid this amount. See Exhibit 12.

On March 22, 2019, Dr. Weingrow's DEA Certificate of Registration was revoked. See Exhibit 13.

III. LAW

NRS 639.257 entitled "Reinstatement of revoked certificate, license or permit." states, in pertinent part, as follow:

1. A person whose certificate, license or permit has been revoked may petition the Board for reinstatement after a period of not less than 1 year has lapsed since the date of revocation.
2. The petition shall state such facts as may be required by the Board and shall be heard by the Board at its next regular meeting held not earlier than 30 days after the petition is filed. Such petition may be considered by the Board while the petitioner is under sentence for any criminal offense, including any period during which the petitioner

is on probation or parole, only if the Board members, by a majority vote, find that the public interest would best be served by such reinstatement.

3. In considering reinstatement the Board may investigate and consider all activities of the petitioner since the time the original certificate, license or permit was issued and his or her ability, character and reputation. The affirmative vote of at least three members is necessary for reinstatement of a certificate, license or permit with or without terms, conditions and restrictions.

IV. REASONS WHY REINSTATEMENT IS JUSTIFIED

A. Dr. Weingrow has Fully Complied with the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order

In compliance with the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order and NRS 639.257(1), over 1 year has lapsed since the date of revocation that being the date of the hearing which was July 18, 2018.

B. Dr. Weingrow has Fully Complied with the Settlement Agreement entered into with the Nevada State Board of Medical Examiners

In compliance with the Settlement Agreement entered into with the Nevada State Board of Medical Examiners in September 2018, Dr. Weingrow has:

1. Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners.
2. Paid the costs and expenses incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners.
3. Completed twenty hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances which was in addition to any CME requirements that are regularly imposed.
4. Paid a fine of \$1,000 per count admitted to hereby, consisting of 12 counts, for a total of \$12,000.

1. PACE Program

Pursuant to the Settlement Agreement with the Nevada State Board of Medical Examiners, Dr. Weingrow attended the Physician Assessment and Clinical Education (PACE) Program at the University of California San Diego School of Medicine.

The PACE Program was of great benefit to Dr. Weingrow because it made him take a hard look at himself to determine how he could improve. It also helped Dr. Weingrow focus on those areas of his practice where he needed to improve so that he will be able to safely practice medicine and prescribe medication.

As a result of the PACE Program, Dr. Weingrow's physical exam taking skills have improved and he is now able to develop a broader range of differential diagnoses for clinical scenarios with the information he has learned. Dr. Weingrow is now also able to conduct a more thorough workup regarding a patient's condition.

2. University of Nevada, Reno School of Medicine "Best Practices and Tools for Prescribing Controlled Substances" Course

Dr. Weingrow also attended the "Best Practices and Tools for Prescribing Controlled Substances" course at University of Nevada, Reno School of Medicine. This course taught Dr. Weingrow how to prescribe controlled substances safely and helped him recognize substance abuse and patients who are at risk. This course also taught Dr. Weingrow to recognize his own personal characteristics which negatively impacted his past prescription practices. For example, by nature Dr. Weingrow is a non-confrontational person. So when patients requested certain medications, he simply gave in and prescribed the medication instead of holding his ground and offering more appropriate, safer alternatives.

This course helped change Dr. Weingrow's perspective and he now realizes there are many alternatives to prescribing opioid medications when patients are experiencing pain and that he must be mindful of the combinations of drugs one prescribes, since these can have additive effects and be harmful.

C. The Nevada State Board of Medical Examiners Approved Dr. Weingrow's Status to Active on December 6, 2019

On December 6, 2019, the Nevada State Board of Medical Examiners approved Dr. Weingrow's status from Inactive-Probation to Active-Probation.

D. Dr. Weingrow Has Complied with the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration

In compliance with the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration, Dr. Weingrow has paid \$80,000 in civil penalties.

E. Dr. Weingrow Accepts Full Responsibility for His Actions

As set forth in the proposed Stipulation and Order (which was rejected) and the Stipulated Facts Dr. Weingrow signed on July 18, 2017, Dr. Weingrow accepts full responsibility for his actions and freely admitted various facts and that evidence existed to establish a basis of violations alleged in the Accusation.

Dr. Weingrow stands before the Board admitting what he did was wrong and he offers no excuses.

As a physician and as a prescriber of medication, Dr. Weingrow acknowledges that he is 100% responsible for everything that goes on in his office.

F. Dr Weingrow Appreciates That Practicing Medicine and Prescribing Medications is a Privilege and Not A Right

This has been a very humbling experience for Dr. Weingrow which has driven home the fact that practicing medicine and prescribing medication is a privilege and not a right.

Dr. Weingrow appreciates that he left his patients down, he let his profession down, and he let the Board of Pharmacy down because of the trust they placed in him.

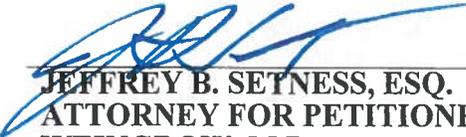
G. Commitment to Maintaining the Highest Standards

The Nevada State Board of Pharmacy can rest assured that Dr. Weingrow's committed to maintaining the highest prescribing standards from this point forward if his Petition for Reinstatement of his Controlled Substances Registration is approved.

III. CONCLUSION

Dr. Weingrow respectfully requests that the Board reinstate his Controlled Substances Registration.

Dated December 11, 2019.



JEFFREY B. SETNESS, ESQ.
ATTORNEY FOR PETITIONER CRAIG
WEINGROW, M.D.

Approved as to form and content:



CRAIG WEINGROW, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of Fabian VanCott, and that on this 11th day of December, 2019, I served a true and correct copy of the:

**PETITION FOR REINSTATEMENT OF CONTROLLED SUBSTANCE
REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD**

by Federal Express and E-mail to the following:

Paul Edwards
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
pedwards@pharmacy.nv.gov

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
bkandt@pharmacy.nv.gov



An Employee of
FABIAN VANCOTT



Nevada State Board of Pharmacy

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov) or (775) 850-1440.

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
WEINGROW	CRAIG	CS20272				Yes	

License Number : CS20272

Name : WEINGROW, CRAIG

License Type : Controlled Substance

License Status : Revoked

License Date : 07/23/2012

Discipline : Yes

Expiration Date : 10/31/2018



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EXHIBIT 1



Nevada State Board of Pharmacy

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov) or (775) 850-1440.

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
WEINGROW	CRAIG	PD00502				None	

License Number : PD00502

Name : WEINGROW, CRAIG

License Type : Practitioner Dispensing

License Status : Revoked

License Date : 01/20/2015

Discipline :

Expiration Date : 10/31/2018



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EXHIBIT 2

FILED

FEB 27 2018

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

) CASE NOS. 17-066-CS-S
) 17-066-TD-A-S
) 17-066-TD-B-S

v.

CRAIG WEINGROW, M.D.,
Certificate of Registration Nos. CS20272
PD00502,

) NOTICE OF INTENDED ACTION
) AND ACCUSATION

TERESA JAFFER, T.D.,
Certificate of Registration No. TD01408,

and

MARECXY RUBIO-VERONICA, T.D.,
Certificate of Registration No. TD01461,

Respondents.

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Craig Weingrow, MD (Weingrow) had both a Controlled Substance Registration, Certificate No. CS20272 and a Practitioner Dispensing Registration, Certificate No. PD00502, with the Board. Respondents Teresa Jaffer (Jaffer), Certificate of Registration No. TD01408, and Marecxy Rubio-Veronica (Rubio-Veronica), Certificate of Registration No. TD01461, each held Technician Dispensing Registrations with the Board.



FACTUAL ALLEGATIONS

II.

On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation at Respondent Weingrow's medical office.

III.

The investigators found evidence of misconduct and violations involving prescription records and the unlawful dispensing of controlled substances at Weingrow's medical office. The misconduct and the violations the investigators observed and documented at Weingrow's medical office include:

1. Investigators obtained a sample of five hundred and eighty (580) prescriptions for controlled substances and dangerous drugs that Weingrow's medical office dispensed to patients between October 14, 2017 and October 31, 2017. Of those 580 prescriptions, not one was signed by Weingrow personally.

2. Weingrow knowingly permitted Respondents Jaffer, Rubio-Veronica and three unlicensed office staff members, namely, two receptionists and one medical assistant/receptionist (collectively "Office Staff"), to falsify his signature or initials on his prescriptions.

3. Weingrow typically signs his full name when he signs prescriptions and other documents personally.

4. Weingrow trained and/or permitted Jaffer, Rubio-Veronica and Office Staff to write a "C" followed by a wavy line to falsify his signature to his prescriptions.

5. Jaffer, Rubio-Veronica, and Office Staff falsely documented patient initials and dates of service on patient's informed consent labels.

6. Weingrow allowed Jaffer, Rubio-Veronica and Office Staff access to his inventory of controlled substances and dangerous drugs to dispense to his patients when he was not present in the office.

7. Weingrow, Jaffer, Rubio-Veronica and Office Staff mailed controlled substances to patients who lived out-of-town.

8. Weingrow allowed Jaffer to transport controlled substances to a United States Post Office for mailing.

9. Weingrow, Jaffer, Rubio-Veronica and Office Staff also used Federal Express to ship medications to patients.

10. As examples of Weingrow's unlawful activities, the investigators found evidence that Weingrow vacationed outside of the country in October 2016, and again in July 2017. The following is a summary of the controlled substances Jaffer, Rubio-Veronica and Office Staff wrote for and/or dispensed to Weingrow's patients during those periods while Weingrow was absent.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions with Weingrow's signature on them to 14 patients.
- Dispensed 6 medications at Weingrow's office.
- Dispensed 4 medications to patients by mail.

July 1, 2017 to July 9, 2017

Weingrow's medical office:

- Issued 4 prescriptions with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

11. The "Medical Weight Loss" shipping log at Weingrow's medical office for the time period between August 26, 2016, through October 31, 2017, indicates that his staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

IV.

Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

- Signed Weingrow's name on prescriptions for controlled substances and dangerous drugs;
- Falsely documented patient initials on informed consent forms;
- Dispensed controlled substances to patients by U.S. Mail and Federal Express; and
- Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature on the prescriptions.

APPLICABLE LAW

V.

Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See* Nevada Revised Statutes (NRS) 453.128(1)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a) and NRS 639.2353(2); *see also* Nevada Administrative Code (NAC) 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

VI.

"Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." Nevada Administrative Code (NAC) 639.945(1)(h).

VII.

A licensee "[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i).

VIII.

A person must be a *licensed practitioner* in order to lawfully write a prescription. See NRS 453.226, NRS 453.231, and NRS 639.100.

IX.

“Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(k).

X.

NAC 639.742 states in relevant part:

1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.

....

3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;

....

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

- (a) Enter the room or cabinet in which drugs are stored;
- (b) Remove drugs from stock;
- (c) Count, pour or reconstitute drugs;
- (d) Place drugs into containers;
- (e) Produce and affix appropriate labels to containers that contain or will contain drugs;
- (f) Fill containers for later use in dispensing drugs; or
- (g) Package or repackage drugs.

XI.

NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

XII.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board.

Nevada Revised Statue (NRS) 639.210(4).

FIRST CAUSE OF ACTION

Dispensing Without A Practitioner's Signature
(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XIII.

By dispensing, and/or by allowing to be dispensed, controlled substances and dangerous

drugs to patients without Weingrow's handwritten signature on each written prescription, Respondents Weingrow, Jaffer and Rubio-Veronica each acted in violation of NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

SECOND CAUSE OF ACTION

Falsifying Signatures

(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XIV.

By falsifying Weingrow's signature on written prescriptions for controlled substances and/or dangerous drugs that Weingrow's medical office dispensed, and/or by allowing Jaffer, Rubio-Veronica and Office Staff to falsify Weingrow's signature on prescriptions for controlled substances and/or dangerous drugs that Weingrow's medical office dispensed, Respondents, and each of them, engaged in fraudulent and/or deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(1)(h).

THIRD CAUSE OF ACTION

Unlicensed Practice of Medicine

(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XV.

By signing prescriptions as if they were authorized practitioners, and/or by allowing Jaffer, Rubio-Veronica and Office Staff to sign prescriptions as if they were authorized practitioners, Respondents, and each of them, "performed acts, tasks or operations for which licensure, certification or registration is required without the required license, certificate or registration, or knowingly allowed such conduct to occur." Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

FOURTH CAUSE OF ACTION
Failure to Adequately Secure Drugs
 (Respondent Weingrow)

XVI.

A dispensing practitioner must secure all controlled substances and dangerous drugs in his inventory in a locked storage area to which the dispensing practitioner has the only key or lock. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent Weingrow violated those regulations by allowing Jaffer, Rubio-Veronica and Office Staff access to his inventory of controlled substances and dangerous drugs when he was not onsite at his facility.

FIFTH CAUSE OF ACTION
Unlawful Access to Drugs
 (Respondents Weingrow, Jaffer and Rubio-Veronica)

XVII.

A dispensing technician may not access the room or cabinet in which controlled substances and/or dangerous drugs are stored unless the dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondents Jaffer and Rubio-Veronica accessed controlled substances and dangerous drugs when Weingrow was not onsite at the office, which conduct Weingrow allowed. By doing so, Respondents, and each of them, violated NAC 639.743.

SIXTH CAUSE OF ACTION
Dispensing When Practitioner Off-Site
 (Respondent Weingrow)

XVIII.

A dispensing practitioner may not allow his staff to dispense any controlled substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By allowing Jaffer, Rubio-Veronica and/or Office Staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Weingrow violated NAC 639.742(3)(e).

SEVENTH CAUSE OF ACTION
Dispensing When Practitioner Off-Site
 (Respondents Jaffer and Rubio-Veronica)

XIX.

No person may dispense any controlled substance or dangerous drug from a dispensing practitioner's office when the dispensing practitioner is not on-site at his facility. *See* NAC 639.742(3)(e). Jaffer and Rubio-Veronica dispensed medications to patients while Weingrow was not on-site at his facility. By doing so Jaffer and Rubio-Veronica violated NAC 639.742(3)(e).

EIGHTH CAUSE OF ACTION
Dispensing to Off-Site Patients
 (Respondents Weingrow, Jaffer, and Rubio-Veronica)

XX.

A dispensing practitioner is required to ensure that "[a]ll drugs are dispensed only to the patient personally at the [dispensing practitioner's] facility." *See* NAC 639.742(3)(f). Weingrow allowed Jaffer, Rubio-Veronica and Office Staff to dispense to patients who were not at Weingrow's facility, including dispensing by U.S. Mail and Federal Express. By doing so, Weingrow, Jaffer and Rubio-Veronica violated NAC 639.742(3)(f).

NINTH CAUSE OF ACTION
Dispensing Without Dispensing Practitioner Verification
 (Respondents Weingrow, Jaffer, and Rubio-Veronica)

XXI.

By dispensing prescriptions for controlled substances and dangerous drugs that were not first checked and initialed by Weingrow – when Weingrow was not at the facility – and by allowing his staff to dispense prescriptions without personally checking the medications before they were dispensed, Respondents, and each of them, violated NAC 639.743(2)(a) and/or (b).

TENTH CAUSE OF ACTION
Falsifying Patient Records
 (Respondents Weingrow, Jaffer, and Rubio-Veronica)

XXII.

By falsely documenting patient initials and dates of service on patient informed consent labels, and by allowing his staff to falsely document that information, Jaffer, Rubio-Veronica and Weingrow are each guilty of “unprofessional conduct and conduct contrary to the public interest”, as defined at NAC 639.945(1)(h).

XXIII.

For the misconduct and violations described in each of the Causes of Action above, Respondents, and each of them, are subject to discipline per NRS 639.210(1), (4), (11) and/or (12), and NRS 639.255, as well as NAC 639.7445.

XXIV.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this ²⁷ day of February, 2018.



 Larry Pinson, Pharm.D., Executive Secretary
 Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

RECEIVED MAR 26 2018

FILED

MAR 23 2018

NEVADA STATE BOARD OF PHARMACY

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Jason G. Weiner, Esq.
Nevada Bar No. 7555
Gregory V. Cortese, Esq.
Nevada Bar No. 6610
WEINER LAW GROUP, LLC.
2820 W. Charleston Blvd., #35
Las Vegas, Nevada 89102
Phone: (702) 202-0500
Fax: (702) 202-4999
gcortese@weinerlawnevada.com
Attorneys for Respondent
Craig Weingrow, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 17-066-CS-S
17-066-TD-A-S
17-066-TD-B-S

Petitioner,

v.

ANSWER AND NOTICE OF DEFENSE OF CRAIG WEINGROW, M.D.

CRAIG WEINGROW, M.D.,
Certificate of Registration Nos. CS20272
PD00502,

TERESA JAFFER, T.D.
Certificate of Registration No. TD01408,

and

MARECXY RUBIO-VERONICA, T.D.,
Certificate of Registration No. TD01461

Respondents.

Respondent CRAIG WEINGROW, M.D., in answer to the Notice of Intended Action and Accusation filed in the above entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: None.



EXHIBIT 4 -

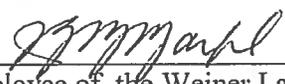
WEINER LAW GROUP, LLC
2820 W. Charleston Blvd. #35
Las Vegas, Nevada 89102
Tel: (702) 202-0500 Fax: (702) 202-4999

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 22nd day of March, 2018, I served a true and correct copy of the aforementioned **ANSWER AND NOTICE OF DEFENSE OF CRAIG WEINGROW, M/D.** by facsimile and by U.S. Mail addressed to the following:

Larry Pinson, Pharm.D
Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
FaX: (775) 850-1444



An Employee of the Weiner Law Group, LLC

WEINER LAW GROUP, LLC
2820 W. Charleston Blvd. #35
Las Vegas, Nevada 89102
Tel: (702) 202-0500 Fax: (702) 202-4999



NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

April 11 & 12, 2018

BOARD MEETING

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, Nevada

Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Melissa Shake
Robert Sullivan	Darla Zarley		

Board Members Absent:

Kirk Wentworth was absent on April 11 & 12, 2018.

Jason Penrod was absent on April 12, 2018.

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Brett Kandt	Yenh Long	Ray Seidlinger	Kenneth Scheuber
Luis Curras	Dena McClish	Joe Dodge	Sophia Long
Kristopher Mangosing			

President Basch read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

1. Public Comment April 11, 2018, 9:00 AM

There was no public comment.

2. Approval of March 7-8, 2018, Minutes

Melissa Shake recused from participation in this matter due to her absence from the March 2018 Board meeting.

— **EXHIBIT 5**

- X. Case Baldwin Healthcare Systems, Inc. – Wichita, KS
- Y. McKesson Patient Care Solutions Inc. – Moorestown, NJ
- Z. Unicare Biomedical, Inc. – Laguna Hills, CA

Applications for Nevada Pharmacy – Non-Appearance:

- AA. AbacusRx Pharmacy – Henderson, NV
- BB. Raley's Pharmacy #122 – Fernley, NV
- CC. Raley's Pharmacy #116 – Reno, NV
- DD. Raley's Pharmacy #124 – Reno, NV
- EE. Raley's Pharmacy #120 – Tonopah, NV
- FF. Raley's Pharmacy #123 – Yerington, NV
- GG. Smith's Pharmacy #315 – Las Vegas, NV
- HH. Smith's Pharmacy #376 – Las Vegas, NV

President Basch requested to have Items D & AA pulled from the Consent Agenda and have representatives from the companies appear at a future Board meeting.

Board Action:

Motion: Jason Penrod moved to approve the Consent Agenda with the exceptions of Items D & AA.

Second: Melissa Shake

Action: Passed unanimously

4. Discipline

A. Craig Weingrow, MD

(17-066-CS-S)

Craig Weingrow appeared and was sworn by President Basch prior to answering questions or offering testimony.

Jason Weiner was present as counsel representing Dr. Weingrow.

Mr. Edwards summarized the facts of the case where Dr. Weingrow knowingly permitted Teresa Jaffer, Marecxy Rubio-Veronica and three unlicensed office staff members to falsify his signature or initials on his prescriptions. Investigators from the Nevada State Board of Medical Examiners and the Nevada State Board of Pharmacy obtained a sample of 580 prescriptions dispensed between October 14, 2017 and October 31, 2017. Not one of those 580 prescriptions were signed by Dr. Weingrow personally. Dr. Weingrow also allowed office staff access to his inventory of controlled substances and dangerous drugs to dispense to his patients when he was not present in the office. Dr. Weingrow and his office staff mailed controlled substances to patients who live out-of-town.

Mr. Edwards presented a Stipulation and Order regarding Dr. Weingrow for the Board's consideration. The Respondent admits that evidence exists to establish a basis for violations alleged in the Accusation.

Dr. Weingrow's Controlled Substance Registration shall be suspended. The suspension stayed, and his registration placed on probation for a minimum of five years. He shall surrender his Dispensing Practitioner Registration within three days, and will not be eligible to hold a Dispensing Practitioner Registration for a minimum of ten years. Dr. Weingrow shall dispose of his entire inventory with Board Staff present or with written approval. Dr. Weingrow shall pay a fine of \$1,000.00 and an administrative fee of \$4,000.00 within 60 days. Dr. Weingrow shall attend two of the next three Las Vegas Board Meetings, and shall create new policies and procedures to prevent these errors from occurring in the future.

After discussion, the Board expressed concern over the severity and quantity of violations by Dr. Weingrow and his office staff.

Board Action:

Motion: Jason Penrod moved to deny the Stipulation and Order presented by Board Staff and schedule the hearing for this case during the July 2018 Board Meeting.

Second: Melissa Shake

Action: Passed unanimously

B. Teresa Jaffer

(17-066-TD-A-S)

Ms. Jaffer was not present.

Mr. Edwards explained that this case shares the same set of facts as Dr. Weingrow's case. He stated that Ms. Jaffer was a dispensing technician at Dr. Weingrow's office.

Mr. Edwards moved to have Exhibits 1-4 admitted into the record.

President Basch admitted Exhibits 1-4 into the record.

Mr. Edwards reviewed Exhibits 1-4 for the Board. He presented a copy of the certified mail receipt indicating that the Notice of Intended Action and Accusation was properly served to Ms. Jaffer, a letter notifying Ms. Jaffer of the date and time of her hearing, a letter from Ms. Jaffer surrendering her dispensing technician registration and a response from Board Staff.

Board Action:

Motion: Jason Penrod moved that Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Ms. Jaffer.

Second: Kevin Desmond

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-066-CS-S
)	
Petitioner,)	
v.)	
	)	STIPULATED FACTS
CRAIG WEINGROW, M.D.,	)	(Weingrow Only)
Certificate of Registration Nos. CS20272)	
PD00502,)	
)	
TERESA JAFFER, T.D.,)	
Certificate of Registration No. TD01408,)	
)	
and)	
)	
MARECXY RUBIO-VERONICA, T.D.,)	
Certificate of Registration No. TD01461,)	
)	
Respondents.	/	

Respondent Craig Weingrow, M.D., Certificate of Registration Nos. CS20272 and PD00502, ("Weingrow" or "Respondent"), by and through his counsel of record, Jason Weiner, Esq., of Weiner Law Group, LLC,

HEREBY STIPULATES AND AGREES THAT:

1. The Board has jurisdiction over this matter because at the time of the events alleged herein, Weingrow had both a Board-issued Controlled Substance Registration, Certificate No. CS20272, and a Board-issued Practitioner Dispensing Registration, Certificate No. PD00502.
2. On or about February 27, 2018, Board Staff properly served the *Notice of Intended Action and Accusation* (Accusation) on file in this matter on Weingrow in compliance with Nevada Revised Statutes (NRS) 233B.127(3) and NRS 639.241.
3. Weingrow, through his counsel, filed an *Answer and Notice of Defense* with the Board on or about March 23, 2018.
4. On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation and inspection at Weingrow's medical office.

5. During the inspection the Board's investigators obtained approximately 580 computer-generated unsigned prescriptions for controlled substances and dangerous drugs that indicate they were written between October 14, 2017 and October 31, 2017.

6. The 580 unsigned prescriptions are designated by Weingrow's medical office to include prescription numbers Rx #136694 through Rx #137287.

7. Weingrow's medical office had already dispensed to patients the medications called for in those 580 unsigned prescriptions at the time of the inspection.

8. Weingrow's medical office did not have and could not provide signed copies of those 580 prescriptions when the Board investigators requested them at the time of the inspection.

9. Weingrow's medical office reported to the Nevada Prescription Monitoring Program (PMP) that it dispensed all the controlled substances called for among the 580 unsigned prescriptions—approximately 248 controlled substance prescriptions total—between October 14, 2017 and October 31, 2017.

10. Weingrow and Jaffer dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town.

11. Weingrow allowed Jaffer to transport controlled substances and dangerous drugs to a United States Post Office for mailing.

12. Weingrow and Jaffer used Federal Express to ship medications to patients.

13. Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

(a) Signed Weingrow's name of prescriptions for controlled substances and dangerous drugs;

(b) Falsely documented patient initials on informed consent forms;

(c) Dispensed controlled substances and dangerous drugs to patients by U.S. Mail and Federal Express; and

(d) Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature or initials prescriptions.

14. Weingrow vacationed outside of the country in October 2016, and again in July 2017. Jaffer and Rubio-Veronica dispensed to Weingrow's patients the following prescription medications during those periods in Weingrow's absence.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions, which had been post dated by the Doctor, with Weingrow's signature on them to 14 patients.
- Dispensed 6 medications at Weingrow's office.
- Dispensed 4 medications to patients by mail.

July 1, 2017 to July 9, 2017

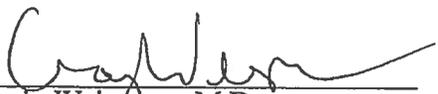
Weingrow's medical office:

- Issued 4 prescriptions, which had been post dated by the Doctor, with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

18. Weingrow's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Weingrow's staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

Respondent has fully considered the factual allegations contained in the Notice of Intended Action and Accusation in this matter and the admissions in this Stipulation. He freely and voluntarily agrees to the factual statements set forth herein.

Signed this 18th day of July 2017



Craig Weingrow, M.D.
Certificate of Registration Nos. CS20272
and PD00502

FILED

JUL 25 2018

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-066-CS-S
	)	17-066-TD-A-S
Petitioner,	)	17-066-TD-B-S
v.)	
)	
CRAIG WEINGROW, M.D.,	)	FINDINGS OF FACT,
Certificate of Registration Nos. CS20272	)	CONCLUSIONS OF LAW
PD00502,	)	AND ORDER
)	
TERESA JAFFER, T.D.,	)	(Craig Weingrow, M.D. Only)
Certificate of Registration No. TD01408,)	
)	
and)	
)	
MARECXY RUBIO-VERONICA, T.D.,)	
Certificate of Registration No. TD01461,)	
)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly-scheduled meeting on Wednesday, July 18, 2018, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Craig Weingrow, M.D. (Weingrow), Controlled Substance Registration Certificate No. CS20272 and Practitioner Dispensing Registration Certificate No. PD00502, appeared with counsel, Jason G. Weiner, Esq., of Weiner Law Group, LLC. The Board heard the case and, based on the evidence presented, including documents, witness testimony and a set of Stipulated Facts signed by Weingrow, makes the following Findings of Fact, Conclusions of Law and Order.¹

FINDINGS OF FACT

The allegations against Weingrow, as stated in the Accusation on file herein, and upon which the Board makes findings of fact, are as follows:

¹ The Board set a hearing for April 11, 2018, to hear this matter as to Respondents Teresa Jaffer, T.D., Certificate of Registration No. TD01408, and Marecxy Rubio-Veronica, T.D., Certificate of Registration No. TD01461. The Board held the hearing as scheduled, however, Respondents Jaffer and Rubio-Veronica each failed to appear. The Board entered default against each of them and revoked the Dispensing Technician Registration of each of those Respondents. *See Orders of Default, Case Nos. 17-066TD-A-S and 17-066TD-B-S*, dated April 23, 2018. Neither Jaffer nor Rubio-Veronica requested reconsideration or petitioned a district court for judicial review of the Board's orders.

1. On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation and inspection at Weingrow's medical office, located at 7200 Smoke Ranch Road, Suite 120, in Las Vegas, Nevada.
2. During the inspection of Weingrow's medical office, the Board's investigators obtained five hundred and eighty (580) computer-generated unsigned prescriptions for controlled substances and dangerous drugs that each indicated a written date between October 14, 2017 and October 31, 2017.
3. The 580 unsigned prescriptions are designated by Weingrow's medical office to include prescription numbers Rx #136694 through Rx #137287.
4. Weingrow's medical office had already dispensed to patients the controlled substances and dangerous drugs called for in those 580 unsigned prescriptions at the time of the inspection.
5. Weingrow did not sign any of those 580 prescriptions.
6. Weingrow's medical office did not have and could not provide signed copies of those 580 prescriptions when the Board's investigators requested them at the time of the inspection.
7. Weingrow's medical office never produced to Board Staff or to the Board's investigators the original or a signed copy of the original of any of the 580 unsigned prescriptions.
8. Weingrow's medical office reported to the Nevada Prescription Monitoring Program (PMP) that it dispensed all the controlled substances called for among the 580 unsigned prescriptions—approximately 248 controlled substance prescriptions total—between October 14, 2017 and October 31, 2017.
9. Additionally, Weingrow routinely permitted unlicensed members of his office staff, including Respondent Teresa Jaffer (Jaffer), Respondent Rubio-Veronica (Rubio-Veronica) and other members of his staff, to falsify his signature on his prescriptions.
10. Weingrow typically signs his first and last name ("Craig Weingrow") when he signs prescriptions and other documents personally.

11. Weingrow routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify his signature on the prescriptions for medications dispensed by his medical office by writing a "C" followed by a wavy line on his prescriptions.

12. Weingrow routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify patient initials and dates of service on patients' informed consent labels.

13. Weingrow routinely allowed Jaffer access to the keys and to access his locked cabinet for storing controlled substances and dangerous drugs to dispense to his patients when he was not present in the office.

14. Weingrow and Jaffer dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town.

15. Weingrow routinely allowed Jaffer to transport controlled substances and dangerous drugs to a United States Post Office for mailing.

16. Weingrow and Jaffer routinely used Federal Express to ship medications to patients.

17. Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

- a) Signed Weingrow's name on prescriptions for controlled substances and dangerous drugs;
- b) Falsely documented patient initials on informed consent forms;
- c) Dispensed controlled substances and dangerous drugs to patients by U.S. Mail and Federal Express; and
- d) Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature or initials on the prescriptions.

18. Weingrow vacationed outside of the country in October 2016, and again in July 2017. Jaffer and Rubio-Veronica dispensed to Weingrow's patients the following prescription medications during those periods in Weingrow's absence.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions, which had been post-dated by the Doctor, with Weingrow's signature on them to 14 patients.
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Weingrow's medical office:

- Issued 4 prescriptions, which had been post-dated by the Doctor, with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

19. Weingrow's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Weingrow's staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

20. Weingrow's actions, as found herein, constitute a significant and unreasonable risk to the health and safety of the public.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

21. The Board has jurisdiction over this matter because at the time of the events set forth above, Respondent Weingrow had both a Controlled Substance Registration, Certificate No. CS20272, and a Practitioner Dispensing Registration, Certificate No. PD00502, each issued by the Board.

22. The applicable law in this matter is as follows:

a. Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See* NRS 453.128(1)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a) and NRS 639.2353(2); *see also* Nevada Administrative Code (NAC) 453.440(1)(c), NAC 453.410(1)(b)(8), NAC 454.060(1) and 21 C.F.R. § 1306.05.

b. No person may prescribe and dispense controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

c. “Performing or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.” Nevada Administrative Code (NAC) 639.945(1)(h).

d. A licensee “[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(i).

e. A person must be a *licensed practitioner* in order to lawfully write a prescription. See NRS 453.226, NRS 453.231, and NRS 639.100.

f. “Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(k).

g. NAC 639.742 states in relevant part:

1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.

....

3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;

....
 4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

- (a) Enter the room or cabinet in which drugs are stored;
- (b) Remove drugs from stock;
- (c) Count, pour or reconstitute drugs;
- (d) Place drugs into containers;
- (e) Produce and affix appropriate labels to containers that contain or will contain drugs;
- (f) Fill containers for later use in dispensing drugs; or
- (g) Package or repackage drugs.

h. NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

- (a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and
- (b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

i. Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board.

Nevada Revised Statute (NRS) 639.210(4).

j. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

k. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

l. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

23. By dispensing, and by allowing to be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription, Respondent Weingrow violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

24. By allowing members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing, Weingrow engaged in fraudulent and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(1)(h).

25. By allowing unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions, Weingrow allowed members of his office staff to “perform[] acts, tasks or operations for which licensure, certification or registration is required without the required license,

certificate or registration, or knowingly allowed such conduct to occur.” Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

26. A dispensing practitioner must secure all controlled substances and dangerous drugs in his office in a locked storage area to which the dispensing practitioner has the only key or lock combination. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent Weingrow violated NAC 639.742(3)(c) and (4)(a) and NAC 639.745(1)(c) by allowing an unlicensed member of his office staff access to his locked storage cabinets for controlled substances and dangerous drugs when he was not on-site at his facility.

27. A dispensing practitioner must not allow a dispensing technician access to the room or cabinet in which controlled substances and/or dangerous drugs are stored unless the dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondent Weingrow violated NAC 639.743 when he allowed a member of his office staff access to the key and to access the room and cabinet in which he stored controlled substances and dangerous drugs when he was not on-site at his office.

28. A dispensing practitioner may not allow his staff to dispense any controlled substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By allowing members of his office staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Weingrow violated NAC 639.742(3)(e).

29. A dispensing practitioner is required to ensure that “[a]ll drugs are dispensed only to the patient personally at the [dispensing practitioner’s] facility.” *See* NAC 639.742(3)(f). Weingrow allowed members of his office staff to dispense to patients who were not at his medical facility, including dispensing by U.S. Mail and Federal Express. By doing so, Weingrow violated NAC 639.742(3)(f).

30. By allowing members of his Office Staff to falsely document patient initials and dates of service on patient informed consent forms, Weingrow is guilty of “unprofessional conduct and conduct contrary to the public interest,” as defined at NAC 639.945(1)(h).

31. For the misconduct and violations described in each of the causes of action above, Weingrow is subject to discipline per NRS 639.210(1), (4), (11) and (12), NRS 639.255, and NAC 639.7445.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS:

1. Respondent Craig Weingrow's Controlled Substance Registration, Certificate No. CS20272, and his Practitioner Dispensing Registration, Certificate No. PD00502, are each revoked effective as of the date of the hearing, July 18, 2018.

2. Unless and until Weingrow applies for reinstatement of his controlled substance registration and/or his dispensing practitioner registration, and the Board reinstates his registration(s), Weingrow:

a. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.

b. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.

c. May not prescribe any controlled substance for any patient.

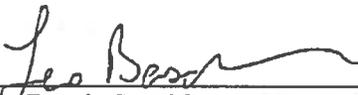
d. May not dispense any controlled substance or dangerous drug.

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Signed and entered this 25 day of July 2018.



Lee Basch, President
Nevada State Board of Pharmacy

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
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BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and
Complaint Against
CRAIG MITCHELL WEINGROW, M.D.,
Respondent.

Case No. 18-39792-1

FILED
AUG 16 2018
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Craig Mitchell Weingrow, M.D. (Respondent), a physician licensed in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The IC alleges the following facts:

1. Respondent is a physician licensed to practice medicine in the State of Nevada (License No. 14309). He has been continuously licensed by the Board since April 5, 2012.

A. Respondent's Treatment of Patient A

2. Patient A was a 36-year-old female at the time she established care with Respondent. Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint (Patient Designation).

3. Respondent treated Patient A from October 15, 2014, through August 11, 2017. Respondent saw Patient A approximately 42 times during this period, during which Respondent prescribed controlled substances to Patient A, including but not limited to: Oxycodone and Acetaminophen, 5/325 mg and 10/325 mg tablets; Dextroamphetamine-amphetamine, 30 mg

¹ The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Theodore B. Berndt, M.D., and Mr. M. Neil Duxbury. 

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1 tablets; Alprazolam 0.5 mg and 1 mg tablets; Phentermine 37.5 mg tablets; Hydrocodone and
2 Acetaminophen, 10/325 mg tablets; Carisprodol, 325 mg tablets; Diazepam, 5 mg tablets;
3 Lorazepam, 0.5 mg tablets; Oxandrolone, 10 mg tablets; Guaitussin AC.

4 4. Respondent prescribed opioid analgesics to Patient A at higher than indicated
5 starting dosages for various patient complaints, without establishing diagnoses through a history,
6 physical exam or appropriate studies. Respondent continued to prescribe opioids to Patient A,
7 which were incrementally increased without exploring other non-controlled substances and
8 therapy alternatives. Pathological and possible life-threatening etiologies were not explored by
9 Respondent.

10 5. Respondent prescribed anabolic steroids to Patient A without establishing
11 diagnoses through a proper history, physical exam or appropriate studies, such as labs or imaging,
12 to confirm and establish diagnosis related to the loss of muscle mass complained of. Respondent
13 prescribed anabolic steroids, a pregnancy "Class X" (contraindicated) medication, to a female of
14 child-bearing age without establishing or documenting risks of pregnancy or of breast cancer.
15 Oxandrolone has a "black-box" warning for peliosis hepatitis, which can lead to liver failure;
16 Respondent did not perform appropriate studies of liver function and follow-up, and education on
17 the risks of the medication were not offered.

18 6. Respondent prescribed benzodiazapines to Patient A at higher than indicated
19 starting dosages for various patient complaints without establishing diagnoses through a proper
20 history, physical and psychological exams or appropriate studies. Alternatives, such as non-
21 controlled substances or psychological therapy, were not explored by Respondent. Respondent
22 changed, increased and decreased benzodiazapine prescriptions and dosages for Patient A without
23 further evaluation or explanation. Risks of dependence, tolerance and addiction with chronic use
24 were not explained to Patient A, and the use of benzodiazapines in conjunction with opioids was
25 not assessed for risk of accidental overdose.

26 7. Respondent prescribed Adderall (dextroamphetamine-amphetamine) to Patient A at
27 a higher than indicated starting dosage for various patient complaints without establishing
28

1 diagnoses through a proper focused history and assessment for DSM-V criteria for ADHD. Risks
 2 of dependence, tolerance and addiction were not explained to Patient A by Respondent.

3 8. Respondent prescribed Phentermine, an appetite suppressant, to Patient A at a
 4 higher than indicated starting dosage based on Patient A stating a desire to lose weight.
 5 Respondent prescribed the appetite suppressant without taking a complete medical history,
 6 without performing a physical examination and conducting appropriate studies to determine if
 7 there are any contraindications to the use of the appetite suppressant by the patient, without
 8 establishing that Patient A's obesity represented a threat to her health, and without including a
 9 program of dietary restrictions, modification of behavior and exercise. Patient A was continued
 10 on appetite suppressants for more than 3 months despite Patient A not losing an average of 2
 11 pounds per month or more, and, on the contrary, gaining weight while under Respondent's care.
 12 Respondent prescribed Phentermine, a pregnancy "Class X" (contraindicated) medication, to a
 13 female of child-bearing age without establishing or documenting risks of pregnancy.

14 COUNT I

15 **NRS 630.301(4) (Malpractice)**

16 9. All of the allegations in the above paragraphs are hereby incorporated as if fully set
 17 forth herein.

18 10. Malpractice is grounds for disciplinary action against a licensee pursuant to
 19 NRS 630.301(4).

20 11. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable
 21 care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

22 12. As demonstrated by, but not limited to, the above-outlined facts, Respondent
 23 committed malpractice with respect to his treatment of Patient A by failing to use reasonable care,
 24 skill, or knowledge ordinarily used under similar circumstance when treating Patient A.

25 13. By reason of the foregoing, Respondent is subject to discipline by the Board as
 26 provided in NRS 630.352.

27 ///

28 ///

1 limited to: Oxycodone and Acetaminophen, 10/325 mg tablets; Alprazolam 1 mg and 2 mg
2 tablets.

3 42. Patient B established care on February 1, 2017, with a complaint of a history of back
4 pain. Respondent performed a focused history of the present illness and exam at this time.
5 However, no further examinations were performed on Patient B through the rest of this period of
6 care. Respondent initially prescribed Oxycodone and Acetaminophen, 10/325 mg tablets, twice a
7 day, but this was increased on March 6, 2017, to three times a day without explanation. Three
8 previous emergency room x-ray images of Patient B's lumbar spine from May 27, 2013, are
9 negative for fracture, subluxation, destructive change, disc space narrowing or scoliosis, and
10 sacroiliac joints were normal. Opioids were continued through the entire period, without
11 documentation of previous modalities for treatment of Patient B's condition, without exploring
12 other treatment modalities, such as NSAIDs, physical therapy, orthopedic or neurosurgical
13 evaluation. Respondent did not establish the etiology of Patient B's pain, did not order additional
14 imaging studies, did not evaluate or examine for changes or etiology of pain.

15 43. Respondent prescribed benzodiazapines to Patient B at higher than indicated
16 starting dosages based on Patient B's complaint of a history of anxiety, without establishing
17 diagnoses through a proper history, physical and psychological exams or appropriate studies. No
18 previous treatment modalities to control his anxiety were explored, and treatment alternatives,
19 such as non-controlled substances or psychological therapy, were also not explored by
20 Respondent. Respondent increased the dosage from 1 mg to 2 mg for Patient B without
21 explanation, noting only that the history of present illness was that "anxiety is severe now, as
22 patient is going through personal issues with his family/girlfriend feels the Xanax is not
23 controlling his anxiety." Respondent did not order any lab work or tests. Respondent increased
24 the dosage without further evaluation, diagnosis or explanation. Risks of dependence, tolerance
25 and addiction with chronic use were not explained to Patient B, and the use of benzodiazapines in
26 conjunction with opioids was not assessed for risk of accidental overdose.

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1 COUNT VII

2 **NRS 630.301(4) (Malpractice)**

3 44. All of the allegations in the above paragraphs are hereby incorporated as if fully set
 4 forth herein.

5 45. Malpractice is grounds for disciplinary action against a licensee pursuant to
 6 NRS 630.301(4).

7 46. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable
 8 care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

9 47. As demonstrated by, but not limited to, the above-outlined facts, Respondent
 10 committed malpractice with respect to his treatment of Patient B by failing to use reasonable care,
 11 skill or knowledge ordinarily used under similar circumstance when treating Patient B.

12 48. By reason of the foregoing, Respondent is subject to discipline by the Board as
 13 provided in NRS 630.352.

14 COUNT VIII

15 **NRS 630.306(1)(b)(2) (Violation of Standards of Practice)**

16 49. All of the allegations in the above paragraphs are hereby incorporated by reference
 17 as though fully set forth herein.

18 50. Violation of a standard of practice adopted by the Board is grounds for disciplinary
 19 action pursuant to NRS 630.306(1)(b)(2).

20 51. The Board adopted by reference the Model Policy in NAC 630.187.

21 52. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of
 22 writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that
 23 deviates from the standards set forth in the Model Policy.

24 53. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote
 25 prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated
 26 from the Model Policy.

27 54. By reason of the foregoing, Respondent is subject to discipline by the Board as
 28 provided in NRS 630.352.

COUNT IX

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

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3 55. All of the allegations in the above paragraphs are hereby incorporated as if fully set
4 forth herein.

5 56. Engaging in any act that is unsafe or unprofessional conduct in accordance with
6 regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to
7 NRS 630.306(1)(p).

8 57. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote
9 prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated
10 from the Model Policy.

11 58. Respondent's conduct was unsafe and unprofessional.

12 59. By reason of the foregoing, Respondent is subject to discipline by the Board as
13 provided in NRS 630.352.

COUNT X

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

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15
16 60. All of the allegations contained in the above paragraphs are hereby incorporated by
17 reference as though fully set forth herein.

18 61. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate
19 and complete medical records relating to the diagnosis, treatment and care of a patient is grounds
20 for initiating discipline against a licensee.

21 62. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
22 to maintain complete medical records relating to the diagnosis, treatment and care of Patient B, by
23 failing to document his actions in demonstrating his use of reasonable care, skill or knowledge
24 ordinarily used under similar circumstance when treating Patient B, and failing to document his
25 compliance with the Model Policy.

26 63. By reason of the foregoing, Respondent is subject to discipline by the Board as
27 provided in NRS 630.352.

28

1 **C. Respondent's Treatment of Patient C**

2 64. Patient C was a 32-year-old male at the time he established care with Respondent.
3 Patient C's true identity is not disclosed herein to protect his privacy, but is disclosed in the
4 Patient Designation.

5 65. Respondent treated Patient C from October 24, 2014, through August 11, 2017.
6 Respondent saw Patient C approximately 34 times during this period. From April 18, 2016,
7 through August 28, 2017, Respondent prescribed controlled substances to Patient C, including but
8 not limited to: Hydrocodone and Acetaminophen, 10/325 mg tablets; Oxycodone and
9 Acetaminophen, 10/325 mg tablets; Carisprodol, 325 mg tablets; Alprazolam 0.5 mg and 1 mg
10 tablets; Phentermine 37.5 mg tablets.

11 66. Respondent prescribed opioid analgesics to Patient C without establishing a
12 diagnosis through a history, physical exam and appropriate studies. Once an MRI was eventually
13 performed on Patient C, treatment alternatives and findings were not reviewed by Respondent.
14 Respondent continued to prescribe opioids to Patient C, which were incrementally increased
15 without exploring other non-controlled substances and therapy alternatives.

16 67. Respondent prescribed benzodiazapines to Patient C at higher than indicated
17 starting dosages for nonspecific patient complaints without establishing diagnoses through a
18 proper history, physical and psychological exams or appropriate studies. Alternatives, such as
19 non-controlled substances or psychological therapy, were not explored by Respondent.
20 Respondent increased benzodiazapine prescription dosages for Patient C without further
21 evaluation or explanation. Risks of dependence, tolerance and addiction with chronic use were
22 not explained to Patient C, and the use of benzodiazapines in conjunction with opioids was not
23 assessed for risk of accidental overdose.

24 68. Respondent prescribed Phentermine, an appetite suppressant, to Patient C at a
25 higher than indicated starting dosage based on Patient C stating a desire to lose weight.
26 Respondent prescribed the appetite suppressant without taking a complete medical history,
27 without performing a physical examination and conducting appropriate studies to determine if
28 there are any contraindications to the use of the appetite suppressant by the patient, without

1 establishing that Patient C's obesity represented a threat to her health, and without including a
 2 program of dietary restrictions, modification of behavior and exercise.

3 **COUNT XI**

4 **NRS 630.301(4) (Malpractice)**

5 69. All of the allegations in the above paragraphs are hereby incorporated as if fully set
 6 forth herein.

7 70. Malpractice is grounds for disciplinary action against a licensee pursuant to
 8 NRS 630.301(4).

9 71. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable
 10 care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

11 72. As demonstrated by, but not limited to, the above-outlined facts, Respondent
 12 committed malpractice with respect to his treatment of Patient C by failing to use reasonable care,
 13 skill or knowledge ordinarily used under similar circumstance when treating Patient C.

14 73. By reason of the foregoing, Respondent is subject to discipline by the Board as
 15 provided in NRS 630.352.

16 **COUNT XII**

17 **NRS 630.306(1)(b)(2) (Violation of Standards of Practice)**

18 74. All of the allegations in the above paragraphs are hereby incorporated by reference
 19 as though fully set forth herein.

20 75. Violation of a standard of practice adopted by the Board is grounds for disciplinary
 21 action pursuant to NRS 630.306(1)(b)(2).

22 76. The Board adopted by reference the Model Policy in NAC 630.187.

23 77. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of
 24 writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that
 25 deviates from the standards set forth in the Model Policy.

26 78. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote
 27 prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated
 28 from the Model Policy.

1 90. By reason of the foregoing, Respondent is subject to discipline by the Board as
 2 provided in NRS 630.352.

3 **COUNT XV**

4 **NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)**

5 91. All of the allegations in the above paragraphs are hereby incorporated as if fully set
 6 forth herein.

7 92. Engaging in any act that is unsafe or unprofessional conduct in accordance with
 8 regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to
 9 NRS 630.306(1)(p).

10 93. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote
 11 prescriptions to Patient C for appetite suppressants in a manner that deviated from the professional
 12 standards for the prescription of appetite suppressants and the Dietary Guidelines.

13 94. Respondent's conduct was unsafe and unprofessional.

14 95. By reason of the foregoing, Respondent is subject to discipline by the Board as
 15 provided in NRS 630.352.

16 **COUNT XVI**

17 **NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)**

18 96. All of the allegations contained in the above paragraphs are hereby incorporated by
 19 reference as though fully set forth herein.

20 97. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate
 21 and complete medical records relating to the diagnosis, treatment and care of a patient is grounds
 22 for initiating discipline against a licensee.

23 98. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
 24 to maintain complete medical records relating to the diagnosis, treatment and care of Patient C, by
 25 failing to document his actions in demonstrating his use of reasonable care, skill or knowledge
 26 ordinarily used under similar circumstance when treating Patient C, failing to document his
 27 compliance with the Model Policy, and failing to document his compliance with the professional
 28 standards for the prescription of appetite suppressants and the Dietary Guidelines.

1 99. By reason of the foregoing, Respondent is subject to discipline by the Board as
2 provided in NRS 630.352.

3 **D. Respondent's Violations of Nevada Prescribing Laws, and the Nevada State Board of**
4 **Pharmacy's Revocation of Respondent's Licenses to Prescribe and Dispense**
5 **Controlled Substances.**

6 100. On November 1, 2017, investigators from the Nevada State Board of Pharmacy
7 (Pharmacy Board), the Board, and the Drug Enforcement Administration (DEA) conducted a joint
8 investigation and inspection at Respondent's medical office, located at 7200 Smoke Ranch Road,
9 Suite 120, in Las Vegas, Nevada.

10 101. During the inspection of Respondent's medical office, the Pharmacy Board's
11 investigators obtained five hundred and eighty (580) computer-generated unsigned prescriptions
12 for controlled substances and dangerous drugs that each indicated a written date between October
13 14, 2017, and October 31, 2017.

14 102. The 580 unsigned prescriptions are designated by Respondent's medical office to
15 include prescription numbers Rx #136694 through Rx #137287.

16 103. Respondent's medical office had already dispensed to patients the controlled
17 substances and dangerous drugs called for in those 580 unsigned prescriptions at the time of the
18 inspection.

19 104. Respondent did not sign any of the aforementioned 580 prescriptions.

20 105. Respondent's medical office did not have, and could not provide, signed copies of
21 those 580 prescriptions when the Pharmacy Board's investigators requested them at the time of
22 the inspection.

23 106. Respondent's medical office never produced to Pharmacy Board investigators the
24 original, or a signed copy of the original, of any of the 580 unsigned prescriptions.

25 107. Respondent's medical office reported to the Nevada Prescription Monitoring
26 Program (PMP) that it dispensed all the controlled substances called for by the 580 unsigned
27 prescriptions – approximately 248 controlled substance prescriptions between October 14, 2017,
28 and October 31, 2017.

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1 108. Additionally, Respondent routinely permitted unlicensed members of his office
2 staff, including Teresa Jaffer (Jaffer), Rubio-Veronica (Rubio-Veronica) and other members of his
3 staff, to falsify his signature on his prescriptions.

4 109. Respondent typically signs his first and last name ("Craig Weingrow") when he
5 signs prescriptions and other documents personally.

6 110. Respondent routinely permitted unlicensed members of his office staff, including
7 Jaffer, Rubio-Veronica and other staff members, to falsify his signature on the prescriptions for
8 medications dispensed by his medical office by writing a "C" followed by a wavy line on his
9 prescriptions.

10 111. Respondent routinely permitted unlicensed members of his office staff, including
11 Jaffer, Rubio-Veronica and other staff members, to falsify patient initials and dates of service on
12 patients' informed consent labels.

13 112. Respondent routinely allowed Jaffer access to the keys and to access his locked
14 cabinet for storing controlled substances and dangerous drugs to dispense to his patients when he
15 was not present in the office.

16 113. Respondent and Jaffer dispensed controlled substances and dangerous drugs by
17 mail to patients who lived out of town.

18 114. Respondent routinely allowed Jaffer to transport controlled substances and
19 dangerous drugs to a United States post office for mailing.

20 115. Respondent and Jaffer routinely used Federal Express to ship medications to
21 patients.

22 116. Respondent and Jaffer each signed a statement admitting that Jaffer, Rubio-
23 Veronica and office staff:

- 24 a. signed Respondent's name on prescriptions for controlled substances and
25 dangerous drugs;
- 26 b. falsely documented patient initials on informed consent forms;
- 27 c. dispensed controlled substances and dangerous drugs to patients by U.S. mail and
28 Federal Express; and

1 d. dispensed medications for controlled substances and dangerous drugs without
 2 Respondent's signature or initials on the prescriptions.

3 117. Respondent vacationed outside of the country in October 2016, and again in July
 4 2017.

5 118. Jaffer and Rubio-Veronica dispensed to Respondent's patients prescription
 6 medications during those periods in Respondent's absence, as follows:

7 From October 18, 2016 to October 28, 2016, Respondent's medical office:

- 8 • Issued 18 prescriptions, which had been post-dated by
 Respondent, with Respondent's signature on them, to 14
 9 patients.
- 10 • Dispensed 6 medications at Respondent's office.
- 11 • Dispensed 4 medications to patients by mail.

12 From July 1, 2017 to July 9, 2017, Respondent's medical office:

- 13 • Issued 4 prescriptions, which had been post-dated by
 Respondent, with Respondent's signature on them, to 3 patients.
- 14 • Dispensed 1 medication at Respondent's office.

15 119. Respondent's "Medical Weight Loss" shipping log at his medical office for the
 16 time period between August 26, 2016, through October 31, 2017, shows that Respondent's staff
 17 shipped approximately 166 shipments containing controlled substances to Respondent's patients.

18 120. Respondent's actions, as found herein, constitute a significant and unreasonable
 19 risk to the health and safety of the public.

20 121. On February 27, 2018, the Pharmacy Board filed a Notice of Intended Action and
 21 Accusation in its Case Nos. 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, against
 22 Respondent, holder of Controlled Substance Registration Certificate No. CS20272 and
 23 Practitioner Dispensing Registration Certificate No. PD00502. On Wednesday, July 18, 2018, in
 24 Las Vegas, Nevada, the Pharmacy Board heard the matter at its regularly-scheduled meeting, at
 25 which time Respondent appeared with counsel, Jason G. Weiner, Esq., of Weiner Law Group,
 26 LLC. The Board heard the case and, based on the evidence presented, including documents,
 27 witness testimony and a set of Stipulated Facts signed by Respondent, made its Findings of Fact,
 28 Conclusions of Law and Order, which was filed July 25, 2018.

122. Each written prescription for a controlled substance and each written prescription
 for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See*

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1 NRS 453.128(l)(a), NRS 454.0096(l)(a), NRS 454.223(2)(a), NRS 639.013(l)(a) and
 2 NRS 639.2353(2); *see also* NAC 453.440(l)(c), NAC 453.410(l)(b)(8), NAC 454.060(1) and
 3 21 C.F.R. § 1306.05.

4 123. No person may prescribe and dispense controlled substances in Nevada except as
 5 authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1);
 6 NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

7 124. "Performing or in any way being a party to any fraudulent or deceitful practice or
 8 transaction" constitutes "unprofessional conduct and conduct contrary to the public interest."
 9 NAC 639.945(1)(h).

10 125. A licensee "[p]erforming any of his or her duties as the holder of a license,
 11 certificate or registration issued by the Board, or as the owner of a business or an entity licensed
 12 by the Board, in an incompetent, unskillful or negligent manner" constitutes "unprofessional
 13 conduct and conduct contrary to the public interest." NAC 639.945(l)(i).

14 126. A person must be a licensed practitioner in order to lawfully write a prescription.
 15 *See* NRS 453.226, NRS 453.231, and NRS 639.100.

16 127. "Performing any act, task or operation for which licensure, certification or
 17 registration is required without the required license, certificate or registration" constitutes
 18 "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(k).

19 128. NAC 639.742 states in relevant part:

20 1. A practitioner who wishes to dispense controlled substances or
 21 dangerous drugs must apply to the Board on an application provided
 22 by the Board for a certificate of registration to dispense controlled
 substances or dangerous drugs.

23 3. Except as otherwise provided in NRS 639.23277 and NAC
 24 639.395, the dispensing practitioner and, if applicable, the owner or
 owners of the facility, shall ensure that:

- 25 (a) All drugs are ordered by the dispensing practitioner;
 26 (b) All drugs are received and accounted for by the
 dispensing practitioner;
 27 (c) All drugs are stored in a secure, locked room or cabinet
 28 to which the dispensing practitioner has the only key or lock
 combination;

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(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;

(f) All drugs are dispensed only to the patient personally at the facility;

...

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

129. NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which

1 has been so initialed must be handed to the patient only by
2 the dispensing practitioner or an employee authorized by the
3 dispensing practitioner.

4 130. By dispensing, and by allowing to be dispensed, controlled substances and
5 dangerous drugs to patients without his handwritten signature on each written prescription,
6 Respondent violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c),
7 NAC 453.410(1)(b)(8) and NAC 454.060(1).

8 131. By allowing members of his office staff to falsify his signature on prescriptions for
9 controlled substances and dangerous drugs that his medical office had already dispensed and that
10 were required to bear his personal signature prior to dispensing, Respondent engaged in fraudulent
11 and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary
12 to the public interest per NAC 639.945(1)(h).

13 132. By allowing unlicensed members of his office staff to sign prescriptions for
14 controlled substances and dangerous drugs as if they were licensed practitioners with authority to
15 prescribe and to sign valid prescriptions, Respondent allowed members of his office staff to
16 perform acts, tasks or operations for which licensure, certification or registration is required
17 without the required license, certificate or registration, or knowingly allowed such conduct to
18 occur. Those actions constitute unprofessional conduct and conduct contrary to the public interest
19 per NAC 639.945(k).

20 133. Engaging in conduct that constitutes unprofessional conduct or that is contrary to
21 the public interest is grounds for suspension or revocation of any license issued by the Pharmacy
22 Board. NRS 639.210(4).

23 134. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other
24 federal law or regulation relating to prescription drugs is grounds for suspension or revocation of
25 any license issued by the Pharmacy Board. NRS 639.210(11).

26 135. Violating, attempting to violate, assisting or abetting in the violation of or
27 conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of
28 drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by
29 the Pharmacy Board. NRS 639.210(12).

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1 136. The Pharmacy Board may suspend or revoke a registration issued pursuant to
2 NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the
3 registrant has committed an act that would render registration inconsistent with the public interest.
4 NRS 453.236(1)(d) and NRS 453.241(1).

5 137. By dispensing, and by allowing to be dispensed, controlled substances and
6 dangerous drugs to patients without his handwritten signature on each written prescription,
7 Respondent violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c),
8 NAC 453.410(1)(b)(8) and NAC 454.060(1).

9 138. By allowing members of his office staff to falsify his signature on prescriptions for
10 controlled substances and dangerous drugs that his medical office had already dispensed and that
11 were required to bear his personal signature prior to dispensing, Respondent engaged in fraudulent
12 and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary
13 to the public interest per NAC 639.945(1)(h).

14 139. By allowing unlicensed members of his office staff to sign prescriptions for
15 controlled substances and dangerous drugs as if they were licensed practitioners with authority to
16 prescribe and to sign valid prescriptions, Respondent allowed members of his office staff to
17 perform acts, tasks or operations for which licensure, certification or registration is required
18 without the required license, certificate or registration, or knowingly allowed such conduct to
19 occur. Those actions constitute unprofessional conduct and conduct contrary to the public interest
20 per NAC 639.945(k).

21 140. A dispensing practitioner must secure all controlled substances and dangerous
22 drugs in his office in a locked storage area to which the dispensing practitioner has the only key or
23 lock combination. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent
24 violated NAC 639.742(3)(c) and (4)(a) and NAC 639.745(1)(c) by allowing an unlicensed member
25 of his office staff access to his locked storage cabinets for controlled substances and dangerous
26 drugs when he was not on-site at his facility.

27 141. A dispensing practitioner must not allow a dispensing technician access to the
28 room or cabinet in which controlled substances and/or dangerous drugs are stored unless the

1 dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondent violated
 2 NAC 639.743 when he allowed a member of his office staff access to the key and to access the
 3 room and cabinet in which he stored controlled substances and dangerous drugs when he was not
 4 on-site at his office.

5 142. A dispensing practitioner may not allow his staff to dispense any controlled
 6 substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By
 7 allowing members of his office staff to dispense controlled substances and dangerous drugs to
 8 patients when he was not on-site at his medical facility, Respondent violated NAC 639.742(3)(e).

9 143. A dispensing practitioner is required to ensure that “[a]ll drugs are dispensed only
 10 to the patient personally at the [dispensing practitioner’s] facility.” *See* NAC 639.742(3)(f).
 11 Respondent allowed members of his office staff to dispense to patients who were not at his
 12 medical facility, including dispensing by U.S. mail and Federal Express. By doing so, Respondent
 13 violated NAC 639.742(3)(f).

14 144. By allowing members of his staff to falsely document patient initials and dates of
 15 service on patient informed consent forms, Respondent engaged in “unprofessional conduct and
 16 conduct contrary to the public interest,” as defined at NAC 639.945(1)(h).

17 145. For the misconduct and violations described in this Section D, Respondent was
 18 subject to discipline by the Pharmacy Board per NRS 639.210(1), (4), (11) and (12),
 19 NRS 639.255, and NAC 639.7445.

20 146. For the misconduct and violations described in this Section D, the Pharmacy Board
 21 ordered as follows:

- 22 a. Respondent’s Controlled Substance Registration, Certificate No. CS20272, and his
 23 Practitioner Dispensing Registration, Certificate No. PD00502, were each revoked
 24 effective as of the date of the hearing, July 18, 2018.
- 25 b. Unless and until Respondent applies for reinstatement of his controlled substance
 26 registration and/or his dispensing practitioner registration, and the Board reinstates
 27 his registration(s), Respondent:

28

1 150. By reason of the foregoing, Respondent is subject to discipline by the Board as
 2 provided in NRS 630.352.

3 **COUNT XVIII**

4 **NRS 630.306(1)(b)(1) (Deceptive Conduct)**

5 151. All of the allegations in the above paragraphs are hereby incorporated by reference
 6 as though fully set forth herein.

7 152. Engaging in any conduct which is intended to deceive is grounds for discipline
 8 pursuant to NRS 630.306(1)(b)(1).

9 153. Respondent's misconduct described in this Section D, under the circumstances set
 10 forth herein, constitutes deceptive conduct that is intended to deceive.

11 154. By reason of the foregoing, Respondent is subject to discipline by the Board as
 12 provided in NRS 630.352.

13 **COUNT XIX**

14 **NRS 630.306(1)(p) (Engaging in Unsafe or Unprofessional Conduct)**

15 155. All of the allegations in the above paragraphs are hereby incorporated by reference
 16 as though fully set forth herein.

17 156. Engaging in any act that is unsafe or unprofessional conduct in accordance with
 18 regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to
 19 NRS 630.306(1)(p).

20 157. By the misconduct described in this Section D, under the circumstances set forth
 21 herein, Respondent engaged in unsafe and unprofessional conduct

22 158. By reason of the foregoing, Respondent is subject to discipline by the Board as
 23 provided in NRS 630.352.

24 **COUNT XX**

25 **NRS 630.306(1)(r) (Failure to Adequately Supervise)**

26 159. All of the allegations in the above paragraphs are hereby incorporated as if fully set
 27 forth herein.

28 160. NRS 630.306(1)(r) provides that a failure to adequately supervise a medical

1 assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating
2 disciplinary action.

3 161. By the misconduct described in this Section D, under the circumstances set forth
4 herein, Respondent failed to adequately supervise Jaffer and Rubio-Veronica in their performance
5 of medical tasks.

6 162. By reason of the foregoing, Respondent is subject to discipline by the Nevada State
7 Board of Medical Examiners as provided in NRS 630.352.

8 COUNT XXI

9 **NRS 630.305(1)(e) (Aiding Practice by Unlicensed Person)**

10 163. All of the allegations in the above paragraphs are hereby incorporated as if fully set
11 forth herein.

12 164. NRS 630.305(1)(e) provides that the aiding, assisting, employing or advising,
13 directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the
14 provisions of NRS 630 or the regulations of the Board is an act, among others, that constitutes
15 grounds for initiating disciplinary action.

16 165. NRS 630.020 provides that the "practice of medicine" means:

- 17 1. To diagnose, treat, correct, prevent or prescribe for any human
- 18 disease, ailment, injury, infirmity, deformity or other condition,
- 19 physical or mental, by any means or instrumentality, including, but
- 20 not limited to, the performance of an autopsy.
- 21 2. To apply principles or techniques of medical science in the
- 22 diagnosis or the prevention of any such conditions.
- 23 3. To perform any of the acts described in subsections 1 and 2 by
- 24 using equipment that transfers information concerning the medical
- 25 condition of the patient electronically, telephonically or by fiber
- 26 optics, including, without limitation, through telehealth, from within
- 27 or outside this State or the United States.
- 28 4. To offer, undertake, attempt to do or hold oneself out as able to
- do any of the acts described in subsections 1 and 2.

166. The conduct of Jaffer and Rubio-Veronica, including but not limited to the conduct
described in this Section D, constitutes the practice of medicine.

167. By the misconduct described in this Section D, to the extent that Respondent either
did not delegate medical tasks to Jaffer and Rubio-Veronica as medical assistants, or to the extent

1 that Jaffer's and Rubio-Veronica's actions were not authorized by Respondent, Respondent
2 nonetheless aided, assisted and advised these unlicensed persons, both directly and indirectly, in
3 their engaging in the practice of medicine contrary to the provisions of NRS 630 and the
4 regulations of the Board.

5 168. By reason of the foregoing, Respondent is subject to discipline by the Nevada State
6 Board of Medical Examiners as provided in NRS 630.352.

7 **COUNT XXII**

8 **NRS 630.306(1)(b)(3) (Engaging in Conduct That Violated Pharmacy Board Regulations)**

9 169. All of the allegations in the above paragraphs are hereby incorporated as if fully set
10 forth herein.

11 170. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation
12 adopted by the Pharmacy Board is grounds for initiating disciplinary action.

13 171. By the misconduct described in this Section D, Respondent engaged in conduct that
14 violates regulations adopted by the Pharmacy Board, specifically including but not limited to
15 NAC 453.440(1)(c), NAC 453.410(1)(b)(8), NAC 454.060(1), NAC 639.945(1)(h),
16 NAC 639.945(k).

17 172. By reason of the foregoing, Respondent is subject to discipline by the Nevada State
18 Board of Medical Examiners as provided in NRS 630.352.

19 **COUNT XXIII**

20 **NRS 630.301(4) (Malpractice)**

21 173. All of the allegations in the above paragraphs are hereby incorporated as if fully set
22 forth herein.

23 174. NRS 630.301(4) provides that committing malpractice is grounds for disciplinary
24 action or denying licensure.

25 175. NAC 630.040 defines malpractice as the failure to use the reasonable care, skill, or
26 knowledge ordinarily used under similar circumstances when treating a patient.

27 176. By the misconduct described in this Section D, Respondent committed malpractice
28 by failing to use to use the reasonable care, skill, or knowledge ordinarily used under similar

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1 circumstances when treating the patients at issue.

2 177. By reason of the foregoing, Respondent is subject to discipline by the Nevada State
3 Board of Medical Examiners as provided in NRS 630.352.

4 **WHEREFORE**, the Investigative Committee prays:

5 1. That the Board give Respondent notice of the charges herein against him and give
6 him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2)
7 within twenty (20) days of service of the Complaint;

8 2. That the Board set a time and place for a formal hearing after holding an Early
9 Case Conference pursuant to NRS 630.339(3);

10 3. That the Board determine what sanctions to impose if it determines there has been
11 a violation or violations of the Medical Practice Act committed by Respondent;

12 4. That the Board make, issue and serve on Respondent its findings of fact,
13 conclusions of law and order, in writing, that includes the sanctions imposed; and

14 5. That the Board take such other and further action as may be just and proper in these
15 premises.

16 DATED this 16 day of August, 2018.

17 INVESTIGATIVE COMMITTEE OF THE
18 NEVADA STATE BOARD OF MEDICAL EXAMINERS

19 By: 
20 Aaron Bart Fricke, Esq., Deputy General Counsel
21 Attorney for the Investigative Committee
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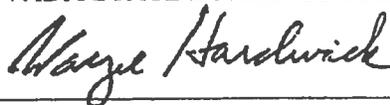
VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Wayne Hardwick, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 15th day of August, 2018.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS



Wayne Hardwick, M.D., Chairman

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CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 16th day of August, 2018, I served a file-stamped copy of the COMPLAINT, PATIENT DESIGNATION and FINGERPRINT INFORMATION, via USPS e-certified return receipt mail to the following:

Craig Weingrow
c/o Jason Weiner, Esq.
WEINER LAW GROUP
2820 W. Charleston Blvd #35
Las Vegas, NV 89102

DATED this 16th day of August, 2018.

Dawn DeHaven Gordillo
Dawn DeHaven Gordillo
Legal Assistant

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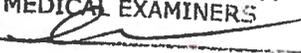
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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

**In the Matter of Charges and
Complaint Against
CRAIG MITCHELL WEINGROW, M.D.,
Respondent.**

Case No. 18-39792-1

FILED
SEP 10 2018
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Deputy General Counsel for the Board and attorney for the IC, and Craig Mitchell Weingrow, M.D. (Respondent), a licensed Physician in Nevada, assisted by his attorney, Jason Weiner, Esq., of the law firm of Weiner Law Group, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. Background

1. Respondent is a medical doctor currently licensed (License No. 14309) in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since April 5, 2012.

2. On August 16, 2018, in Case No. 18-11729-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges: Count I, violation of NRS 630.301(4) (Malpractice); Count II, violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count III, violations of NRS

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter. 

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1 630.306(1)(b)(2) (Violation of Standards of Practice); Count IV, violation of NRS 630.306(1)(p)
2 (Unsafe or Unprofessional Conduct); Count V, violation of NRS 630.306(1)(p) (Unsafe or
3 Unprofessional Conduct); Count VI, violation of NRS 630.3062(1)(a) (Failure to Maintain
4 Complete Medical Records); Count VII, violation of NRS 630.301(4) (Malpractice); Count VIII,
5 violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count IX, violation of
6 NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count X, violation of NRS
7 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count XI, violation of NRS
8 630.301(4) (Malpractice); Count XII, violation of NRS 630.306(1)(b)(2) (Violation of Standards
9 of Practice); Count XIII, violations of NRS 630.306(1)(b)(2) (Violation of Standards of Practice);
10 Count XIV, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count XV,
11 violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count XVI, violation of
12 NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count XVII, violation of
13 NRS 630.301(9) (Disreputable Conduct); Count XVIII, violation of NRS 630.306(1)(b)(1)
14 (Deceptive Conduct); Count XIX, violation of NRS 630.306(1)(p) (Engaging in Unsafe or
15 Unprofessional Conduct); Count XX, violation of NRS 630.306(1)(r) (Failure to Adequately
16 Supervise); XXI, violation of NRS 630.305(1)(e) (Aiding Practice by Unlicensed Person); Count
17 XXII, violation of NRS 630.306(1)(b)(3) (Engaging in Conduct that Violated Pharmacy Board
18 Regulations); Count XXIII, NRS 630.301(4) (Malpractice)

19 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
20 provided in NRS 630.352.

21 4. Respondent was properly served with a copy of this Complaint, has reviewed and
22 understands this Complaint, and has had the opportunity to consult with competent counsel
23 concerning the nature and significance of this Complaint.

24 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
25 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
26 certain rights in this administrative matter as set out by the United States Constitution, the Nevada
27 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
28 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS

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1 Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint,
 2 the right to representation by counsel, at his own expense, in the preparation and presentation of his
 3 defense, the right to confront and cross-examine the witnesses and evidence against him, the right to
 4 written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the
 5 right to judicial review of the Board's order, if the decision is adverse to him.

6 6. Respondent understands that, under the Board's charge to protect the public by
 7 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
 8 license, including license probation, license suspension, license revocation and imposition of
 9 administrative fines, as well as any other reasonable requirement or limitation, if the Board
 10 concludes that Respondent violated one or more provisions of the Medical Practice Act.

11 7. Respondent understands and agrees that this Agreement, by and between
 12 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
 13 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent
 14 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
 15 Board has the right to decide in its own discretion whether or not to approve this Agreement.
 16 Respondent further understands and agrees that if the Board approves this Agreement, then the
 17 terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

18 **B. Terms & Conditions**

19 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
 20 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
 21 conditions:

22 1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a
 23 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
 24 forth in the Medical Practice Act.

25 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
 26 Respondent acknowledges he is represented by counsel, and wishes to resolve the matters
 27 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
 28 matter materially changes prior to entering into this Agreement and for the duration of this

1 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
 2 agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to
 3 have a full consultation with and upon the advice of legal counsel.

4 **3. Waiver of Rights.** In connection with this Agreement, and the associated terms
 5 and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection
 6 with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives
 7 all rights arising under the United States Constitution, the Nevada Constitution, the Medical
 8 Practice Act, the OML, the APA, and any other legal rights that may be available to him or that
 9 may apply to him in connection with the administrative proceedings resulting from the Complaint
 10 filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in
 11 the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board.
 12 Respondent agrees to settle and resolve the allegations of the Complaint as set out by this
 13 Agreement, without a hearing or any further proceedings and without the right to judicial review.

14 **4. Acknowledgement of Reasonable Basis to Proceed.** Respondent acknowledges
 15 that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is
 16 grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent
 17 is not admitting that the Board's claims/counts as alleged in the Complaint have merit and
 18 Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential
 19 subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has
 20 evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the
 21 Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent
 22 waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to
 23 effectuate this Agreement.

24 **5. Consent to Entry of Order.** In order to resolve this Complaint pending against
 25 Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent
 26 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly,
 27 the following terms and conditions are hereby agreed upon:
 28

1 A. Respondent admits to Counts II, III, VI, VIII, X, XII, XIII, XVI, XVII, XVIII, XX
 2 and XXII.

3 B. Respondent's license to practice medicine in the state of Nevada shall be revoked
 4 with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive"
 5 status until successful completion of the terms set forth in Paragraph C immediately following.

6 C. Respondent's license shall be subject to a term of probation for a period of time not
 7 to exceed thirty-six (36) months from the date of the Board's acceptance, adoption and approval
 8 of this Agreement (Probationary Period). Respondent must complete the following terms and
 9 conditions within the Probationary Period and demonstrate compliance to the good faith
 10 satisfaction of the Board within thirty-six (36) months, or before Respondent resumes the practice
 11 of medicine in Nevada during this probationary period, whichever is first; if Respondent fails to
 12 demonstrate compliance with the terms and conditions of this Agreement within thirty-six (36)
 13 months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the
 14 stay of revocation of Respondent's license shall be lifted, and his license shall be immediately
 15 revoked. The following terms and conditions shall apply during Respondent's probationary
 16 period:

17 (1) Respondent shall complete the University of San Diego, Physician Assessment and
 18 Competency Evaluation Program (PACE), Competency Assessment, and, if
 19 recommended by PACE, the Fitness For Duty (FFD) evaluation, and pass all of the
 20 above to the satisfaction of the Board;

21 (2) Respondent will pay the costs and expenses incurred in the investigation and
 22 prosecution of the above-referenced matter within thirty (30) days of the Board's
 23 acceptance, adoption and approval of this Agreement, the current amount being
 24 \$4,539.06, not including any costs that may be necessary to finalize this Agreement.

25 (3) Respondent shall take twenty (20) hours of continuing medical education (CME)
 26 related to best practices in the prescribing of controlled substances within twelve (12)
 27 months from the date of the Board's acceptance, adoption and approval of this
 28 Agreement. The aforementioned hours of CME shall be in addition to any CME

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
 1105 Terminal Way #301
 Reno, Nevada 89502
 (775) 688-2559

- 1 requirements that are regularly imposed upon Respondent as a condition of licensure
 2 in the state of Nevada and shall be approved by the Board to meet this requirement
 3 prior to their completion.
- 4 (4) Respondent shall pay a fine of \$1,000 per count admitted to hereby, consisting of 12
 5 counts, for a total of \$12,000, within one hundred eighty (180) days of the Board's
 6 acceptance, adoption and approval of this Agreement.
- 7 (5) During the probationary period, Respondent shall successfully complete all
 8 requirements and comply with all orders, past or future, of the Nevada State Board of
 9 Pharmacy (Pharmacy Board), specifically including but limited to, the Pharmacy
 10 Board's Order issued on July 25, 2018, in its Cases Numbered 17-066-CS-S, 17-066-
 11 TD-A-S and 17-066-TD-B-S, specifically including the following:
- 12 a. Unless and until Respondent applies for reinstatement of his controlled
 13 substance registration and/or his dispensing practitioner registration, and the
 14 Pharmacy Board reinstates his registration(s), Respondent:
- 15 i. May not possess any controlled substance other than a controlled
 16 substance that was lawfully prescribed to him by a licensed practitioner
 17 and lawfully dispensed to him for his own personal use to treat a
 18 documented medical necessity.
- 19 ii. May not possess any controlled substance for office use or for patient
 20 use and must immediately and lawfully dispose of any and all controlled
 21 substances in his possession and/or control, other than a controlled
 22 substance lawfully prescribed and dispensed to him for his own
 23 personal use.
- 24 iii. May not prescribe any controlled substance for any patient.
- 25 iv. May not dispense any controlled substance or dangerous drug.
- 26 b. Respondent may not apply for reinstatement of his controlled substance
 27 registration or his dispensing practitioner registration until after "a period of not
 28

1 less than 1 year has lapsed since the date of revocation," as required by NRS
 2 639.257(1).

3 c. In the event Respondent applies for reinstatement, or for any other registration
 4 or certificate with the Pharmacy Board, he shall appear before the Pharmacy
 5 Board to answer questions and give testimony regarding his application, his
 6 compliance with the Pharmacy Board Order, and the facts and circumstances
 7 underlying this matter.

8 (6) During the probationary period, Respondent shall complete all terms and conditions of
 9 any criminal sanctions incurred before or during the period of this agreement, if any,
 10 including probation or parole.

11 (7) During the probationary period, Respondent shall not supervise any Physician
 12 Assistant, or collaborate with any Advanced Practice Registered Nurse.

13 (8) Within thirty-six (36) months, or before Respondent resumes the practice of medicine
 14 in Nevada during this probationary period, whichever is first, Respondent shall appear
 15 before the Board at a public meeting and demonstrate compliance with all the terms of
 16 this Agreement, at which time, Respondent may complete an application for a change
 17 of status to "Active," and petition the Board to allow him to resume the practice of
 18 medicine.

19 D. This Agreement shall be reported to the appropriate entities and parties as required
 20 by law, including, but not limited to, the National Practitioner Data Bank.

21 E. Respondent shall receive a Public Letter of Reprimand.

22 F. The other counts of the Complaint shall be dismissed with prejudice.

23 6. **Release From Liability.** In execution of this Agreement, Respondent understands
 24 and agrees that the State of Nevada, the Board, and each of its members, staff, counsel,
 25 investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents
 26 are immune from civil liability for any decision or action taken in good faith in response to
 27 information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of
 28 Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,

1 committees, panels, hearing officers, consultants and agents from any and all manner of actions,
 2 causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and
 3 unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against
 4 any or all of the persons, government agencies or entities named in this paragraph arising out of,
 5 or by reason of, this investigation, this Agreement or the administration of the case referenced
 6 herein.

7 7. Procedure for Adoption of Agreement. The IC and counsel for the IC shall
 8 recommend approval and adoption of the terms and conditions of this Agreement by the Board in
 9 resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of
 10 this Agreement, counsel for the IC may communicate directly with the Board staff and the
 11 adjudicating members of the Board.

12 Respondent acknowledges that such contacts and communications may be made or
 13 conducted ex parte, without notice or opportunity to be heard on his part until the public Board
 14 meeting where this Agreement is discussed, and that such contacts and communications may
 15 include, but may not be limited to, matters concerning this Agreement, the Complaint and any and
 16 all information of every nature whatsoever related to this matter. The IC and its counsel agree that
 17 Respondent may appear at the Board meeting where this Agreement is discussed and, if requested,
 18 respond to any questions that may be addressed to the IC or the IC's counsel.

19 8. Effect of Acceptance of Agreement by Board. In the event the Board accepts,
 20 approves and adopts this Agreement, the Board shall issue a final order, making this Agreement
 21 an order of the Board, and, pending full compliance with the terms herein, the case shall be closed
 22 and the remaining counts of the Complaint shall be dismissed with prejudice.

23 9. Effect of Rejection of Agreement by Board. In the event the Board does not
 24 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and
 25 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
 26 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
 27 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
 28 Agreement shall disqualify any member of the adjudicating panel of the Board from considering

1 this Complaint and from participating in disciplinary proceedings against Respondent, including
 2 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
 3 such member absent evidence of bad faith.

4 **10. Binding Effect.** If approved by the Board, Respondent understands that this
 5 Agreement is a binding and enforceable contract upon Respondent and the Board.

6 **11. Forum Selection Clause.** The parties agree that in the event either party is
 7 required to seek enforcement of this Agreement in district court, the parties consent to such
 8 jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court,
 9 State of Nevada, Washoe County.

10 **12. Attorneys' Fees and Costs.** The parties agree that in the event an action is
 11 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
 12 be entitled to recover reasonable attorneys' fees and costs.

13 **13. Failure to Comply with Terms.** Should Respondent fail to comply with any term
 14 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
 15 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
 16 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.
 17 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
 18 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
 19 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).
 20 Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a
 21 condition of this Agreement may subject Respondent to civil collection efforts.

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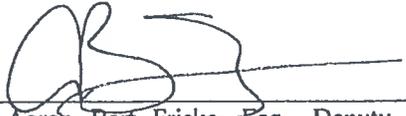
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Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

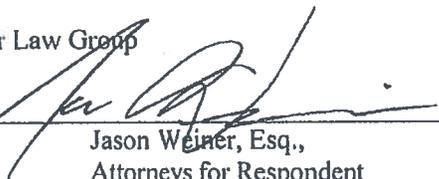
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Dated this 23 day of AUGUST, 2018.

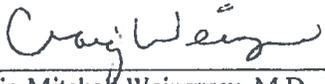
INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
Aaron Bart Frieke, Esq., Deputy General Counsel
Attorney for the Investigative Committee

Dated this ____ day of _____, 2018.

Weiner Law Group
By: 
Jason Weiner, Esq.,
Attorneys for Respondent

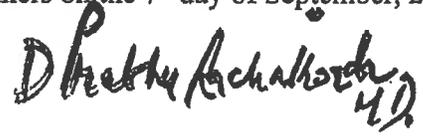
Dated this 16th day of August, 2018.


Craig Mitchell Weingrow, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 7th day of September, 2018, with the final total amount of costs due of \$12,000.00.



Rachakonda D. Prabhu, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

Jeffrey B. Setness

From: < >
Sent: Tuesday, December 10, 2019 12:46 PM
To: Jeffrey B. Setness
Subject: Fwd: License Status Changed

Sent from my iPhone

Begin forwarded message:

From: Tara Bailey <tbailey@medboard.nv.gov>
Date: December 10, 2019 at 12:20:42 PM PST
To: "t n" <@yahoo.com>
Subject: License Status Changed

Good afternoon Dr. Weingrow,

Your license status has been changed from "Inactive-Probation" to "Active-Probation". Your wallet I.D. card will be mailed to you in about a week or two.

Congratulations!

Tara Bailey
License Specialist
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
Phone: (775)324.9359
Fax: (775)688.2551

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EXHIBIT 10 -



NEVADA STATE BOARD OF MEDICAL EXAMINERS

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Name	License #	Profession	License Type	Status
WEINGROW, Craig Mitchell	14309	Medical Examiners	Medical Doctor	Active-Probation

[New Person Search](#)

In the Matter of

Craig M. Weingrow, M.D.

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is entered into between the United States of America (United States), acting through the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration (DEA), and Craig M. Weingrow, M.D. (Weingrow). This Memorandum is based on the following:

1. Weingrow is licensed as a physician in Nevada and is registered with the DEA as a physician with Registration No. FW3352539.

2. On August 23, 2018, Weingrow entered into a Settlement Agreement with the Nevada State Board of Medical Examiners in which it was agreed that "Respondent's license to practice medicine in the state of Nevada shall be revoked with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive" status until successful completion of the terms set forth in Paragraph C immediately following". The Settlement Agreement also states, in pertinent part, as follows:

a. All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter. (Page 1, Footnote 1)

b. . . . The Board acknowledges Respondent is not admitting that the Board's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement. (Page 4)

- EXHIBIT 11

3. Weingrow's Controlled Substance Registration Certificate and Practitioner Dispensing Registration Certificate have been revoked by the Nevada State Board of Pharmacy effective July 18, 2018. Weingrow may apply for reinstatement of his Nevada State Board of Pharmacy controlled substance registration or his dispensing practitioner registration on or after July 18, 2019.

4. The DEA conducted an investigation concerning the receipt and distribution of and record-keeping for certain Controlled Substances that were acquired or dispensed by Weingrow in Las Vegas, Nevada during the period from March 8, 2017, through November 1, 2017 (the Covered Conduct). Based upon that investigation, DEA alleges that the Covered Conduct constituted civil violations of the Controlled Substances Act, 21 U.S.C. § 801, *et seq.*, and related regulations.

5. The parties wish to compromise and settle this matter to avoid the uncertainties and expense of litigation. The parties intend to enter into an Agreement that will resolve the issues between them based upon the above-described investigation, in lieu of pursuing a civil penalty action pursuant to the Controlled Substances Act.

6. Nothing in this Agreement constitutes an admission of any facts and / or liability by Weingrow. The parties agree that this Agreement may only be admitted into evidence in any proceeding to the extent that admission would not violate Fed. R. Evid. 408.

NOW THEREFORE, for and in consideration of the mutual promises and consideration described below, the United States and Weingrow agree as follows:

7. Weingrow agrees to pay the United States \$80,000 in civil penalties (the Settlement Amount), by making 11 monthly payments of \$6,667 and one final monthly payment of \$6,663. Payments by check shall be made payable to the United States Department of Justice.

8. The United States agrees not to institute any civil proceedings relating to the Covered Conduct.

9. Weingrow agrees to abide by all federal, state, and local laws and regulations relating to the prescribing of Controlled Substances.

10. The address where Weingrow will maintain any and all medical records that it is required to maintain under Title 21 of the United States Code is 7200 Smoke Ranch Rd., Suite # 120, Las Vegas, Nevada 89128 (the "Designated Address."). For a period of two years from the date on which Weingrow executes this Memorandum, Weingrow represents that he will currently maintain the required records at the Designated Address. Weingrow further agrees to

notify the DEA of any change in the Designated Address within 30 days after any such change. Any rights DEA may have to inspect records under this Memorandum are in addition to, and not exclusive of, any rights conferred by Title 21 or other Federal law.

11. This Memorandum of Agreement will remain in effect until the entire \$80,000 penalty is paid in full by or on behalf of Weingrow. This Memorandum of Agreement will be considered fully executed upon the last party's signature, and the Effective Date of this Memorandum of Agreement will be the date of the last signature.

12. If any other offense or violation by Weingrow arising from conduct other than the Covered Conduct is charged after the Effective Date of this Agreement, nothing in this Memorandum of Agreement shall be construed as a waiver on the part of the United States to utilize the results of the investigation referred to herein as grounds for revocation or denial of a DEA registration, either by itself or in conjunction with other grounds, in the event that future administrative proceedings become necessary. Nothing in this Agreement shall constitute a release by the United States of any civil or criminal liability of Weingrow other than civil liability for the Covered Conduct.

13. The United States enters into this Memorandum of Agreement with the understanding that Weingrow will abide by its contents in good faith.

14. All parties consent to the United States' disclosure of this Agreement, and information about this Agreement, to the public.

CRAIG M. WEINGROW, M.D.

Craig Weingrow
Dated: 11/28/18

Jeffrey B. Setness
Jeffrey B. Setness, Esq.
Attorney for Weingrow

Dated: NOV 28, 2018

DRUG ENFORCEMENT
ADMINISTRATION

By: Marlon C. Whitfield
Marlon C. Whitfield
Diversion Program Manager
Las Vegas District Office
Los Angeles Field Division
Dated: 11/28/18

DAYLE ELIESON
United States Attorney

By: Roger W. Wenthe
Roger W. Wenthe
Assistant United States Attorney

Dated: 11/28/18

Jeffrey B. Setness

From: Wenthe, Roger (USANV) <Roger.Wenthe@usdoj.gov>
Sent: Wednesday, November 20, 2019 8:52 AM
To: Jeffrey B. Setness
Subject: Dr. Weingrow

Jeff – This email will confirm that Dr. Craig Weingrow has paid in full his settlement amount with the United States.

Roger Wenthe
Assistant United States Attorney
501 Las Vegas Blvd. S., Suite 1100
Las Vegas, NV 89101
Direct: 702-388-6538

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EXHIBIT 12 -



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

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RESOURCES - Federal Register Notices - Registrant Actions - 2019 - Craig M. Weingrow, M.D.; Decision and Order

Registrant Actions - 2019

[Federal Register Volume 84, Number 67 (Monday, April 8, 2019)]
 [Notices]
 [Pages 13957-13958]
 From the Federal Register Online via the Government Publishing Office [www.gpo.gov]
 [FR Doc No: 2019-06834]

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

[Docket No. 19-7]

Craig M. Weingrow, M.D.; Decision and Order

EXHIBIT 13

On November 7, 2018, the Assistant Administrator, Diversion Control Division, Drug Enforcement Administration (DEA), issued an Order to Show Cause to Craig M. Weingrow, M.D. (Respondent), of Las Vegas, Nevada. The Show Cause Order proposed the revocation of Respondent's DEA Certificate of Registration No. FW3352539 on the ground that he does "not have authority to handle controlled substances in Nevada, the [S]tate in which [he is] registered." Order to Show Cause, at 1 (citing **21 U.S.C. 823(f), 824(a)(3)**).

With respect to the Agency's jurisdiction, the Show Cause Order alleged that Respondent is the holder of Certificate of Registration No. FW3352539, pursuant to which he is authorized to dispense controlled substances as a practitioner in schedules II through V, at the registered address of 7200 Smoke Ranch Road, Suite #120, Las Vegas, Nevada. Id. The Order also alleged that this registration does not expire until May 31, 2021. Id.

Regarding the substantive grounds for the proceeding, the Show Cause Order alleged that effective July 18, 2018, the Nevada State Board of Pharmacy (NSBP) revoked Respondent's Nevada "Controlled Substance Registration" and his Nevada "Practitioner Dispensing Registration." Id. The Show Cause Order also alleged that on September 18, 2018, Respondent entered into a Settlement Agreement with the Board of Medical Examiners of the State of Nevada (NBME) "whereby [he was] placed on probation for a period of 36 months, and during which [he is] prohibited from prescribing or dispensing controlled substances." Id. at 1-2. As a result, the Order alleged that Respondent "currently lack[s] the authority to handle controlled substances in Nevada." Id. at 2. Based on his "lack of authority to [dispense] controlled substances in . . . Nevada," the Order asserted that "DEA must revoke" Respondent's registration. Id. (citing **21 U.S.C. 823(f); 824(a)(3)**).

The Show Cause Order notified Respondent of (1) his right to request a hearing on the allegations or to submit a written statement in lieu of a hearing, (2) the procedure for electing either option, and (3) the consequence for failing to elect either option. Id. (citing **21 CFR 1301.43**). The Order also notified Respondent of his right to submit a corrective action plan. Id. at 3 (citing **21 U.S.C. 824(c)(2)(C)**).

On December 10, 2018, Respondent, through counsel, filed a letter requesting a hearing on the allegations and indicating that the Show Cause Order "was received on November 13, 2018." Dec. 10, 2018 Letter from Respondent's Counsel to Hearing Clerk (hereinafter, Hearing Request), at 1. In his Hearing Request, Respondent specifically contends that suspension, rather than revocation, "is an appropriate sanction in this case" because he had not committed a crime and neither the conduct set forth in the Settlement Agreement with the NBME nor the findings of the NSBP "warrant a revocation." Id. at 2-4.

The matter was then placed on the docket of the Office of Administrative Law Judges and assigned to Chief Administrative Law Judge John J. Mulrooney, II (hereinafter, CALJ). On December 11, 2018, the CALJ issued an Order directing the Government to file its "evidence to support the allegation that the Respondent lacks state authority to handle controlled substances" and "any Government motion for summary disposition" no later than December 28, 2018. Order Directing the Filing of Government Evidence of Lack of State Authority Allegation and Briefing Schedule, at 1. The CALJ issued a separate Order directing Respondent to file his response to any summary disposition motion no later than January 24, 2019. Order Granting Unopposed Motion for Enlargement of Time, at 1.

On December 27, 2018, the Government filed its Motion for Summary Disposition. In its Motion, the Government argued that Respondent currently lacks authority to handle controlled substances in Nevada because the NSBP revoked Respondent's Nevada Controlled Substance Registration and Nevada Practitioner Dispensing Registration effective July 18, 2018. Government's Motion for Summary Disposition (hereinafter Government's Motion or Govt. Mot.) at 1, 5. The Government also alleged that neither registration has been reinstated. Id. In addition, the Government alleged that the NBME placed Respondent's Nevada medical license on probation for 36 months as part of a Settlement Agreement and that, as part of this Agreement, Respondent "has been prohibited from prescribing or dispensing controlled substances" during this period. Id. On January 14, 2019, Respondent filed his "Non-Opposition" to the Government's Motion, stating that he no longer opposes the Government's Motion based upon his review of the Government's Motion and past DEA and federal court decisions. Respondent's Non-Opposition to Government's Motion for Summary Disposition, at 1.

After considering these pleadings, the CALJ issued an Order on January 16, 2019, recommending that I find that it is "undisputed that the Respondent lacks the state authority to handle controlled substances." Order Granting the Government's Motion for Summary Disposition and Recommended Rulings, Findings of Fact, Conclusions of Law, and Decision of the Administrative Law Judge (hereinafter "Recommended Decision" or "R.D."), at 4. As a result, the ALJ granted the Government's motion for summary disposition and recommended that I revoke Respondent's DEA registration and deny any pending applications for renewal. Id. at 5. Neither party filed exceptions to the ALJ's Recommended Decision.

Thereafter, the record was forwarded to my Office for Final Agency Action. Having reviewed the record, I find that Respondent is currently without authority to handle controlled substances in Nevada, the State in which he holds his registration with the Agency, and thus he is not entitled to maintain his DEA registration. I adopt the ALJ's recommendation that I revoke Respondent's registration. I make the following factual findings.

[[Page 13958]]

Findings of Fact

Respondent is the holder of DEA Certificate of Registration No. FW3352539, pursuant to which he is authorized to dispense controlled substances in schedules II through V as a practitioner at the registered address of Weingrow Wellness & Medical Center, 7200 Smoke Ranch Road, Suite #120, Las Vegas, Nevada. GX 2 (Certification of Registration History) to Govt. Mot., at 1. This registration does not expire until May 31, 2021. Id.

On July 25, 2018, the NSBP issued an Order revoking Respondent's Nevada "Controlled Substance Registration, Certificate No. CS20272, and his Practitioner Dispensing Registration, Certificate No. PD00502," effective July 18, 2018. GX 3 (July 25, 2018 Findings of Fact, Conclusion of Law and Order of the NSBP) to Govt. Mot., at 8. The NSBP's Order expressly prohibited Respondent from, *inter alia*, (1) "prescrib[ing] any controlled substance for any patient;" (2) "dispens[ing] any controlled substance or dangerous drug;" and (3) "possess[ing] any controlled substance for office use or for patient use." Id. The NSBP also directed Respondent to "immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use." Id. On September 18, 2018, the NBME placed Respondent's Nevada medical license in an "[i]nactive status" as part of a Settlement Agreement whereby Respondent agreed that his medical license would be subject to probation for 36 months and that he would be prohibited from prescribing or dispensing controlled substances during that time. See GX 4 (NBME-Respondent Settlement Agreement) to RFAA, at 5-6. There is no evidence in the



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U.S. DEPARTMENT OF JUSTICE • DRUG ENFORCEMENT ADMINISTRATION Diversion Control Division • 8701 Morrisette Drive • Springfield, VA 22152 • 1-800-882-9536				
DEA.GOV JUSTICE.GOV USA.GOV REGULATIONS.GOV DOJ Legal Policies and Disclaimers DOJ Privacy Policy FOIA Section 508 Accessibility				

record that the NSBP ever reinstated Respondent's Nevada controlled substance or practitioner dispensing registrations, nor is there any evidence that the NBME changed the status of Respondent's medical license from inactive status.

\1 After conducting a hearing, the NSBP based its decision to revoke Respondent's Nevada controlled substance and practitioner dispensing registrations in part on its finding that Respondent "routinely permitted unlicensed members of his office staff . . . to falsify his signature on the prescriptions for medications dispensed by his medical office" and "to falsify patient initials and dates of service on patients' informed consent labels." Id. at 1 & n.1, 2. The NSBP also found that Respondent "dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town" and "used Federal Express to ship medications to patients." Id. Respondent also signed a statement agreeing to these fact findings. See id.

Accordingly, I find that Respondent currently does not possess the authority to dispense controlled substances in the State of Nevada, the State in which he is registered with the DEA, because both the NSBP and the NBME have expressly prohibited him from doing so.

Discussion

Pursuant to **21 U.S.C. 824(a)(3)**, the Attorney General is authorized to suspend or revoke a registration issued under **section 823** of the Controlled Substances Act (CSA), "upon a finding that the registrant . . . has had his State license . . . suspended [or] revoked . . . by competent State authority and is no longer authorized by State law to engage in the . . . dispensing of controlled substances." Also, DEA has long held that the possession of authority to dispense controlled substances under the laws of the State in which a practitioner engages in professional practice is a fundamental condition for obtaining and maintaining a practitioner's registration. See, e.g., James L. Hooper, 76 FR 71371 (2011), pet. for rev. denied, 481 Fed. Appx. 826 (4th Cir. 2012); see also Frederick Marsh Blanton, 43 FR 27616 (1978) ("State authorization to dispense or otherwise handle controlled substances is a prerequisite to the issuance and maintenance of a Federal controlled substances registration.").

This rule derives from the text of two provisions of the CSA. First, Congress defined "the term 'practitioner' [to] mean[] a . . . physician . . . or other person licensed, registered or otherwise permitted, by . . . the jurisdiction in which he practices . . . to distribute, dispense, [or] administer . . . a controlled substance in the course of professional practice." **21 U.S.C. 802(21)**. Second, in setting the requirements for obtaining a practitioner's registration, Congress directed that "[t]he Attorney General shall register practitioners . . . if the applicant is authorized to dispense . . . controlled substances under the laws of the State in which he practices." **21 U.S.C. 823(f)**. Because Congress has clearly mandated that a practitioner possess state authority in order to be deemed a practitioner under the Act, DEA has long held that revocation of a practitioner's registration is the appropriate sanction whenever he is no longer authorized to dispense controlled substances under the laws of the State in which he engages in professional practice. See, e.g., Calvin Ramsey, 76 FR 20034, 20036 (2011); Sharon Arden Yeates, M.D., 71 FR 39130, 39131 (2006); Dominick A. Ricci, 58 FR 51104, 51105 (1993); Bobby Watts, 53 FR 11919, 11920 (1988); Blanton, 43 FR 27616 (1978).

Here, I find that there is no dispute over the material fact that Respondent is no longer currently authorized to dispense controlled substances in Nevada, the State in which he is registered with the Agency. Accordingly, Respondent is not entitled to maintain his DEA registration. It will therefore adopt the ALJ's recommendation that I revoke Respondent's registration. R.D., at 5. I will also deny any pending application to renew or to modify his registration, or any pending application for any other DEA registration in Nevada.

Order

Pursuant to the authority vested in me by **21 U.S.C. 823(f)** and **824(a)**, as well as 28 CFR 0.100(b), I order that DEA Certificate of Registration No. FW3352539, issued to Craig M. Weingrow, M.D., be, and it hereby is, revoked. I further order that any pending application of Craig M. Weingrow to renew or modify the above registration, or any pending application of Craig M. Weingrow for any other DEA registration in the State of Nevada, be, and it hereby is, denied. This Order is effective immediately.\2\

\2 For the same reasons which led the NSBP to revoke Respondent's controlled substances and practitioner's dispensing licenses and prescriptive authority, I conclude that the public interest necessitates that this Order be effective immediately. **21 CFR 1316.67**.

Dated: March 22, 2019.

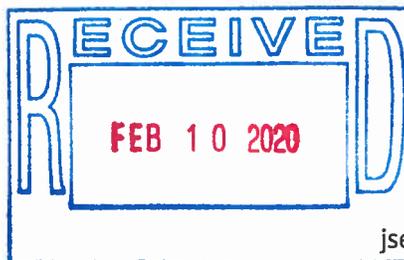
Uttam Dhillon,
Acting Administrator.

[FR Doc. 2019-06834 Filed 4-5-19; 8:45 am]

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Fabian VanCott



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February 7, 2020

VIA E-MAIL dwuest@pharmacy.nv.gov AND FEDERAL EXPRESS

Dave Wuest
 Executive Secretary
 Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway, Suite 206
 Reno, Nevada 89521

VIA E-MAIL bkandt@pharmacy.nv.gov AND FEDERAL EXPRESS

Brett Kandt
 General Counsel
 Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway, Suite 206
 Reno, Nevada 89521

**Re: *Nevada State Board of Pharmacy v. Craig Weingrow, M.D.*
 Case No. 17-066-CS-S**

**Craig Weingrow's Supplemental Information to Be Submitted to the Board
 Relating to His Petition for Reinstatement of Controlled Substance
 Registration and Request to Appear Before the Board**

Dear Dave and Brett,

In response to the inquiries made during the January 15, 2020 Board Meeting, the following additional information and documentation is provided for the Board Members' consideration:

1. **Dr. Weingrow's Anticipated Type of Practice.** Dr. Weingrow anticipates practicing adult outpatient primary care. The type of diseases and illnesses that Dr. Weingrow anticipates treating are set forth in **Exhibit 1** which is attached.
2. **List of Controlled Substances Dr. Weingrow Anticipates Prescribing.** The type of controlled substances that Dr. Weingrow anticipates prescribing in his practice are set forth in **Exhibit 2** which is attached.

ATTORNEYS AT LAW

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Dave Wuest
Brett Kandt
February 7, 2020
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3. Medical Groups, Hospitals and Insurance Companies Require a DEA Registration. Although it is true that a physician licensed to practice by the Nevada State Board of Medical Examiners is authorized to prescribe medications, the type of medications that can be prescribed cannot include controlled substances. In order for a physician to be authorized to prescribe a controlled substance in Nevada, the physician must first obtain a Controlled Substance Registration from the Nevada State Board of Pharmacy and then obtain a DEA Registration from the Drug Enforcement Administration.

During the course of the January 15, 2020 hearing, questions were raised regarding the possibility of Dr. Weingrow commencing his practice for a period of time prior to the Board making a decision on Reinstatement of Controlled Substance Registration. In response to that inquiry, we conducted research regarding the possibility of: (1) Being hired by a medical group in Southern Nevada without an active DEA Registration; (2) Obtaining hospital privileges in Southern Nevada without an active DEA Registration; and (3) Being credentialed by insurance companies as a provider without an active DEA Registration. The results of our research are set forth below:

- a. **Medical Groups.** In regards to a physician being hired by a medical group in Southern Nevada without an active DEA Registration, please find attached as **Exhibit 3** a summary which sets forth that most of the large medical groups in Southern Nevada require an active DEA Registration for a physician to be considered for employment.
- b. **Hospitals.** In regards to a physician obtaining hospital privileges in Southern Nevada without an active DEA Registration, please find attached as **Exhibit 4** a summary which sets forth that the majority of the hospitals in Southern Nevada require an active DEA Registration for a physician to obtain hospital privileges.
- c. **Insurance Companies.** In regards to a physician being credentialed by insurance companies as a provider without an active DEA Registration, please find attached as **Exhibit 5** a summary which sets forth that most of the major insurance carriers in Southern Nevada require an active DEA Registration for a physician to be credentialed.

4. Dr. Weingrow is Not Requesting Reinstatement of his Dispensing Practitioner Registration. As set forth in the original Petition for Reinstatement, Dr. Weingrow is not requesting reinstatement of his dispensing practitioner registration because he no longer intends to dispense any medication. This is of significance given the fact that a significant number of the violations set forth in the Accusation related to dispensing as the summary attached as **Exhibit 6** illustrates.

Dave Wuest
Brett Kandt
February 7, 2020
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Finally, we would respectfully request being permitted to appear at the Board's Meeting which is scheduled for March 18th and 19th, 2020 in Las Vegas.

If you believe there is any other additional information or documentation that may be of assistance to the Board that you would like us to provide, please let me know.

Regards,



JEFFREY B. SETNESS
FABIAN VANCOTT

Attachments

CRAIG WEINGROW, M.D.**ANTICIPATED TYPE OF PRACTICE - ADULT OUTPATIENT PRIMARY CARE**

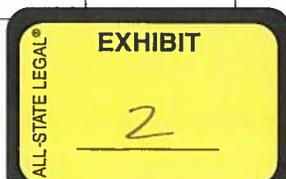
Dr. Weingrow anticipates treating the following chronic diseases and illnesses, including but not limited to, the following:

Diseases	Illnesses
Diabetes	Lower Back Pain
Hypertension	Abdominal Pain
Dyslipidemia	Headache
Irritable Bowel Syndrome	Conjunctivitis
Depression	Bronchitis/Cough
Anxiety/Panic Disorder	Flu/Viral Illness
Insomnia	Earache
Migraine	Sore Throat
Fibromyalgia	Dizziness
Obesity (without prescribing any Controlled Substances)	Muscle Sprain/Strain
Coronary Artery Disease	Knee Pain
COPD	Urinary Tract Infection
Asthma	STD
Hypogonadism	N + V/ Diarrhea
Menopausal Symptoms	Acute Sinusitis
Thyroid Disorders	Fatigue
Osteoarthritis	Other
Osteoporosis	
Non-alcoholic Fatty Liver Disease	
Benign Prostatic Hyperplasia	
Acne	
Tobacco Abuse	
Chronic Kidney Disease	
Other	



CRAIG WEINGROW, M.D.**LIST OF CONTROLLED SUBSTANCES THAT DR. WEINGROW ANTICIPATES
PRESCRIBING**

Controlled Substance	Schedule	Treatment For
Alprazolam	IV	Anxiety, Panic Disorder
Armodafinil	IV	Narcolepsy, OSA
Butalbital/Acetaminophen/Caffeine	IV	Tension Headaches, Migraines
Carisoprodol	IV	Muscle Spasms
Chlordiazepoxide	IV	Alcohol Withdrawal, Acute
Clonazepam	IV	Anxiety, Restless Legs Syndrome
Codeine/Guaifenesin	V	Bronchitis, Severe Cough
Dextroamphetamine/Amphetamine	II - N	ADHD
Diazepam	IV	Anxiety, Alcohol Withdrawal, Acute Muscle Spasms
Estrogens, Esterified/Methyltestosterone	III	Menopause, Vasomotor Symptoms
Eszopiclone	IV	Insomnia
Lorazepam	IV	Anxiety
Lisdexamfetamine	II - N	ADHD
Methylphenidate	II - N	ADHD
Methyltestosterone	III	Hypogonadotropic Hypogonadism
Modafinil	IV	Narcolepsy, OSA
Pregabalin	IV	Diabetic Peripheral Neuropathy, Post- Herpetic Neuralgia
Suvorexant	IV	Insomnia
Temazepam	IV	Insomnia
Testosterone Cypionate	III	Hypogonadotropic Hypogonadism
Tramadol	IV	Moderate/Severe Pain
Zolpidem	IV	Insomnia



CRAIG WEINGROW, M.D.

MEDICAL GROUPS THAT REQUIRE AN ACTIVE DEA REGISTRATION TO BE HIRED

Name of Group	Required Qualifications to Be Hired Include:	Exhibit
Southwest Medical Associates (an Optum Company) - Nevada's Largest Multi-Specialty Practice	"An unrestricted DEA License (or ability to obtain prior to start)"	3-A
DaVita Medical Group/ Healthcare Partners	"Current Nevada DEA certificate required prior to start date"	3-B
Sierra Health and Life/Health Plan of Nevada	"An unrestricted DEA License (or ability to obtain prior to start)"	3-C
University Medical Center of Southern Nevada	"Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substances Registration Certificate."	3-D

It should be noted that DaVita/Healthcare Partners; Optum/Southwest Medical Associates; and University Medical Center employ approximately 90% of all the primary care physicians in the Las Vegas area.



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Position Description

As a part of the OptumCare network, Southwest Medical is looking for a dynamic

Full-Time Urgent Care Physician to work in our Henderson location

Southwest Medical Associates(SMA), an Optum company, is Nevada's largest multi-specialty practice, with over 350 physicians and advanced practice clinicians. Our facilities include 22 medical offices, with 13 urgent cares and retail clinics, two lifestyle centers catering to seniors and two outpatient surgery centers. The practice is fully integrated and includes home health, complex disease management, pharmacy services, medical management and palliative care. SMA is actively engaged in population health management, with an emphasis on outcomes, and offers patients compassionate, innovative and high-quality care throughout Nevada. SMA is headquartered in Las Vegas, Nevada.

Our On-Demand Care Department is the largest, most-comprehensive in Nevada for outpatient episodic care, with a quarter million visits annually. The department includes six urgent cares and seven retail clinics, offering a full-spectrum of services, with on-site laboratory, radiology (which includes CT and ultrasound), observation unit and infusion center. Our practice is nearly paperless, with electronic health records, digital radiology, electronic prescriptions and e-visits. The practice encompasses the full scope of urgent care and is evidence-based and protocol driven. Our department also includes a robust telemedicine practice, with nearly 15,000 virtual consultations since 2014.

Position Highlights

- The schedule is equitable and flexible, with ample time off.
- Providers work primarily three 12-hour shifts a week, with some weekend, night and holiday shifts distributed evenly among the staff.
- Additional shifts, which are paid at a premium rate, are also available.

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Brooklyn, NY
Nurse Practitioner Long Term Care Brooklyn NY 860631
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The schedule is ideal for those who desire an alternative work schedule and who do not wish to conform to a traditional five-day work week.

- Our total compensation is extremely competitive, with incentive bonuses and a rich benefits package

Required Qualifications:

- Board certification or Board Eligible (as a resident) in a specialty field of medicine with experience treating all ages

- An unrestricted DEA license (or ability to obtain prior to start)

Preferred Qualifications:

- 2+ years of experience working as a Physician in an emergency or urgent care setting
- Willing and able to assist at other center locations in the area

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UnitedHealth Group is a drug-free workplace. Candidates are required to pass a drug test before beginning employment.

Job Keywords: Urgent Care, Physician, AGGME, ABMS, ABOS, Healthcare, Medical, Las Vegas, NV, Nevada

Job Details	
Requisition Number	Job Title
859893	Physician Urgent Care - Las Vegas, NV
Job Family	Business Segment
Healthcare Delivery	OptumCare
Job Location Information	
NV	Other Locations
United States	Las Vegas, NV
North America	
Additional Job Detail Information	
Employee Status	Schedule
Regular	Full-time
Job Level	Shift
Director	Day Job

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DaVita Medical Group Physician, Primary Care

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Job Description

Overview

DaVita Medical Group is looking for a Full-Time Primary Care Physician to join our team in Henderson. We practice the Total Care Model, a patient-centered, comprehensive model designed to help carefully manage our patients' health. Our providers are supported by an entire network of primary care physicians, specialists, nurses, case managers, diagnostics team members, prescriptions, skilled nursing facility, house calls, transportation services and others, all working in sync to help our patients stay healthy.

DaVita Medical Group offers competitive pay with financial incentives for yielding strong metrics on quality care while seeing a lower than average census. We provide our clinicians an excellent benefit package which includes leadership pathways, CME reimbursement, paid license renewals and many other benefits, charitable sponsorships, and volunteer opportunities.

If you're looking to join a community that is making a difference in healthcare, DaVita Medical Group is the place for you. Our initial on-line application process will take you a few minutes to complete! You may also contact Keisha Taylor, Clinician Recruiter, directly at (702) 466-9289 or ketaylor@hcnv.com (<mailto:ketaylor@hcnv.com>).

Position Details

- Work Schedule: Full-time, 4 10-hour days/week
- Avg Daily Patient Census: 30-40/day
- No call

Requirements

- Unrestricted Nevada MD/DO license
- Current Nevada DEA certificate required prior to start date
- ACLS/PALS certifications
- BC/BE in Family Medicine or Internal Medicine
- At least three years of experience in Primary Care

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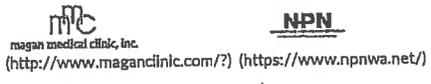
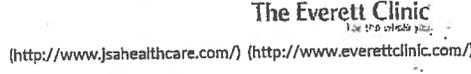
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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
invites applications for the position of:

P/D Staff Physician

SALARY: \$101.77 - \$101.77 Hourly

JOB TYPE: Per Diem

DEPARTMENT: AMB FLOAT POOL - 8735

LOCATION: Various Ambulatory Care Clinics (Non-Specialty)

OPENING DATE: 01/10/18

CLOSING DATE: Continuous

POSITION SUMMARY:



Position Summary:

Responsible for performing professional physician services and for performing required administrative duties

JOB REQUIREMENT:

Education/Experience:

Graduation from an accredited school of medicine. Some positions may require two (2) years of clinical practice experience.

Licensing/Certification Requirements:

Valid License by State of Nevada to practice medicine, State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substance Registration Certificate. Some positions may require one or more of the following certifications: Basic Life Support (BLS) certification,

3-0

Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) from the American Heart Association (AHA).

KNOWLEDGE, SKILLS, ABILITIES, AND PHYSICAL REQUIREMENTS:

Knowledge of:

Adult and pediatric care, equipment, supplies and practices; federal, state, local and accreditation laws, regulations and standards; related outside agencies, their services, roles and responsibilities to contact them to appropriate needed information for patient referrals; principles and practices of medical care; quality assurance and performance improvement principles and methods; department and hospital safety practices and procedures; patient rights; infection control policies and procedures; handling, storage, use and disposal of hazardous materials; department and hospital emergency response policies and procedures; age specific patient care practices.

Skill in:

Effective provision of medical care; assessing and improving the effectiveness and efficiency of medical care provided through the use of hospital QI program; ensuring that services are appropriate for meeting patient's medical, social and emotional needs, consistent with sound health care resource allocation practices; developing goals, objectives, policies and procedures; applying leadership techniques; making effective decisions under stress and emergency circumstances; developing care plans; solving problems; communicating with a wide variety of people from diverse socio-economic and ethnic backgrounds; establishing and maintaining effective working relationships with all personnel contacted in the course of duties; efficient, effective and safe use of equipment.

Physical Requirements and Working Conditions:

Mobility to work in a typical office setting and use standard equipment, stamina to remain seated and maintain concentration for extended periods of time; vision to read printed materials and a VDT screen; hearing and speech to communicate effectively in-person and over the telephone. Strength and agility to exert up to 10 pounds of force constantly to move objects.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this classification.

APPLICATIONS MAY BE FILED ONLINE AT:
<http://www.umcsn.com>

Position #17-TBD
 P/D STAFF PHYSICIAN
 SL

University Medical Center of Southern Nevada
 Las Vegas, NV 89102

brenna.leising@umcsn.com

P/D Staff Physician Supplemental Questionnaire

* 1. Have you been previously denied participation in any managed care organizations?

Yes No

* Required Question

CRAIG WEINGROW, M.D.

**HOSPITAL PRIVILEGES WHICH REQUIRE CURRENT AND UNRESTRICTED DEA
REGISTRATION**

Name of Hospital	Required Qualifications to Be Hired Include:	Exhibit
Valley Health System Spring Valley Hospital Centennial Hills Desert Springs Henderson Hospital Summerlin Hospital Valley Hospital	"Minimum basic criteria: Evidence of Current Licensure: Proof of unrestricted Nevada State License applicable to applicant, unrestricted Federal DEA and Nevada Pharmacy license as appropriate to specialty. Licensure is verified with the primary source; copies of license are not necessary."	4-A
Sunrise Health System MountainView Hospital Sunrise Hospital	"To be eligible to apply for initial clinical privileges and/or membership at MountainView Hospital, a Practitioner must meet certain 'Threshold Eligibility Criteria'" "Where applicable to his or her practice, have a current, unrestricted Federal DEA registration valid for prescribing within Nevada and Nevada Pharmacy Certificate which permits you to prescribe all medications necessary for the treatment of conditions and diagnoses within your area of practice, independent of review, supervision or prescription by another practitioner?"	4-B
University Medical Center of Southern Nevada	"Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substances Registration Certificate."	4-C



Spring Valley Hospital Medical Center

Credentials Manual

Approved:

MEC: September 30, 2010, January 26, 2012, April 2015

BOG: November 16, 2010, February 21, 2012, May 20, 2015

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Spring Valley Hospital Credentials Manual

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2.7	Requests for Modification for Membership Status and/or Privileges	
2.8	Effective Date of Reappointment/Modifications of Appointment and/or Staff Privileges	
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3.1	Exercise of Privileges	
3.2	Delineation of Privileges in General	
3.3	Confirmation of Competency to Hold Privileges	
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3.5 Emergency Privileges

3.6 Disaster Privileges

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4.1 Exclusive Agreements

4.2 Termination of Contracted Arrangements

ARTICLE V CREDENTIALING SUPERVISING PHYSICIANS Page 23

5.1 Supervising Physicians

- m) Professional Liability Actions: Particulars regarding medical malpractice claims filed against the applicant, any adverse and/or pending malpractice decisions or settlements, and information concerning any cancellation, non-renewal, or limitation of malpractice insurance coverage.
- n) Miscellaneous Information: Such other information relating to evaluation of the applicant's professional qualifications, ethical character and professional conduct, current competence, and prior professional experience, including utilization of hospital resources, as may be deemed relevant by the MEC and the Hospital Board.

- o) Minimum Basic Criteria: The following basic criteria must be appropriately documented and the information reasonably confirmed:

- Evidence of Current Licensure:

Proof of unrestricted Nevada State License applicable to applicant, unrestricted Federal DEA and Nevada Pharmacy license as appropriate to specialty. Licensure is verified with the primary source, copies of license are not necessary.

- Relevant Training and/or Experience:

At the time of appointment and initial granting of clinical Privileges, Hospital may require verification of relevant training or experience from the primary source(s), when feasible.

- Current Competence:

Recent letters of verification from the applicant's residency and/or fellowship program director or designee if residency or fellowship training was within five (5) years of initial application. Confirmation of board certification or qualification for certification from the appropriate specialty board. Written documentation from individuals personally acquainted first hand with the applicant's recent professional and clinical performance including, if available and applicable, types of surgical procedures performed, outcomes for invasive procedures performed, types of medical conditions managed as the responsible physician, clinical judgment and technical skills, and professional conduct.

- Ability to Perform Privileges Requested (Health Status):

A health status statement provided by the Hospital and signed by the applicant indicating that no physical or mental health problems exist that could affect his practice.

2.3 APPLICATION FEE



THRESHOLD ELIGIBILITY CRITERIA – REQUEST FOR CONSIDERATION

PROVIDER NAME: _____ DATE OF REQUEST: _____

Dear Physician or Advanced Practice Professional: To be eligible to apply for initial clinical privileges and/or membership at MountainView Hospital, a Practitioner must meet certain "Threshold Eligibility Criteria". Please answer the following questions in order to determine your ability to receive a "Request for Consideration."

1. Yes No Do you have a current, unlimited, unrestricted, active Nevada license to practice in your respective profession?
2. Yes No
 N/A For Advanced Practice Professionals, do you have the necessary coverage by a sponsoring or supervising physician as required by the State laws and regulations?
3. Yes No Have proof of identity and either US citizenship or evidence of status as a lawful permanent resident of the US; or evidence that the individual is in the US legally and has the required permission(s) to work in this country? For individuals who are not US citizens who are requesting reappointment or renewal of privileges, evidence of a current visa and current work permit shall be required.
4. Yes No Where applicable to his or her practice, have a current, unrestricted Federal DEA registration valid for prescribing within Nevada and a Nevada Pharmacy Certificate which permits you to prescribe all medications necessary for the treatment of conditions and diagnoses within your area of practice, independent of review, supervision or prescription by another practitioner?
5. Yes No Can document your (i) background, experience, training and demonstrated competence; (ii) adherence to the ethics of their profession; (iii) good reputation and character, including the applicant's mental and emotional stability and physical health status, and (iv) ability to work harmoniously with others sufficiently to convince the Hospital that all patients treated by you in the Hospital will receive quality care and that the Hospital and its Medical Staff will be able to operate in an orderly manner?
6. Yes No Be located (office and/or residence) within the geographical service area of the Hospital, as defined by the Board of Trustees, close enough to fulfill your Medical Staff responsibilities and to provide timely and continuous care for your patients in the Hospital?
7. Yes No Telemedicine Provider (Specialty: _____)
 N/A [Telemedicine providers must be licensed in the State of Nevada]
8. Yes No Be available on a continuous basis, either personally or by arranging appropriate coverage, to the respond to the needs of inpatients and Emergency Department patients in a prompt, efficient, and conscientious manner. ? ("Appropriate coverage" means coverage by another member of the Medical Staff with specialty-specific privileges equivalent to the Practitioner for whom he or she is providing coverage.) Compliance with this eligibility requirements means that the Practitioner must document that he or she is willing and able to (i) respond within 15 minutes, via phone, to STAT pages from the Hospital and respond within 30 minutes, via phone, to all other pages and (ii) appear in person to attend a patient within 30 minutes, when requested to do so by the Practitioner caring for the patient at the Hospital.

(4-B)

Threshold Eligibility Criteria

9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have current, valid professional liability insurance coverage in a form acceptable to the Hospital, including insurance through a carrier authorized to do business in the State of Nevada as a licensed provider of professional malpractice insurance, insurance for the clinical privileges requested, and with limits of at least \$1 million for each claim and \$3 million in aggregate?
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of, or entered into a plea of guilty or no contest to, Medicare, Medicaid, or other federal or state government or private third-party payer fraud or program abuse, or have be ordered by a court to pay civil monetary penalties for the same?
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been, or are you currently, excluded, precluded, or debarred from participation in Medicare, Medicaid, or other federal or state governmental health care programs, as verified by screening ineligible persons against the OIG (Office of the Inspector General) or GSA (General Services Administration)?
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever resigned Medical Staff appointment or relinquished privileges during a Medical Staff investigation or in exchange for not conducting such an investigation?
13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had Medical Staff appointment, employment or clinical privileges denied, revoked, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct?
14.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of, or entered into a plea of guilty or no contest, to any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, child abuse, elder abuse, or violence?
15.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to demonstrate recent clinical activity in your primary area of practice during the last two years?
16.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you successfully completed and show verification of; Graduation from a school of medicine accredited by the Association of American Medical Colleges or the American Association of Colleges of Osteopathic Medicine, or a school of dentistry accredited by the Commission on Accreditation of the American Dental Association, or a school of podiatry accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association, or other accredited school appropriate to his or her profession. If the applicant is a physician who is a foreign medical graduate, he/she must have successfully completed the Education Commission for Foreign Medical Graduate (ECFMG) or an accredited Fifth Pathway Program, and have verification of graduation from a foreign medical school?
17.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you successfully completed and show verification of; an "approved" postgraduate training program for physicians is a residency program fully accredited throughout the time of the Practitioner's training by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or an equivalent organization in a country eligible for licensure by endorsement of current license by the licensure board. An approved post-graduate training program for podiatrists and dentists or oromaxillofacial surgeons is one fully accredited throughout the time of the Practitioners training by the Commission on Dental Accreditation, by the Council on Podiatric Medical Education of the American Podiatric Medical Association, or by a successor agency to any of the foregoing or by an equivalent professionally recognized national accrediting body in the United States or in a country eligible for licensure by endorsement of current license by the licensure board.
18.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For Advanced Practice Professionals; have you successfully completed an approved postgraduate training program in your respective profession?

Threshold Eligibility Criteria

19.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For Advanced Practice Professionals; are you currently certified by your recognized Board? Advanced Practice Professionals must be certified by their recognized Board prior to being considered for granting of clinical privileges. Recognized APP certification Boards include: For Physician Assistants the National Commission on Certification of Physician Assistants; for Certified Nurse Midwives the American Midwifery Certification Board; for Advanced Practice Nurses the American Nurses Credentialing Center, the American Academy of Nurse Practitioners or the Association of Women's Health, Obstetrical and Neonatal Nurses or other nationally recognized accrediting board.
20.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have proof of Participation in continuing education as related to the clinical privileges requested?
21.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently board certified in the specialty for which you will be requesting clinical privileges? <i>(Board Certification within 5 Years of completion of Residency/Fellowship required)</i> [In your primary area of practice at the Hospital by the appropriate specialty/subspecialty board of the American Board of Medical Specialties ("ABMS"), or the Bureau of Osteopathic Specialists certifying boards of the American Osteopathic Association (AOA). For podiatrists, the board certification program accepted by the Hospital is the American Board of Foot and Ankle Surgery (ABFAS), and for dentists and oromaxillofacial surgeons the board certification program accepted by the Hospital is the American Board of Oral/Maxillofacial Surgeons (ABOMS) or the American Dental Association (ADA)]
22.	(Required) Please provide the name of the Board; even if you are not yet board certified	Name of Specialty Board: _____ Specialty (1): _____ Specialty (2): _____
23.	<input type="checkbox"/> N/A	If you are not board certified; when did you last complete your highest level of training? (i.e.: Residency or Fellowship completion date) _____ When are you scheduled to take the Board Exam? _____
24.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever failed a written or oral Board Examination? If Yes; how many attempts have you made to pass the board examination? _____ Number of times you have failed the board examination? _____

Only those individuals meeting all of the Threshold Eligibility Criteria shall be eligible to apply for appointment to the Medical Staff or clinical privileges, and these professional criteria shall apply uniformly to all applicants.

I attest that I have read the above statement, and that I have answered the above questions regarding my Threshold Eligibility Criteria. I am submitting a request to begin the "Request for Consideration" process at MountainView Hospital.

 Provider Signature

 Date

 Name (printed)



Provider Information

- 1) Providers Complete Name (As it appears on the Nevada State Medical Board):

- 2) AKA: (other names used)

- 3) Gender: Male Female (Please circle)
- 4) Provider Degree: MD, DO, PA-C or APN?

- 5) Date of Birth:

- 6) Social Security Number:

- 7) NPI:

- 8) Email Address for Provider:

- 9) Applying for Primary Specialty in:

- 10) Is he/she Board Certified in Primary Specialty: Yes or No (Please circle)
- 11) If not, when did he complete his Residency/Fellowship in that Specialty:

- 12) Have you ever taken a specialty board exam and failed? Yes or No (Please circle)
If "Yes" please provide details (including dates)

- 13) Applying for Secondary Specialty in:

- 14) Is he/she Board Certified in Secondary Specialty: Yes or No (Please circle)
- 15) If not, when did he complete his Residency/Fellowship in that Specialty:

- 16) Provider Home Address:

- 17) *Provider Cell/Mobile Number:
Carrier: AT&T / Sprint / T-Mobile / Verizon / Other / Specify:

- 18) Primary Office Address:

- 19) Primary Office Phone:

- 20) Primary Office Fax:

Credentialing / Delegate Information (Please also complete the HCA-HCO Provider Delegate Form)

- 21) Credentialing Mailing Address:

- 22) Credentialing Contact Information:
1-Name of Credentialing Contact:

2-Email for Credentialing Contact:

3-Phone Number for Credentialing Contact:

4-Fax Number for Credentialing Contact:

Revised: 02/24/2015

* Disclosure of Cell/Mobile Phone Number and Carrier are Mandatory Requirements



HCA Credentialing Online (HCO) – Provider's Authorization for Delegate

Step 1

Please enter your information below to ensure the information we have is accurate in our credentialing system.

Provider Name: _____

Provider Phone: _____

Provider Email (required): _____

NOTE: Provider email must be unique to the provider; it cannot be the same address as a delegate.

Step 2

- I do not want to select any delegates at this time. I will personally provide my credentialing information.
_____ *initial and skip to Step 3*
- I understand that one delegate for all entities is preferred; however, I have different people to handle my credentialing at different entities. The delegate listed below is my primary delegate for HCO access.
- The delegate listed below is my delegate for all entities.
- I hereby authorize:

Delegate

Name: _____

Email: _____

Phone: () - ext.

(hereinafter, individually referred to as "Delegate") to access the HCA Credentialing Online (HCO) web portal to enter data and submit documents for the HCA Requests for Considerations (RFC) and HCA Reappointment Requests for Information (RRFCs) requests on my behalf. I understand that I will need to review the data and documents and attest to their accuracy before I submit them for consideration via the HCO web portal.

I acknowledge that I have voluntarily provided the above information, and I have carefully read and understand this Authorization. I understand and agree that a facsimile or photocopy of this Authorization shall be as effective as the original.

PROVIDER SIGNATURE

NAME

SOCIAL SECURITY NUMBER or NPI

DATE (MM/DD/YYYY)

Step 3

Please complete, sign and date. The form may be returned using fax, email, or U.S. mail using the contact information provided in the footer of this letter.

Credentialing Processing Center – Houston Shared Services Center
~~8404 West Sam Houston Parkway South, Houston, TX 77072~~
~~866-579-0803 toll free ♦ 866-862-5432 fax~~
~~HRSCHoustonCPC@Parallon.com~~

Fax to MountainView Hospital: 702-962-5554



UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
invites applications for the position of:

P/D Staff Physician

SALARY: \$101.77 - \$101.77 Hourly

JOB TYPE: Per Diem

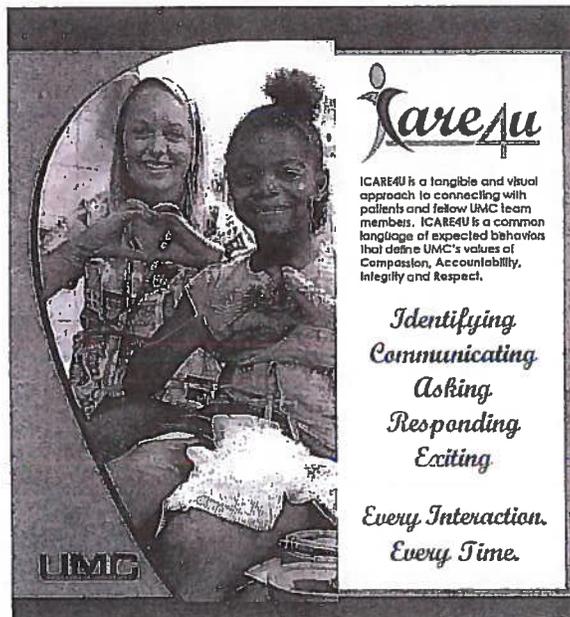
DEPARTMENT: AMB FLOAT POOL - 8735

LOCATION: Various Ambulatory Care Clinics (Non-Specialty)

OPENING DATE: 01/10/18

CLOSING DATE: Continuous

POSITION SUMMARY:



Position Summary:

Responsible for performing professional physician services and for performing required administrative duties

JOB REQUIREMENT:

Education/Experience:

Graduation from an accredited school of medicine. Some positions may require two (2) years of clinical practice experience.

Licensing/Certification Requirements:

Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substance Registration Certificate. Some positions may require one or more of the following certifications: Basic Life Support (BLS) certification,

40

CRAIG WEINGROW, M.D.

**REQUIREMENTS TO BE CREDENTIALLED WITH INSURANCE COMPANIES TO BE
A PROVIDER**

Name of Hospital	Required Qualifications to Be Hired Include:	Exhibit
CAQH Solutions - Credentialing Authority to Qualify to be a Provider	What You'll Need to Get Started ...DEA Certificate CDS Certificate	5-A
Anthem	"Initial Credentialing A. Practitioners DEA/CDS and state controlled substance registrations a. The DEA/CDS registration must be valid the state(s) in which practitioner will be treating Members. Practitioners who see Members in more than one state must have a DEA/CDS registration for each state."	5-B
United Healthcare	"Active Drug Enforcement Agency (DEA) number and/or Controlled Dangerous Substance (CDS) Certificate or acceptance substitute (if required)"	5-C
Aetna	"Drug Enforcement Agency (DEA) and state controlled substances registration, when applicable, through verification by the U.S. Department of Commerce National Technical Information Service (when applicable)"	5-D
Medicare	"Drug Enforcement Agency (DEA) number"	5-E
Cigna	Requirement Drug Enforcement Agency DEA Certificate Valid, unrestricted	5-F

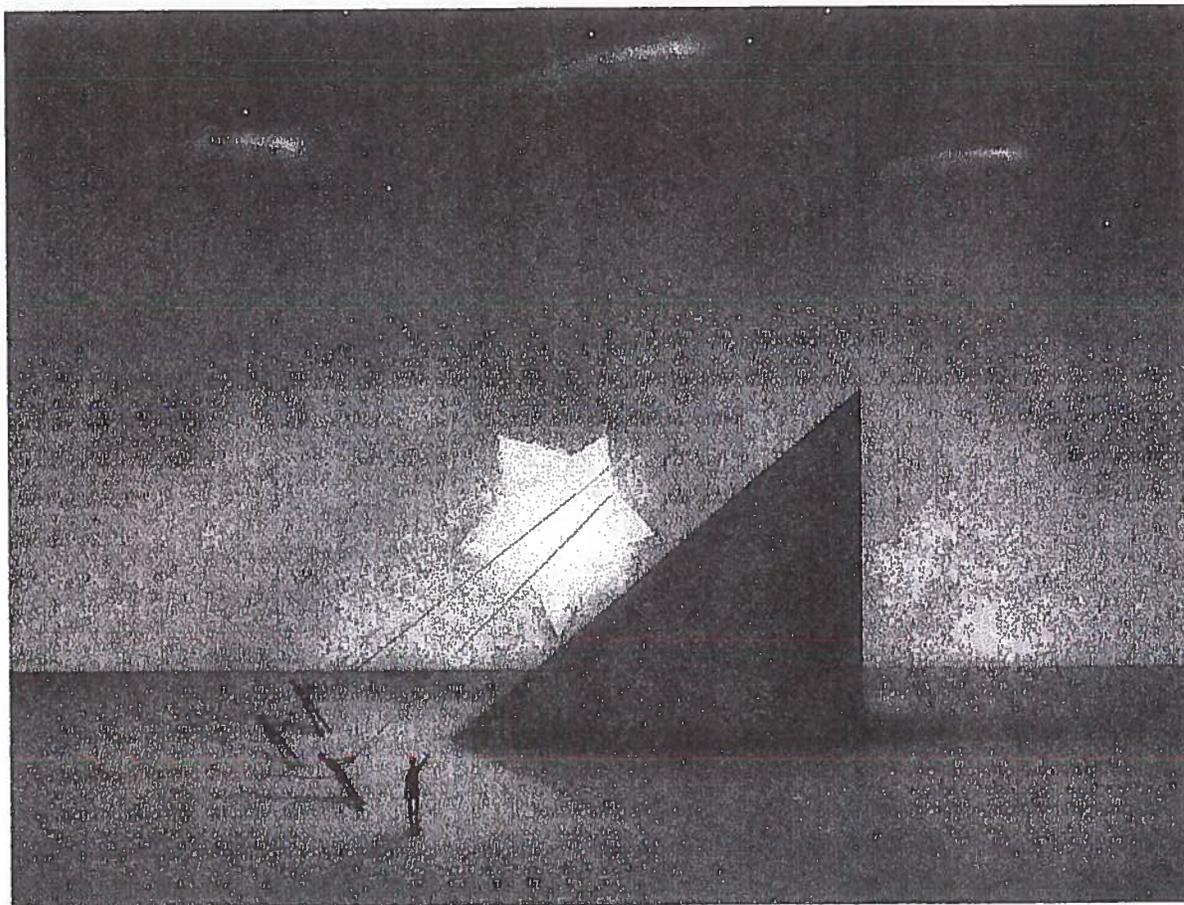


Provider Quick Reference Guide



PROVIEW.

*All major
providers*



CAQH ProView — Is the premier industry solution for healthcare providers to easily self-report data required by health plans, hospitals and other organizations. This information is used for credentialing, claims processing, quality assurance, member services, emergency response and more.

Easy to use, CAQH ProView eliminates the need to complete multiple, lengthy paper forms. Information is submitted securely electronically and only once. Providers can spend less time filling out forms and more time caring for patients. Available in all 50 states and the District of Columbia, CAQH ProView is free to providers.

5-A

CAQH ProView — The new industry standard for provider data collection

- Fully electronic solution saves time and eliminates the need for redundant, time-consuming paper forms and faxes.
- Simplifies provider data collection by only prompting to enter the data required for the state(s) where a provider practices.
- The CAQH ProView data set meets the data collection requirements of URAC, the National Committee for Quality Assurance (NCQA) and Joint Commission standards.
- CAQH ProView is supported by America's Health Insurance Plans, American Academy of Family Physicians, American College of Physicians, American Health Information Management Association, American Medical Association, and Medical Group Management Association.

Benefits to Providers

- Free service to providers.
- Easy to use.
- Enter, submit and store all data electronically.
- Eliminates the need for time-consuming paper forms.
- Enhanced security features help you maintain total control of your information.
- Re-attest in minutes.
- Updated information is immediately available to organizations authorized by the provider.

What You'll Need to Get Started

If you are a new user, you will need several pieces of information before getting started.

- CAQH-supplied Provider ID Number
- Previously completed credentialing application if available (for reference)
- List of all previous and current practice locations
- Identification numbers, such as Social Security Number, National Provider Identifier (NPI), DEA, UPIN, and License Number
- Electronic (scanned) copies of your:
 - Curriculum Vitae
 - Medical License
 - DEA Certificate
 - CDS Certificate
 - IRS Form W-9
 - Malpractice Insurance Face Sheet
 - Summary of any pending or settled malpractice cases
 - Any other required supporting documents

Using CAQH ProView

Follow the steps below to complete the CAQH ProView process.

The menu prompts in CAQH ProView take you through each step; click the "Save & Continue" button at the bottom of each page to go to the next page. Each step specifies instructions for "New Users" who are using CAQH ProView for the first time.

New Users

Providers using the solution for the first time should allow approximately two hours to complete the process. You can also complete the process over several sessions. Click the "Save & Continue" button to save your information if you leave the application or will not be using it for an hour or more. When returning, you must log in and select the section you wish to work on.

Register with CAQH ProView	Complete the Application and Review Data	Authorize Access to Your Information
<p>If you have been invited to join CAQH ProView by a health plan, hospital or other participating organization, you may have received a welcome letter with your CAQH Provider ID Number. As a new user, you also have the option to self-register through the CAQH ProView Provider portal: https://proview.caqh.org/pr. Upon completion of the self-registration process, you will receive a welcome email with your unique CAQH Provider ID Number. Once you have received your CAQH Provider ID Number, follow the next steps to complete your registration:</p> <ol style="list-style-type: none"> 1. Go online to https://proview.caqh.org/pr 2. Click "Register Now." 3. At the bottom of the page, click "here" on the "If you already have a CAQH Provider ID, please click here." 4. Enter your CAQH Provider ID Number. 5. Enter your authentication data (e.g., SSN, National Provider Identifier (NPI), DEA, UPIN, and License Number) 6. Create username and password. 7. Choose and answer three security questions. 8. Acknowledge the Terms of Service. 9. Click "Create Account". 	<ol style="list-style-type: none"> 1. Select "Profile Data" from the top navigation bar. 2. Enter the requested information within each section. <ul style="list-style-type: none"> – Use "Go to previous section" or "Save & Continue" to page forward or backward within your application. – It's important to click on the "Save & Continue" button to save your information. If you close the browser without clicking "Save & Continue," you will lose your information. 3. Select "Review & Attest" to review your profile and to make any required fixes to your information. During "Review" you can do any of the following: <ul style="list-style-type: none"> – Select "View Errors" to view both required and suggested fixes. <ul style="list-style-type: none"> – Required fixes are items that must be fixed to complete your profile. – Suggested fixes are items that appear irregular or inconsistent within your profile information. – Select "View Documents" to view the status of all uploaded supporting documents, as well as any missing or expired documents. – Double-click on the image in "View Your Data Summary" to review a summary of your profile information. – Generate a replica of a state-specific application by clicking "Download Your State Application", selecting the state and clicking Download. 4. Authorize POs to grant them access to your information. 	<p>Only you can authorize who has access to your information. For new CAQH ProView users, access the "Authorize" page from the left navigation.</p> <ol style="list-style-type: none"> 1. On the "Authorize" page, you have two options to select which listed organization(s)** you would like to receive your information: <ul style="list-style-type: none"> – "All healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider." <p>-OR-</p> <ul style="list-style-type: none"> – "Only the healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider, and I specify below:" <ol style="list-style-type: none"> 2. Select one and click "Save" to proceed to the next step in the process. 3. Click "Review & Attest". 4. Proceed to "Next Steps — All Users" on the next page. <p>**If a Participating Organization you wish to authorize does not appear, please contact that organization and ask to be added to their provider roster.</p>

Next Steps — All Users

Verify Your Data Entry — Review & Attest	Submit Supporting Documents	Maintain the Accuracy of Your Information
<p>Complete the following steps to verify the accuracy of your information and complete your attestation.</p> <ol style="list-style-type: none"> 1. Select "Review & Attest" from the top navigation bar. 2. Click "View Your Data Summary" to display a summary of the data you entered. 3. Review your data summary to make sure it is complete. You may save or print your data summary. <ul style="list-style-type: none"> — If you need to make changes, click "Profile Data" from the top navigation bar to select the section that needs to be revised. 4. Select "Attest" to certify that you have carefully reviewed all information contained within your profile and all information provided by you is true, correct, and complete to the best of your knowledge. 	<p>After you complete your attestation, CAQH ProView enables you to upload any required supporting documents directly into the system. You can also upload your documents as you are completing your application. To do so, follow these steps:</p> <ol style="list-style-type: none"> 1. The "Documents" or "Review" pages will inform you what documents are needed to complete your application. 2. Upload the supporting documents (e.g., DEA certificates, W-9 forms, etc.) directly to CAQH ProView. <p>Once your application is complete and your supporting documents are reviewed for accuracy, your information will be available to the organizations you authorized. You will need to check with each individual organization to determine your credentialing status.</p>	<p>Every 120 days (180 days for providers practicing in Illinois), you will receive a notification from CAQH ProView to re-attest that all the information in your profile is still correct. To complete this requirement, follow these steps:</p> <ol style="list-style-type: none"> 1. Go online to https://proview.caqh.org/ or at least every 120 days (180 days for IL Providers). 2. Log in. 3. At the home page, select "Review & Attest." 4. Review and update your data as needed. 5. Click on "Attest." 6. Upload any applicable supporting documents.



CAQH, a non-profit alliance, is the leader in creating shared initiatives to streamline the business of healthcare. Through collaboration and innovation, CAQH accelerates the transformation of business processes, delivering value to providers, patients and health plans.

Questions? CAQH ProView Support Desk Phone: 1-888-599-1771 | Chat: <https://proview.caqh.org/PR>

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Credentialing

Anthem's Discretion

The credentialing summary, criteria, standards, and requirements set forth herein are not intended to limit Anthem's discretion in any way to amend, change or suspend any aspect of its credentialing program nor is it intended to create rights on the part of practitioners who seek to provide healthcare services to our Members. Anthem further retains the right to approve, suspend, or terminate individual physicians and health care professional, and sites in those instances where it has delegated credentialing decision making.

Credentialing Scope

Anthem credentials the following licensed/state certified independent health care practitioners:

- Medical Doctors (MD)
- Doctors of Osteopathic Medicine (DO)
- Doctors of Podiatry
- Chiropractor
- Optometrists providing Health Services covered under the Health Benefit Plan
- Oral and Maxillofacial surgeons
- Psychologists who have doctoral or master's level training
- Clinical social workers who have master's level training
- Psychiatric or behavioral health nurse practitioners who have master's level training
- Other behavioral health care specialists Telemedicine practitioners who provide treatment services under the Health Benefit Plan
- Medical therapists (e.g., physical therapists, speech therapists, and occupational therapists)
- Genetic Counselors
- Audiologists Acupuncturists (non-MD/DO)
- Nurse practitioners
- Certified nurse midwives
- Physician assistants (as required locally)
- Registered Dieticians

The following behavioral health practitioners are not subject to professional conduct and competence review under Anthem's credentialing program, but are subject to a certification requirement process including verification of licensure by the applicable state licensing board to independently provide behavioral health services and/or compliance with regulatory or state/federal contract requirements for the provision of services:

- Certified Behavioral Analysts
- Certified Addiction Counselors
- Substance Abuse Practitioners

Anthem credentials the following Health Delivery Organizations ("HDOs"):

- Hospitals
- Home Health Agencies
- Skilled Nursing Facilities (Nursing Homes)
- Ambulatory Surgical Centers
- Behavioral Health Facilities providing mental health and/or substance abuse treatment in inpatient, residential or ambulatory settings, including:
 - Adult Family Care/Foster Care Homes
 - Ambulatory Detox
 - Community Mental Health Centers ("CMHC")
 - Crisis Stabilization Units
 - Intensive Family Intervention Services
 - Intensive Outpatient – Mental Health and/or Substance Abuse
 - Methadone Maintenance Clinics
 - Outpatient Mental Health Clinics

Practitioners and HDOs are notified that they have the right to review information submitted to support their credentialing applications. In the event that credentialing information cannot be verified, or if there is a discrepancy in the credentialing information obtained, the Credentialing staff will contact the practitioner or HDO within thirty (30) calendar days of the identification of the issue. This communication will notify the practitioner or HDO of the right to correct erroneous information or provide additional details regarding the issue in question. This notification will also include the process for submission of this additional information, including where it should be sent. Depending on the nature of the issue in question, this communication may occur verbally or in writing. If the communication is verbal, written confirmation will be sent at a later date. All communication on the issue(s) in question, including copies of the correspondence or a detailed record of phone calls, will be documented in the practitioner's credentials file. The practitioner or HDO will be given no less than fourteen (14) calendar days in which to provide additional information. On request, the practitioner will be provided with the status of their credentialing or recredentialing application.

Anthem may request and will accept additional information from the applicant to correct or explain incomplete, inaccurate, or conflicting credentialing information. The CC will review the information and rationale presented by the applicant to determine if a material omission has occurred or if other credentialing criteria are met.

Nondiscrimination Policy

Anthem will not discriminate against any applicant for participation in its programs or provider network(s) on the basis of race, gender, color, creed, religion, national origin, ancestry, sexual orientation, age, veteran, or marital status or any unlawful basis not specifically mentioned herein. Additionally, Anthem will not discriminate against any applicant on the basis of the risk of population they serve or against those who specialize in the treatment of costly conditions. Other than gender and language capabilities which are provided to the members to meet their needs and preferences, this information is not required in the credentialing and re-credentialing process. Determinations as to which practitioners and providers require additional individual review by the Credentials Committee are made according to predetermined criteria related to professional conduct and competence. Credentials Committee decisions are based on issues of professional conduct and competence as reported and verified through the credentialing process. Anthem will audit credentialing files annually to identify discriminatory practices, if any, in the selection of practitioners. Should discriminatory practices be identified through audit or through other means, Anthem will take appropriate action(s) to track and eliminate those practices.

Initial Credentialing

Each practitioner or HDO must complete a standard application form deemed acceptable by Anthem when applying for initial participation in one or more of Anthem's Networks or Plan Programs. For practitioners, the Council for Affordable Quality Healthcare ("CAQH") ProView system is utilized. To learn more about CAQH, visit their web site at www.CAQH.org.

Anthem will verify those elements related to an applicants' legal authority to practice, relevant training, experience and competency from the primary source, where applicable, during the credentialing process. All verifications must be current and verified within the one hundred eighty (180) calendar day period prior to the CC making its credentialing recommendation or as otherwise required by applicable accreditation standards.

During the credentialing process, Anthem will review, among other things, verification of the credentialing data as described in the following tables unless otherwise required by regulatory or accrediting bodies. These tables represent minimum requirements.

A. Practitioners

Verification Element
License to practice in the state(s) in which the practitioner will be treating Members.
Hospital admitting privileges at a TJC, NIAHO or AOA accredited hospital, or a Network hospital previously approved by the committee.
DEA/CDS and state controlled substance registrations <ol style="list-style-type: none"> The DEA/CDS registration must be valid in

Verification Element
the state(s) in which practitioner will be treating Members. Practitioners who see Members in more than one state must have a DEA/CDS registration for each state.
Malpractice insurance
Malpractice claims history
Board certification or highest level of medical training or education
Work history
State or Federal license sanctions or limitations
Medicare, Medicaid or FEHBP sanctions
National Practitioner Data Bank report
State Medicaid Exclusion Listing, if applicable

B. HDOs

Verification Element
Accreditation, if applicable
License to practice, if applicable
Malpractice insurance
Medicare certification, if applicable
Department of Health Survey Results or recognized accrediting organization certification
License sanctions or limitations, if applicable
Medicare, Medicaid or FEHBP sanctions

Recredentialing

The recredentialing process incorporates re-verification and the identification of changes in the practitioner's or HDO's licensure, sanctions, certification, health status and/or performance information (including, but not limited to, malpractice experience, hospital privilege or other actions) that may reflect on the practitioner's or HDO's professional conduct and competence. This information is reviewed in order to assess whether practitioners and HDOs continue to meet Anthem credentialing standards.

All applicable practitioners and HDOs in the Network within the scope of Anthem Credentialing Program are required to be recredentialled every three (3) years unless otherwise required by contract or state regulations.

Health Delivery Organizations

New HDO applicants will submit a standardized application to Anthem for review. If the candidate meets Anthem screening criteria, the credentialing process will commence. To assess whether Network HDOs, within the scope of the Credentialing Program, meet appropriate standards of professional conduct and competence, they are subject to credentialing and recredentialing programs. In addition to the licensure and other eligibility criteria for HDOs, as described in detail in Anthem Credentialing Program Standards, all Network HDOs are required to maintain accreditation by an appropriate, recognized accrediting body or, in the absence of such accreditation, Anthem may evaluate the most recent site survey by Medicare, the appropriate state oversight agency, or a site survey performed by a designated independent external entity within the past 36 months for that HDO.

Recredentialing of HDOs occurs every three (3) years unless otherwise required by regulatory or accrediting bodies. Each HDO applying for continuing participation in Networks or Plan Programs must submit all required supporting documentation.

On request, HDOs will be provided with the status of their credentialing application. Anthem may request, and will accept, additional information from the HDO to correct incomplete, inaccurate, or conflicting credentialing information. The CC will review this information and the rationale behind it, as presented by the HDO, and determine if a material omission has occurred or if other credentialing criteria are met.



Anthem Blue Cross and Blue Shield Provider and Facility Manual

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Anthem Credentialing Program Standards

I. Eligibility Criteria

Health care practitioners:

Initial applicants must meet the following criteria in order to be considered for participation:

- A. Must not be currently federally sanctioned, debarred or excluded from participation in any of the following programs: Medicare, Medicaid or FEHBP; and.
- B. Possess a current, valid, unencumbered, unrestricted, and non-probationary license in the state(s) where he/she provides services to Covered Individuals; and
- C. Possess a current, valid, and unrestricted Drug Enforcement Agency ("DEA") and/or Controlled Dangerous Substances ("CDS") registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat Covered Individuals, the DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating Covered Individuals. Practitioners who see Covered Individuals in more than one state must have a DEA/CDS registration for each state.

Initial applications should meet the following criteria in order to be considered for participation, with exceptions reviewed and approved by the CC:

- A. For MDs, DOs, DPMs, and oral and maxillofacial surgeons, the applicant must have current, in force board certification (as defined by the American Board of Medical Specialties ("ABMS"), American Osteopathic Association ("AOA"), Royal College of Physicians and Surgeons of Canada ("RCPSC"), College of Family Physicians of Canada ("CFPC"), American Board of Podiatric Surgery ("ABPS"), American Board of Podiatric Medicine ("ABPM"), or American Board of Oral and Maxillofacial Surgery ("ABOMS")) in the clinical discipline for which they are applying.
- B. Individuals will be granted five years or a period of time consistent with ABMS board eligibility time limits, whatever is greater, after completion of their residency or fellowship training program to meet the board certification requirement.
- C. Individuals with board certification from the American Board of Podiatric Medicine will be granted five years after the completion of their residency to meet this requirement. Individuals with board certification from the American Board of Foot and Ankle Surgery will be granted seven years after completion of their residency to meet this requirement.

II. Criteria for Selecting Practitioners

A. New Applicants (Credentialing)

1. Submission of a complete application and required attachments that must not contain intentional misrepresentations;
2. Application attestation signed date within one hundred eighty (180) calendar days of the date of submission to the CC for a vote;
3. Primary source verifications within acceptable timeframes of the date of submission to the CC for a vote, as deemed by appropriate accrediting agencies;
4. No evidence of potential material omission(s) on application;
5. Current, valid, unrestricted license to practice in each state in which the practitioner would provide care to Covered Individuals;
6. No current license action;
7. No history of licensing board action in any state;
8. No current federal sanction and no history of federal sanctions (per System for Award Management (SAM), OIG and OPM report nor on NPDB report);
9. Possess a current, valid, and unrestricted DEA/CDS registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat Covered Individuals. The DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating Covered Individuals. Practitioners who treat Covered Individuals in more than one state must have a valid DEA/CDS registration for each applicable state.

Initial applicants who have NO DEA/CDS registration will be viewed as not meeting criteria and the credentialing process will not proceed. However, if the applicant can provide evidence that he/she has applied for a DEA/CDS registration the credentialing process may proceed if all of the following are met:

- a. It can be verified that this application is pending.
- b. The applicant has made an arrangement for an alternative practitioner to prescribe controlled substances until the additional DEA/CDS registration is obtained.
- c. The applicant agrees to notify Anthem upon receipt of the required DEA/CDS registration.
- d. Anthem will verify the appropriate DEA/CDS registration via standard sources.

1/17/2020

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H&L

Resources for physicians, administrators and healthcare professionals

Get Credentialed

During the credentialing process, we'll work with you to verify your qualifications, practice history, certifications and registration to practice in a health care field.

Helpful Resources

- [Credentialing Frequently Asked Questions \(FAQs\)](#)
- [Credentialing Plan State and Federal Regulatory Addendum: Additional State and Federal Credentialing Requirements](#)
- [UnitedHealthcare Credentialing Plan 2019- 2021](#)

Feedback

Step One: Know What's Needed for Credentialing

UnitedHealthcare's credentialing standards fully comply with the National Committee on Quality Assurance (NCQA) as well as specific state and federal requirements.

Licensed Independent Practitioners — Credentialing Requirements

Training and Education

- Practitioner degree (MD, DO, DPM), post-graduate education or training
- Details of medical or professional education and training
- Completion of residency program in the designated specialty

Licensing and Certification

- Current license or certification in the state(s) in which the care provider will be practicing (no temporary licenses)
- National Provider Identification (NPI) number

5-C

- Active Drug Enforcement Agency (DEA) number and/or Controlled Dangerous Substance (CDS) Certificate or acceptable substitute (if required)
- Medicare/Medicaid participation eligibility or certification (if applicable)

Work History Details

- Five-year work history
 - If there are any gaps longer than six months, please explain.
- Statement of work limitations, license history and sanctions (only required if you are applying to join UnitedHealthcare's Medicare and Medicaid plans).

The statement must include:

 - Any limitations in ability to perform the functions of the position, with or without accommodation;
 - History of loss of license and/or felony convictions; and
 - History of loss or limitation of privileges or disciplinary activity.
- W-9 form
- Hospital staff privileges

Insurance

- Active errors and omissions (malpractice) insurance or a state-approved alternative
- Malpractice history

Other

- Other Credentialing requirements such as AMA profile or criminal history review as required by Credentialing Authorities
- Notification if this provider has ever been a delegated provider prior to this credentialing application
- Passing score on state site visit (if required)

Credentialing For Medicaid and State Programs (Community Plan)

- State-specific Credentialing and Recredentialing information on how to join the UnitedHealthcare Community Plan network can be found in the [Care Provider Manual](#).

Facilities – Credentialing Requirements

Each facility must meet the following criteria to be considered for credentialing:

- Current required license(s)
- General/comprehensive liability insurance
- Errors and omissions (malpractice) insurance
- Proof of Medicare/Medicaid program participation eligibility
- Appropriate accreditation by a recognized agency, or satisfactory alternative
- Centers for Medicare & Medicaid Services (CMS) certification

Feedback

Questions?

If you have questions about any of the required items, please review the [UnitedHealthcare Credentialing and Recredentialing Plan for 2019-2021](#), specifically:

- Section 4.2 – Credentialing Criteria/Source Verification Requirements.
- Section 7.0 - Credentialing and Recredentialing of Facilities

Step Two: Complete a Credentialing Application +

Step Three: Get Your Credentialing Approved +

Check Your Status +

The Credentialing Program has been developed in accordance with state and federal requirements and accreditation guidelines. In accordance with those standards, UnitedHealthcare members will not be referred and/or assigned to you until the credentialing process and contracting process have been completed.

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Feedback

Credentialing Overview

aetna

Aetna shall maintain a network that will be credentialed and recredentialed consistent with the accrediting bodies of National Committee for Quality Assurance (NCQA), Centers for Medicare and Medicaid Services (CMS) and URAC, as well as state and federal requirements.

Aetna will consider the following factors in its credentialing process and secure primary source verification, as required:

- Licensure and/or certification verified through state licensing boards in geographical areas where network practitioners will care for our members
- Board certifications (when applicable)
- Loss of/limitation of hospital admitting privileges (when applicable)
- Current professional liability coverage
- Drug Enforcement Agency (DEA) and state controlled-drug substance registration, when applicable, through verification by the U.S. Department of Commerce National Technical Information Service (when applicable)
- Disciplinary history or adverse actions related to licensure and DEA registration, which we query through state licensing boards and the National Practitioner Databank (NPDB)
- Malpractice insurance claim history to examine any possible trends and to look for evidence that might suggest any probable substandard professional performance in the future
- Mental and physical health to determine if the practitioner's history might suggest any probable substandard professional performance in the future
- Participation in government programs such as Medicare or Medicaid
- Professional education and training through verification by the American Medical Association (AMA) Masterfile, American Osteopathic Association (AOA) and specialty board or specific residency/training program (highest level of education, depending on practitioner type)
- Work history

The Aetna Credentialing and Performance Committee (CPC) has authority for making final determinations for those individual practitioners being considered for exceptions to Aetna's established requirements for professional competence and conduct.

Individual practitioners will be recredentialed using the Aetna standard credentialing process every three (3) years.

In addition, in between formal credentialing cycles, Aetna will monitor the following as part of the ongoing quality review:

- state board sanctions,
- loss of license
- Office of Personnel Management/Office of Inspector General reports
- Medicare Opt Out
- Member complaints
- Internally identified potential quality of care concerns

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Help - Checklist for Individual Physician and Non-Physician Practitioners using PECOS

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Medicare Enrollment

for Providers and Suppliers

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Help

Checklist for Individual Physician and Non-Physician Practitioners using PECOS

Below is a checklist of information that will be needed to complete enrollments via Internet-based PECOS:

- ✓ An active National Provider Identifier (NPI).
- ✓ National Plan and Provider Enumeration System (NPPES) User ID and password. Internet-based PECOS can be accessed with the same User ID and password that a physician or non-physician practitioner uses for NPPES.
 - For help in establishing an NPPES User ID and password or assistance in changing an NPPES password, contact the NPI Enumerator at 1-800-465-3203 or send an e-mail to customerservice@npienumerator.com.
- ✓ Personal identifying information. This includes:
 - Legal name on file with the Social Security Administration
 - Date of birth
 - Social Security Number
- ✓ Schooling information. This includes:
 - Name of School
 - Graduation year
- ✓ Professional license information. This includes:
 - Medical license number
 - Original effective date
 - Renewal date
 - State where issued
- ✓ Certification information. This includes:
 - Certification number
 - Original effective date
 - Renewal Date
 - State where issued
- ✓ Specialty/secondary specialty information
- ✓ Drug Enforcement Agency (DEA) number
- ✓ If applicable, information regarding any final adverse actions. A final adverse action includes:
 - a Medicare-imposed revocation of any Medicare billing privileges;
 - suspension or revocation of a license to provide health care by any State licensing authority;
 - revocation or suspension by an accreditation organization;
 - a conviction of a Federal or State felony offense (as defined in 42 CFR 424.535(a)(3)(A)(i)) within the last ten years preceding enrollment or revalidation;
 - or an exclusion or debarment from participation in a Federal or State health care program.
- ✓ Practice location information. This information includes:
 - Practitioner's medical practice location
 - Special Payment Information
 - Medical Record Storage Information
 - Billing Agency Information (if applicable)
 - Any Federal, State, and/or local (city/county) professional licenses, certifications and/or registrations specifically required to operate as a health care physician or non-physician practitioner.

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1/17/2020

Help - Checklist for Individual Physician and Non-Physician Practitioners using PECOS

- ✓ Electronic Funds Transfer documentation - mechanism by which providers and suppliers receive Medicare Part A and Part B payments directly into a designated bank account.

Note: Clicking the download button below generates a PDF file of size 210 KB. Documents in PDF format require the [Adobe Acrobat Reader®](#). If you experience problems with PDF documents, please [download the latest version of the Adobe Acrobat Reader®](#).

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CENTERS FOR MEDICARE & MEDICAID SERVICES 7500 SECURITY BOULEVARD BALTIMORE, MD 21244



Cigna Medical Network Credentialing

Join a Cigna health plan network. We look forward to collaborating with you.

First-Time Credentialing

Recredentialing

Questions?

How to Join a Cigna Medical Network

1 (800) 88CIGNA (882-4462)

OnboardingStatus@Cigna.com

If you are checking the status on where you are in the credentialing process, we will need the name and tax ID number from your application.

1 Pre-Application

Before starting the application process, we'll need some information from you to confirm that you meet the basic guidelines to apply for credentialing.

Please call Cigna Provider Services at **1-800-88Cigna (882-4462)**. Choose the **credentialing option** and a representative will assist you. In most cases, you'll be informed on this call if you meet the basic guidelines to apply for credentialing.

If you are a facility or ancillary provider, we'll need more information from you than is on the Provider Information Form. Please call 1-800-88Cigna (882-4462), choose the credentialing option, and the representative will tell you the next steps in the application process.

2 Submit your application

If you meet the basic guidelines to apply for credentialing, you will receive an email with an application packet and all the information you'll need to get started.

If the application information already exists on the Council on Affordable Quality Healthcare® (CAQH) website or the One Healthport/Medversant website, with your permission we will access it electronically to gather most of the information we need. As a third option, if it's required by the state in which you practice, we'll accept a state application that you complete, sign, and mail to us with the required documentation.

Depending on which method you choose to apply, please complete the steps below.

Online application

Printed application

CAQH

One Healthport/Medversant

State application

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Menu

- Authorize Cigna to access your data.
- Review the data profile for any changes.
- Ensure the profile has one of these statuses: Initial Profile Complete or Re-attestation.
- Review the data profile for any changes.
- Ensure that it has been attested within 100 days.
- Ensure all applicable fields have been completed and signed within 100 days.
- Print the application from your computer.
- Mail it to Cigna with the appropriate attachments:
Cigna
Medical
Onboarding
Unit 1000
Corporate
Center Drive,
Ste. 500
Franklin, TN
37067

Required application information

Regardless of which method you use to apply, we require that you send us a completed application packet with the information below.

Requirement	Details	Other information
State medical license or appropriate professional license	<ul style="list-style-type: none"> • Valid, unrestricted • With appropriate licensing agency 	
Drug Enforcement Agency (DEA) certificate	<ul style="list-style-type: none"> • Valid, unrestricted • One needed for each practicing state 	<p>IMPORTANT: If you do not have a DEA certificate or CDS certificate, fill out the DEA certificate form [PDF] and fax it to 1.877.391.8228.</p>
Controlled Dangerous Substances (CDS) certificate	<ul style="list-style-type: none"> • Valid, unrestricted • If required by the state 	


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Cigna-participating hospital clinical privileges	Must be in good standing on the medical staff	<p>IMPORTANT: If you do not have clinical privileges at a Cigna network-participating hospital, you may have someone admit patients on your behalf.</p> <p>Fill out the Hospital Coverage Agreement form (PDF) and fax it to 1.877.391.8228</p>
Board certification status	By the American Board of Medical Specialties or the American Osteopathic Association	
Professional education and training	Include applicable training in the specialty for which you are applying	
Work history	Must include previous five years	Include an explanation for work history gaps greater than six months.
Prior sanctioning activities	By applicable regulatory bodies, and the Centers for Medicare & Medicaid Services (CMS)	Must disclose sanctions information on the application.
Malpractice claims history	Professional liability coverage amounts will vary based on market standards and medical specialty	Recommended minimums are \$1,000,000 per occurrence and \$3,000,000 in the aggregate.
Adequate malpractice insurance	Must meet the applicable state and medical specialty requirements	

3 Keeping you informed during the registration process

Once we receive the application packet, we'll start the credentialing process. This typically takes 45 to 60 days to complete. During this time, you'll receive emails from us to:


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send you an email notification that we closed your application.

- Keep you updated on where your application is in our credentialing verification process, including any delays that may cause the credentialing process to extend past the standard 45- to 60-day turnaround time.
- Confirm you have been approved and credentialed as a network-participating provider with your effective date, or notify you that you have not been approved.

If you have been approved, we will upload your provider information into our directories and claim systems which typically happens within 10 business days.

4 How to check the status of your application

If you want to find out where your application is within the process:

1) Email OnboardingStatus@Cigna.com. Include your full name and Taxpayer Identification Number (TIN).

OR

Call **1.800.88Cigna (882.4462)**, and choose the credentialing option.

5 Welcome to the Cigna network!

If you are approved and credentialed, you will receive an email letting you know that you have been approved and your effective date.

The Benefits of Collaboration

Cigna shares the same mission as doctors, dentists and other health care providers, hospitals and facilities. We all strive for the better health and well-being of your patients – our customers.

[3 simple reasons to work with us](#)

Health Care Provider Resources

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[Pharmacy Outreach Program](#)

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CRAIG WEINGROW, M.D.

BOARD OF PHARMACY NOTICE OF INTENDED ACTION AND ACCUSATION

Cause of Action	Description	Why This Will Not Happen Again
First	Dispensing Without A Practitioner's Signature	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Second	Falsifying Signatures	Dr. Weingrow has obtained an Electronic Medical Records (EMR) system that permits e-prescribing of controlled substances directly to the pharmacy and only Dr. Weingrow has access to the system.
Third	Unlicensed Practice of Medicine	
Fourth	Failure to Adequately Secure Drugs	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Fifth	Unlawful Access to Drugs	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Sixth	Dispensing When Practitioner Off-Site	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Seventh	Not applicable to Weingrow	
Eighth	Dispensing to Off-Site Patients	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Ninth	Dispensing Without Dispensing Practitioner Verification	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Tenth	Falsifying Patient Records	This causes of action related to patient informed consent forms, which must be completed prior to dispensing medication. Since Dr. Weingrow is no longer dispensing, this will not happen again.



8

8A

CONTROLLED SUBSTANCE REGISTRATION APPLICATION

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206 - Reno, NV 89521

Registration Fee: \$80.00 (non-refundable money order or cashier's check only)

(This application cannot be used by PA's or APRN's)

First: ROGER Middle: MAURICE Last: BELCOURT Degree: MD

SS#: _____ Date of Birth: _____

Practice Name (if any): Nevada Occupational Health

Nevada Address: 3488 GONI Road Suite #: 141

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: CARSON CITY State: NV Zip Code: 89706

E-mail: belcourt@NVBELL.NET Contact E-mail: same

Work Telephone: (775) 887-5030 Fax: (775) 887-5040

Practitioner License Number: 5427 Specialty: OCCUPATIONAL MEDICINE

Sex: M or F

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.

Roger M. Belcourt
Original Signature, no copies or stamps accepted.

01/07/2020
Date

Board Use Only: Date Processed: _____ Amount: 80.00

Roger M. Belcourt, M.D., M.P.H.
1 Taos Ct.
Reno, NV 89511

January 7, 2020

Dear Pharmacy Board,

This letter is written to clarify the positive response on the credentialing application.

On July 21, 1988, while a physician on U.S.A.F. active duty, I was arrested for self-prescribing controlled substances. My hospital privileges were suspended while the incident was investigated. In August 1988, I underwent an eight week inpatient chemical dependency treatment program at the Naval Alcohol Rehabilitation Center in San Diego (Miramar), Ca. A few months after my release from treatment, I was court-martialled by the Air Force. Pleading guilty, I was dismissed from the service.

Following my release, I met with the investigative branch for the Board of Medical Quality Assurance in California. After reviewing my case, they elected to take no action against my medical license in lieu of my enrollment in the California Physician's Diversion Program. I successfully completed this program on January 15, 1993 after just over 3 years of monitoring and participation (letter attached). My California Medical license is completely clear.

The DEA conducted their own investigation and said I must continue participation in the Diversion program and keep a log of all the controlled substances I prescribed. I signed an agreement in September 1991. The investigator at the Sacramento DEA office was Sharon Lick. The DEA did not restrict my prescribing license in any manner and my stipulation was successfully completed in September 1993.

I applied to have my Nevada license (#5427) activated in early 1993. I met with the investigative committee on March 4, 1993 in Las Vegas. This committee, along with the full medical board, decided to take no action against my license in lieu of my signing an agreement for monitoring. I was released from all monitoring in December 1995. In 1994, I was named as a physician consultant to the Nevada State Board of Medical Examiners for monitoring impaired providers in Nevada and I served as the President of the Nevada Health Professionals Assistance Foundation from 2004-2008.

My case has been fully investigated by two state medical boards as well as the DEA. I previously held a Nevada Pharmacy Board License from 1993 until 2010

Should you have any questions, please let me know at the earliest possible date.

Respectfully submitted,



Roger M. Belcourt, M.D., M.P.H.

Roger Belcourt, M.D., MPH, FACOEM
Regional Medical Director
Nevada and Oregon

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treated right

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Reno, NV 89512

Improving America's health, one patient at a time

roger_belcourt@concentra.com
www.concentra.com

May 5, 2009

Carolyn Cramer
General Counsel
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Dear Ms. Cramer,

Thank you for meeting with you to discuss my Pharmacy Board License (CS06804 & CS06804D), specifically as it relates to my most recent applications in the Fall of 2008. I completed these applications without due diligence and mistakenly answered the questions related to addiction and substance abuse in the negative. In fact, after nearly 20 years in addiction recovery, I relapsed and went to treatment for 90 days at Betty Ford Center in March, 2008. Following my release, I enrolled in the Nevada Health Professionals Assistance Program, where my recovery has been monitored and documented. There are no pending medicolegal, civil, or criminal issues. I was not engaged in patient care at the time I went to treatment.

I wish to correct these issues of fact in my file. Please advise of necessary steps in completing this objective.

Respectfully,



Roger M. Belcourt, MD, MPH

www.concentra.com

Roger M. Belcourt, MD, MPH
1530 E. 6th Street
Reno, NV 89511
775.326.8333 X207 ph
775.326.8078 Fax

Roger_Belcourt@Concentra.com email

Improving America's health, one patient at a time.



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

May 8, 2009

Roger M. Belcourt, MD, MPH
1530 E. 6th Street
Reno, Nevada 89511

Dear Dr. Belcourt:

Thank you for stopping by our office on May 5, 2009, and bringing to my attention the mistake you made on your registration renewal. We will put your letter dated May 5, 2009 with your fall 2008 renewal in your file so our records are corrected. There will be no further action with regard to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Cramer".

Carolyn J. Cramer
General Counsel
Nevada Board of Pharmacy

8B

CONTROLLED SUBSTANCE REGISTRATION APPLICATION

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206 - Reno, NV 89521

Registration Fee: \$80.00 (non-refundable money order or cashier's check only)
(This application cannot be used by PA's or APRN's)

First: Justin Middle: Ryan Last: Sempsrott Degree: MD

SS#: ! Date of Birth: _____

Practice Name (if any): Northeastern Nevada Regional Medical Center

Nevada Address: 2001 Errecart Boulevard Suite #: _____

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Elko State: NV Zip Code: 89801

E-mail: Justin_Sempsrott@TeamHealth.com Contact E-mail: _____

Work Telephone: 775-738-5151 Fax: _____

Practitioner License Number: 14852 Specialty: Emergency Medicine

Sex: M or F

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

		Yes	No		
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.	Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.	Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.	Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation:					
Board Administrative Action:		State	Date:	Case #:	
		NV	9/12/17	17-17139	
Criminal Action:	State	Date:	Case #:	County	Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted.

Date

Board Use Only: Date Processed: _____ Amount: 80.00

JUSTIN SEMPSROTT, MD, FAAEM

Kuna, ID 83709 |

77 |

m

January 7, 2020

Dear Sirs or Madams:

Please find below the accompanying explanation for Nevada State Board of Pharmacy Controlled Substance Registration questions - "Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential function of your license" and "Been the subject of a board citation or an administrative action whether completed or pending in any state?"

I have had two investigations, one by the Nevada State Board of Medical Examiners (NSBME), and one by the Idaho Board of Pharmacy, both of which are currently closed and resulted in stipulation contracts.

In the months leading up to February 2017, I was addicted to prescription opiates and tapered down my use. During my shift on February 9, 2017 at Sunrise Hospital in Las Vegas, Nevada, I was worried about developing withdrawal symptoms on future shifts and considered diverting IV fentanyl. In order to explore this possibility, I wanted to see how the pump operated. I did not have a syringe or attempt to withdraw any fentanyl. When I pushed a button on the pump, it alarmed and alerted the nurse, who reported it to the Administrator on Call. This incident was subsequently reported to the NSBME.

I met with the Director of the Nevada Professional Assistance Program (NPAP), Dr Peter Mansky, for an administrative forensic evaluation on February 17, 2017 with resultant urine and hair drug screens that were positive for alcohol use within the last three weeks and negative for fentanyl and all other opiates. On February 28, 2017, I voluntarily entered into a drug rehabilitation program, Healthcare Professionals track at Hazelden Betty Ford in Center City, Minnesota.

On April 5, 2017 I was notified by the NSBME that an investigation was being undertaken and a release of medical records was signed.

On April 10, 2017 I notified the NSBME that I was in a drug and alcohol treatment program.

On May 5, 2017 I was discharged from Hazelden Betty Ford after satisfactorily completing the program.

On May 10, 2017 I entered into a contract for participation with the Nevada Professionals Assistance Program (NPAP) and am currently in good standing.

On June 15, 2017 I entered into an out-of state monitoring contract with the North Carolina Physician Health Program and am currently in good standing.

On June 16, 2017 I received a letter from the NSBME with additional questions.

On July 5, 2017 a response was sent to the NSBME.

On August 1, 2017, Boise, Idaho based Southworth Associates purchased the Nevada Monitoring Program (NPAP) and all administrative functions of my NPAP contract were transferred to Southworth Associates.

On August 19, 2017 I self-reported to the Idaho Physician Recovery Network (PRN), which is managed by Southworth Associates.

On September 12, 2017 I received and signed an "Agreement for participation in a drug and alcohol monitoring/diversion program and order" from the Investigative Committee of the Board of Medical Examiners of the State of Nevada which essentially codified the plan I had in place with the NPAP.

On November 21, 2017, I applied for an Idaho Practioner Controlled Substances Registration through the Idaho Board of Pharmacy.

On January 8, 2018, I entered into an advocacy contract with the Idaho Medical Association Physician Recovery Network and am in good standing.

On January 18, 2018, having completed their investigation, I signed a stipulation and consent order with the ID BOP.

I have included all supporting documentation; please do not hesitate to contact me if I can provide further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Justin Sempstrott", with a long horizontal flourish extending to the right.

Justin Sempstrott, MD, FAAEM

Subject: Nevada State Board of Medical Examiners

From: Mollie T. Miller (mtmiller@medboard.nv.gov)

To: j. ;

Date: Wednesday, April 5, 2017 1:37 PM

Dear Dr. Sempsrott,

Thank you very much for speaking with me today. The Nevada State Board of Medical Examiners (Board) requests your consent to authorize The Hazelden Betty Ford Foundation to release records regarding your care at their facility. The Board requests copies of all documents/records regarding your care and treatment, such documents would include: all evaluations, assessments, inpatient and outpatient treatment, all discharge statements/evaluations, and any specialized treatment programs you have/will participate in.

These documents can be sent to me via email (preferred, secured email is fine) at mtmiller@medboard.nv.gov, by fax at (775) 688-2553 (Attn: Mollie) or mailed to my attention at the address listed below.

Please feel free to contact me if you have any questions or concerns.

Thank you,

Mollie Miller

Mollie Miller

Deputy Chief of Investigations

Nevada State Board of Medical Examiners

(775) 324-9371

(775) 688-2553 Fax

mtmiller@medboard.nv.gov

Nevada State Board of Medical Examiners

Attn: Mollie Miller

1105 Terminal Way, Suite 301

Reno, NV 89502

++ Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure and/or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message. ++



Nevada State Board of Medical Examiners

June 16, 2017

Justin Ryan Sempsrott, M.D.

1 37

Kuna, ID 83634

RE: BME CASE #: 17-17139

Dear Dr. Sempsrott:

We have received information regarding events occurring at Sunrise Hospital on February 9, 2017, which occurred during your scheduled work shift. It is alleged you were observed by some of the hospital staff acting odd around the Fentanyl dispensing machine, such as turning your back so it could not be seen what you were doing. Concerns were brought to the attention of the Administrator on Call. Allegedly, on February 10th, when you arrived for your scheduled shift the medical director pulled you aside and during your conversation with the medical director you admitted to having a substance abuse problem. You were not allowed to perform your shift and you were told to meet with Dr. Peter Mansky with Nevada Professional Assistance Program. On or about February 28, 2017, you began a course of in-patient treatment at the Hazelden Betty Ford treatment center in Center City, Minnesota.

In addition please provide a response to the following questions:

1. How long have you had a substance abuse problem? Please describe how you are addressing your substance abuse problem/addiction? Please explain the nature of your substance abuse problem/addiction (alcohol, prescription pills, etc.).

2. Have you ever provided medical care to a patient while under the influence?

3. Please provide the name(s) of all medical facilities and/or hospitals where you currently hold medical staff privileges.

4. Have you returned work at Sunrise Hospital? If so, please inform the Board of any 'return to work' type agreements you have consented to with Sunrise, including, but not limited to a Privilege Retention Agreement.

LAS VEGAS OFFICE
Board of Medical Examiners
Building A, Suite 2
6010 S. Rainbow Boulevard
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

RENO OFFICE
Board of Medical Examiners
Suite 301
1105 Terminal Way
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2553

In order to determine whether or not there has been a violation of the Medical Practice Act, **please provide a written response to the allegation noted above.** Please include any further information you believe would be useful for the Board to make a determination in **this matter.** **Please reply to this request within 21 days.**

The Nevada State Board of Medical Examiners investigates all information received concerning possible violations of the Nevada Revised Statutes, Chapter 630. We make no determination as to whether or not there has been a violation of the Medical Practice Act, prior to the completion of our investigation. Providing the requested information is deemed a professional obligation of any physician under investigation by the Board and shall not be deemed to be cooperation subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Please be advised that the particular allegation referenced above, if in fact it did occur, and depending on the facts associated with the situation, could be a violation of the codes, including, but not limited to: NRS 630.301(6), (9); 630.306(1)(a), (1)(g), (1)(h).

Respectfully,



Mollie Miller
Deputy Chief of Investigations

JUSTIN SEMPSROTT, MD, FAAEM

Kuna, ID 83634 |

July 5, 2017

Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, NV 89502
775 688-2559

RE: BME Case#: 17-17139
Attached – HBFF Continuing Care Recommendations
– Mountain View Hospital PRA

Dear Sirs or Madams,

Regarding the questions provided on June 16, 2017, please see responses below.

1. My father is prescribed hydromorphone 8 mg PO QID and typically only takes it BID, resulting in a numerous excess pills in his home. I started taking pills from him at the beginning of March 2017. What started as $\frac{1}{4}$ of a tablet every few days progressed to taking $\frac{1}{2}$ tablet up to 3 times per day. I tried to quit on my own several times, and was never able to stay completely abstinent for more than a few days.

In approximately early November 2016, I attempted to use one of my father's fentanyl patches to assist with tapering off of hydromorphone. After 2-3 hours, it was too sedating and I removed it. I have not used fentanyl at any other time. In the 2 weeks leading up to my shift on February 9th, 2017, I tapered down my hydromorphone use to $\frac{1}{4}$ tab every other day. During my shift on February 9th, 2017, I was worried about developing withdrawal symptoms on future shifts and considered diverting IV fentanyl. In order to explore this possibility, I wanted to see how the pump operated. I did not have a syringe or attempt to withdraw any fentanyl. When I pushed a button on the pump, it alarmed and alerted the nurse, who reported it to the Administrator on Call.

When I reported to my shift on February 10th, 2017, the ED Director, Dr. Scott Scherr, inquired about the incident. I told him that I had not diverted any medications from the hospital, but that I had a substance abuse problem. After meeting immediately with representatives from the medical staff, I was given the option to take a voluntary leave of absence until I could have an Administrative Forensic Evaluation by Dr Mansky.

The meeting with Dr Mansky on February 18, 2017 was an Administrative Forensic Exam at the request of Sunrise and did not constitute enrollment in NPAP. I have been abstinent from all opiates since February 9, 2017 and my

urine and hair drug screens on February 18, 2017 were negative except for ethyl glucuronide. After meeting with Dr Mansky, I made the decision to voluntarily enter into a treatment program and to enroll in NPAP. I successfully completed the Hazelden Betty Ford Healthcare Professionals program in Center City, MN from February 28, 2017 to May 5, 2017. Upon discharge, I received a continuing care plan (attached), which I have faithfully followed. It includes, but is not limited to, self-reporting to NPAP, attending 90 AA/NA meetings in 90 days, healthcare specific support group meetings with NPAP, and daily random urine drug screens for 5 years. Additionally, I meet with a sponsor weekly and hold a service position at my NA home group.

2. I have never reported to a shift or provided medical care to a patient while under the influence of alcohol or any mind or mood altering drugs.
3. In Las Vegas - Sunrise Hospital, MountainView Hospital, Southern Hills Hospital. Banner Churchill Community Hospital in Fallon, Humboldt General Hospital in Winnemucca, and Banner Lassen Medical Center in Susanville, CA.
4. I have been cleared by the medical staff to return to work at Sunrise Hospital, but I have not worked any shifts. As a traveler for the Emergency Department management company, TeamHealth, additional staffing was not needed at Sunrise and I have been working shifts at Southern Hills Hospital and MountainView Hospital. The medical staffs at Sunrise and Southern Hills did not require a privilege retention agreement or any other agreements. Please find attached the PRA for MountainView Hospital.

Please do not hesitate to contact me directly if I can provide any additional information.

Regards,



Justin Sempstrott

MOUNTAINVIEW HOSPITAL

PRIVILEGE RETENTION AGREEMENT

This Privilege Retention Agreement (the "Agreement") is made and entered into as of the 22nd day of June, 2017 (the "Effective Date"), by and between Justin Sempsrott, M.D., (the "Physician") and the Medical Executive Committee (the "MEC") of MountainView Hospital (the "Hospital"), and provides as follows.

RECITALS

1. The Hospital is an acute care facility located in Las Vegas, Nevada, that is regulated and licensed by the State of Nevada, Department of Human Resources, Health Division. The physician members of the Hospital's Medical Staff are governed by the MEC in accordance with the Hospital's Medical Staff Bylaws, Rules and Regulations, Fair Hearing Plan, and other governing documents (collectively, the "Bylaws").
2. Physician is an Emergency Medicine physician licensed by the Nevada State Board of Medical Examiners to practice medicine in the State of Nevada.
3. In accordance with the Bylaws, on January 17, 2017, the Physician was granted Medical Staff membership and clinical privileges at the Hospital (the "Privileges").
4. The Physician sought and obtained assistance from the Nevada Provider Assistance Program (the "NPAP"), and was admitted to the Hazelden Foundation's Health Care Professionals Treatment Program in Center City, Minnesota, from February 28, 2017, through May 5, 2017 ("Hazelden"). On or about May 4, 2017, Hazelden issued its written "continuing care and back to work recommendations" for the Physician (the "Hazelden Report"). A copy of the Hazelden Report is attached hereto as Exhibit "1" and is fully incorporated herein.
5. On June 8, 2017, the Physician notified the Hospital's Medical Staff Office that he had been an inpatient at the Hazelden and was treated for a substance use disorder, uncomplicated, that stemmed from his addiction to medication.
6. The Hospital's Credentials Committee (the "Committee") held an ad-hoc meeting on June 12, 2017, and reviewed the information relevant to the Physician's substance use disorder, uncomplicated, as well as the Medical Staff Practitioner Health and Wellness Policy. The Credentials Committee, which has responsibility for overseeing the Medical Staff Practitioner and Wellness Policy, made the following recommendations pursuant to such Policy that: (i) the Physician provide the Hospital with a letter of advocacy from NPAP; (ii) the Physician be notified that he did not comply with his obligations under the Bylaws and the Medical Staff Policies, including the Medical Staff Leave of Absence Policy; and (iii) the Physician enter into a Privilege Retention Agreement prior to his being eligible to return to duty at the Hospital.
7. The recommendations of the Committee were forwarded to the MEC on June 14, 2017. The MEC approved the Committee's recommendations (as set forth in Section 5 of these Recitals).
8. Based on the recommendations from the Committee and the Hazelden Report, the parties hereby agreed to enter into this Agreement.

AGREEMENT

Therefore, for good and valuable consideration, the amount and sufficiency of which are hereby acknowledged by the parties to this Agreement, the parties agree as follows:

1. **PRIVILEGE RETENTION CONDITIONS.** This Agreement shall remain in full and force effect during all times that Physician has Medical Staff membership and clinical privileges at the Hospital. During the term of this Agreement, Physician agrees to all of the following conditions (the "Privilege Retention Conditions"):
 - a) As expressly identified in the Hazelden Report, Physician shall strictly comply with each and every continuing care recommendation, each and every back to work recommendation, and each and every recommendation for his meeting with his HR representative;
 - b) Treat all patients, healthcare employees and staff, colleagues, and all other personnel in a respectful manner. Physician's language, gestures, and demeanor shall reflect a professional level of respect and dignity for these individuals at all times. This includes, but is not limited to, refraining from raising his voice or "talking down" to patients, family, or hospital staff;
 - c) Completely refrain from language that is profane, vulgar or degrading;
 - d) Listen and respond appropriately to staff when questions are being asked regarding the Physician's patients. This includes, but is not limited to:
 - (i) Physician's participation in reconciliation of patients' medications with nursing staff;
 - (ii) Physician's accurate prescription of drugs and their dosage, frequency, and route of administration for medication orders;
 - (iii) Physician's immediate clarification of any questions that arise out of any orders that he has written;
 - (iv) Physician's prompt clarification of the diagnosis or management of a patient's condition with patients and their families when nursing or ancillary staff have identified the need to do so;
 - (v) Physician's completion of medical record entries that are identified by hospital staff as incomplete or in need of clarification;
 - (vi) Physician shall not hang up on hospital staff until such time as he has clarified patient care concerns to the satisfaction of hospital staff; and
 - (vii) Physician shall promptly respond to all efforts to contact him regarding patient care issues;
 - e) Refrain from making inappropriate statements, orders or comments which may be inflammatory, accusatory, inaccurate or reflect poorly on another member of the patient's healthcare team in any patient's medical record; and
 - f) Strictly abide by all of the terms and conditions in the Bylaws. This includes, but is not limited to, Physician's full and complete compliance with the National Patient Safety Goals. This encompasses refraining from the use of unapproved abbreviations and full and complete compliance with the CDC guidelines for the prevention of nosocomial infections.

2. **ZERO TOLERANCE.** The parties agree that Hospital shall take a "zero tolerance" position against Physician should there be a violation of any of the Privilege Retention Conditions. Physician understands and agrees that "zero tolerance" means that should

he fail to strictly comply with any of the Privilege Retention Conditions, such failure shall be considered appropriate grounds for the Chief of Staff, the Medical Executive Committee, the President/CEO, or the Board of Trustees to immediately summarily suspend his Medical Staff membership and clinical privileges and/or invoke other disciplinary action. Prior to any action by the Chief of Staff, Medical Executive Committee, President/CEO, or Board of Trustees to summarily suspend or invoke other discipline against Physician's Medical Staff membership and/or clinical privileges, s/he or it, as the case may be, shall conduct a thorough investigation of the alleged violation of the Privilege Retention Conditions.

3. **HOSPITAL'S CHAIN OF COMMAND.** Physician understands and agrees that in the event he is involved in a situation involving a patient, healthcare employee, staff or other personnel in which his conduct could become disruptive or otherwise inappropriate, he will immediately remove himself from the situation and take his concerns or differences to the appropriate person in the Hospital's chain of command; that is: the Charge Nurse, Director, an Administrator on Call, Department Chair or Chief of Staff.
4. **TERMINATION OF PRIVILEGES.** In the event Physician fails to comply with any of the Privilege Retention Conditions, as determined in the sole and absolute discretion of the MEC, the Chief of Staff, the President/CEO, or the Board of Trustees of the Hospital, he hereby unconditionally agrees that his Privileges can be terminated ("Privilege Termination").
5. **WAIVER OF RIGHTS.** In the event there is a Privilege Termination or any other disciplinary action, Physician hereby knowingly, willingly, and unconditionally waives and relinquishes any and all rights that he may otherwise have under: (a) the Bylaws; or (b) the Health Care Quality Improvement Act of 1986, as amended (42 U.S.C. § 11101 et seq.), and Physician further hereby agrees that the MEC, the Hospital, and all of their officers, directors, shareholders, predecessors, successors, affiliates, employees, agents and representative shall be entitled to the limitation on damages identified in 42 U.S.C. § 11111 as well as any other limitation or immunity found in state, federal or common law.
6. **NATIONAL PRACTITIONER DATA BANK.** Nothing contained in this Agreement shall be construed as requiring the Hospital to take any action with respect to Physician that is inconsistent with its reporting requirements or other obligations under 45 CFR Part 60.
7. **MISCELLANEOUS.**
 - a. This Agreement contains the entire agreement by and among the parties and may not be changed or terminated orally but only by a written instrument executed by the parties after the date of this Agreement.
 - b. The terms and conditions of this Agreement shall be construed as a whole according to its fair meaning and not strictly for or against any party. The parties acknowledge that each of them has reviewed this Agreement and has had the opportunity to have it reviewed by his/its attorneys and that any rule or construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement, including any amendment.
 - c. If any term of this Agreement or the application of any term of this Agreement should be held by a court of competent jurisdiction to be invalid, void, or unenforceable, all provisions, covenants and conditions of this Agreement, and all ~~of its applications, not held invalid, void, or unenforceable, shall continue in full~~ force and effect and shall not be affected, impaired, or invalidated in any way.

- d. In any action or proceeding to enforce the terms of this Agreement or to redress any violation of this Agreement, the prevailing party shall be entitled to recover as damages its attorneys' fees and costs incurred, whether or not the action is reduced to judgment. For the purposes of this provision, the "prevailing party" shall be that party who has been successful with regard to the main issue, even if that party did not prevail on all the issues.
- e. The laws of the State of Nevada applicable to contracts made or to be wholly performed there (without giving effect to choice of law or conflict of law principles) shall govern the validity, construction, performance, and effect of this Agreement. Any lawsuit to interpret or enforce the terms of this Agreement shall be brought in a court of competent jurisdiction in Clark County, Nevada, where each party hereby consents to personal jurisdiction.
- f. The captions appearing at the commencement of the sections of this Agreement are descriptive only and for convenience in reference to this Agreement and shall not define, limit or describe the scope or intent of this Agreement, nor in any way affect this Agreement.

Dated as of the date first written above.

PHYSICIAN:

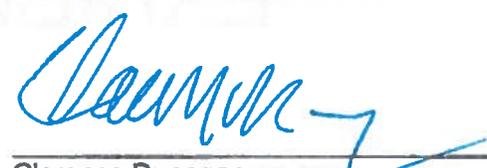
MEDICAL EXECUTIVE COMMITTEE:

By:



Justin Sempstott, M.D.

By:



Clarence Dunagan
Chief of Staff

Approved as to form and content:

Approved:

By:

Attorney for Physician

By:



Jeremy Bradshaw
President/CEO

EXHIBIT "1"

HAZELDEN REPORT DR. SEMPSROTT

Dated: May 4, 2017

May 4, 2017

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.

Karen Spangler
 Team Health Emergency Medicine, West Group
 505 South 336th St. Suite 350
 Federal Way, WA 98003
 Fax: 253-838-6418

Re: Justin Sempsrott (t

Dear Ms. Spangler

Dr. Justin Sempsrott was admitted to Hazelden Foundation's Health Care Professionals Treatment Program in Center City, MN on 2/28/2017 and discharged 5/5/2017.

Our continuing care and back to work recommendations are as follows:

Continuing Care Recommendations:

1. Abstain from all intoxicants, including alcohol.
2. I recommend 12-step/recovery meeting attendance at a minimum frequency of 3 times weekly after first attending 90 meetings in 90 days. We discussed that the more meetings that are attended early-on, the greater the likelihood of maintaining long-term abstinence.
1. Obtain and begin using a 12-step sponsor within two weeks of discharge. Establish regular telephone and face-to-face contact with this sponsor to continue working the steps of recovery.
2. I recommend 12-step/recovery meeting attendance at a minimum frequency of 3 times weekly after first attending 90 meetings in 90 days. We discussed that the more meetings that are attended early-on, the greater the likelihood of maintaining long-term abstinence.
3. I recommend that this patient obtain a free membership in International Doctors in Alcoholics Anonymous (IDAA). We visited the website at idaa.org where doctors-in-recovery meetings can be accessed. I also recommend that this patient attend the annual IDAA conference this coming year in Snowbird, Utah (August 2-6, 2017).
4. Complete continuing care/relapse prevention group bi-weekly on Tuesdays and Thursdays, facilitated through NPAP.
5. Schedule appointment with primary care provider, Dr. Dale Mock, within one month of discharge and follow recommendations.
6. Follow all recommendations of Nevada Professional Assistance Program (NPAP) and Shauna Eger for further instructions on monitoring plan. Full compliance with the expectations of this professional monitoring program is an expectation of the patient's continuing care plan. Recommendation of a minimum of 5 years of monitoring.
7. Anti-relapse medication: none. We attempted to initiate oral naltrexone with a transition to Vivitrol, but it was not tolerated due to side-effects. He was provided with an intranasal naloxone kit.
8. Drug screening should include random urine screening for the usual drugs of abuse as well as ETG/ETS and fentanyl. I recommend a minimum testing frequency per the protocol of the monitoring program.

9. Actively participate in leisure and social activities with family, friends and others in recovery.
10. Participate in the Hazelden My Recovery Compass, maintaining contact 1-2 times per week with a recovery coach.

Back to Work Recommendations:

1. Dr. Sempsrott may return to the practice of medicine providing direct patient care as of 05/25/2017. He should not directly handle or administer controlled substances for a minimum of 12 months of return to work while under monitoring. The exception is that he be allowed to handle and administer propofol to patients in the emergency room as necessary. There is no call. There are no other indicated restrictions. These return to work recommendations require the approval of NPAP and any other interested parties.
2. Work site monitor will be Jeremy Bearden with Team Health West. This individual should provide regular reports to the monitoring program.
3. Our work date recommendations and restrictions are subject to approval and modification by Nevada Professional Assistance Program (NPAP) and are contingent on Dr. Sempsrott adherence and response to the continuing care plan recommendations.

We recommend that Dr. Sempsrott set up an appointment with his HR representative as appropriate to:

1. Discuss any back to work concerns and to identify solutions.
2. Review written job performance guidelines, expectations, and disciplinary action guidelines.
3. Design a written return-to-work agreement as appropriate.
4. Arrange for flexibility in work schedule as needed to accommodate continuing care recommendations.
5. Set up a schedule for on-going reviews of back to work performance to support a successful and competent return to work.

Thank you for your efforts and support of us at Hazelden and of Dr. Sempsrott and the ongoing advocacy and monitoring you will be providing to him. We have appreciated the opportunity to work with you and Dr. Sempsrott over these last several weeks.

Please feel free to contact us if you have any questions about our recommendations or can be of assistance in the future.

Sincerely,

Bruce Bjork B.A LADC
Chemical Dependency Professional II

Marc Myer M.D.
Health Care Professionals Director

**The Investigative Committee of the Board of
Medical Examiners of the State of Nevada**

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In the Matter of the Investigation) **Case No. 17-17139**
)
of)
)
Justin Ryan Sempsrott, M.D.,)
)
License #14852)
)

**AGREEMENT FOR PARTICIPATION IN A DRUG AND ALCOHOL
MONITORING/DIVERSION PROGRAM AND ORDER**

The Investigative Committee ("IC") of the Nevada State Board of Medical Examiners ("Board"), composed of Rachakonda Prabhu, M.D., Chairman, Victor Muro, M.D. and Ms. Sandy Peltyn, has been informed and is aware of circumstances regarding Justin Ryan Sempsrott, M.D., (Dr. Sempsrott). This IC has read and reviewed the Hazelden Betty Ford Foundation's Health Care Professionals Treatment Program Report, ("Betty Ford Program") (Exhibit A), dated, May 4, 2017, and the Nevada Professionals Assistance Program Evaluation, ("NPAP") (Exhibit B), both of which set forth the terms and conditions of participation in a monitoring program.

Based on its review of the above mentioned documents in addition to those facts presented and known to the IC, it is the IC's collective professional judgment that there exists sufficient evidence, presented in the Betty Ford Program Report and the NPAP Evaluation to warrant that Dr. Sempsrott enter into the following Agreement to ensure his participation and compliance with the recommendations and terms set forth therein.

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1 Dr. Sempsrott agrees to the following terms and conditions:

- 2 1) He shall seek ongoing drug and alcohol treatment for a period of five (5) years commencing
3 on March 24, 2017, from NPAP, as directed by The NPAP Conditions for Participation
4 ("NPAP Agreement") (Exhibit C). He shall consent, agree, and direct NPAP to report all
5 results of tests and evaluations of participation in the NPAP program to the IC and/or its
6 Board representatives;
- 7 2) He shall comply with all terms and conditions of his participation with NPAP as set forth in
8 the NPAP Agreement, the terms and conditions of which are hereby incorporated in their
9 entirety. Failure to comply with the terms and conditions of the NPAP Agreement shall be
10 deemed to be a violation of this Agreement and Order and may be grounds for the initiation
11 of disciplinary action as set forth below;
- 12 3) He shall abstain from the use of alcohol, controlled substances, stimulants and all other
13 mood-altering and/or potentially addicting drugs or medications. He shall not obtain
14 prescriptions for any mind-altering or potentially addicting drugs, accept with the consent of
15 NPAP;
- 16 4) He shall submit to any and all body fluids analysis as directed by NPAP, and any other tests
17 as directed by the NPAP;
- 18 5) He agrees and understands that upon successful completion of the NPAP program, the IC
19 shall review the matter to determine if any further action by the IC is required;
- 20 6) He agrees and acknowledges that this Agreement is being entered into by the parties to
21 allow him an opportunity to comply with the above referenced recommendations and further
22 acknowledges that should the IC determine that Dr. Sempsrott has failed to successfully
23 complete the NPAP program or has engaged in conduct that is in violation of the Medical
24 Practice Act pursuant to Nevada Revised Statutes (NRS) and Nevada Administrative Code
25 Chapters 630, this Agreement does not preclude the IC from taking disciplinary action if
26 warranted;
- 27
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1 7) He further agrees that and acknowledges that upon approval and acceptance of this
2 Agreement by the IC, that said terms and conditions shall be considered to be an Order of
3 the IC and that knowingly or willfully failing to comply with an Order of the IC is grounds
4 for the initiations of disciplinary actions against him pursuant to NRS 630.3065(2)(a).

5 Dated this 12 day of SEPT, 2017.

6
7 By: 
8 Robert Kilroy, Esq.
9 Attorney for the Investigative Committee

9 **UNDERSTOOD AND AGREED:**

10 Dated this 12th day of SEP, 2017.

11
12 
Justin Ryan Sempsrott, M.D., Licensee

13 NOTARY PUBLIC//CLARK COUNTY
14 (stamp)

15
16
17 **IT IS HEREBY ORDERED** that the Investigative Committee of the Nevada State Board of
18 Medical Examiners has adopted and approved the above "Agreement for Participation in a Drug and
19 Alcohol Monitoring/Diversion Program" and said terms of the above Agreement shall be henceforth
20 considered an Order of this Investigative Committee.

21 DATED this _____ day of September 2017.

22
23 _____
24 Rachakonda Prabhu, M.D., Chairman
25 Investigative Committee of the
26 Nevada State Board of Medical Examiners
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EXHIBIT A
[BETTY FORD PROGRAM REPORT]



**HAZELDEN REPORT
DR. SEMPSROTT**

Dated: May 4, 2017



May 4, 2017

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to estimate, investigate or prosecute the patient.

Karen Spangler
 Team Health Emergency Medicine, West Group
 505 South 336th St. Suite 350
 Federal Way, WA 98003
 Fax: 253-838-6418

Re: Justin Semprott (I

Dear Ms. Spangler

Dr. Justin Semprott was admitted to Hazelden Foundation's Health Care Professionals Treatment Program in Center City, MN on 2/28/2017 and discharged 5/5/2017.

Our continuing care and back to work recommendations are as follows:

Continuing Care Recommendations:

1. Abstain from all intoxicants, including alcohol.
2. I recommend 12-step/recovery meeting attendance at a minimum frequency of 3 times weekly after first attending 90 meetings in 90 days. We discussed that the more meetings that are attended early-on, the greater the likelihood of maintaining long-term abstinence.
1. Obtain and begin using a 12-step sponsor within two weeks of discharge. Establish regular telephone and face-to-face contact with this sponsor to continue working the steps of recovery.
2. I recommend 12-step/recovery meeting attendance at a minimum frequency of 3 times weekly after first attending 90 meetings in 90 days. We discussed that the more meetings that are attended early-on, the greater the likelihood of maintaining long-term abstinence.
3. I recommend that this patient obtain a free membership in International Doctors in Alcoholics Anonymous (IDAA). We visited the website at idaa.org where doctors-in-recovery meetings can be accessed. I also recommend that this patient attend the annual IDAA conference this coming year in Snowbird, Utah (August 2-6, 2017).
4. Complete continuing care/relapse prevention group bi-weekly on Tuesdays and Thursdays, facilitated through NPAP.
5. Schedule appointment with primary care provider, Dr. Dale Mock, within one month of discharge and follow recommendations.
6. Follow all recommendations of Nevada Professional Assistance Program (NPAP) and Shauna Eger for further instructions on monitoring plan. Full compliance with the expectations of this professional monitoring program is an expectation of the patient's continuing care plan. Recommendation of a minimum of 5 years of monitoring.
7. Anti-relapse medication: none. We attempted to initiate oral naltrexone with a transition to Vivitrol, but it was not tolerated due to side-effects. He was provided with an intranasal naltrexone kit.
8. Drug screening should include random urine screening for the usual drugs of abuse as well as ETG/ETS and fentanyl. I recommend a minimum testing frequency per the protocol of the monitoring program.

9. Actively participate in leisure and social activities with family, friends and others in recovery.
10. Participate in the Hazelden My Recovery Compass, maintaining contact 1-2 times per week with a recovery coach.

Back to Work Recommendations:

1. Dr. Semparott may return to the practice of medicine providing direct patient care as of 05/25/2017. He should not directly handle or administer controlled substances for a minimum of 12 months of return to work while under monitoring. The exception is that he be allowed to handle and administer propofol to patients in the emergency room as necessary. There is no call. There are no other indicated restrictions. These return to work recommendations require the approval of NPAP and any other interested parties.
2. Work site monitor will be Jeremy Bearden with Team Health West. This individual should provide regular reports to the monitoring program.
3. Our work date recommendations and restrictions are subject to approval and modification by Nevada Professional Assistance Program (NPAP) and are contingent on Dr. Semparott adherence and response to the continuing care plan recommendations.

We recommend that Dr. Semparott set up an appointment with his HR representative as appropriate to:

1. Discuss any back to work concerns and to identify solutions.
2. Review written job performance guidelines, expectations, and disciplinary action guidelines.
3. Design a written return-to-work agreement as appropriate.
4. Arrange for flexibility in work schedule as needed to accommodate continuing care recommendations.
5. Set up a schedule for on-going reviews of back to work performance to support a successful and competent return to work.

Thank you for your efforts and support of us at Hazelden and of Dr. Semparott and the ongoing advocacy and monitoring you will be providing to him. We have appreciated the opportunity to work with you and Dr. Semparott over these last several weeks.

Please feel free to contact us if you have any questions about our recommendations or can be of assistance in the future.

Sincerely,

Bruce Bjork B.A LADC
Chemical Dependency Professional II

Mara Myer M.D.
Health Care Professionals Director

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EXHIBIT B
[PROFESSIONALS MONIORING PROGRAM EVALUATION]



Feb 18 17:02:07a

Mera Fax

702 485 4112

p.1

9811 W. Charleston Blvd.
Suite 2-735
Las Vegas, Nevada 89117

Nevada Professionals Assistance Program NPAP

Phone: 702 257 6727
Fax: 877 324 7915

Agreement for Multidisciplinary IME

Date: 2/17/17

Please initial each item and sign at the bottom of page.

Initials

JS I, Justin Sempsoth, understand that Dr. Peter Mansky, M.D. and the Nevada Professionals Assistance Program (NPAP) is referring me for a multidisciplinary independent Medical Evaluation (IME) at an approved center chosen by me from a list of approved centers.

JS I agree to go for an multidisciplinary IME.

JS I understand that in order to successfully complete the independent IME, I must give permission for Dr. Peter A. Mansky, M.D. and the NPAP to provide collateral information to the approved center if I wish to have advocacy from Dr. Peter A. Mansky, M.D. and the NPAP.

JS I agree to not hold Dr. Peter Mansky, M.D. liable for any diagnosis and/or recommendations made based on medical opinion and within a reasonable degree of medical certainty. I agree to not hold Dr. Peter A. Mansky, M.D. liable for any diagnosis and/or recommendations made by the approved center from the multidisciplinary IME.

JS I agree to pay any costs incurred as a result of my multidisciplinary IME.

JS I understand that all evaluations are entirely voluntary. If I disagree with the recommendation for a multidisciplinary IME, or the requirement for a multidisciplinary IME in order for the NPAP to positively advocate for me, I may seek services elsewhere.

JS I understand and acknowledge that a list of several approved centers has been given to me to choose from for my multidisciplinary IME. I understand that Dr. Peter A. Mansky, M.D., the NPAP, or any of its staff do not have any financial profitable relationships with any of the approved centers.

JS I understand that if treatment is recommended as a result of my multidisciplinary IME, I do not have to enter into treatment at the center that provided my IME. I also understand I may return home after the IME to discuss treatment options at an approved center with the NPAP, my family, and/or my employer.

Signature: JS

Print Name: Justin Sempsoth

Date of Signature: 2/17/17

NPAP – Administrative Forensic Evaluation
 Justin Sempstrott
 DOB: /

Date of Evaluation: February 17, 2017

NPAP Summary and Recommendations:

Dr. Sempstrott, a 32-year-old physician, seen today for a two-hour evaluation with the purpose of discerning a psychiatric or substance use diagnosis and fitness for duty in being able to work safely and effectively. Dr. Sempstrott has been working in Emergency Medicine for Sunrise hospital as a locum tenens position, and was suspected by a nurse of diverting Fentanyl. He has worked at Sunrise under his locum tenens position for one and a half months prior to the nurse's report of suspected diversion on February 10th or 11th. Dr. Sempstrott indicated that he has been withdrawing from Dilaudid [hydromorphone] which he obtained from his father's supply (using for chronic pain). Dr. Sempstrott said that he was concerned about increasing withdrawal from Dilaudid and he wanted to be able to prevent this while at work.

Dr. Sempstrott stated using opioids post vasectomy in 2014 and has been using opioids "on and off since that time." He noted that he had started using when he did not have pain. He noted that he would stop when he ran out of meds. His father is suffering from chronic back pain and takes Dilaudid chronically. He is prescribed 120 tablets but would only use 50 or 60 and he would stockpile the rest. Dr. Sempstrott indicated that he used to crush the pills so that he could snort them. He reports he later progressed to smoking the crushed pills. His father is also prescribed Fentanyl patches but does not use all prescribed. Dr. Sempstrott reports also using his father's patches.

After meeting with the Sunrise Hospital Emergency Department Director on February 11, 2017, Dr. Sempstrott started to cut down on his Dilaudid use with the desire to completely detoxify himself. Dr. Sempstrott had nausea and diarrhea as he cut down. He used codeine and Phenergan for the nausea and Imodium for the diarrhea.

On the *NPAP Physician Profile* Dr. Sempstrott indicated that the medications he is taking at the of this evaluation are:

1. Aleve – 200 mg one time
2. Diazepam, 5 mg qhs PRN, and Zolpidem 10 mg qhs PRN prescribed by his PMD. His last diazepam was taken the night before his evaluation and the last zolpidem 1 to 2 weeks prior to evaluation.
3. Loperamide 2 mg TID PRN for withdrawal diarrhea. His last dose was the day before this evaluation.
4. Doxycycline 100 mg bid
5. Sudafed PE tablets, 10 mg BID PRN, for an upper respiratory infection he relates to his plane travel.
6. Zofran 4 mg TID PRN for nausea which Dr. Sempstrott relates to his opioid withdrawal.
7. Dilaudid - last dose was about 7 days prior to this evaluation

NPAP – Administrative Forensic Evaluation
 Justin Sempsrott
 DOB: :

Dr. Sempsrott also indicated that he took Codeine with Phenergan 4 days prior this evaluation. He also had his last drink on a plane flight one day prior to this examination. His last use of marijuana was 8 weeks ago, using marijuana obtained from a friend who has a medical marijuana cards. Dr. Sempsrott has driven and worked in a safety sensitive position in the Emergency Department while under the influence of opioids.

Dr. Sempsrott had a blood pressure 116/100 sitting and 134/98 standing without lightheadedness or dizziness. His weight is 195 pounds and he is 6 ft tall. His pupils were 3.5 millimeters and equal. He had no lacrimation or rhinorrhea. His knee deep-tendon reflexes were normal reflexive. He had no tongue or hand tremor. He had no ataxia or dysarthria. His pulse was repeated by population and was 84 beats per minute and regular.

He was euthymic but anxious because he identified that he knew he had a substance use disorder but because he had detoxified himself he felt he was ready to work and receive outpatient treatment. He was very anxious when I started the examination but calmed down considerably. He had no suicidal ideas, plans, or intent. He had no push of speech. He was very direct in relating his history although at times he was vague. He had no hallucinations, delusions or a thought disorder. His cognitive functioning appeared to be intact.

Considering the above history and examination Dr. Sempsrott suffers from an Opioid Use Disorder moderate and most likely severe. He made efforts in the past to cut down and to stop his use of opioids. He has had to give up his occupational work because of his drug use or behavior related to his drug use. He has driven a car and worked at a safety sensitive position while using opioids. He tried to detoxify himself but he had diarrhea and nausea as well as concerns that his withdrawal would be noticed at work although he did not specify what behavior he was concerned would be seen at work. He used codeine and Phenergan and most likely alcohol and diazepam to treat his withdrawal.

The other three to four criteria are not clear at this time. He lives in Boise but works for a locums company and sees the mother of his child in California. He had to be in Boise and spend time getting his drugs from his father and when he told his father it effected their relationship. He indicated that his father was disappointed in him and this obviously has affected their relationship. He has had some cravings but he downplays this. His use has affected his ability to work but not clear at this time how it has affected his relationship with his child's mother (Ann), his relationship with his father, and his job performance.

The above information was related to Dr. Sempsrott at the conclusion of the examination. He still felt he could return to work and seek outpatient treatment. I relayed to him that since he worked in a safety sensitive position as a physician and since some of the criteria could be clarified by a multidisciplinary independent medical evaluation (IME) I would recommend that as his next step. He wanted to know if he could go directly to treatment. I indicated that he could as he would be evaluated before and during treatment which would also clarify his diagnosis. I recommended the IME because it could



NPAP – Administrative Forensic Evaluation
Justin Sempsrott
DOB:

clarify his diagnosis and recommended course of treatment. Furthermore, once evaluated he could leave the center and did not have to return there for treatment. In addition to the IME, any treatment recommendations could be obtained at a list of 12 NPAP approved centers. Several of those centers are close to him and were discussed. He indicated that although he had a license in Idaho, California, and North Carolina, as well as Nevada, he would prefer to go for the evaluation with assistance from the NPAP and opined that he would like to be a participant in the NPAP after his evaluation and/or treatment. He indicated that he appreciated his residency training in southern Nevada and would prefer to live here at this time.

E-signed: Peter A. Mansky, M.D.



NPAP – Administrative Forensic Evaluation
Justin Sempserott
DOB: /

Addendum to NPAP Summary and Recommendations

Date of Evaluation: February 17, 2017

Date of Addendum Request: April 12, 2017

After reviewing the document titled "NPAP Summary and Recommendations," Dr. Sempserott sent the following requested revisions via email:

"In regards to the document "Sempserott initial evaluation write up", I just have a few points that I wish to clarify that I may not have communicated clearly.

The second paragraph states "He reports that he later progressed to smoking the crushed pills". At no point in my active addiction or any point in my life have I ever smoked any opioids of any form, including pills. I initially started by taking the pills orally, then progressed to crushing and snorting them. Regarding the statement "also using his fathers fentanyl patches", I used one of my father's fentanyl patches one time only.

On the second page, paragraph 5, the mother of my child lives in Boise, not in California. Additionally, her name is Anna.

On the final paragraph, it indicates that I would prefer to live in southern Nevada. My preference is to continue living in Idaho, which is where my son and his mother live. I would, however, like to pursue monitoring in Nevada since I am not credentialed or working anywhere in Idaho and have no intent to work in Idaho at this time.

Thank you again for your consideration."

Dr. Sempserott's requested revisions have been considered, approved, and added as an addendum.

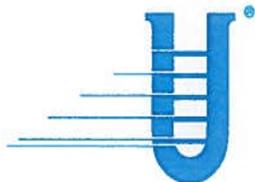
E-signed: Shauna Eger, MHA, Senior Associate Director of the NPAP.
4/17/17



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EXHIBIT C
[PROFESSIONALS MONITORING PROGRAM AGREEMENT]

A handwritten signature in black ink, located in the bottom right corner of the page. The signature is cursive and appears to be a name, possibly "John Doe" or similar, though it is difficult to decipher due to the cursive style.



UNITED STATES DRUG TESTING LABORATORIES
 1700 S. MOUNT PROSPECT ROAD
 DES PLAINES, ILLINOIS 60018-1804
 847-375-0770 fax 847-375-0775

Report To RecoveryTrek LLC
 RecoveryTrek LLC
 440 Monticello Ave, Ste 100
 Norfolk, VA 23510

Client F071409VA
Client NPAP - RecoveryTrek
Location
Collector MARK R

Sample Information

Specimen ID 3557456	Test Reason Not given
Name JUSTIN SEMPSROTT	Type Hair
Lab Sample ID 2022461	Collected 2/17/2017 15:00
SSN/DonorID 501222777	Received 2/20/2017 10:19
	Report Date 2/22/2017 14:38

Tests Requested

HAIRSTAT14	HairStat-14	Sample	negative
Test	Result	Quantitation	Screen Cutoff Confirm
AMPHETAMINES	negative		500 pg/mg
BARBITURATES	negative		200 pg/mg
BENZODIAZEPINES	negative		200 pg/mg
COCAINES	negative		500 pg/mg
METHADONES	negative		200 pg/mg
MEPERIDINE	negative		500 pg/mg
OPIATES	negative		200 pg/mg
PCP	negative		300 pg/mg
OXYCODONE	negative		200 pg/mg
PROPOXYPHENE	negative		200 pg/mg
CANNABINOIDS	negative		1 pg/mg
TRAMADOL	negative		500 pg/mg
FENTANYL	negative		25 pg/mg
SUFENTANIL	negative		10 pg/mg

Additional Sample Information

Body Hair

Sample Comments

Test developed and characteristics determined by United States Drug Testing Laboratories, Inc. See Compliance Statement on our website http://www.usdtl.com/compliance_statement

Certification

Data approved by Rose Rios on 2/22/2017

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 70338712
RECOVERYTREK-NPAP
**PLEASE SEND MRO COPY TO
FAX # 877-324-7915

Accession #: G5160528
Specimen I.D.: Z32172290
Donor Name/ID: SEMPSROTT,JUSTIN
SSN:
Age: Sex:
Reason for test: Not indicated

General Information	Date Collected	Date Received	Date Reported
	02/17/2017 15:00	02/20/2017	02/23/2017 7:22AM

TEST(S) REQUESTED	RESULTS	UNITS	THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN 87544			
DRUG TEST RESULT	POSITIVE		
ETHYL GLUCURONIDE	+++POSITIVE+++	ng/ml	
AMPHETAMINES	NEGATIVE	ng/ml	
BARBITURATES	NEGATIVE	ng/ml	
BENZODIAZEPINES	NEGATIVE	ng/ml	
COCAINE METABOLITE	NEGATIVE	ng/ml	
OPIATES	NEGATIVE	ng/ml	
PHENCYCLIDINE (PCP)	NEGATIVE	ng/ml	
MARIJUANA METABOLITE (THC)	NEGATIVE	ng/ml	
METHADONE	NEGATIVE	ng/ml	
PROPOXYPHENE	NEGATIVE	ng/ml	
CREATININE	82.0	mg/dl	> = 20
NITRITES	NEGATIVE	mcg/ml	< 200

THIS SPECIMEN WAS SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT HAS BEEN CONFIRMED BY CHROMATOGRAPHY WITH MASS SPECTROMETRY. THE FOLLOWING THRESHOLD CONCENTRATIONS WERE USED FOR THIS ANALYSIS:

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
ETHYL GLUCURONIDE	250 NG/ML	
ETHYL GLUCURONIDE		250 NG/ML
ETHYL SULFATE		100 NG/ML
AMPHETAMINES	1000 NG/ML	500 NG/ML
BARBITURATES	300 NG/ML	200 NG/ML
BENZODIAZEPINES	300 NG/ML	200 NG/ML
COCAINE METABOLITE	300 NG/ML	150 NG/ML
OPIATES	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML

ALTERNATIVE EXPLANATIONS SHOULD BE EXPLORED FOR ANY POSITIVE FINDING. THIS PANEL INCLUDES TESTS FOR SPECIMEN VALIDITY.

PLEASE NOTE THAT INCIDENTAL EXPOSURE TO ALCOHOL MAY RESULT IN DETECTABLE LEVELS OF ETG AND/OR ETS. ETG/ETS RESULTS SHOULD BE INTERPRETED IN THE CONTEXT OF ALL AVAILABLE CLINICAL AND BEHAVIORAL INFORMATION.

REFERENCE: SAMHSA ADVISORY, SPRING 2012 VOLUME 11, ISSUE 2
REPORT CONTINUED ON NEXT FORM

MEDTOX LABORATORIES INC.
 402 WEST COUNTY ROAD D
 ST PAUL, MN 55112
 651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 70338712
 RECOVERYTREK-NPAP
 **PLEASE SEND MRO COPY TO
 FAX # 877-324-7915

Accession #: G5160528
 Specimen I.D.: Z32172290
 Donor Name/ID: SEMPSROTT,JUSTIN
 SSN: -----
 Age: Sex:
 Reason for test: Not indicated

General Information

Date	Date	Date
Collected	Received	Reported
02/17/2017	02/20/2017	02/23/2017
15:00		7:22AM

TEST(S) REQUESTED

RESULTS

UNITS THERAPEUTIC RANGE

 **SOME COMPONENTS OF THE TEST PANEL WERE DEVELOPED AND PERFORMANCE
 CHARACTERISTICS DETERMINED BY LABCORP. THEY HAVE NOT BEEN CLEARED
 OR APPROVED BY THE FOOD AND DRUG ADMINISTRATION.

Certified by: PHAN,VAN

ALCOHOL BIOMARKERS
 ETHYL GLUCURONIDE
 ETHYL SULFATE

455
 192

ng/ml
 ng/ml

** FINAL REPORT **

Collected at 7024977450 MEDTOX collection site #43684
 MARK RUECKL
 LAS VEGAS, NV

9811 W. Charleston Blvd.
Suite 2-735
Las Vegas, Nevada 89117

Nevada Professionals Assistance Program
NPAP

Phone: 702 257 6727
Fax: 877 324 7815

The NPAP CONDITIONS FOR PARTICIPATION (CFP)

Please Initial all paragraphs in this document.

I, Justin Sempsrott, M.D. (Medical License#: 14852), understand the conditions for participation in the Nevada Professionals Assistance Program (the NPAP) and that my monitoring period with the NPAP will be for a minimum of (5) five years, beginning March 24, 2017.

I am aware that the NPAP is a health oriented State Professional Health Program and will endeavor to preserve my ability to practice my chosen profession safely and effectively on the basis of my recovery from illness or wellness so that I can continue or return to the safe and effective practice of my profession. I understand that the NPAP will support me by the facilitation and guidance of my evaluation and treatment with the NPAP approved providers for my health or wellness along with consideration for my advocacy needs. I will be expected to continue with my recommended program and provide the NPAP with the necessary documentation. The NPAP will determine advocacy for me regarding licensing to practice medicine in the state of Nevada, malpractice insurance coverage, hospital privileges, HMO contracts, and other entities or individuals based on my ability to practice safely and effectively in relationship to the recovery from my illness or wellness as determined by the NPAP. Successful completion of the program will be dependent on the conditions in this document and others which may be added by the NPAP during my participation on the basis of clinical or advocacy factors for the appropriate management of my case. I understand that the conditions for participation will be reviewed and revised from time to time as determined by the NPAP for the appropriate management of my case.

The NPAP is not a treatment provider and will not provide direct treatment. We provide guidance for the participant through evaluation and treatment.

- 1) I have chosen of my own volition to be a participant in the NPAP so that I can receive support from the NPAP in maintaining recovery and/or wellness. I also can expect the NPAP to provide support and advocacy on the basis of my health, recovery or wellness as determined by the NPAP. I am aware that I may also seek support and advocacy from other sources such as the legal system.
- 2) If I desire to terminate this agreement I may do so at any time. If I decide to terminate I will notify the NPAP in writing at least 7 days before I terminate my participation. I specifically give permission to the NPAP for one month after termination to notify certain entities and persons it deems necessary of my termination of this Agreement and inactivation as a participant in the NPAP. This would include the Nevada State Board of Medical Examiners, hospitals, the person or entity that referred me to the NPAP or other entities related to my professional activities. I specifically agree not to revoke under any conditions or laws this permission until one month after participation ends.
- 3) I understand and accept that these conditions are deemed necessary by the NPAP to be able to effectively facilitate treatment or wellness and to provide credible advocacy. The NPAP encourages all of the prospective participants in the NPAP program to consider reviewing the Conditions For Participation with an attorney.
- 4) I understand that in all my interactions with NPAP I agree to work and communicate with the NPAP directly not through a third party or third party intervention.
- 5) I understand that the NPAP is not a treatment provider. I understand that by participating in the NPAP there is not a doctor-patient relationship between myself and the NPAP and any of its staff.

- 6) I understand that the NPAP will endeavor to maintain the confidentiality of my involvement in the NPAP and any and all documents related thereto. Nevertheless, I understand and agree that the NPAP may disclose my participation and release documents related to my involvement in the NPAP under the following circumstances: (1) when required by law or court order; (2) when essential to further intervention, treatment, assessment, advocacy or rehabilitation for myself; or (3) to individuals and/or entities authorized in writing by Participant to receive information or documentation related to Participant's involvement in the NPAP (4) to the Nevada State Board of Medical Examiners when deemed necessary by the NPAP.
- 7) I understand that general credentialing consent forms provided to the NPAP by Hospitals, Medical Staff Offices, Insurance Companies, Healthcare Companies, Credentialing Agencies, Universities, Residency Programs, Medical Boards, other regulatory agencies, etc. are accepted by the NPAP as written consent to provide letters to the requesting entity documenting my compliance, history, toxicology results, and program participation in the NPAP. I understand this information can be communicated verbally, electronically, or in writing.
- 8) I understand that toxicology monitoring is an integral part of this program. Therefore, I will submit voluntarily, and without question, to urine collection including random observed urine, blood, hair or other examinations as requested by the NPAP Director or a designee of the Director. I will be responsible for the costs of such tests and for the prompt payment of such charges. I understand that not calling in daily, a refusal to submit to toxicology testing, and/or not appearing for collection of the sample within 12 hours of when it is requested by the monitoring system may be considered to be positive evidence of use at the discretion the NPAP Director or the director's designee.
- 9) I understand that urine screens, which are invalidated due to low volume, low creatinine, etc., must be repeated.
- 10) I agree to submit voluntarily, and without question, observed urine, blood, hair, nail, or saliva for toxicology testing within a timely manner if there is any positive, low creatinine, high creatinine, or dilute results, etc. requiring additional testing. I agree to be financially responsible for such testing.
- 11) I understand and give consent to the NPAP to use any of my bodily fluids that I have submitted for toxicology testing to conduct additional toxicology testing if deemed necessary and regardless of whether I agree to uphold my responsibility to provide payment for such additional tests.
- 12) I give full consent to the NPAP to communicate with any entity or organization involved in my toxicology monitoring. This includes but is not limited to: Any laboratories the are used for my samples to be tested at, MedTox, USDTL, Recovery/Trek, SoberLink (if using SoberLink), collection sites, third-party collection sites, and third-party mobile collectors.
- 13) I will not write prescriptions for any mind-altering or potentially addicting drugs for myself or members of my family.
- 14) I will also remove all alcohol and mind altering drugs from my home or residence.
- 15) I will not obtain prescriptions for any mind-altering or potentially addicting drugs, accept with the consent of the NPAP. Any medications with an addiction potential prescribed to me by my provider(s) must be approved by the NPAP Medical Director. This includes Suboxone and Naltrexone. If I am given or prescribed an addicting substance in an emergency situation I must inform the NPAP within 24 hours and supply evidence of proper prescribing.
- 16) I will completely abstain from alcohol, marijuana, cocaine, stimulants, narcotics, sedatives, tranquilizers, and all other mood-altering and/or potentially addicting drugs or medications.

17) I agree to abstain from over-the-counter medications containing alcohol or food items containing poppy seeds or alcohol, which may produce a positive test result for drugs or alcohol. I will be vigilant and familiarize myself with the above items. I also agree to take only those over the counter medications recommended by my physician and approved by the NPAP. I will not take any herbal or alternative medicine or over the counter medication which is not approved by my physician and the NPAP.

18) I will select a personal primary care physician. Within two weeks of the effective date of this Agreement (or within two weeks of arriving in Nevada to establish my residence). I agree to inform the NPAP in writing the name of the physician I have selected as a personal primary care physician. I agree to see my personal primary care physician for an initial evaluation (if I have not done so within one year of signing this document) and thereafter on an as needed basis.

19) During the term of this Agreement, I will refrain from self diagnosing, treating and/or prescribing medications for myself. If I am currently taking prescription or over-the-counter medication at the commencement of my participation with the NPAP, or should it become necessary for me to take prescription or over-the-counter medication during the term of this Agreement, I agree that I will not take medications, discontinue medications or alter the dose without the consent of my physician(s) and/or NPAP approved provider (s). I will notify the NPAP immediately of any changes in my medications.

20) For the duration of this Agreement for the purpose of facilitating my participation in the NPAP:

- a) I specifically give consent to the NPAP for my physician to co-operate with the NPAP in the exchange of written and/or verbal information concerning my treatment, treatment plan, diagnosis, or other medical opinion for the duration of this agreement. I give permission for my personal physician to release information to the NPAP and authorize the Medical Director of the NPAP, or a designee of the Medical Director, to contact my personal physician and obtain information concerning my treatment, treatment plan, diagnosis, or other medical opinion.
- b) I will also notify the NPAP of any medications (including herbal medications and alternative medications) I am taking or plan to take prior to taking the medications except in the case of documented emergency. This will include medications prescribed for me or recommended if over the counter. I agree to notify the NPAP immediately for approval before taking the medication except in the case of documented medical emergency. In that case I can notify the NPAP after the emergency within 24 hours.
- c) If a medical condition is indicated which may affect my professional or work performance, the NPAP may request medical records and/or a written statement from my physician for the purposes of documenting the condition and the treatment.

21) I will inform individuals in my practice setting and/or group, selected by the NPAP and/or myself, of the issues and the conditions of this agreement. I give permission, during the duration of this agreement, for the individuals referred to in this paragraph to contact the NPAP and to exchange information with the NPAP if there is ever any concern about my behavior. I also authorize the NPAP to relay information concerning my participation to the individuals referred to in this paragraph. The communication would be for the purpose of facilitating my treatment and recovery or facilitating my wellness as well as for protecting the public as deemed necessary by the NPAP. Such communication may include periodic written worksite reports.

This includes the following people:

Scott Scherr, MD, Emergency Department Director, Sunrise Hospital

Jeremy Bearden, DO, TeamHealth

22) I understand that should any employer listed in the above paragraph (Item # 21) change during the duration of this agreement, I give the NPAP, the Director thereof, or anyone authorized by the Director,

permission and consent to exchange information with any of my employers for the duration of this agreement, including 30 days following the completion and/or termination of this agreement.

23) I will inform my spouse, or significant other person, Melanie von Weller, the conditions of this agreement. I give permission to the NPAP, the Director thereof, or anyone authorized by the Director to contact and exchange information concerning my case with my spouse or significant other person during the duration of this agreement.

24) I will attend mutual help meetings and/or Caduceus meetings at the frequency required by the NPAP. If I choose a twelve step oriented group or similar group, I will choose a sponsor and locate home group and will provide the NPAP with a monthly log of meetings attended. I understand I may be required to submit meeting logs requiring a co-signature to confirm attendance.

25) I understand the importance of keeping the NPAP abreast of my activities in order to remain in compliance with these conditions for participation at all times. I will:

- a) Take the initiative to make contact with the NPAP Director at least once per month and more frequently if required
- b) Notify the NPAP Director or the Directors designee of any changes, conflicts, revisions, difficulties and status of my monitoring activities. This would include urine monitoring "call in" and selection errors or difficulties on my part.
- c) Contact the Director of the NPAP or the Directors designee as well as my monitor(s) in advance of traveling out of the area resulting in my not being available for monitoring. I will inform them of my travel schedule.

26) I will comply with these conditions for participation and if I do not I may be asked to

- a) Stop working immediately
- b) Enter physician oriented or other treatment facility for re-assessment and/or treatment.
- c) Relate directly to the Nevada State Board of Medical Examiners, other regulatory agencies, managed care, insurance companies, hospitals, and others without diversion or advocacy from the NPAP.
- d) Any combination of any or all of the above.

27) It is my further understanding and my further agreement that:

- a) If in the opinion of the NPAP I am not compliant with the NPAP Conditions For Participation the Nevada State Board of Medical Examiners may be made aware of my non-compliance.
- b) I am also aware that the Nevada State Board of Medical Examiners may or may not know that I am a participant with the NPAP.

28) During the term of this Agreement, or if I choose to terminate my participation for a period of one month after notice of termination, I consent and agree that the NPAP may, in its sole discretion and judgment notify the Nevada State Board of Medical Examiners of the status of my participation with the NPAP. I will not revoke this consent for one month under the conditions any state or federal law. I understand that this allows the NPAP to exchange with the Nevada State Board of Medical Examiners written and verbal information concerning my participation or lack of participation in the NPAP along with the facts and circumstances (including information, test results, testimony and other factors) related to my interactions with the NPAP. This may result in the Board ending their investigation of me or their pursuit of disciplinary action due to my choosing to participate in the NPAP. It may also result in formal or informal proceedings against my license to practice medicine in the State of Nevada.

29) I will take responsibility for all expenses incurred as a result of my treatment or monitoring and understand that this is an integral part of my treatment and/or recovery. Inability to do so will be discussed with The Director of the NPAP or the Director's designee. Also see item 34.

30) I understand that in order to successfully complete participation in the NPAP I will write a two page typed letter of approximately 500 words to the Medical Director of the NPAP summarizing what my life was like prior to participation in the NPAP, how my life changed during participation, and both the

strengths and weaknesses I have in maintaining the change. I am encouraged to also include positive and/or negative criticism of the program. I may also decide to submit the positive and/or negative criticism of the program after a decision has been made indicating my successful completion of the program. Furthermore, I understand that in order to successfully complete my participation, I will be required to settle my financial obligations concerning participation in the NPAP and related to any treatment I have received at the recommended of the NPAP.

31) I understand that I can not change, alter or eliminate any aspect of these conditions for participation without the approval of the NPAP, after discussion with The Director of the NPAP. I understand that I may request alterations through the Director of the NPAP.

32) Should it be necessary or requested, I will provide signed consent and/or disclosure forms for persons or entities the NPAP deems essential to the management of my case, my health, and/or my wellness.

33) I understand that all attached addenda will become part of the conditions for participation upon my signature.

34) In addition to the cost of the NPAP toxicology testing I agree to pay the NPAP an administrative and advocacy fee of three hundred fifty dollars (\$350) per month by credit or debit card with recurring automatic monthly payments starting 6/1/17. I understand that my credit/debit card will be charged on the 1st of each month for the previous month (i.e. the 6/1/2017 charge is for May 2017). If I have financial difficulties and cannot make any of the payments I will inform the NPAP and supply documentation of my inability to pay through financial, tax, and legal documents and records requested by the NPAP.

35) I understand that the cost of each urine analysis when using a Patient Service Center (PSC) is \$50 with no collection fee paid to the collection site and will be charged to the credit card on file with the monitoring system. I understand that if I choose to use an NPAP approved third party site the cost of my urine analysis is \$42.50 which will be charged to the credit card on file with the monitoring system and I will owe a collection fee directly to the third party collector. I understand that the cost of this collection fee is between the third party site and me. I understand that pricing for toxicology tests are subject to change. Please see the NPAP *New Participant Welcome Letter* for further details.

36) I understand that I must check into the monitoring system daily between 3 a.m. and 2 p.m. PST. This includes weekends and holidays. I understand if I check in after 2 p.m. the system will not be able to tell me if I have been selected to test that day. I understand that any check ins after 2 p.m. are considered missed check ins and the NPAP may ask me to give an additional sample for toxicology testing.

37) I understand that if I request to be excused from toxicology testing for longer than 8 days due to vacation, surgery, or any other reason for such a request, I may be required to give a hair sample for toxicology testing when I return, which I will be financially responsible for.

38) I understand and agree to uphold in their entirety, for the duration of this contract, the recommendations in my discharge summary from Hazelden Center City. These recommendations include:

- a.) I agree to complete 90 meetings in 90 days, and then a minimum 3 meetings per week.
- b.) I agree to not return to work until 5/25/2017.

39) I agree to attend both the Tuesday and Thursday group meetings held at the office of the NPAP for the first two years of participation. I understand that the Early Process Group is on Tuesday evenings at 6:30 p.m. and the Caduceus meeting is on Thursday evenings at 6:30 p.m. both held at the office of the NPAP and will provide the NPAP with an excuse for any future or past missed attendance. After the first two years of participation I understand that I am required to attend only one of the groups each week. I may attend either one. Note: When not in Las Vegas for meetings please see item 40.

40) When in Boise, Idaho and unable to attend the meetings described in Item 39, I agree to attend Caduceus in Boise, Idaho, and provide a meeting log with a co-signature to the NPAP on a monthly basis.

41) I understand the NPAP may require a Sponsor Check-List form be completed by my sponsor at the frequency desired by the NPAP. I understand that Sponsor Check-List forms only require the first name and first initial of the last name of my sponsor. I understand that I may change my sponsor at any time.

42) I agree to allow the NPAP to contact me using the following email address: J_Sempsoff@yahoo.com. I understand that privacy and security of non-encrypted email communication cannot be guaranteed. I understand that any conditions under this item apply to any changes to my email address that I provide the NPAP with. Any withdrawal of consent to communicate by email must be provided to the NPAP in writing.

I understand that the NPAP may release information and documentation related to my application for a license, licensure, or practice to third parties, including the Nevada State Board of Medical Examiners, either at the request of the third party or at the Participant's request. By signing this Agreement, I agree to hold harmless and release the NPAP, its officers, directors, employees, designees, consultants, agents and assigns from any and all claims, either in contract, tort or based in State or Federal statute, related to my involvement in the NPAP, treatment through or in connection with the NPAP, application for a license and/or licensure with the State of Nevada, an investigation, inquiry, opinion, decision or action taken by the NPAP or the Nevada State Board of Medical Examiners.

Signed: [Signature]
(Participant Signature)

Date: 5/10/17

Witness: _____

Please Remember To Initial All Paragraphs In This Document.

[Large handwritten signature]

Subject: RE: NPAP/Southworth
From: Tina Baird (Tina@southworthassociates.net)
To:
Date: Wednesday, August 23, 2017 2:18 PM

Justin,

I'm sorry I missed your call, I was on my lunch break. I have excused you from your Caduceus meeting on Aug 31st.

As for the PRN here in Idaho, I am going to refer you to Tiffany she will be your monitor from here on out. She handles all of our doctors here in Idaho, so instead of having two separate monitors you will have one. If you have not heard from her within a couple of days give her a call at the same number however her ext. is 106.

Have a great day!!

Tina Baird

Compliance Monitor



P: (208) 323-9555 x116 F: (208) 323-9222

Email: Tina@southworthassociates.net

Office Hours: Monday – Thursday 7:00am – 4:00pm

Fridays: 7:00am – 4:00pm



Southworth Associates has earned The Joint Commission's Gold Seal of Approval® for Behavioral Health Care Accreditation by demonstrating continuous compliance with its performance standards.

2017 International Treatment Center's Cooperative (ITCC) Conference: October 16-18- Vero Beach, FL

2017 Certified Case Manager/Interventionist (CCMI) Trainings:

August 25-27, Detroit, MI – Module 1

November 3-5, Orange County, CA – Module 3

Moments of Change Conference: October 2-5, 2017, Palm Beach, FL.

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From: Justin [mailto:j_sempsrott@yahoo.com]
Sent: Saturday, August 19, 2017 4:43 PM
To: Tina Baird
Subject: Re: NPAP/Southworth

Thank you very much Tina.

My work schedule was slightly off for August and I won't be in Boise or Las Vegas on Aug 31. If possible, I would like to be exempt from the Caduceus meeting on that date. I will still satisfy my 3 meetings per week and random UA requirements.

Additionally, I live in Kuna and am licensed in Idaho and would like to start the process to self-report to

Southworth in ID. I am not currently credentialed or working in ID, but would like to have an advocate in ID so that I can start looking for jobs closer to home.

Thank you.

Justin Sempsrott

On Aug 17, 2017, at 5:59 AM, Tina Baird <Tina@southworthassociates.net> wrote:

Justin,

If you have any questions, please feel free to contact me.

Have a great day.

Tina Baird

Compliance Monitor

<image001.png>

P: (208) 323-9555 x116 F: (208) 323-9222

Email: Tina@southworthassociates.net

Office Hours: Monday – Thursday 7:00am – 4:00pm

Fridays: 7:00am – 4:00pm

<image002.png> Southworth Associates has earned The Joint Commission's Gold Seal of Approval® for Behavioral Health Care Accreditation by demonstrating continuous compliance with its performance standards.

2017 International Treatment Center's Cooperative (ITCC) Conference: October 16-18- Vero Beach, FL

2017 Certified Case Manager/Interventionist (CCMI) Trainings:

b4u4

11/16/17 5:21 PM

Subject: RE: NPAP/PRN

From: Tiffany East (tiffany@southworthassociates.net)

To:

Date: Thursday, November 16, 2017 5:15 PM

Hello Justin,
Unfortunately, my contact at the board of medicine is out of the office this week and will return next week. I will follow-up with you as soon as I have more information.
Thanks again,

Tiffany East
Senior Compliance Monitor

Ph (208) 323.9555 or (800) 386.1695 ext. 106 F (208) 323.9222
tiffany@southworthassociates.net / www.southworthassociates.net

Office Hours: M-W-F: 7am- 4pm MT, Tu-Th: 8am- 5pm MT

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-----Original Message-----

From: Tiffany East
Sent: Thursday, November 16, 2017 9:12 AM
To: 'Justin'
Subject: RE: NPAP/PRN

Hi Justin,
I apologize for the delay in getting back to you regarding the Idaho PRN contract. This situation is one that I have not yet encountered and I am trying to make sure I have all of the right answers before coming to you. I have a call with the Idaho board of medicine today to discuss my questions and your contract and will follow-up with you after our phone call when I have more information.
Please let me know if you have any questions in the meantime.

Tiffany East
Senior Compliance Monitor

b4u4

11/16/17 5:21 PM

JUSTIN SEMPSROTT, MD, FAAEM
una, ID 83709 |

November 21, 2017

Dear Sirs or Madams:

Please find below the accompanying explanation for Idaho State Board of Pharmacy Idaho Practitioner Controlled Substance Registration question 1 - "Have you, at any time; (if answer is yes to any of the following attach all related documentation); Had a physical, emotional, mental, alcohol abuse or substance abuse disease or condition that may interfere with your ability to competently and safely perform the essential functions related to the practice of pharmacy".

I was admitted into the Hazelden Betty Ford Foundation Healthcare Professionals treatment program in Center City, MN for the treatment of opiate use disorder from February 28, 2017 to May 5, 2017 and was discharged after satisfactorily completing the program.

On May 10, 2017 I entered into a contract for participation with the Nevada Professionals Assistance Program (NPAP) and am currently in good standing.

On June 15, 2017 I entered into an out-of state monitoring contract with the North Carolina Physician Health Program and am currently in good standing.

On August 1, 2017 all administrative functions of my NPAP contract were transferred to Southworth Associates.

On August 19, 2017 I self reported to the Idaho Physician Recovery Network (PRN), which is managed by Southworth Associates.

As of November 16, 2017 I am still awaiting a final contract with Southworth to determine whether NPAP or PRN will be the primary contract.

I have included all supporting documentation; please do not hesitate to contact me if I can provide further information.

Sincerely,



Justin Sempstrott, MD, FAAEM

BEFORE THE BOARD OF PHARMACY

STATE OF IDAHO

In the Matter of the Registration of:)	
	)	Case No. BOP 18-044
JUSTIN SEMPSROTT, M.D.,)	
CS Registration Application No. APP-18-1268,	)	STIPULATION AND
	)	CONSENT ORDER
Applicant.)	
)	

COMES NOW, the Executive Director of the Idaho Board of Pharmacy ("Board") and Justin Sempsrott, M.D. ("Applicant"), and hereby stipulate and agree as follows:

A. JURISDICTION OF THE BOARD

1. The Board is empowered by title 37, chapter 27, Idaho Code, to administer the regulating provisions of the Uniform Controlled Substances Act in the state of Idaho.

2. Applicant submitted an Idaho Practitioner Controlled Substance Registration Application to obtain an Idaho controlled substance registration. Applicant's registration will be subject to the provisions of title 37, chapter 27, Idaho Code, and the Board's rules promulgated at IDAPA 27.01.01, *et seq.*

B. STIPULATED FACTS

3. Applicant is a licensed physician holding Idaho Medical License No. M-13538.

4. Applicant submitted an Idaho Practitioner Controlled Substance Registration Application received by Board staff on November 22, 2017.

5. Applicant has entered into an Advocacy Contract ("PRN Contract") with the Idaho Physician Recovery Network Committee ("Committee") for the purposes of assisting with and monitoring Applicant's substance abuse recovery program. The term of the PRN Contract is for a minimum of five (5) years from its effective date of January 8, 2018.



6. Applicant's statements in the PRN Contract would provide grounds to deny the application under Idaho Code § 37-2717.

7. The parties are voluntarily entering into this Stipulation and Consent Order to resolve the concerns of the Board and provide safeguards against any impact on the public health, safety, or welfare.

C. STIPULATED TERMS

8. Applicant shall comply with all terms and conditions of the PRN Contract, and shall comply with the terms and conditions of this Stipulation and Consent Order ("Stipulation") for the full term of the PRN Contract.

9. Applicant shall authorize the Committee to release information to the Board and its staff concerning Applicant's compliance with the PRN Contract.

10. Applicant agrees to fully cooperate with the Board and its staff, and submit written documents within a reasonable time after a request is made concerning Applicant's compliance with this Stipulation.

11. If Applicant is in compliance with the terms of this Stipulation, Applicant's Idaho Practitioner Controlled Substance Registration Application received by Board staff on November 22, 2017, shall be approved and registration granted by the Board.

D. COMPLIANCE WITH STIPULATION AND CONSENT ORDER

12. The Board has authority to enforce compliance with the terms and conditions of this Stipulation. By signing this Stipulation, Applicant waives his ability to challenge the Board's authority to enforce compliance of the Consent Order. Applicant's failure to be in compliance with the terms or conditions of this Stipulation and Consent Order may result in the Board taking disciplinary action against him. If there is reason to believe Applicant has violated any of the terms or conditions of this Stipulation, the Executive Director of the Board may file an

administrative complaint, setting forth the allegations of non-compliance and notifying Applicant, and his attorney, if applicable, that Applicant may request a hearing regarding the allegations of non-compliance. If Applicant does not request a hearing on the administrative complaint, any allegations of non-compliance will be deemed admitted.

13. If Applicant fails to comply with the terms and conditions of this Stipulation, Applicant's registration may be subject to further discipline, up to and including suspension or revocation. Therefore, the Board retains jurisdiction over Applicant's registration until all terms and conditions are satisfied as set forth in this Stipulation.

14. Any additional costs and/or attorney fees incurred by the Board in any enforcement action shall be borne solely by Applicant.

E. ACKNOWLEDGMENTS AND WAIVER OF RIGHTS

I, Justin Sempsrott, M.D., by affixing my signature hereto, hereby acknowledge the following:

15. I have read and admit to the foregoing facts set forth above in Section B. I understand these facts constitute cause for my agreement as set forth in Section C. I agree the Board has jurisdiction to proceed in this matter with my consent as indicated by my signature hereto.

16. I have read the above Stipulation fully and have had the opportunity to discuss it with legal counsel. I understand that by its terms I am waiving certain rights provided to me under Idaho law.

17. I understand I have, among others, the right to: a full and complete hearing; the right to confront and cross-examine witnesses; the right to present evidence or to call witnesses, or to so testify myself; the right to reconsideration; the right to appeal this matter to district court; and all rights provided by the Idaho Administrative Procedure Act and the laws and rules



governing the practice of pharmacy in Idaho. I hereby freely and voluntarily waive these rights, without further process, in order to enter into this Stipulation.

18. I understand the Board may approve this Stipulation as proposed, approve it subject to specified changes, or reject it. I understand that, if approved as proposed, the Board will execute and issue this Stipulation and Consent Order according to the aforementioned terms, and I hereby agree to the above Stipulation. I understand that if the Board approves this Stipulation subject to changes, and those changes are acceptable to me, the Stipulation will take effect and an order modifying the terms of the Stipulation will be issued. If the changes are unacceptable to me or the Board rejects this Stipulation, this Stipulation will be of no effect. If this Stipulation is rejected, admissions herein and negotiations preceding the signing of this Stipulation will not be admissible at any subsequent disciplinary hearing.

19. In the event this Stipulation is rejected by the Board or any changes proposed by the Board are not accepted by me, I waive any right I may have to challenge the Board's impartiality to hear the allegations in any subsequent administrative complaint based on the fact that the Board has considered and rejected this Stipulation.

20. I understand the Board shall have the right to make full disclosure of this Stipulation and Consent Order to any state, agency or individual requesting information subject to any applicable provisions of the Idaho Public Records Act, title 9, chapter 3, Idaho Code.

21. I understand this Stipulation and Consent Order is the resolution of a contested case and is a public record.

22. This Stipulation contains the entire agreement between the parties, and Applicant is not relying on any other agreement or representation of any kind, verbal or otherwise.

23. This Stipulation shall be presented to the Board with a recommendation for approval from the Executive Director of the Board and the Deputy Attorney General responsible



for prosecution before the Board at the next regularly-scheduled meeting of the Board.

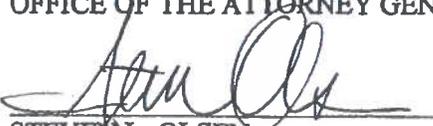
24. Except for Paragraph E.20, which becomes effective when Applicant signs this Stipulation, this Stipulation shall not become effective until it has been approved by a majority of the Board, and a Board member signs the attached Order.

DATED this 18th day of January, 2018.


Justin Sempsrott, M.D.
Applicant

I concur in this stipulation and order and recommend that the Board adopt the same.

DATED this 18 day of January, 2018.

STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL

STEVEN L. OLSEN
Deputy Attorney General

ORDER

Pursuant to Idaho Code § 54-1728 and § 37-2718, the Idaho Board of Pharmacy hereby accepts the terms and conditions of the foregoing Stipulation and Consent Order, and it is hereby ordered that Applicant comply with said terms and conditions.

DATED this 18th day of January, 2018.

By: Alex J. Adams
Alex J. Adams, PharmD, MPH
Executive Director

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14 day of January, 2018, I caused to be served a true and correct copy of the foregoing STIPULATION AND CONSENT ORDER by the following method to:

Justin Sempsrott, M.D.
South Iron Springs Avenue
Kuna, ID 83634

- U.S. Mail
 Hand Delivery
 Certified Mail, Return Receipt Requested
 Overnight Mail
 Facsimile:

Anne K. Lawler, Executive Director
Idaho Board of Medicine
P.O. Box 83720
Boise, ID 83720-0058

- U.S. Mail
 Hand Delivery
 Overnight Mail
 Facsimile:
 Email: anne.lawler@bom.idaho.gov

Steven L. Olsen
Deputy Attorney General
Civil Litigation Division
P. O. Box 83720
Boise, ID 83720-0010

- U.S. Mail
 Hand Delivery
 Overnight Mail
 Facsimile:
 Email: steven.olsen@ag.idaho.gov
colleen.funk@ag.idaho.gov



Ellen Mitchell
Investigations Support Coordinator

P.O. Box 13600
Scottsdale, AZ 85267

Nevada Professionals Assistance Program
NPAP

Phone: 702 257 6727
Fax: 480 990 3114

January 12, 2018

Justin Sempsrott
3 Iron Springs Ave
Kuna, ID 83634

Re: Idaho PRN Contract

Dear Dr. Sempsrott,

The Nevada Professionals Assistance Program (NPAP) is in receipt of a copy of your monitoring contract with the Idaho Physician Recovery Network (PRN) dated January 3, 2018. This letter is to confirm that while you are completing contract requirements with the PRN program, the NPAP program will not be duplicating those requirements. The NPAP will continue to collect workplace monitoring reports from your Nevada work locations (as long as you are working in the state). The NPAP will also continue to report compliance to the Nevada State Board of Medical Examiners (monthly) as well as quarterly letters of compliance to the North Carolina PHP, TeamHealth and Sunrise Hospital and Medical Center (as long as applicable). The PRN will be handling the drug testing part of your contract, as they have sites in Nevada, as well as collection of 12-step attendance and the Nevada Caduceus logs. The PRN has agreed to send NPAP a quarterly letter of compliance. Due to PRN becoming your primary monitor, the NPAP will be reducing your monthly fee, the amount of which is still to be determined.

If you have any questions, feel free to contact me at 208-323-9555 ext. 106.

Sincerely,



Tiffany East
Compliance Monitor
Nevada Professionals Assistance Program

Idaho Medical Association Physician Recovery Network ADVOCACY CONTRACT

The Idaho Physician Recovery Network Committee (Committee) agrees to serve as advocate for this physician/physician assistant in his/her efforts toward a program of recovery from alcohol/drug addiction or other conditions that impairs his/her ability to practice medicine. This advocacy includes assisting re-entry to work and recovery among his/her peers, family and medical community, and where appropriate reporting to the Board of Medicine or other designated entities. Advocacy is contingent upon compliance with this contract and therefore can be withdrawn at the discretion of the Committee for violation of this contract.

I, Justin Sempsrott, recognizing that I suffer from chemical dependency/abuse and/or mental conditions that may impair my ability to practice medicine safely desire to enroll in the Physician Recovery Network (PRN) Program. During my recovery process I agree to and accept the following conditions regarding the term and content of this contract. The minimum term for this contract is five (5) years. However, if there are problems, such as relapse or noncompliance, then PRN may extend this contract beyond five years.

JS (initial) I agree to completely abstain from alcohol, marijuana, cocaine, stimulants, narcotics, sedatives, tranquilizers, and all other mind-altering and/or potentially addicting drugs or medications. In the event such medications may be needed as a legitimate part of my medical care, I agree to notify the PRN Program staff immediately.

JS (initial) I understand that it is my responsibility to have all prescriptions forwarded directly to PRN within five (5) calendar days it being prescribed to me. I understand that I need to have the provider include in the documentation the following information: the physician's name clearly indicated, the medication prescribed, the dosage, frequency, how many refills, the reason for prescribing and the duration I will be taking the medication.

JS (initial) If I do not already have one, I agree to secure a primary care physician who is knowledgeable about recovery issues and my recovery program to treat my medical problems. I give him/her authorization to communicate directly with the PRN. I will request that he/she not prescribe any of the above medications for me unless there is no reasonable alternative medically. If he/she does need to so prescribe, I will ask my prescribing provider to send documentation of the prescription to the PRN within five (5) days. Self-prescribing is prohibited. This physician will be: Dale Mock

JS (initial) If I do not already have one, I agree to secure a pharmacy to dispense my medications and give the pharmacist authorization to communicate directly with the Committee and my monitor on my progress. This pharmacy will be: Walgreens Pharmacy 869 E Avalon Street, Kuna, Idaho

JS (initial) I agree to inform and present a copy of this contract to the following people regarding my history of chemical dependence/abuse and the conditions of this contract. I agree to ask these individuals to immediately contact the PRN coordinator, my peer monitor or other PRN staff in the event that they may have concern that I have inappropriately used any chemicals or if they have concerns about my behavior.

(please list specific people)

- a. Doctors with whom I have a formal practice association:
Dr Brian Moss
- b. My office manager and/or nurse:

N/A

- c. My spouse or significant other:
Melanie von Weller
- d. Representative(s) of hospital where I hold privileges:
Dr Brian Moss
- e. My personal physician:
Dr Dale Mock
- f. Other:

JS (initial) I give permission to the PRN and those specified on the release of information form to exchange information pertinent to my recovery.

I agree to attend or participate in other treatment activities as outlined below:

<u>ACTIVITY</u>	<u>FREQUENCY</u>	<u>COMMENTS</u>	<u>INITIAL</u>
Mutual Support Groups	3 12-step meetings per week		<u>JS</u>
Support Group Meetings	Weekly - Attend SG meeting when in Boise. Attend Caduceus meeting when in Nevada		<u>JS</u>
Obtain Sponsor	Meet weekly, face to face, to work the steps		<u>JS</u>
Random Toxicology Tests	As determined by PRN		<u>JS</u>
Worksite Monitor	Obtain a work monitor upon returning to work		<u>JS</u>

JS (initial) I agree that if I do not adhere to the conditions of this contract, the Program Coordinator may elect to notify those referral sources specified on the release of information form, that I have signed, of such default.

JS (initial) I agree to attend the meetings as requested by the PRN. I understand that regular attendance is required and that unexcused absences are considered a violation of this contract. I will document the meeting attendance and other activities by submitting monthly client activity reports to the PRN. I understand that reports not returned to the PRN office by the fifth of the following month will cause me to be out of compliance with PRN program requirements.

JS (initial) I understand that chemical monitoring is an integral part of this program. I therefore, agree to submit voluntarily, and without question, to random urine, blood, hair, nail, and/or breath examinations as requested by the PRN staff. I understand that if I miss a drug screen collection, I should immediately notify the PRN Coordinator. I agree to give prior notice of at least one week to the drug testing company and the PRN Coordinator if I will be unavailable to test on a certain day and to give an explanation satisfactory to the PRN, otherwise the missed test will be considered positive. I will be responsible for payment for drug screens.

JS (initial) I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in a dilute urine, which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 total ounces of fluid within three hours prior to testing. I understand that I should avoid any non-prescription diuretics, including caffeine found in coffee, tea and some sodas. If it is necessary for me to drink large amounts of liquids or use a non-prescription diuretic, I will do so after I provide a specimen. If I have just consumed a large amount of liquid or used caffeine and I am notified to test that day, I will wait a few hours for the fluid to clear before I provide a specimen.

JS (initial) I understand that anytime I take an over-the-counter medication, herbal supplement or stimulant drink I must notify the PRN of the start date and estimated finish date and what the medication, herbal supplement

or stimulant drink is being used for. Notice must be received by the PRN within one week of starting the over-the-counter medication, herbal supplement or stimulant drink.

JS (initial) I agree to meet with the PRN coordinator, my peer monitor, or other representatives of the PRN whenever requested to discuss my progress.

JS (initial) I recognize that I have a disease that is subject to relapse. If I relapse, I will inform the PRN coordinator or staff immediately for help and stabilization. An evaluation will be made by the PRN to determine any need to modify my treatment program. I agree to follow the recommendations that may include hospitalization, residential treatment, or other measures necessary to augment my recovery from addictive disease.

JS (initial) At the direction of the PRN, I agree to immediately withdraw from practice and enter a facility that meets the PRN criteria for assessment if there is concern regarding compliance with this agreement or if relapse occurs.

JS (initial) I understand that it is my responsibility to sit down, either before or after treatment, with the CEO or CEO's designate at each of the hospitals I have privileges at and verbally inform them of my situation within two weeks. I understand that on a quarterly basis the PRN will report my level of compliance to any and all hospitals at which I have privileges. I understand that these reports will be sent directly to the CEO, and either the Chief of Staff or the Medical Staff/Affairs office. More frequent reports will be made if requested by me or the hospital. I understand that, if I relapse, the same people will be notified along with an update on the PRN's response to the relapse within one (1) week.

JS (initial) I understand that it is my responsibility to notify the PRN if there is a change in the hospitals at which I have privileges within ten (10) days of that change. I understand that it is my responsibility to sign an updated Consent for Release of Confidential Information form listing any new hospital at which I seek privileges within 10 days of application for privileges.

JS (initial) PRN reviews contracts on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, noncompliance, type or location of medical practice, etc. then PRN may make changes on this contract at any time. All changes in contracts will be documented by PRN regarding the reason for the change. If I desire, I may appeal any contract changes in writing to the PRN Committee and/or by appearance at the next PRN Committee meeting.

JS (initial) I may request a change in my contract at any time, by placing the request in writing. I understand such requests will receive prompt attention, although a final decision on the request may have to wait until the next scheduled PRN Committee meeting.

JS (initial) PRN advises the State Board of Medicine informally (verbally) of all physicians enrolled in the PRN program. The State Board has agreed to take no action on these reports, and usually the State Board will drop any investigation of complaints it may have received about a physician. The exception to this rule involves cases about which the Board has independently received complaints of such magnitude that it feels compelled to take action.

JS (initial) If at some time I become noncompliant with the terms of this contract, including any modifications, and if I refuse to do what is necessary to get back in compliance, then PRN will formally notify the State Board regarding the problem. I understand that when the State Board is formally notified regarding my noncompliance it will result in an automatic "Motion for Enforcement" by the State Board against my Stipulation and Order. This "Motion for Enforcement" will result in a Hearing and will become public record.

JS (initial) I understand that it is my responsibility to remain in compliance with all aspects of my PRN contract. Determination of when I am in compliance with my contract will be made by PRN in the course of usual business. A substantial episode/incident of noncompliance will result in a case review by the PRN with determination on how to proceed (reevaluation, increased requirements, increased length of contract, etc.) made at that time.

JS (initial) I agree to pay PRN \$100/month and Idaho Medical Association (IMA) \$25/month, in addition to a \$10 one time set up fee, to cover a share of the cost of the program. I understand that the PRN fee will be automatically deducted from the account I authorize whereas the IMA amount will be billed to a credit or debit card designated by me quarterly. I also understand that PRN may change this charge from time to time, to reflect changing costs. I understand that I will receive at least two months advance notice of any such changes in charges. I also agree to pay the costs for any treatment, support group, or chemical monitoring (urine drug screens, etc.).

JS (initial) I recognize that chemical dependency/abuse is a family disease and will support my family's participation in Al-anon, ACOA, co-dependency treatment, or other appropriate family support groups or therapy.

JS (initial) I acknowledge, understand and agree that if I fail to meet the conditions of this contract, I will lose the advocacy of this PRN Committee. In case of relapse, I agree to abide by the PRN Committee's recommendation regarding modification of this contract or any other actions. Relapse or failure to meet the conditions of this contract, whether I am a volunteer of the PRN program or mandated to participate by the Board of Medicine, will be reported to the Board of Medicine. I also understand that PRN will update the Board of Medicine on what is being done about the relapse, and on my response to the relapse i.e. changes in monitoring and changes in treatment program. Any violation of a Stipulation and Order of the Board of Medicine, which pertains to alcohol and/or substance abuse, shall constitute a violation of this advocacy contract.

JS (initial) I agree to cooperate and be courteous at all times with my Committee monitor, the Committee or members thereof. I understand that it is my responsibility to arrange any meetings with my monitor and the Committee.

JS (initial) I hereby release and hold harmless my Committee monitor, the Committee and any of its agents, representatives, attorneys, members, employees or consultants from any claims, liability, damages or expenses of any kind or nature relating to or arising out of any decision, opinion, investigation, recommendation or any other action if such decision, opinion, investigation, recommendation or action was taken within the scope of their duties and functions and when such decision, opinion, investigation, recommendation or action was taken without malice and on a belief that such decision, opinion, investigation, recommendation or action was warranted by the facts that were then available.

JS (initial) The Board of Pharmacy maintains a data base that tracks prescriptions for controlled substances. As part of its monitoring program, the IMA PRN program is authorized to access this data base if authorization is given by the PRN program participant. The PRN will keep this information strictly confidential in accordance with this contract. I understand that PRN can access the Board of Pharmacy's Prescription Monitoring Database with my consent.

JS (initial) I am aware that the PRN discourages monitored participants from practicing together as members, employers, employees, partners, supervisors or supervisees within the same medical practice entity. For the purpose of this provision, the term "medical practice entity" shall not mean a hospital. Therefore, I agree to ascertain whether or not a PRN participant practices at a medical practice entity before I agree to join that medical practice entity. If there is a PRN participant at the medical practice entity, I agree to report this fact to the PRN and any other facts requested by the PRN and to abide by any additional reporting, monitoring, testing or other requirements the PRN Committee may require. I acknowledge that the PRN Committee may, after its review of my case, determine there is no way for me to join the practice and practice in a safe manner. If I decide to join the

CLIENT ADMONITION LIST

1. No self-prescribing any drug, legend or scheduled (controlled).
2. No prescribing of scheduled (controlled) drugs for relatives.
3. No prescribing any drugs for anyone without generating a patient record.
4. Avoid poppy seeds, chiefly in pastries.
5. Avoid non-beverage alcohol: for example, hand sanitizers, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.
6. Do NOT consume alcohol in any form, even for religious purposes.
7. Do NOT consume so-called "non-alcoholic" beer and/or wine.
8. Beware of iatrogenic relapse. Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., etc.) that you are chemically dependent and to check with PRN in advance, unless in an emergency, and then as soon thereafter as possible.
9. Keep any family member's medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.
10. Scrutinize all labels on any medications or other prescriptions you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure the correct identity of the medication and to ensure it does not contain addictive chemicals.
11. Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).
12. The Board of Pharmacy recommends that if a patient wants to return a medication, that you and the patient destroy the medication together. Do not store or dispense the medication to another patient.
13. If your practice receives samples of a controlled substance, the Board of Pharmacy recommends that you: keep a log for dispensing any of these medications, and make a note in the patient's file.
14. Avoid the "PERCEPTION:" for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.
15. Avoid unexcused absences.
16. Avoid positive toxicology tests (MISSED TOXICOLOGY TEST = POSITIVE TOXICOLOGY TEST).
17. Avoid missing payment of program and toxicology testing fees.
18. In the event of an adverse situation, cover yourself with a toxicology test, preferably at our laboratory, but certainly at the nearest convenient facility and then notify the PRN.
19. Don't change malpractice carriers if possible.
20. AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with PRN before answering the question.
21. Don't "advertise" your addiction or your recovery.

I have read, fully comprehend, and agree to adhere to the above admonitions.
I acknowledge receipt of a copy of this document.

Signed _____

Date 1/3/18

Hospital, Emergency & Post-Acute Medicine
West Group, Las Vegas Market
5575 Simmons St. Unit 1, #563
North Las Vegas, NV 89031
Phone: (702) 304-2144
Fax: (702) 304-2147

To: Nevada State Board of Pharmacy

Re: Justin Sempsrott MD (hearing March 18th,2020)

I would like to take the time to recommend Dr. Sempsrott be granted a NV DEA and Controlled Substance license. I have known Dr. Sempsrott since 2010 when he was a resident in Las Vegas. He has worked with TeamHealth for the last 5 years. I have worked closely with him in Las Vegas as well as Caldwell Idaho. He has disclosed that he has a history of substance abuse. I was involved of getting him the help he needed in 2017. He attended a inpatient program and has been dedicated to his sobriety since 2017. He is required to take multiple drug tests per month and attends meetings regularly. I am proud to say he has turned his life around. I have been his work place monitor since 2017 and have seen no evidence of a lapse in his sobriety. He most recently was my Facility Medical Director at West Valley Medical Center in Caldwell Idaho. Dr. Sempsrott's hard work and dedication helped turn a once struggling program into one of the best in the division. Dr. Sempsrott is a very knowledgeable and skilled physician, and is liked by his colleagues and medical staff.

Please let me know how I can help.

Sincerely,



Scott A. Scherr MD FACEP
Regional Medical Director
TeamHealth West Group
702-289-9698



TEAMHealth.

Emergency Medicine, West Region
 505 South 336th St, Suite 350 • Federal Way, WA 98003
 Phone: 405.823.6559
 Fax: 253.838.6418

February 20, 2020

Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway, Suite 206
 Reno, NV 89521

Dear Nevada State Board of Pharmacy:

I am pleased to provide a character reference letter to you on behalf of Dr. Justin Sempsrott. I became professionally acquainted with Dr. Sempsrott during the selection process for a Facility Medical Director position in my book of business during the summer of 2018. At that time, Dr. Sempsrott disclosed his recovery and participation in a physician monitoring program to me.

Dr. Sempsrott has been an exemplary emergency room physician leader for the duration of the time I have known him. Of the more than 500 physicians I work with, Dr. Sempsrott is notable for his dedication to providing excellent emergency care to patients as well as leading the physicians and advanced practice clinicians that work for him to also deliver excellent emergency care, as measured by industry-standard objective metrics.

As the Vice-President of Operations, I am the fortunate recipient of the letters of accolade submitted to our company, praising Dr. Sempsrott for his compassion, thoroughness, and remarkably high standard of patient care. These letters from patients and family members are some of the best examples of patient advocacy that I have ever seen. I have also frequently discussed his performance as a physician and leader with the executives at his facility, and the feedback has consistently been excellent.

I have found Dr. Sempsrott's character to always be of the highest integrity. He communicates honestly, carries himself with humility, and promotes collaboration among specialties and across different organizations. I would be pleased to discuss these points in further detail or answer any specific questions you may have regarding Dr. Sempsrott.

Sincerely,

Kent Endersby, MSN, RN, CEN, NRP
 Vice President of Operations, West Group

Letter of Reference for Justin Sempsrott, MD

Nolan Jaeger <njjaeger@sbrmc.org>

Mon 2/24/2020 9:10 AM

Pharmacy Board <pharmacy@pharmacy.nv.gov>;

Justin_Sempsrott@teamhealth.com <Justin_Sempsrott@teamhealth.com>;

Justin Sempsrott

Justin Sempsrott LOR.pdf;

Dear Nevada Board of Pharmacy,

Please find a recommendation letter attached for Justin Sempsrott, MD. This pertains to a scheduled appearance before the Board on Wednesday, March 18, 2020 at 1:30PM at the Hilton Garden Inn in Las Vegas, NV. Please don't hesitate to contact me for any additional information or clarification.

Sincerely,

Nolan Jaeger MD
Plastic and Reconstructive Surgeon
St Bernards Healthcare
Office (870) 336-3190
Cell (870) 919-8999
njjaeger@sbrmc.org



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Nolan Jaeger, MD
St. Bernards Plastic Surgery
1150 East Matthews Ave, Suite 201
Jonesboro, AR 72401

February 24, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Dear Nevada State Board of Pharmacy:

This letter is to serve as a character reference for Justin Sempsrott, MD. I have known Dr. Sempsrott since he was a trainee at the University of Nevada School of Medicine in 2007. Although I was a surgical resident at the time, I had the opportunity to work alongside Justin on many occasions in the emergency and trauma departments. After training, I maintained close personal and professional contact with Dr. Sempsrott through phone calls, emails, and in-person visits.

I have always known Dr. Sempsrott to be an honest, hard-working, and highly intelligent physician who prioritizes patient care above all else. I would never hesitate to allow Dr. Sempsrott to provide medical care for myself, my children, or any other member of my family. He is highly motivated, but is introspective and recognizes his limitations. Furthermore, when he provides assurance that he will act, he always follows through.

Without reservation, I would personally and professionally vouch for Dr. Sempsrott's character and abilities.

Sincerely,



Nolan Jaeger, MD
Plastic and Reconstructive Surgeon
St. Bernards Healthcare
(870) 336-3190
njjaeger@sbrmc.org



Physician Recovery Network

Idaho Medical Association

John Sonntag, MD
Chairman

Mark Broadhead, MD
Medical Consultant

Ben Seymour, CADC
Program Coordinator
ben@southworthassociates.net

Molly Steckel
Executive Director
molly@idmed.org

February 25, 2020

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy Ste. 206
Reno, NV 89521
Via email: pharmacy@pharmacy.nv.gov

RE: Justin Sempstrott, MD

To Whom It May Concern,

I have the consent of Justin Sempstrott, M.D. to disclose that he is under contract with the Idaho Physician Recovery Network (PRN). Dr. Sempstrott signed his PRN contract on January 3, 2018 and he is currently compliant with his contract.

Dr. Sempstrott's contract includes, but is not limited to, the following: 1) regular attendance at 12-Step meetings each week, 2) weekly attendance at health professional's support group, 3) weekly meetings with a 12-Step sponsor, 4) random toxicology testing, and 5) obtain and meet regularly with a worksite monitor.

Should you have questions or comments regarding this information, please contact me at 208-323-9555 ext. 106.

Sincerely,

Tiffany East, BA | Senior Compliance Monitor
Physicians Recovery Network
Southworth Associates

Southworth Associates
5530 W Emerald
Boise, ID 83706
Toll Free: 1-800-386-1695
Local: 208-323-9555
Fax: 208-323-9222

Idaho Medical Association
PO Box 2668
Boise, ID 83701
Local: 208-344-7888
Fax: 208-344-7903

P.O. Box 13600
Scottsdale, AZ 85267

Nevada Professionals Assistance Program
NPAP

Phone: 866 460 9014
Fax: 480 990 3114

February 25, 2020

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy Ste. 206
Reno, NV 89521
Via email: pharmacy@pharmacy.nv.gov

Re: Justin Sempsrott, M.D.
NV Medical License #: 14852

To Whom It May Concern:

I am writing this letter at the request of Dr. Justin Sempsrott, a participant in the Nevada Professionals Assistance Program (NPAP), to indicate the status of his NPAP contract. Dr. Sempsrott signed a standard 5-year Conditions for Participation (CFP) monitoring agreement on 3/24/2017 and is set to complete the program on 3/24/2022.

Dr. Sempsrott's primary monitoring agency is the Idaho Physician Recovery Network (PRN) with the NPAP acting as a secondary monitor. The PRN submits quarterly reports to the NPAP which indicate that Dr. Sempsrott has been in full compliance with his PRN contract. Thus, Dr. Sempsrott is in full compliance with his CFP monitoring agreement.

If you have any questions or would like to further discuss this case, please do not hesitate to contact me.

Sincerely,



Ben L. Seymour, CADC, CIP
Nevada Professionals Assistance Program

Letter of Compliance

Tiffany East <tiffany@southworthassociates.net>

Wed 2/26/2020 10:29 AM

Pharmacy Board <pharmacy@pharmacy.nv.gov>;

Attachment

2020_02_26_11_27_18.pdf.

Hello-

Dr. Sempsrott has requested that the NPAP share the attached information with you.

Please follow-up with me if you have any questions.

Sincerely,

Tiffany East, BA

Senior Compliance Monitor



Ph (208) 323.9555 or (800) 386.1695 ext. 106 F (208) 323.9222

tiffany@southworthassociates.net / www.southworthassociates.net

This communication from Southworth Associates may contain material protected by HIPAA legislation (42 CFR Part 2 and 45 CFR, Parts 160 & 164). This email and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to which they are addressed. If you are not the intended recipient or the person responsible for delivering this email to the intended recipient, be advised that you have received this email in error and that any use, dissemination, forwarding, printing or copying of this email is strictly prohibited. If you have received this email in error, please notify the sender by replying to this email and then delete the email from your computer.

****PLEASE NOTE: On 2/28/2020 Southworth Associates will be relocating to a new office. Our new address will be: 3501 W Elder St. Suite 201, Boise ID 83705. The office phone number – 208 323 9555 – will remain unchanged****



Andrew Schmidt, DO, MPH
 Department of Emergency Medicine
 University of Florida-Jacksonville
 655 W 8th St
 Jacksonville, FL 32209
 Andrew.schmidt@jax.ufl.edu
 904-401-2938

February 14, 2020

Nevada State Board of Pharmacy
 985 Damonte Ranch Pkwy, Suite 206
 Reno, NV 89521

Nevada State Board of Pharmacy:

It is my personal pleasure to write this letter in support of the character of Dr. Justin Sempsrott. As a brief background, Justin and I have known each since we were lifeguards in 2003; since this time we have worked closely on numerous domestic and international projects, co-founded an internationally recognized non-profit, co-authored numerous chapters and research articles, and have been mutually supportive on both professional and personal levels.

There is no doubt in my mind that without the guidance and motivation Justin has provided over the years, I would not be the physician I am today. His influence came at a very important time in my life when I was trying to determine own path, and I found his thirst for knowledge and willingness to be the one to show up when new opportunities arose to be infectious. Those attributes had a true effect on my outlook and were important pieces of the puzzle which completed my own path to medicine, and they are parts of his personality I continue to admire to this day. Just as his influence guided my path to medicine, it has also strongly guided my focus in research and education. In watching Justin carve out his passion for drowning prevention and education and experiencing the way he teaches others, I have seen first-hand how a focus driven by passion can affect not only the people and audiences receiving the information, but also the person who is communicating it. Additionally, his willingness to engage others in this passion, including myself, by sharing information and contacts within drowning community has had an important impact on the progression of knowledge and program development within this international community.

As a physician, Justin is easily one of the most naturally and practically intelligent individuals I have met. He is able to synthesize and apply knowledge in a more pragmatic manner than most; for this reason he is often one of the first physicians I think to contact outside of my department when there is a medical issue I can't seem to grasp or need better insight on. Beyond being a talented and effective physician and educator, Justin is an amazing father and husband. He always involves his family in his professional travels, and I am constantly impressed by the effort he puts forth, despite his busy career, to provide an engaging and inspiring environment for his son. I hope with all of this that I have impressed on you that I hold no doubt in my mind when it comes to the character of Dr. Justin Sempsrott. He is a person I can count on 24 hours a day for guidance, a physician I admire and would not hesitate to allow to treat me or a family member, and a father I take inspiration from when caring for my own children. Please do not hesitate to contact me directly with any further questions.

Sincerely,

Andrew Schmidt, DO, MPH
 Assistant Professor, Emergency Medicine, UF-Jax
 Deputy Medical Director, TraumaOne Flight Services





February 25, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, Nevada 89521

Re: Justin Sempsrott, MD

To whom it may concern,

I am writing as a character reference for Dr. Sempsrott. I have personally and professionally known Dr Sempsrott for 3 years and can say that he is of high character and is an outstanding physician in our community.

In addition I sit on the board of the Idaho Medical Association Physician Recovery Network. As a board member I have personally supervised Dr. Sempsrott's recovery in the program and his willingness to continue to grow in his sobriety. Presently I feel he has a strong recovery and has sound professional competence.

I do not see any reason he should be denied a controlled substance license in your state. If you have any further questions regarding Dr. Sempsrott please feel free to contact me.

Sincerely,



Ryan S. Owsley, MD, FAAD, FASDS
Comprehensive Dermatology of Idaho, PLLC
16111 N. Brinson St. Suite 100, Nampa, ID 83687
Phone (208) 467 - SKIN
Fax (208) 467 - 7500
www.dermidaho.com

16111 N. Brinson St. Ste 100, Nampa, ID 83687 | 211 Forest St., McCall, ID 83638
Phone: (208) 467-SKIN (7546)
Fax: (208) 467-7500
dermidaho.com

8C



CONTROLLED SUBSTANCE REGISTRATION APPLICATION

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206 - Reno, NV 89521

Registration Fee: \$80.00 (non-refundable money order or cashier's check only)
(This application cannot be used by PA's or APRN's)

First: EUGENE Middle: _____ Last: SHIN Degree: M.D.

SS#: _____ Date of Birth: _____

Practice Name (if any): SUNRISE CME Family Medicine Residency

Nevada Address: 9260 W. Sunset Rd. Suite #: 110

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: LAS VEGAS State: NV Zip Code: 89148

E-mail: EUGENE.SHIN@HKAhealthcare.com Contact E-mail: LISA.RODRIGUEZ@HKAhealthcare.com

Work Telephone: 702-283-9027 Fax: 702-962-5534

Practitioner License Number: 19469 Specialty: Family Medicine

Sex: M or F

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.	Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 #:
			11
Criminal Action:	State	Date:	Case #: County Court
	CA	07/17/1998	VA046968 Los Angeles Superior Court of California LA County

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.

Eugene Shin
Original Signature, no copies or stamps accepted.

12/20/19
Date

Board Use Only: Date Processed: _____ Amount: 80.00

Answer to question #1

To the Nevada State Board of Pharmacy,

More than 20 years ago, an individual threatened my family with physical harm. I had reason to believe he would carry out the threat imminently and an altercation ensued during which I used a stick, resulting in the fracture of the individual's arm. I was charged with assault with a deadly weapon resulting in great bodily injury and served 7 months in county jail with 5 years of probation. During the 7 months, I attended classes at a local community college and returned to custody after classes.

Following this, the Court reduced the original charge to a misdemeanor and set aside my conviction (I was therefore considered not to have been previously convicted). The District Attorney instructed me that going forward, the truthful answer to any questions regarding previous felony or misdemeanor convictions was "no."

I will always regret this incident and have always taken full responsibility for it. With much remorse, I developed a strong desire to contribute positively to society by helping others, and I've since dedicated my efforts to pursuing this profession which best allows me to fulfill that realization. And I hope that my path will serve as an example to my children that redemption is possible.

This information and all related documentation was submitted to the Nevada State Board of Medical Examiners in 2017 prior to the start of my residency training. If you have any questions please do not hesitate to contact me and I will be happy to assist. Thank you.

Sincerely,

Eugene Shin



12/20/19

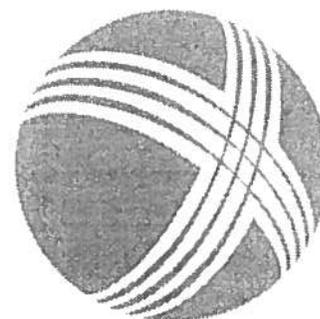
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VA 046968

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OFFICE OF THE SHERIFF

COUNTY OF LOS ANGELES

HALL OF JUSTICE

JIM McDONNELL, SHERIFF



May 9, 2017

Mr. Eugene Shin
Ocean Avenue, Apartment
Torrance, California 90505

Dear Mr. Shin:

ARREST DATE: 1997

Using the information you provided, we conducted a thorough search and found no such records. Should you have any questions regarding this response, please contact the Public Services Unit Supervisor at (562) 345-4441.

Sincerely,

Guninder K. Singh, Director

A handwritten signature in cursive script, appearing to read "Guninder K. Singh".

Guninder K. Singh, Director
Records and Identification Bureau

211 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

A Tradition of Service
— Since 1850 —

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 07/16/04

CASE NO. VA046968

THE PEOPLE OF THE STATE OF CALIFORNIA
VS.
DEFENDANT 01: EUGENE SHIN

COUNT 01: 245(A)(1) PC FEL - ASSAULT W DEADLY WEAPON/INSTR..

ON 07/16/04 AT 830 AM IN L.A. SUPERIOR SOUTHEAST DEPT SES

CASE CALLED FOR 1203.4 PC DISMISSAL/NON-APPR

PARTIES: LARRY S. KNUPP (JUDGE) ANDY NELSON (CLERK)
KELLY ROBERTS (REP) PAUL MINNETIAN (DA)

DEFENDANT IS PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

COURT ORDERS INFORMATION DEEMED AMENDED TO ALLEGE COUNT 01 AS A MISDEMEANOR
PURSUANT TO 17B5 OF THE PENAL CODE AND COUNT SHALL PROCEED AS A MISDEMEANOR.

NEXT SCHEDULED EVENT:
1203.4 PC DISMISSAL/NON-APPR

AS TO COUNT (01):

PROBATION IS ORDERED TERMINATED PURSUANT TO SECTION 1203.3 PENAL CODE. PLEA OF

GUILTY OR CONVICTION IS SET ASIDE. A PLEA OF NOT GUILTY IS ENTERED. CASE IS
DISMISSED PURSUANT TO SECTION 1203.4 PENAL CODE.

COUNT (01): IS DISMISSED: DISMISSED PURSUANT TO 1203.4 PC

DEFENDANT INDICATES THAT HE WISHES TO PROCEED WITHOUT HIS
COUNSEL BEING PRESENT.

PEOPLE'S MOTION TO VACATE THE SUSPENDED STATE PRISON SENTENCE AS
PREVIOUSLY IMPOSED IS GRANTED.

COURT FINDS THAT THE DEFENDANT DOES NOT HAVE THE PRESENT ABILITY
TO PAY THE COURT COSTS AND FILING FEE IS WAIVED.

DMV ABSTRACT NOT REQUIRED

NEXT SCHEDULED EVENT:
PROCEEDINGS TERMINATED

PAGE NO. 1

1203.4 PC DISMISSAL/NON-APPR
HEARING DATE: 07/16/04

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 06/14/04

CASE NO. VA046968

THE PEOPLE OF THE STATE OF CALIFORNIA

VS.

DEFENDANT 01: EUGENE SHIN

COUNT 01: 245(A)(1) PC FEL - ASSAULT W DEADLY WEAPON/INSTR..

ON 06/14/04 AT 830 AM IN L.A. SUPERIOR SOUTHEAST DEPT SES
CASE CALLED FOR 1203.4 PC DISMISSAL/NON-APPR

PARTIES: LARRY S. KNUPP (JUDGE) ANDY NELSON (CLERK)
 NONE (REP) NONE (DDA)

DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

- PETITION AND WAIVER FORM NOW HAVING BEEN RECEIVED, MATTER IS
- SET FOR REVIEW ON 07-16-04.

COPY OF MINUTE ORDER SENT THIS DATE VIA U.S. MAIL TO:

EUGENE SHIN
41 CLUB VIEW LANE
ROLLING HILLS ESTATES, CALIF. 90274

.....NO LEGAL FILE.....

NEXT SCHEDULED EVENT:

UPON MOTION OF COURT
07/16/04 830 AM 1203.4 PC DISMISSAL/NON-APPR DIST L.A. SUPERIOR SOUTHEAST
DEPT SES

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 02/24/04

CASE NO. VA046968

THE PEOPLE OF THE STATE OF CALIFORNIA
VS.
DEFENDANT 01: EUGENE SHIN

COUNT 01: 245(A)(1) PC FEL - ASSAULT W DEADLY WEAPON/INSTR. .

ON 10/31/03 AT 830 AM IN L.A. SUPERIOR SOUTHEAST DEPT SES

CASE CALLED FOR 1203.4 PC DISMISSAL/NON-APPR

PARTIES: LARRY S. KNUPP (JUDGE) ANDY NELSON (CLERK)
LINDA PERALTA (REP) RALPH PLUMMER (DDA)

DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

NO PAPERWORK HAS BEEN RETURNED TO THE COURT AS REQUESTED, COURT
ORDERS MATTER OFF CALENDAR.

NEXT SCHEDULED EVENT:
PROCEEDINGS TERMINATED

PAGE NO. 1

1203.4 PC DISMISSAL/NON-APPR
HEARING DATE: 10/31/03

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 10/01/03

CASE NO. VA046968

THE PEOPLE OF THE STATE OF CALIFORNIA

VS.

DEFENDANT 01: EUGENE SHIN

COUNT 01: 245(A)(1) PC FEL. - ASSAULT W DEADLY WEAPON/INSTR..

ON 10/01/03 AT 830 AM IN L.A. SUPERIOR SOUTHEAST DEPT SES
CASE CALLED FOR MISCELLANEOUS

PARTIES: LARRY S. KNUPP (JUDGE) ANDY NELSON (CLERK)
NONE (REP) NONE (DDA)

DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

BASED UPON THE COURT OF APPEAL RULING, CHECK NUMBER 5858 IN THE
AMOUNT OF \$269.50 IS BEING RETURNED ALONG WITH YOUR PETITION.
AN APPLICATION FOR WAIVER OF COURT COSTS AND FEES IS ALSO
BEING SENT FOR YOUR CLIENT TO COMPLETE AND RETURN WITH ON DATE
BELOW.

MATTER IS PLACED ON CALENDAR FOR REVIEW OF FINANCIAL ABILITY TO
PAY ON 10-31-03 AT 8:30 A.M., AT WHICH TIME THE COURT MAY ALSO
RULE UPON OR CONTINUE MATTER FOR HEARING ON PETITION

COURT ORDERS AND FINDINGS:

-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE:

NEXT SCHEDULED EVENT:

10/31/03 830 AM 1203.4 PC DISMISSAL/NON-APPR DIST L.A. SUPERIOR SOUTHEAST
DEPT SES

PAGE NO. 1

MISCELLANEOUS
HEARING DATE: 10/01/03

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 10/31/03

CASE NO. VA046968

THE PEOPLE OF THE STATE OF CALIFORNIA
VS.
DEFENDANT 01: EUGENE SHIN

COUNT 01: 245(A)(1) PC FEL - ASSAULT W DEADLY WEAPON/INSTR..

ON 10/31/03 AT 830 AM IN L.A. SUPERIOR SOUTHEAST DEPT SES

CASE CALLED FOR 1203.4 PC DISMISSAL/NON-APPR

PARTIES: LARRY S. KNUPP (JUDGE) ANDY NELSON (CLERK)
LINDA PERALTA (REP) RALPH PLUMMER (DDA)

DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

NO PAPERWORK HAS BEEN RETURNED TO THE COURT AS REQUESTED, COURT
ORDERS MATTER OFF CALENDAR.

NEXT SCHEDULED EVENT:
PROCEEDINGS TERMINATED

PAGE NO. 1

1203.4 PC DISMISSAL/NON-APPR
HEARING DATE: 10/31/03

MINUTE ORDER
 SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 10/01/03

 CASE NO. VA046968

THE PEOPLE OF THE STATE OF CALIFORNIA

VS.

DEFENDANT 01: EUGENE SHIN

COUNT 01: 245(A)(1) PC FEL - ASSAULT W DEADLY WEAPON/INSTR..

ON 10/01/03 AT 830 AM IN L.A. SUPERIOR SOUTHEAST DEPT SES

CASE CALLED FOR MISCELLANEOUS

PARTIES: LARRY S. KNUPP (JUDGE) ANDY NELSON (CLERK)
 NONE (REP) NONE (DDA)

DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

BASED UPON THE COURT OF APPEAL RULING, CHECK NUMBER 5858 IN THE
 AMOUNT OF \$269.50 IS BEING RETURNED ALONG WITH YOUR PETITION.
 AN APPLICATION FOR WAIVER OF COURT COSTS AND FEES IS ALSO
 BEING SENT FOR YOUR CLIENT TO COMPLETE AND RETURN WITH ON DATE
 BELOW.

MATTER IS PLACED ON CALENDAR FOR REVIEW OF FINANCIAL ABILITY TO
 PAY ON 10-31-03 AT 8:30 A.M., AT WHICH TIME THE COURT MAY ALSO
 RULE UPON OR CONTINUE MATTER FOR HEARING ON PETITION

COURT ORDERS AND FINDINGS:

-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.

NEXT SCHEDULED EVENT:

10/31/03 830 AM 1203.4 PC DISMISSAL/NON-APPR DIST L.A. SUPERIOR SOUTHEAST
 DEPT SES

PAGE NO. 1

MISCELLANEOUS
 HEARING DATE: 10/01/03

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 07/30/99

CASE NO. VA046968

THE PEOPLE OF THE STATE OF CALIFORNIA
VS.
DEFENDANT 02: JASON JAEYOUNG PARK

COUNT 02: 245(A) (1) PC FEL - ASSAULT W DEADLY WEAPON/INSTR..

ON 07/30/99 AT 830 AM IN L.A. SUPERIOR SOUTHEAST DEPT SET

CASE CALLED FOR PROGRESS REPORT

PARTIES: PATRICK COUWENBERG (JUDGE) CINDY TANG (CLERK)
NAOMI LEEPER (REP) SCOTT CARBAUGH (DA)

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY ANTHONY KIM PRIVATE COUNSEL

PROBATION MODIFIED AS FOLLOWS:

AS TO COUNT (02):

COURT MODIFIES PROBATION TO SUMMARY PROBATION. ALL OTHER TERMS
AND CONDITIONS OF PROBATION TO REMAIN IN FULL FORCE AND EFFECT.

DMV ABSTRACT NOT REQUIRED

NEXT SCHEDULED EVENT:
PROBATION IN EFFECT

CUSTODY STATUS: ON PROBATION

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 04/23/99

CASE NO. VA046968

THE PEOPLE OF THE STATE OF CALIFORNIA
VS.
DEFENDANT 02: JASON JAEYOUNG PARK

COUNT 02: 245(A)(1) PC FEL - ASSAULT W DEADLY WEAPON/INSTR..

ON 04/23/99 AT 830 AM IN L.A. SUPERIOR SOUTHEAST DEPT SET

CASE CALLED FOR PROGRESS REPORT

PARTIES: PATRICK COUWENBERG (JUDGE) MICHELLE VERMILYE (CLERK)
NAOMI LEEPER (REP) JOSEPH A. MARKUS (DA)

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY ANTHONY KIM PRIVATE COUNSEL
APPEARING BY MIGUEL INUMERABLE

THE COURT DOES NOT HAVE A PROGRESS REPORT FROM PROBATION.
HOWEVER, THE COURT IS IN RECEIPT OF LETTER FROM LIBERTY HOUSE
WEST, DEFENDANT'S DRUG TREATMENT FACILITY.

PROBATION TO CONTINUE ON SAME TERMS AND CONDITIONS.

THE COURT ORDERS PROBATION OFFICER TO PREPARE A PROGRESS REPORT
FOR 7-30-99.

COURT ORDERS AND FINDINGS:

-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.

NEXT SCHEDULED EVENT:
07/30/99 830 AM PROGRESS REPORT DIST L.A. SUPERIOR SOUTHEAST DEPT SET

CUSTODY STATUS: ON PROBATION

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 08/11/98

CASE NO. VA046968

THE PEOPLE OF THE STATE OF CALIFORNIA

VS.

DEFENDANT 01: EUGENE SHIN

COUNT 01: 245(A) (1) PC FEL - ASSAULT W DEADLY WEAPON/INSTR..

ON 08/11/98 AT 830 AM IN L.A. SUPERIOR SOUTHEAST DEPT SET

CASE CALLED FOR SURRENDER

PARTIES: PATRICK COUWENBERG (JUDGE) MICHELLE VERMILYE (CLERK)
NAOMI LEEPER (REP) JOSEPH A. MARKUS (DA)

DEFENDANT IS PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

DEFENDANT SURRENDERS THIS DATE TO COMMENCE SERVING 365 DAYS
COUNTY JAIL TIME. DEFENDANT WAS ACCEPTED INTO THE WORK
FURLOUGH PROGRAM.

NEXT SCHEDULED EVENT:
PROBATION IN EFFECT/REMANDED

CUSTODY STATUS: ON PROBATION/REMANDED

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 07/17/98

CASE NO. VA046968

THE PEOPLE OF THE STATE OF CALIFORNIA
VS.
DEFENDANT 01: EUGENE SHIN

COUNT 01: 245(A)(1) PC FEL - ASSAULT W DEADLY WEAPON/INSTR..

ON 07/17/98 AT 830 AM IN L.A. SUPERIOR SOUTHEAST DEPT SET

CASE CALLED FOR CERTIFIED PLEA/SENTENCING

PARTIES: PATRICK COUWENBERG (JUDGE) MICHELLE VERMILYE (CLERK)
NAOMI LEEPER (REP) JAVIER PEREZ (DA)

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY JAMES M. EPSTEIN PRIVATE COUNSEL

DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING JUDGMENT:

AS TO COUNT (01):

SERVE 5 YEARS IN ANY STATE PRISON

COURT SELECTS THE MID TERM OF 2 YEARS AS TO COUNT 01.

PLUS 3 YEARS PURSUANT TO SECTION 12022.7(A) P.C.

EXECUTION OF SENTENCE SUSPENDED

DEFENDANT PLACED ON FORMAL PROBATION

FOR A PERIOD OF 005 YEARS UNDER THE FOLLOWING TERMS AND CONDITIONS:

SERVE 365 DAYS IN LOS ANGELES COUNTY JAIL

LESS CREDIT FOR 1 DAYS

DEFENDANT TO SURRENDER DIRECTLY TO LOS ANGELES COUNTY JAIL FOR SERVICE OF JAIL TIME.

IN ADDITION:

-DEFENDANT SHALL MAKE RESTITUTION THROUGH THE PROBATION OFFICER

CASE NO. VA046968
DEF NO. 01

DATE PRINTED 07/17/98

IN SUCH AMOUNTS AND MANNER AS SUCH OFFICER SHALL PRESCRIBE.

-THE DEFENDANT IS TO PAY A RESTITUTION FINE PURSUANT TO SECTION 1202.4(B) PENAL CODE IN THE AMOUNT OF \$500.00.

-NOT DRINK ANY ALCOHOLIC BEVERAGE AND STAY OUT OF PLACES WHERE THEY ARE THE CHIEF ITEM OF SALE.

-NOT USE OR POSSESS ANY NARCOTICS, DANGEROUS OR RESTRICTED DRUGS OR ASSOCIATED PARAPHERNALIA, EXCEPT WITH VALID PRESCRIPTION, AND STAY AWAY FROM PLACES WHERE USERS, BUYERS OR SELLERS CONGREGATE, EXCEPT IN AN AUTHORIZED DRUG COUNSELING PROGRAM.

-NOT ASSOCIATE WITH PERSONS KNOWN BY YOU TO BE NARCOTIC OR DRUG USERS OR SELLERS.

-SUBMIT TO PERIODIC ANTI-NARCOTIC TESTS AS DIRECTED BY THE PROBATION OFFICER.

-NOT ASSOCIATE WITH VICTIM CARL CHOI.

-SEEK AND MAINTAIN TRAINING, SCHOOLING OR EMPLOYMENT AS APPROVED BY THE PROBATION OFFICER.

-MAINTAIN RESIDENCE AS APPROVED BY THE PROBATION OFFICER.

-NOT DRIVE A MOTOR VEHICLE UNLESS LAWFULLY LICENSED AND INSURED.

-NOT OWN, USE OR POSSESS ANY DANGEROUS OR DEADLY WEAPONS, INCLUDING ANY FIREARMS, KNIVES OR OTHER CONCEALABLE WEAPONS.

-SUBMIT PERSON AND PROPERTY TO SEARCH OR SEIZURE AT ANY TIME OF THE DAY OR NIGHT BY ANY LAW ENFORCEMENT OFFICER OR BY PROBATION OFFICER WITH OR WITHOUT A WARRANT.

-OBEY ALL LAWS AND ORDERS OF THE COURT.

-OBEY ALL RULES AND REGULATIONS OF THE PROBATION DEPARTMENT.

-USE ONLY TRUE NAME WITH GOVERNMENT AND POLICE OFFICIALS, WHICH IS EUGENE SHIN.

COURT ORDERS AND FINDINGS:

-DEFENDANT TO REPORT TO THE PROBATION OFFICER FORTHWITH.

-IF THE DEFENDANT LEAVES THE COUNTRY VOLUNTARILY OR IS DEPORTED, THE DEFENDANT SHALL NOT RETURN UNLESS LEGALLY ENTITLED TO DO SO

-DEFENDANT ACKNOWLEDGES TO THE COURT THAT THE DEFENDANT UNDERSTANDS AND ACCEPTS ALL THE PROBATION CONDITIONS, AND DEFENDANT AGREES TO ABIDE BY SAME.

CASE NO. VA046968
DEF NO. 01

DATE PRINTED 07/17/98

-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.

DEFENDANT HAS ALREADY BEEN ACCEPTED FOR SCHOOL FURLOUGH.

DEFENDANT TO SURRENDER ON 8-11-98.

COUNT (01): DISPOSITION: CONVICTED

DMV ABSTRACT NOT REQUIRED

NEXT SCHEDULED EVENT:

08/11/98 830 AM SURRENDER DIST L.A. SUPERIOR SOUTHEAST DEPT SET

CUSTODY STATUS: BAIL EXONERATED

CUSTODY STATUS: ON PROBATION

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 07/17/98

CASE NO. VA046968

THE PEOPLE OF THE STATE OF CALIFORNIA

VS.

DEFENDANT 02: JASON JAEYOUNG PARK

COUNT 02: 245(A)(1) PC FEL - ASSAULT W DEADLY WEAPON/INSTR..

ON 07/17/98 AT 830 AM IN L.A. SUPERIOR SOUTHEAST DEPT SET

CASE CALLED FOR CERTIFIED PLEA/SENTENCING

PARTIES: PATRICK COUWENBERG (JUDGE) MICHELLE VERMILYE (CLERK)
NAOMI LEEPER (REP) JAVIER PEREZ (DA)

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY ANTHONY KIM PRIVATE COUNSEL

DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING JUDGMENT:

AS TO COUNT (02):

SERVE 5 YEARS IN ANY STATE PRISON

COURT SELECTS THE LOW TERM OF 2 YEARS AS TO COUNT 02.

PLUS 3 YEARS PURSUANT TO SECTION 12022.7(A) P.C.

EXECUTION OF SENTENCE SUSPENDED

DEFENDANT PLACED ON FORMAL PROBATION

FOR A PERIOD OF 005 YEARS UNDER THE FOLLOWING TERMS AND CONDITIONS:

IN ADDITION:

-DEFENDANT SHALL MAKE RESTITUTION THROUGH THE PROBATION OFFICER IN SUCH AMOUNTS AND MANNER AS SUCH OFFICER SHALL PRESCRIBE.

-THE DEFENDANT IS TO PAY A RESTITUTION FINE PURSUANT TO SECTION 1202.4(B) PENAL CODE IN THE AMOUNT OF \$500.00.

-NOT DRINK ANY ALCOHOLIC BEVERAGE AND STAY OUT OF PLACES WHERE THEY ARE THE CHIEF ITEM OF SALE.

-NOT USE OR POSSESS ANY NARCOTICS, DANGEROUS OR RESTRICTED DRUGS

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FILED
LOS ANGELES SUPERIOR COURT

JUL 28 1998

RETURN DATE: (NONE.)

JOHN A. CLARKE, CLERK
Billy Fletcher
BY B. FLETCHER, DEPUTY

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

DEPARTMENT NO. SE-T HON. PATRICK COUWENBERG, JUDGE

THE PEOPLE OF THE STATE OF CALIFORNIA,))	
	)	SUPERIOR COURT
PLAINTIFF, )	)	NO. VA046968
VS.))	
EUGENE SHIN AND )	)	PROBATION
JASON PARK,))	
DEFENDANTS.))	

LOS ANGELES, CALIFORNIA; FRIDAY, JULY 17, 1998

9:07 A.M.

UPON THE ABOVE DATE, THE DEFENDANT SHIN BEING
PRESENT AND REPRESENTED BY COUNSEL JAMES EPSTEIN,
ATTORNEY AT LAW; THE DEFENDANT PARK BEING PRESENT
AND REPRESENTED BY COUNSEL TONY KIM, ATTORNEY AT
LAW; THE PEOPLE BEING REPRESENTED BY,
JAVIER PEREZ, DEPUTY DISTRICT ATTORNEY;
THE FOLLOWING PROCEEDINGS WERE HELD:
(NAOMI LEEPER, CSR #8728, OFFICIAL REPORTER.)

1 THE COURT: NO. 7, IN THE MATTER OF EUGENE SHIN
2 VA046968. THE DEFENDANT IS PRESENT REPRESENTED BY
3 MR. EPSTEIN. PEOPLE ARE REPRESENTED BY MR. PEREZ.

4 MR. PEREZ: WE'RE ALSO READY ON MR. PARK, YOUR
5 HONOR.

6 MR. EPSTEIN: THE CO-DEFENDANT.

7 THE COURT: JASON PARK IS ALSO PRESENT REPRESENTED
8 BY MR. KIM.

9 MR. KIM: YES, YOUR HONOR.

10 THE COURT: FOR THE RECORD, I'VE READ AND CONSIDERED
11 THE PROBATION OFFICER'S REPORT FOR EUGENE SHIN CONSISTING
12 OF 13 PAGES. THERE'S A LETTER ATTACHED TO THAT.

13 IS THAT FROM MR. SHIN?

14 MR. KIM: THE LETTER IS FOR MR. PARK.

15 THE COURT: MR. PARK. THERE ARE TWO LETTERS, ONE
16 FROM PROMISES --

17 MR. KIM: THAT'S FOR MR. PARK.

18 THE COURT: THEN THERE'S ANOTHER ONE.

19 MR. EPSTEIN: I DIDN'T SEE THAT LETTER. IT'S NOT IN
20 MY COPY OF THE PROBATION REPORT.

21 THE COURT: IT LOOKS LIKE IT WAS WRITTEN BY ONE OF
22 THE DEFENDANT.

23 DEFENDANT SHIN: IT WAS WRITTEN BY ME, YOUR HONOR,
24 BY MYSELF.

25 MR. EPSTEIN: DID THE COURT GET THE DOCUMENT FROM
26 THE PROBATION DEPARTMENT?

27 THE COURT: I DID. I'VE ALSO READ AND CONSIDERED
28 THE PROBATION OFFICER'S REPORT WITH RESPECT TO MR. PARK

1 CONSISTING OF 13 PAGES AS WELL AS LETTERS ATTACHED TO THE
2 REPORT.

3 THE COURT: MR. EPSTEIN, WAIVE FORMAL ARRAIGNMENT
4 FOR JUDGMENT AND SENTENCING AT THIS TIME?

5 MR. EPSTEIN: YES, YOUR HONOR.

6 THE COURT: ANY LEGAL CAUSE WHY SENTENCE SHOULD NOT
7 NOW BE IMPOSED?

8 MR. EPSTEIN: NO, YOUR HONOR.

9 THE COURT: YOU WISH TO BE HEARD WITH RESPECT TO THE
10 TIME?

11 MR. EPSTEIN: JUST BRIEFLY. MR. SHIN RESUMES
12 CLASSES ON AUGUST 18TH. NORMALLY, IT TAKES AROUND FIVE
13 DAYS TO A WEEK FOR THE SHERIFF TO PROCESS THE WORK
14 FURLOUGH PERSONS BEFORE THEY'RE RELEASED FOR THE SCHOOL,
15 SO I WOULD ASK THAT MR. SHIN BE ALLOWED TO SURRENDER TO
16 THE COURT APPROXIMATELY ONE WEEK BEFORE AUGUST 18TH SO
17 THAT HE'LL BE IN CUSTODY FOR APPROXIMATELY ONE WEEK BEFORE
18 HE'LL BE PROCESSED AND RELEASED TO GO TO CLASSES.

19 THE COURT: MR. EPSTEIN, IN LOOKING AT THE PLEA
20 FORM, IT INDICATES WITH RESPECT TO YOUR CLIENT, MR. PARK,
21 ONE YEAR COUNTY JAIL, WHICH MAY BE PERFORMED AT A
22 RESIDENTIAL DRUG PROGRAM. IS THAT HIS DESIRE?

23 MR. KIM: THAT'S --

24 MR. EPSTEIN: THAT'S THE CO-DEFENDANT, YOUR HONOR.

25 THE COURT: I'M SORRY.

26 MR. EPSTEIN: YOUR HONOR, MY CLIENT, IF YOU LOOK AT
27 PAGE 5 OF THE SENTENCING TRANSCRIPT, THE UNDERSTANDING
28 WITH MY CLIENT WOULD BE THAT IF PROBATION AGREED, WHICH

1 PROBATION DID, THE PEOPLE WOULD NOT OBJECT TO A SCHOOL
2 FURLOUGH PROGRAM. THAT WAS THE UNDERSTANDING OF THE PLEA
3 BARGAIN.

4 THE COURT: THAT'S WHAT YOU WANT TO DO?

5 MR. EPSTEIN: YES, YOUR HONOR.

6 THE COURT: WITH RESPECT TO MR. SHIN, PURSUANT TO
7 CASE SETTLEMENT, THE COURT WILL IMPOSE THE LOW TERM OF TWO
8 YEARS, DEFENDANT HAVING ENTERED A GUILTY PLEA TO COUNT 1,
9 A VIOLATION OF PENAL CODE SECTION 245(A)(1). DEFENDANT
10 ALSO HAVING ADMITTED THE ENHANCEMENT ALLEGATION WITHIN THE
11 MEANING OF PENAL CODE SECTION 12022.7 SUBSECTION (A), THE
12 COURT WILL IMPOSE THREE YEARS FOR A TOTAL OF FIVE YEARS IN
13 STATE PRISON. THAT STATE PRISON SENTENCE WILL BE
14 SUSPENDED. DEFENDANT IS PLACED ON FIVE YEARS FORMAL
15 PROBATION.

16 MR. PEREZ, IS IT FIVE OR THREE YEARS?

17 MR. PEREZ: IT'S -- FIVE YEARS IS MY UNDERSTANDING.

18 THE COURT: FIVE YEARS FORMAL PROBATION UNDER THE
19 FOLLOWING TERMS AND CONDITIONS:

20 HE'S TO SPEND THE FIRST 365 DAYS IN THE
21 LOS ANGELES COUNTY JAIL. HOWEVER, THE COURT WILL ALLOW
22 HIM TO APPLY FOR WORK FURLOUGH.

23 MR. EPSTEIN: IT'S ACTUALLY SCHOOL FURLOUGH, YOUR
24 HONOR.

25 THE COURT: SCHOOL FURLOUGH.

26 MR. EPSTEIN: HE'S ALREADY APPLIED AND BEEN
27 ACCEPTED.

28 THE COURT: ALL RIGHT. NOW, WITH RESPECT TO THE

1 VICTIM IN THIS CASE, ARE THE PEOPLE ASKING FOR
2 RESTITUTION?

3 MR. PEREZ: YES, YOUR HONOR.

4 THE COURT: MR. SHIN, THE COURT WILL ORDER YOU TO
5 PAY RESTITUTION TO THE VICTIMS PURSUANT TO 1202.4 OF THE
6 PENAL CODE IN AN AMOUNT AS TO BE DETERMINED BY THE
7 PROBATION OFFICER.

8 IF YOU DISAGREE WITH WHATEVER AMOUNT THE
9 PROBATION OFFICER COMES UP WITH, CONTACT YOUR ATTORNEY AND
10 WE CAN HAVE A HEARING WITH RESPECT TO THE RESTITUTION.

11 ALSO YOU ARE TO PAY A \$500 RESTITUTION FINE
12 PURSUANT TO 1202.4 OF THE PENAL CODE IN A MANNER AS
13 INSTRUCTED BY THE PROBATION OFFICER.

14 YOU ARE NOT TO DRINK OR POSSESS ANY ALCOHOLIC
15 BEVERAGES AND STAY OUT OF PLACES WHERE THEY ARE THE CHIEF
16 ITEM OF SALE.

17 YOU ARE NOT TO USE OR POSSESS ANY NARCOTICS,
18 DANGEROUS OR RESTRICTED DRUGS OR ASSOCIATED PARAPHERNALIA
19 EXCEPT WITH VALID PRESCRIPTION AND STAY AWAY FROM PLACES
20 WHERE USERS, BUYERS OR SELLERS CONGREGATE.

21 YOU ARE NOT TO ASSOCIATE WITH PERSONS KNOWN
22 BY YOU TO BE NARCOTIC OR DRUG USERS OR SELLERS.

23 MR. EPSTEIN, DO YOU WISH TO BE HEARD WITH
24 RESPECT TO THE PROBATION OFFICER'S REQUEST FOR DRUG
25 TESTING?

26 MR. EPSTEIN: NO.

27 THE COURT: ALL RIGHT. YOU ARE TO SUBMIT TO
28 PERIODIC ANTINARCOTIC TESTS AS DIRECTED BY THE PROBATION

1 OFFICER.

2 YOU ARE NOT TO ASSOCIATE WITH AND STAY AWAY
3 FROM THE VICTIM IN THIS CASE, CARL CHOI.

4 YOU ARE TO SEEK AND MAINTAIN TRAINING,
5 SCHOOLING OR EMPLOYMENT AS APPROVED BY THE PROBATION
6 OFFICER.

7 YOU ARE TO KEEP THE PROBATION OFFICER ADVISED
8 OF YOUR CURRENT RESIDENCE AT ALL TIMES.

9 YOU ARE NOT TO DRIVE A MOTOR VEHICLE UNLESS
10 LAWFULLY LICENSED AND INSURED.

11 YOU ARE NOT TO USE, OWN OR POSSESS ANY
12 DANGEROUS OR DEADLY WEAPONS.

13 ALSO YOU ARE TO SUBMIT YOUR PERSON AND
14 PROPERTY UNDER YOUR CONTROL TO SEARCH OR SEIZURE, AT ANY
15 TIME OF THE DAY OR NIGHT, BY ANY PROBATION OFFICER OR
16 OTHER PEACE OFFICER, WITH OR WITHOUT A WARRANT OR PROBABLE
17 CAUSE.

18 YOU ARE TO OBEY ALL LAWS, OBEY ALL ORDERS,
19 RULES AND REGULATIONS OF THE PROBATION DEPARTMENT AND OF
20 THIS COURT.

21 IS YOUR TRUE NAME EUGENE SHIN?

22 DEFENDANT SHIN: YES.

23 THE COURT: USE ONLY YOUR TRUE NAME AS I STATED IT
24 ON THE RECORD.

25 REPORT TO THE HARBOR AREA OFFICE OF THE
26 PROBATION DEPARTMENT. DO WE HAVE THAT ADDRESS?

27 WHERE DO YOU LIVE?

28 DEFENDANT SHIN: ROLLING HILLS.

1 THE COURT: IT WILL PROBABLY BE HARBOR. AND I WOULD
2 DO THAT TODAY.

3 IF YOU LEAVE THE COUNTRY DO NOT RE-ENTER THE
4 UNITED STATES ILLEGALLY. IF YOU DO RETURN, REPORT TO THE
5 PROBATION OFFICER WITHIN 48 HOURS UPON YOUR RETURN AND
6 PRESENT DOCUMENTATION WHICH PROVES YOU ARE IN THE UNITED
7 STATES LEGALLY.

8 MR. SHIN, DO YOU UNDERSTAND AND ACCEPT THE
9 TERMS AND CONDITIONS OF PROBATION?

10 DEFENDANT SHIN: YES, YOUR HONOR.

11 THE COURT: ALL RIGHT. THAT WILL BE THE ORDER.

12 MR. EPSTEIN: I THINK WE NEED A SURRENDER DATE, YOUR
13 HONOR.

14 THE COURT: WHAT DATE WOULD YOU LIKE?

15 MR. EPSTEIN: ACTUALLY, CLASSES BEGIN AUGUST 18TH.
16 IT'S USUALLY ABOUT FIVE DAYS IT TAKES TO PROCESS, SO MAYBE
17 TO BE SAFE I'D SET IT A WEEK BEFORE, PERHAPS AUGUST 11TH.

18 THE COURT: AUGUST 11? THAT'S FINE. ALL RIGHT.
19 AUGUST 11.

20 MR. EPSTEIN: SURRENDER THIS COURT?

21 THE COURT: THIS COURT. SEE YOU BACK ON AUGUST 11.

22 MR. EPSTEIN: THANK YOU. NICE TO SEE YOU.

23 THE COURT: THANK YOU. SAME HERE.

24 WITH RESPECT TO MR. PARK, COUNSEL, WAIVE
25 FORMAL ARRAIGNMENT FOR JUDGMENT AND SENTENCING AT THIS
26 TIME?

27 MR. KIM: YES, YOUR HONOR. NO LEGAL CAUSE.

28 THE COURT: ANY LEGAL CAUSE WHY SENTENCE SHOULD NOT

1 NOW BE IMPOSED?

2 MR. KIM: NO.

3 THE COURT: LIKewise, MR. PARK, HAVING ENTERED A
4 GUILTY PLEA TO COUNT 1, A VIOLATION OF PENAL CODE SECTION
5 245(A) SUBSECTION (1), THE COURT WILL IMPOSE THE LOW TERM
6 OF TWO YEARS. THE DEFENDANT ALSO HAVING ADMITTED THE
7 SPECIAL ENHANCEMENT ALLEGATION WITHIN THE MEANING OF PENAL
8 CODE SECTION 12022.7 SUBSECTION (A), THE COURT WILL IMPOSE
9 THREE YEARS CONSECUTIVELY FOR A TOTAL OF FIVE YEARS. THAT
10 STATE PRISON SENTENCE WILL BE SUSPENDED. THE DEFENDANT IS
11 PLACED ON FIVE YEARS FORMAL PROBATION UNDER THE FOLLOWING
12 TERMS AND CONDITIONS:

13 HE'S TO SPEND THE FIRST 365 DAYS IN THE
14 LOS ANGELES COUNTY JAIL. HOWEVER, PURSUANT TO CASE
15 SETTLEMENT, THAT TIME MAY BE SPENT IN A RESIDENTIAL DRUG
16 REHABILITATION PROGRAM.

17 DOES HE HAVE A PROGRAM IN MIND?

18 MR. KIM: HE HAS, YOUR HONOR. AND I COULD STATE FOR
19 THE RECORD THAT IT IS A RESIDENTIAL, NOT AN OUTPATIENT,
20 PROGRAM. IT'S A PROMISES PROGRAM. HE HAS BEEN ALREADY
21 ENROLLED, AND HE HAS BEEN CONTINUING THE PROGRAM. SO IT'S
22 A ONE-YEAR PROGRAM.

23 MR. PEREZ: AND THERE IS A REPRESENTATIVE FROM THE
24 PROGRAM HERE, YOUR HONOR.

25 THE COURT: OKAY. WHO IS THAT? STATE YOUR NAME FOR
26 THE RECORD.

27 THE DEFENDANT: CHESTER WILLIAMS, SIR.

28 THE COURT: HE'S GOING TO BE RELEASED TO YOU THEN

1 TODAY?

2 THE DEFENDANT: YES.

3 THE COURT: WE'LL SET A PROGRESS REPORT A YEAR FROM
4 NOW, JULY 16. WE'LL SET A PROGRESS REPORT FOR JULY 16 IN
5 THIS CASE.

6 ALSO, LIKEWISE, MR. PARK, I'M GOING TO ORDER
7 THAT YOU PAY RESTITUTION TO THE VICTIMS PURSUANT TO 1202.4
8 OF THE PENAL CODE IN AN AMOUNT TO BE DETERMINED BY THE
9 PROBATION OFFICER.

10 YOU ARE ALSO TO PAY A \$500 RESTITUTION FINE
11 PURSUANT TO 1202.4 OF THE PENAL CODE IN A MANNER AS
12 INSTRUCTED BY THE PROBATION OFFICER.

13 YOU ARE NOT TO DRINK OR POSSESS ANY ALCOHOLIC
14 BEVERAGES AND STAY OUT OF PLACES WHERE THEY ARE THE CHIEF
15 ITEM OF SALE.

16 YOU ARE NOT TO USE OR POSSESS ANY NARCOTICS,
17 DANGEROUS OR RESTRICTED DRUGS OR ASSOCIATED PARAPHERNALIA
18 EXCEPT WITH VALID PRESCRIPTION AND STAY AWAY FROM PLACES
19 WHERE USERS, BUYERS OR SELLERS CONGREGATE.

20 YOU ARE NOT TO ASSOCIATE WITH PERSONS KNOWN
21 BY YOU TO BE NARCOTIC OR DRUG USERS OR SELLERS.

22 YOU ARE TO SUBMIT TO PERIODIC ANTINARCOTIC
23 TESTS AS DIRECTED BY THE PROBATION OFFICER.

24 YOU ARE NOT TO ASSOCIATE WITH THE VICTIM AND
25 STAY AWAY FROM CARL CHOI.

26 YOU ARE TO COOPERATE WITH THE PROBATION
27 OFFICER IN A PLAN FOR DRUG COUNSELING.

28 YOU ARE TO SEEK AND MAINTAIN TRAINING,

1 SCHOOLING OR EMPLOYMENT AS APPROVED BY THE PROBATION
2 OFFICER.

3 YOU ARE TO KEEP THE PROBATION OFFICER ADVISED
4 OF YOUR CURRENT RESIDENCE AT ALL TIMES.

5 YOU ARE NOT TO DRIVE A MOTOR VEHICLE UNLESS
6 LAWFULLY LICENSED AND INSURED.

7 YOU ARE NOT TO OWN, USE OR POSSESS ANY
8 DANGEROUS OR DEADLY WEAPONS.

9 YOU ARE ALSO TO SUBMIT YOUR PERSON AND
10 PROPERTY UNDER YOUR CONTROL TO SEARCH OR SEIZURE, AT ANY
11 TIME OF THE DAY OR NIGHT, BY ANY PROBATION OFFICER OR
12 OTHER PEACE OFFICER, WITH OR WITHOUT A WARRANT OR PROBABLE
13 CAUSE.

14 YOU ARE TO OBEY ALL LAWS, OBEY ALL ORDERS,
15 RULES AND REGULATIONS OF THE PROBATION DEPARTMENT AND OF
16 THIS COURT.

17 IS YOUR TRUE NAME JASON PARK?

18 DEFENDANT PARK: YES, SIR.

19 THE COURT: USE ONLY YOUR TRUE NAME AS I STATED IT
20 ON THE RECORD.

21 REPORT TO THE HARBOR AREA OFFICE OF THE
22 PROBATION DEPARTMENT. AND AGAIN, I WOULD DO THAT TODAY.

23 IF YOU LEAVE THE COUNTRY, DO NOT RE-ENTER THE
24 UNITED STATES ILLEGALLY. IF YOU DO RETURN, REPORT TO THE
25 PROBATION OFFICER WITHIN 48 HOURS UPON YOUR RETURN AND
26 PRESENT DOCUMENTATION WHICH PROVES YOU ARE IN THE UNITED
27 STATES LEGALLY.

28 MR. PARK, DO YOU UNDERSTAND AND ACCEPT THE

1 TERMS AND CONDITIONS OF PROBATION?

2 DEFENDANT PARK: YES, YOUR HONOR.

3 THE COURT: ALL RIGHT. THAT WILL BE THE ORDER.

4 MR. KIM: YOUR HONOR, JUST FOR THE RECORD, MAY HE BE
5 GIVEN CREDIT FOR THE TIME THAT HE WAS ALREADY IN FOR THE
6 PROGRAM?

7 THE COURT: HOW MUCH TIME DOES HE HAVE?

8 MR. KIM: HE'S BEEN IN THE PROGRAM SINCE APRIL 23RD,
9 YOUR HONOR.

10 THE COURT: APRIL 23RD?

11 MR. KIM: YES.

12 THE COURT: OKAY. MAYBE WHAT WE SHOULD DO IS HAVE
13 AN EARLIER DATE FOR PROGRESS REPORT. LET'S HAVE A
14 PROGRESS REPORT IN APRIL, APRIL 23RD FOR PROGRESS REPORT.

15 MR. KIM: THANK YOU, YOUR HONOR.

16 THE COURT: ALL RIGHT. YOU'RE WELCOME.

17 MR. PEREZ: AND THE LETTER SUBMITTED BY DEFENSE
18 COUNSEL SAYS HE'S GOING TO BE IN THERE OUTPATIENT FOR A
19 YEAR. IT'S CLEAR THAT IT'S A RESIDENTIAL PROGRAM,
20 CORRECT, YOUR HONOR?

21 THE COURT: RIGHT.

22 MR. KIM: ONCE AGAIN, I COULD STATE FOR THE RECORD
23 THAT HE IS STAYING THERE, AND IT IS A RESIDENTIAL
24 PROGRAM. HE'S NOT FREE TO BE ALLOWED TO LEAVE AT ANY
25 TIME.

26 THE COURT: ALL RIGHT.

27 MR. KIM: THANK YOU.

28 (PROCEEDINGS CONCLUDED.)

MUNICIPAL COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		<i>Reserved for Clerk's File Stamp</i>
JUDICIAL DISTRICT: <i>Downey</i>	FILED LOS ANGELES SUPERIOR COURT	
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA	JUN 25 1998	
DEFENDANT: <i>Eugene Shin</i>	JOHN A. FLAHERTY, CLERK <i>Billy Fletcher</i> BY B. FLETCHER, DEPUTY	
CERTIFICATE AND ORDER OF MAGISTRATE (Felony Guilty Plea, Commitment, and Probation Referral)		CASE NUMBER: <i>VA 046968 - 011</i>

DEFENDANT'S NAME (Last, first, middle) <i>Shin, Eugene</i>	BOOKING NUMBER	BIRTH DATE <i>7-10-77</i>
PRESENT ADDRESS (Street address, city, state, and ZIP code)		

DEFENDANT'S COUNSEL (Name) <i>James Epstein</i>	<input type="checkbox"/> Deputy Public Defender <input type="checkbox"/> Alternate Defense Counsel <input type="checkbox"/> Deputy Alternate Public Defender <input type="checkbox"/> Bar Panel <input type="checkbox"/> P.C. §987.2 Appointed Counsel <input checked="" type="checkbox"/> Private Counsel	
DEFENDANT'S COUNSEL'S TELEPHONE NUMBER	DEPUTY DISTRICT ATTORNEY (Name) <i>Mark Goldman ODA</i>	
DATE COMPLAINT FILED <i>2-23-98</i>	DATE OF PLEA <i>6-18-98</i>	FOREIGN LANGUAGE (If foreign language interpreter required, specify language)
DEFENDANT'S CUSTODIAL STATUS		
<input type="checkbox"/> CASH BAIL <input checked="" type="checkbox"/> SURETY BOND <input type="checkbox"/> O.R. <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> PROPERTY BOND		
BAIL \$ <input type="checkbox"/> NO BAIL		IF AMOUNT IS \$10,000 OR MORE, WRITE OUT AMOUNT IN WORDS
		DOLLARS

I certify this case to the Superior Court, as follows:

On the date shown above, while the charge(s) remained pending in this court, and while the defendant's counsel was still present in court, the defendant:

pleaded guilty to the charge(s) set forth below.

with the consent of the magistrate and pursuant to Penal Code section 1016, pleaded nolo contendere to the charge(s) set forth below.

with the consent of the magistrate and the deputy district attorney, and pursuant to Penal Code section 1192.2, pleaded guilty to a violation of _____ in the _____ degree.

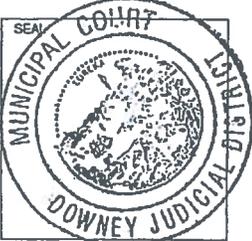
COUNT	CHARGE	DATE COMMITTED
<i>1</i>	<i>245(a)(1) PC</i>	<i>12-15-97</i>

- Other:
- Defendant waives time for preliminary hearing.
- Defendant admits: prior allegation(s) special allegation(s).
- Remaining count(s) _____ to be disposed of in Superior Court.
- Count(s) _____ dismissed on motion of the People.
- Defendant committed to custody of the Los Angeles County Sheriff, to be detained until legally discharged. Bail set as shown above.
- Defendant ordered to report to probation officer for interview.

Further proceedings set as follows:

DATE <i>7-17-98</i>	TIME <i>8:00</i> A.M. <input type="checkbox"/> P.M.	DEPT./DIV. <i>T</i>	DISTRICT <i>Southeast</i>
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I further certify that the foregoing is a true and correct record of the proceedings had in this case, and that attached hereto are true copies of the papers filed and the proceedings held in this court.



DATED
6-18-98

Roy J. Fane
 JUDGE COMMISSIONER

DIVISION
5

COURT ADMINISTRATOR/CLERK
By *Kuzman*, Deputy

MUNICIPAL COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		Reserved for Clerk's File Stamp
JUDICIAL DISTRICT: <i>22 Downey</i>		FILED LOS ANGELES SUPERIOR COURT JUN 25 1998 JOHNNY C. ... CLERK <i>B. Fletcher</i> BY B. FLETCHER, DEPUTY
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA		
DEFENDANT: <i>Jason Jaeyoung Park</i>		
CERTIFICATE AND ORDER OF MAGISTRATE (Felony Guilty Plea, Commitment, and Probation Referral)		CASE NUMBER: <i>VA046968 - 22</i>

DEFENDANT'S NAME (Last, first, middle) <i>Park Jason Jaeyoung</i>	BOOKING NUMBER	BIRTH DATE <i>1-25-79</i>
PRESENT ADDRESS (Street address, city, state, and ZIP code)		

DEFENDANT'S COUNSEL (Name) <i>Tony Kim</i>	<input type="checkbox"/> Deputy Public Defender <input type="checkbox"/> Deputy Alternate Public Defender <input type="checkbox"/> P.C. §987.2 Appointed Counsel	<input type="checkbox"/> Alternate Defense Counsel <input type="checkbox"/> Bar Panel <input checked="" type="checkbox"/> Private Counsel
DEFENDANT'S COUNSEL'S TELEPHONE NUMBER	DEPUTY DISTRICT ATTORNEY (Name) <i>Mark Goldman DDA-</i>	
DATE COMPLAINT FILED <i>2-23-98</i>	DATE OF PLEA <i>6-18-98</i>	FOREIGN LANGUAGE (If foreign language interpreter required, specify language)
DEFENDANT'S CUSTODIAL STATUS		
<input type="checkbox"/> CASH BAIL	<input checked="" type="checkbox"/> SURETY BOND	<input type="checkbox"/> O.R. <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> PROPERTY BOND
BAIL \$	IF AMOUNT IS \$10,000 OR MORE, WRITE OUT AMOUNT IN WORDS	
<input type="checkbox"/> NO BAIL	DOLLARS	

I certify this case to the Superior Court, as follows:

On the date shown above, while the charge(s) remained pending in this court, and while the defendant's counsel was still present in court, the defendant:

pleaded guilty to the charge(s) set forth below.

with the consent of the magistrate and pursuant to Penal Code section 1016, pleaded nolo contendere to the charge(s) set forth below.

with the consent of the magistrate and the deputy district attorney, and pursuant to Penal Code section 1192.2, pleaded guilty to a violation of _____ in the _____ degree.

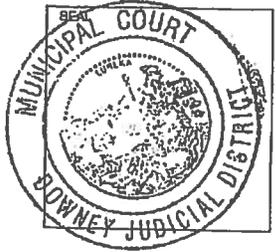
COUNT	CHARGE	DATE COMMITTED
<i>11</i>	<i>245(a)(1) PC</i>	<i>12-15-97</i>

- Other:
- Defendant waives time for preliminary hearing.
- Defendant admits: prior allegation(s) special allegation(s).
- Remaining count(s) _____ to be disposed of in Superior Court.
- Count(s) _____ dismissed on motion of the People.
- Defendant committed to custody of the Los Angeles County Sheriff, to be detained until legally discharged. Bail set as shown above.
- Defendant ordered to report to probation officer for interview.

Further proceedings set as follows:

DATE <i>7-18-98</i>	TIME <i>830</i>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DEPT. NO. <i>T</i>	DISTRICT <i>Southeast</i>
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I further certify that the foregoing is a true and correct record of the proceedings had in this case, and that attached hereto are true copies of the papers filed and the proceedings held in this court.



DATED
6-18-98

Ray L. Paul
 JUDGE COMMISSIONER

DIVISION
5

COURT ADMINISTRATOR/CLERK
 By *Kurzman*, Deputy

3

MUNICIPAL COURT OF DOWNEY JUDICIAL DISTRICT
COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

<p>THE PEOPLE OF THE STATE OF CALIFORNIA,</p> <p style="text-align: right;">Plaintiff,</p> <p style="text-align: center;">v.</p> <p>01 EUGENE SHIN (7/10/1977), and 02 JASON JAEYOUNG PARK (1/25/1979), aka LIL DRAGON</p> <p style="text-align: right;">Defendant(s).</p>
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CASE NO. VA046968

FELONY COMPLAINT

FILED
LOS ANGELES SUPERIOR COURT
JUN 25 1998
JOHN A. CLARKE, CLERK
Billy Fletcher
BY B. FLETCHER, DEPUTY

The undersigned is informed and believes that:

COUNT 1

On or about December 15, 1997, in the County of Los Angeles, the crime of ASSAULT WITH A DEADLY WEAPON AND BY MEANS OF FORCE LIKELY TO PRODUCE GREAT BODILY INJURY, in violation of PENAL CODE SECTION 245(a)(1), a Felony, was committed by EUGENE SHIN, who did willfully and unlawfully commit an assault upon CARL CHOI with a deadly weapon, to wit, clubs and sticks, and by means of force likely to produce great bodily injury. "Notice: The above offense is a serious felony within the meaning of Penal Code section 1192.7(c)."

COUNT 2

On or about December 15, 1997, in the County of Los Angeles, the crime of ASSAULT WITH A DEADLY WEAPON AND BY MEANS OF FORCE LIKELY TO PRODUCE GREAT BODILY INJURY, in violation of PENAL CODE SECTION 245(a)(1), a Felony, was committed by JASON JAEYOUNG PARK, who did willfully and unlawfully commit an assault upon CARL CHOI with a deadly weapon, to wit, clubs and sticks, and by means of force likely to produce great bodily injury.

"Notice: The above offense is a serious felony within the meaning of Penal Code section 1192.7(c)."

It is further alleged as to count(s) 1 and 2 that in the commission of the above offense the said defendant(s), EUGENE SHIN and JASON JAEYOUNG PARK, personally inflicted great bodily injury upon CARL CHOI, not an accomplice to the above offense, within the meaning of Penal Code Section 12022.7(a) and also causing the above offense to become a serious felony within the meaning of Penal Code Section 1192.7(c)(8).

* * * * *

FILED

'98 FEB 23 P1 :45

DOWNEY
MUNICIPAL COURT

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I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS COMPLAINT, CASE NUMBER VA046968, CONSISTS OF 2 COUNT(S).

Executed at DOWNEY, County of Los Angeles, on February 20, 1998.

Fernando Vasquez

DECLARANT AND COMPLAINANT

.....
GIL GARCETTI, DISTRICT ATTORNEY

BY: *[Signature]*
CARRIE L. SMITH, DEPUTY

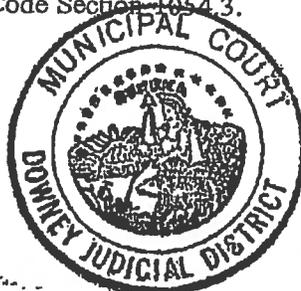
AGENCY: LASD - NORWALK I/O: ID NO.: PHONE :
DETECTIVES
DR NO.: 497238580455037 OPERATOR: HGR PRELIM. TIME EST.:

<u>DEFENDANT</u>	<u>CH NO.</u>	<u>DOB</u>	<u>BOOKING NO.</u>	<u>BAIL RECOMD</u>	<u>CUSTODY RTN DATE</u>
SHIN, EUGENE		7/10/1977		\$50,000	
PARK, JASON JAEYOUNG	011099095	1/25/1979	5549817	\$50,000	3/5/1998

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.

Subscribed and sworn to before me 22398
Janet E. DuVal, Clerk of Municipal Court
Downey Judicial District, California

By S. McCall Deputy



FELONY COMPLAINT – ORDER HOLDING TO ANSWER – P.C. SECTION 872

It appearing to me from the evidence presented that the following offense(s) has/have been committed and that there is sufficient cause to believe that the following defendant(s) guilty thereof, to wit:

(Strike out or add as applicable)

<u>EUGENE SHIN</u>				
<u>Count</u>	<u>Charge</u>	<u>Charge</u>	<u>Special</u>	<u>Alleg.</u>
<u>No.</u>		<u>Range</u>	<u>Allegation</u>	<u>Effect</u>
1	PC 245(a)(1)	2-3-4	PC 12022.7(a)	+3 Yrs

<u>JASON JAEYOUNG PARK</u>				
<u>Count</u>	<u>Charge</u>	<u>Charge</u>	<u>Special</u>	<u>Alleg.</u>
<u>No.</u>		<u>Range</u>	<u>Allegation</u>	<u>Effect</u>
2	PC 245(a)(1)	2-3-4	PC 12022.7(a)	+3 Yrs

I order that the defendant(s) be held to answer therefor and be admitted to bail in the sum of:

EUGENE SHIN _____ Dollars

JASON JAEYOUNG PARK _____ Dollars

and be committed to the custody of the Sheriff of Los Angeles County until such bail is given. Date of arraignment in Superior Court will be:

EUGENE SHIN

_____ in Dept _____

JASON JAEYOUNG PARK

_____ in Dept _____

at: _____ A.M.

Date: _____

Committing Magistrate

§ 13. I understand that a conviction in this case would constitute a violation of any probation or parole that I may have at this time; that the court or authority that has me on probation or parole can take me back on a violation and impose a separate sentence for the violation.

§ 14. My lawyer has told me that if I plead guilty to the above charge(s), enhancement(s) and prior conviction(s), the court will sentence me as follows:

- State prison for the term prescribed by law, which term is a maximum of _____ years imprisonment in the penitentiary. I waive my right to make application for probation and request immediate sentence.
- That I make an application for probation which will be considered by the court before sentence is pronounced. I understand the court may send me to state prison for a maximum of _____ years.
- Probation under the conditions to be set by the court. I understand that a violation of probation may cause the court to send me to the penitentiary for a maximum of 5 years on this case.

- Commitment to CYA.
- Institution of MDSO.
- 1293.03 P.C. Commitment
- CRG Proceedings.

Other: 5 yrs State Prison
SUSPENDED. ONE
YEAR COUNTY JAIL
AND RESTITUTION.
District Attorney will
not oppose work
on College Fund if
eligible.

§ 15. I understand that the court may make me pay a sum of money to the State Indemnity Fund, as part of my sentence (Section 13967 of the Government Code).

§ 16. I have discussed the charge(s), the facts and the possible defenses with my attorney.

§ 17. I offer my plea of "Guilty" freely and voluntarily and with full understanding of all the matters set forth in the pleading and in this form. No one has made any threats, used any force against myself, family or loved ones, or made any promises to me except as set out in this form, in order to convince me to plead guilty.

§ 18. I offer to the court the following as the basis for my plea of guilty:

Factual basis: _____

- I am pleading guilty to take advantage of a plea bargain.
- My attorney will stipulate to a factual basis for my plea.
- Other: _____

§ 19. I have personally initialed each of the above boxes and discussed them with my attorney. I understand each and every one of the rights outlined above and I hereby waive and give up each of them in order to enter my plea to the above charges.

Dated: 6-18-98
 Signed: [Signature]
 DEFENDANT

§ 20. DEFENDANT'S ATTORNEY ONLY—I am attorney of record and I have explained each of the above rights to the defendant, and having explored the facts with him/her and studied his/her possible defenses to the charge(s), I concur in his/her decision to waive the above rights and to enter a plea of guilty. I further stipulate this document may be received by the court as evidence of defendant's intelligent waiver of these rights, and that it should be filed by the clerk as a permanent record of that waiver. No promises of a particular sentence or sentence recommendation have been made by myself or to my knowledge by the prosecuting attorney or the court which have not been fully disclosed in this form.

Dated: 6/19/98
 Signed: [Signature]
 ATTORNEY

§ 21. FOR THE PEOPLE:

Dated: 6/18/98
 Signed: [Signature]
 DEPUTY DISTRICT ATTORNEY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

PEOPLE
vs.
JASON J. PARK

CASE NUMBER
VA 046968

GUILTY PLEA IN THE SUPERIOR COURT

- My full name is JASON J. PARK, I am represented by TONY K. KIM who is my attorney.
- I understand that I am pleading guilty and admitting the following offenses, prior convictions and special punishment allegations, carrying possible penalties as follows:

COUNT	CHARGE	MAXIMUM TERM	YEARS	ENHANCEMENTS	YEARS	TERM FOR PRIORS	YEARS	TOTAL PENALTY YEARS
1	P.C. § 245(a)(1)		4	12022.7(a)	3			7
FILED LOS ANGELES SUPERIOR COURT JUN 25 1998 JOHN A. CLARKE, CLERK <i>Betty Fletcher</i> BY B. FLETCHER, DEPUTY								
								MAXIMUM TOTAL PUNISHMENT: <u>TJK</u>

- If I am convicted of first or second degree murder, the period of parole is life. (3000.1 P.C.)
N/A
- If I receive a life sentence, not due to a conviction of first or second degree murder, the period of parole is 5 years. (3000(b) P.C.)
N/A
- A sentence to state prison other than the two mentioned above may result in parole for up to 3 years. (3000(a) P.C.)
JJP
- It is also my understanding that each violation during the parole period may result in re-commitment for up to one year.
JJP
- I understand that the courts and the Legislature have approved plea bargaining. That it is absolutely necessary all plea agreements, promises of particular sentences or sentence recommendations be completely disclosed to the court on this form.
JJP
- I understand that I have the right to be represented by an attorney at all stages of the proceedings until the case is terminated and that if I cannot afford an attorney, one will be appointed free of charge.
JJP
- I understand that I have a right to a trial by jury, which means that 12 citizens selected by my lawyer and the prosecutor would hear all the facts in this case and decide whether or not I am guilty of the crime charged against me. All 12 citizens would have to agree that I am guilty in order for me to be convicted of any crime charged against me or all 12 citizens would have

to agree that I am not guilty in order to acquit me. I hereby waive and give up this right.

- I understand that I have the right to be confronted by witness(es) against me; in other words, that they testify under oath in my presence, and to cross-examine them through my attorney. I hereby waive and give up this right.
JJP
- I understand that I have the right to testify on my own behalf, but that I cannot be compelled to be a witness against myself, and may remain silent if I so choose. I hereby give up these rights.
JJP
- I understand that I have the right to call witnesses to testify in my behalf and to use the assistance and processes of the court to subpoena those witnesses and to compel them to come to court to testify. I hereby waive and give up these rights.
JJP
- I understand that if I am not a citizen of the United States, the conviction for the offense charged may have the consequences of deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.
JJP
- I understand that I may be required to register as a sex offender to section 290 of the Penal Code.
N/A
- I understand that I may be required to register as a narcotic offender pursuant to section 11590 of the Health and Safety Code.
N/A

13. *JPA* I understand that a conviction in this case would constitute a violation of any probation or parole that I may have at this time; that the court or authority that has me on probation or parole can take me back on a violation and impose a separate sentence for the violation.

14. *JPA* My lawyer has told me that if I plead guilty to the above charge(s), enhancement(s) and prior conviction(s), the court will sentence me as follows:

JPA State prison for the term prescribed by law, which term is a maximum of _____ years imprisonment in the penitentiary. I waive my right to make application for probation and request immediate sentence.

That I make an application for probation which will be considered by the court before sentence is pronounced. I understand the court may send me to state prison for a maximum of _____ years.

Probation under the conditions to be set by the court. I understand that a violation of probation may cause the court to send me to the penitentiary for a maximum of 5 years on this case.

Commitment to CYA.

Institution of MDSO.

1293.03 P.C. Commitment

CRC Proceedings.

JPA Other: 3 YEARS FORMAL PROBATION;
5 YEARS STATE PRISON
STAYED, 1 YEAR COUNTY
JAIL, WHICH MAY BE
PERFORMED AFT RESIDENTIAL
DRUG REHABILITATION PROGRAM.
(DISTRICT ATTORNEY WILL NOT
OBJECT) JOINT AND SEVERAL
LIABILITY FOR VICTIM'S
RESTITUTION (DAMAGE TO CAR &
MEDICAL EXPENSE)

15. *JPA* I understand that the court may make me pay a sum of money to the State Indemnity Fund, as part of my sentence (Section 13967 of the Government Code).

16. *JPA* I have discussed the charge(s), the facts and the possible defenses with my attorney.

17. *JPA* I offer my plea of "Guilty" freely and voluntarily and with full understanding of all the matters set forth in the pleading and in this form. No one has made any threats, used any force against myself, family or loved ones, or made any promises to me except as set out in this form, in order to convince me to plead guilty.

18. *JPA* I offer to the court the following as the basis for my plea of guilty:

Factual basis: _____

JPA I am pleading guilty to take advantage of a plea bargain.

My attorney will stipulate to a factual basis for my plea.

Other: _____

19. *JPA* I have personally initialed each of the above boxes and discussed them with my attorney. I understand each and every one of the rights outlined above and I hereby waive and give up each of them in order to enter my plea to the above charges.

Dated: 6-18-1998

Signed: *Jose Park*

DEFENDANT

20. DEFENDANT'S ATTORNEY ONLY—I am attorney of record and I have explained each of the above rights to the defendant, and having explored the facts with him/her and studied his/her possible defenses to the charge(s), I concur in his/her decision to waive the above rights and to enter a plea of guilty. I further stipulate this document may be received by the court as evidence of defendant's intelligent waiver of these rights, and that it should be filed by the clerk as a permanent record of that waiver. No promises of a particular sentence or sentence recommendation have been made by myself or to my knowledge by the prosecuting attorney or the court which have not been fully disclosed in this form.

Dated: June 18, 1998

Signed: *Joseph Park*

ATTORNEY

21. FOR THE PEOPLE:

Dated: _____

Signed: *Jose Park*

DEPUTY DISTRICT ATTORNEY

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MUNICIPAL COURT OF THE DOWNEY JUDICIAL DISTRICT

COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

HON. ROY L. PAUL, JUDGE

DIVISION NO. 5

THE PEOPLE OF THE STATE OF CALIFORNIA,)

PLAINTIFF,)

VS.)

NO. VA046968)

JASON PARK AND EUGENE SHIN,)

DEFENDANTS.)

REPORTER'S TRANSCRIPT OF CERTIFIED PLEA

THURSDAY, JUNE 18, 1998

FOR THE PEOPLE:

MARK GOLDMAN,
DEPUTY DISTRICT ATTORNEY

FOR DEFENDANT PARK:

TONY KIM,
ATTORNEY AT LAW

FOR DEFENDANT SHIN:

JAMES EPSTEIN,
ATTORNEY AT LAW

P & S DATE: JULY 17, 1998
DEPT: T

DIANE F. LOCKNER
CERTIFIED SHORTHAND REPORTER
CERTIFICATE NUMBER 6026

Original

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I N D E X

PEOPLE'S WITNESSES

DIRECT CROSS REDIRECT RECROSS

(NONE)

DEFENDANT'S WITNESSES

DIRECT ROSS REDIRECT RECROSS

(NONE)

E X H I B I T S

PEOPLE'S FOR IDENTIFICATION IN EVIDENCE

(NONE)

DEFENDANT'S FOR IDENTIFICATION IN EVIDENCE

(NONE)

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1 DOWNEY, CALIFORNIA; THURSDAY, JUNE 18, 1998

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3 (THE FOLLOWING PROCEEDINGS WERE
4 HELD IN OPEN COURT:)

5
6 THE COURT: ON THE RECORD IN THE CASE OF EUGENE
7 SHIN AND JASON PARK, CASE NUMBER VA046968. IT'S HERE
8 FOR A PRELIMINARY HEARING.

9 APPEARANCES, FOR THE RECORD.

10 MR. KIM: THANK YOU, YOUR HONOR. TONY KIM,
11 K-I-M, APPEARING FOR JASON PARK.

12 MR. EPSTEIN: JAMES EPSTEIN, APPEARING FOR
13 MR. SHIN.

14 MR. GOLDMAN: DEFUTY D.A. MARK GOLDMAN, FOR THE
15 PEOPLE.

16 THE COURT: OKAY. DO YOU WAIVE FURTHER READING
17 OF THE COMPLAINT, AND STATEMENT OF RIGHTS, AS TO BOTH
18 DEFENDANTS?

19 MR. KIM: YES, AS TO JASON PARK.

20 MR. EPSTEIN: AS TO MR. SHIN, YES.

21 THE COURT: GENTLEMEN, I'VE BEEN HANDED A "GUILTY
22 PLEA IN THE SUPERIOR COURT" FORM. IS IT MR. SHIN'S
23 DESIRE TO AVAIL HIMSELF OF THE CERTIFIED PLEA?

24 MR. EPSTEIN: YES

25 THE COURT: AND IS THE SAME TRUE IN REGARDS TO
26 THE DEFENDANT, MR. PARK?

27 MR. KIM: YES.

28 THE COURT: PLEASE TAKE THE PLEA.

1 MR. GOLDMAN: MR. SHIN, WHAT IS YOUR TRUE AND
2 CORRECT NAME?

3 DEFENDANT SHIN: EUGENE SHIN.

4 MR. GOLDMAN: SIR, IN FELONY COMPLAINT NUMBER
5 VA046968, YOU ARE CHARGED IN COUNT I WITH A VIOLATION OF
6 PENAL CODE SECTION 245(A)(1), ASSAULT WITH A DEADLY
7 WEAPON, AND BY MEANS OF FORCE LIKELY TO PRODUCE GREAT
8 BODILY INJURY.

9 DO YOU UNDERSTAND THE NATURE OF THAT
10 CHARGE?

11 DEFENDANT SHIN: YES.

12 MR. GOLDMAN: MR. PARK, WHAT IS YOUR TRUE AND
13 CORRECT NAME?

14 DEFENDANT PARK: JASON PARK.

15 MR. GOLDMAN: SIR, IN FELONY COMPLAINT NUMBER
16 VA046968, YOU ARE CHARGED IN COUNT II, WITH A VIOLATION
17 OF PENAL CODE SECTION 245(A)(1), ASSAULT WITH A DEADLY
18 WEAPON, AND BY MEANS OF FORCE LIKELY TO PRODUCE GREAT
19 BODILY INJURY.

20 DO YOU UNDERSTAND THE NATURE OF THOSE
21 CHARGES?

22 DEFENDANT PARK: YES

23 MR. GOLDMAN: BOTH OF YOUR ATTORNEYS HAVE
24 INDICATED THAT YOU WISH TO ENTER A PLEA OF GUILTY TODAY,
25 WITH THE UNDERSTANDING THAT YOU ARE EACH GOING TO
26 RECEIVE FIVE YEARS STATE PRISON, SUSPENDED. YOU'RE
27 GOING TO BE PLACED ON FIVE YEARS PROBATION, FORMAL
28 PROBATION, AND RECEIVE ONE YEAR OF COUNTY JAIL.

1 AS TO MR. PARK, UPON YOU YOUR PLEA TO
2 COUNT II, PLUS THE GREAT BODILY INJURY ENHANCEMENT, YOU
3 HAVE THE OPPORTUNITY TO DO ONE YEAR IN A LIVE-IN DRUG
4 TREATMENT PROGRAM, IN LIEU OF THE ONE YEAR IN COUNTY
5 JAIL.

6 MR. SHIN, THE PEOPLE WILL NOT OBJECT TO A
7 WORK OR SCHOOL FURLOUGH PROGRAM, IF APPROVED BY
8 PROBATION.

9 BOTH OF YOU WILL HAVE RESTITUTION SET BY
10 PROBATION, AND BOTH OF YOU WILL BE ORDERED TO STAY AWAY
11 FROM THE VICTIM IN THIS MATTER.

12 MR. PARK, IS THAT YOUR UNDERSTANDING OF
13 THE AGREEMENT?

14 DEFENDANT PARK: YES, SIR.

15 MR. GOLDMAN: MR. SHIN?

16 DEFENDANT SHIN: YES, SIR.

17 MR. GOLDMAN: BEFORE YOU PLEAD GUILTY, EITHER ONE
18 OF YOU, I MUST ADVISE YOU THAT YOU MUST GIVE UP CERTAIN
19 CONSTITUTIONAL RIGHTS.

20 FIRST OF ALL, YOU BOTH HAVE THE RIGHT TO A
21 PRELIMINARY HEARING. IN A PRELIMINARY HEARING, THE
22 PROSECUTION MUST PRESENT EVIDENCE SUFFICIENT FOR YOU TO
23 BE HELD TO ANSWER ON THE CHARGES.

24 MR. SHIN, DO YOU UNDERSTAND THAT YOU HAVE
25 A RIGHT TO A PRELIMINARY HEARING?

26 DEFENDANT SHIN: YES.

27 MR. GOLDMAN: DO YOU WAIVE AND GIVE UP THAT
28 RIGHT?

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1 DEFENDANT SHIN: YES.

2 MR. GOLDMAN: MR. PARK, DO YOU UNDERSTAND THAT
3 YOU HAVE A RIGHT TO A PRELIMINARY HEARING?

4 DEFENDANT PARK: YES.

5 MR. GOLDMAN: DO YOU GIVE UP AND WAIVE THAT
6 RIGHT?

7 DEFENDANT PARK: YES.

8 MR. GOLDMAN: IF YOU HAD A PRELIMINARY HEARING
9 AND HAD BEEN HELD TO ANSWER, EACH OF YOU WOULD THEN HAVE
10 A RIGHT TO A TRIAL BY JURY, OR A TRIAL BY THE COURT
11 SITTING WITHOUT A JURY.

12 DO YOU UNDERSTAND, MR. PARK, DO YOU
13 UNDERSTAND THAT YOU HAVE A RIGHT TO A TRIAL BY JURY?

14 DEFENDANT PARK: YES.

15 MR. GOLDMAN: DO YOU UNDERSTAND THAT YOU HAVE A
16 RIGHT TO TRIAL BY THE COURT SITTING WITHOUT A JURY?

17 DEFENDANT PARK: YES.

18 MR. GOLDMAN: MR. SHIN, DO YOU UNDERSTAND THAT
19 YOU HAVE A RIGHT TO A JURY TRIAL?

20 DEFENDANT SHIN: YES.

21 MR. GOLDMAN: DO YOU UNDERSTAND THAT YOU ALSO
22 HAVE A RIGHT TO A TRIAL BY THE COURT SITTING WITHOUT A
23 JURY?

24 DEFENDANT SHIN: YES.

25 MR. GOLDMAN: IN EITHER OF THESE PROCEEDINGS YOU
26 WOULD HAVE OTHER RIGHTS WHICH YOU WOULD NECESSARILY BE
27 GIVING UP BY YOUR PLEA OF GUILTY TODAY.

28 FIRST OF ALL, YOU HAVE THE RIGHT TO

1 CONFRONT AND CROSS-EXAMINE WITNESSES AGAINST YOU. THIS
2 MEANS THAT YOU BOTH HAVE THE RIGHT TO BE IN COURT WHILE
3 WITNESSES ARE TESTIFYING AGAINST YOU, AND THROUGH YOUR
4 ATTORNEY YOU HAVE THE RIGHT TO QUESTION THEM AS TO THEIR
5 TESTIMONY AGAINST YOU.

6 MR. PARK, DO YOU UNDERSTAND THAT YOU HAVE
7 THAT RIGHT?

8 DEFENDANT PARK: YES.

9 MR. GOLDMAN: DO YOU WAIVE AND GIVE UP THAT
10 RIGHT?

11 DEFENDANT PARK: YES.

12 MR. GOLDMAN: MR. SHIN, DO YOU UNDERSTAND THAT
13 YOU HAVE THAT RIGHT?

14 DEFENDANT SHIN: YES.

15 MR. GOLDMAN: DO YOU WAIVE AND GIVE UP THAT
16 RIGHT?

17 DEFENDANT SHIN: YES.

18 MR. GOLDMAN: YOU EACH HAVE THE RIGHT TO PRESENT
19 EVIDENCE ON YOUR OWN BEHALF, AND TO SUBPOENA ANY
20 WITNESSES TO TESTIFY ON YOUR BEHALF, IF YOU SO DESIRE.

21 MR. PARK, DO YOU UNDERSTAND THAT YOU HAVE
22 THAT RIGHT?

23 DEFENDANT PARK: YES.

24 MR. GOLDMAN: DO YOU WAIVE AND GIVE UP THAT
25 RIGHT?

26 DEFENDANT PARK: YES.

27 MR. GOLDMAN: MR. SHIN, DO YOU UNDERSTAND THAT
28 YOU HAVE THAT RIGHT?

8

1 DEFENDANT SHIN: YES.

2 MR. GOLDMAN: DO YOU WAIVE AND GIVE UP THAT
3 RIGHT?

4 DEFENDANT SHIN: YES.

5 MR. GOLDMAN: YOU EACH HAVE THE RIGHT AGAINST
6 SELF INCRIMINATION. THIS MEANS THAT NO ONE CAN COMPEL
7 YOU TO SPEAK OUT, OR IN ANY WAY INCRIMINATE YOURSELF.
8 YOUR PLEA OF GUILTY TODAY WILL HAVE THE EFFECT OF
9 INCRIMINATING YOU.

10 DO YOU UNDERSTAND, MR. PARK, THAT YOU HAVE
11 THE RIGHT AGAINST SELF-INCRIMINATION?

12 DEFENDANT PARK: YES.

13 MR. GOLDMAN: DO YOU WAIVE AND GIVE UP THAT
14 RIGHT?

15 DEFENDANT PARK: YES.

16 MR. GOLDMAN: MR. SHIN, DO YOU UNDERSTAND THAT
17 YOU HAVE THE RIGHT AGAINST SELF-INCRIMINATION?

18 DEFENDANT SHIN: YES.

19 MR. GOLDMAN: DO YOU WAIVE AND GIVE UP THAT
20 RIGHT?

21 DEFENDANT SHIN: YES.

22 MR. GOLDMAN: YOU EACH HAVE THE RIGHT TO TESTIFY
23 ON YOUR OWN BEHALF, IF YOU SO DESIRE.

24 DO YOU UNDERSTAND, MR. PARK, THAT YOU HAVE
25 THAT RIGHT?

26 DEFENDANT PARK: YES.

27 MR. GOLDMAN: DO YOU WAIVE AND GIVE UP THAT
28 RIGHT?

1 DEFENDANT PARK: YES.

2 MR. GOLDMAN: MR. SHIN, DO YOU UNDERSTAND THAT
3 YOU HAVE THAT RIGHT?

4 DEFENDANT SHIN: YES.

5 MR. GOLDMAN: DO YOU WAIVE AND GIVE UP THAT
6 RIGHT?

7 DEFENDANT SHIN: YES.

8 MR. GOLDMAN: AS I'VE INDICATED TO YOU,
9 GENTLEMEN, YOU'RE EACH PLEADING GUILTY TO A FELONY. THE
10 MAXIMUM TIME THAT YOU COULD SPEND ON -- THE MAXIMUM TIME
11 THAT YOU COULD SERVE ON EACH OF THESE CHARGES IS SEVEN
12 YEARS FOR YOU, MR. SHIN, AND SEVEN YEARS FOR YOU,
13 MR. PARK, IN STATE PRISON.

14 DO YOU UNDERSTAND THAT?

15 DEFENDANT SHIN: YES.

16 DEFENDANT PARK: YES.

17 MR. GOLDMAN: HOWEVER, THE UNDERSTANDING, OF
18 COURSE, IS THAT YOU ARE GOING TO RECEIVE FIVE YEARS
19 STATE PRISON SUSPENDED, BE PLACED ON FELONY PROBATION
20 FOR FIVE YEARS, AND EACH SERVE ONE YEAR IN THE COUNTY
21 JAIL.

22 AND MR. PARK CAN SERVE HIS ONE YEAR IN A
23 ONE YEAR LIVE-IN DRUG PROGRAM. AND MR. SHIN, IF
24 APPROVED BY PROBATION, CAN SERVE HIS THROUGH WORK OR
25 SCHOOL FURLOUGH.

26 ADDITIONALLY, THE RESTITUTION WILL BE PAID
27 THROUGH PROBATION, AND THERE WILL BE A STAY AWAY ORDER
28 FROM THE VICTIM.

1 YEAR TO ANY SENTENCE, OR ANY SUBSEQUENT FELONY THAT YOU
2 WOULD PICK UP.

3 MR. PARK, DO YOU UNDERSTAND THAT?

4 DEFENDANT PARK: YES.

5 MR. GOLDMAN: MR. SHIN, DO YOU UNDERSTAND THAT?

6 DEFENDANT SHIN: YES.

7 MR. GOLDMAN: IF YOU ARE ON PROBATION OR PAROLE
8 IN ANY OTHER CASE, THIS CASE WOULD CONSTITUTE A
9 VIOLATION OF THAT PROBATION OR PAROLE, AND YOU WOULD BE
10 SENTENCED SEPARATELY FOR THAT OFFENSE.

11 MR. PARK, DO YOU UNDERSTAND THAT?

12 DEFENDANT PARK: YES.

13 MR. GOLDMAN: MR. SHIN, DO YOU UNDERSTAND THAT?

14 DEFENDANT SHIN: YES.

15 MR. GOLDMAN: YOU WILL BE REQUIRED TO PAY A FINE
16 OF BETWEEN \$200 AND \$20,000. THE AMOUNT OF THE FINE
17 WOULD BE DETERMINED BY THE SUPERIOR COURT JUDGE, AND IS
18 BASED ON WHAT HE FEELS -- HE OR SHE FEELS TO BE AN
19 EQUITABLE AMOUNT, AND YOUR ABILITY TO PAY.

20 MR. PARK, DO YOU UNDERSTAND THAT?

21 DEFENDANT PARK: YES

22 MR. GOLDMAN: MR. SHIN, DO YOU UNDERSTAND THAT?

23 DEFENDANT SHIN: YES.

24 MR. GOLDMAN: FINALLY, I HAVE TO TELL YOU
25 GENTLEMEN, THAT IF YOU'RE NOT CITIZENS OF THE UNITED
26 STATES, THIS CONVICTION COULD RESULT IN YOUR
27 DEPORTATION, EXCLUSION FROM ADMISSION, OR DENIAL OF
28 NATURALIZATION, PURSUANT TO THE LAWS OF THE UNITED

1 STATES.

2 MR. PARK, DO YOU UNDERSTAND THAT?

3 DEFENDANT PARK: YES.

4 MR. GOLDMAN: MR. SHIN, DO YOU UNDERSTAND THAT?

5 DEFENDANT SHIN: YES.

6 MR. GOLDMAN: MR. PARK, HAVE YOU HAD SUFFICIENT
7 TIME TO SPEAK WITH YOUR ATTORNEY ABOUT THE NATURE OF
8 THESE CHARGES?

9 DEFENDANT PARK: YES.

10 MR. GOLDMAN: HAS HE EXPLAINED TO YOU THE NATURE
11 OF THESE CHARGES, AND ANY POSSIBLE DEFENSES YOU MAY HAVE
12 TO THESE CHARGES?

13 DEFENDANT PARK: YES.

14 MR. GOLDMAN: MR. PARK, HAVE YOU HAD TIME -- I
15 MEAN MR. SHIN, HAVE YOU HAD SUFFICIENT TIME TO SPEAK
16 WITH YOUR ATTORNEY?

17 DEFENDANT SHIN: YES.

18 MR. GOLDMAN: HAS HE EXPLAINED TO YOU THE NATURE
19 OF THE CHARGES, AND ANY POSSIBLE DEFENSES YOU MAY HAVE
20 TO THOSE CHARGES?

21 DEFENDANT SHIN: YES.

22 MR. GOLDMAN: MR. PARK, OTHER THAN WHAT I'VE
23 INDICATED IN COURT TODAY, HAS ANYONE MADE ANY PROMISES
24 TO YOU, IN ORDER TO GET YOU TO PLEAD GUILTY TODAY?

25 DEFENDANT PARK: NO.

26 MR. GOLDMAN: MR. SHIN, HAS ANYONE MADE ANY
27 PROMISES TO YOU, OTHER THAN WHAT I'VE INDICATED IN COURT
28 TODAY, TO GET YOU TO PLEAD GUILTY TODAY?

1 DEFENDANT SHIN: NO.

2 MR. GOLDMAN: MR. PARK, HAS ANYONE THREATENED
3 YOU, OR ANYONE CLOSE TO YOU, IN ORDER TO GET YOU TO
4 PLEAD GUILTY TODAY?

5 DEFENDANT PARK: NO.

6 MR. GOLDMAN: MR. SHIN, HAS ANYONE THREATENED
7 YOU, OR ANYONE CLOSE TO YOU, TO GET YOU TO PLEAD GUILTY
8 TODAY?

9 DEFENDANT SHIN: NO.

10 MR. GOLDMAN: MR. PARK, ARE YOU PLEADING FREELY
11 AND VOLUNTARILY, BECAUSE IT IS TRUE THAT ON OR ABOUT
12 DECEMBER 15, 1997, YOU WERE IN VIOLATION OF PENAL CODE
13 SECTION 245(A)(1), IN THAT YOU DID ASSAULT -- IN THAT
14 YOU DID WILLFULLY AND UNLAWFULLY COMMIT AN ASSAULT UPON
15 CARL CHOI WITH A DEADLY WEAPON, WITH FORCE LIKELY TO
16 PRODUCE GREAT BODILY INJURY?

17 DEFENDANT PARK: YES.

18 MR. GOLDMAN: MR. SHIN, ARE YOU PLEADING FREELY
19 AND VOLUNTARILY, BECAUSE IT IS TRUE THAT ON DECEMBER
20 15TH, 1997, YOU WERE IN VIOLATION OF PENAL CODE SECTION
21 245(A)(1), IN THAT YOU DID WILLFULLY AND UNLAWFULLY
22 COMMIT AN ASSAULT UPON CARL CHOI WITH A DEADLY WEAPON,
23 WITH FORCE LIKELY TO PRODUCE GREAT BODILY INJURY?

24 DEFENDANT SHIN: YES.

25 MR. GOLDMAN: DOES THE COURT WISH TO INQUIRE
26 FURTHER, YOUR HONOR?

27 THE COURT: NO. YOU MAY TAKE THE PLEA.

28 MR. GOLDMAN: MR. SHIN, TO A VIOLATION OF PENAL

14

1 CODE SECTION 245(A)(1), AS ALLEGED IN COUNT I, HOW DO
2 YOU NOW PLEAD, SIR?

3 DEFENDANT SHIN: GUILTY.

4 MR. GOLDMAN: AND, SIR, HOW DO YOU ANSWER THE
5 ALLEGATION THAT YOU PERSONALLY INFLICTED GREAT BODILY
6 INJURY UPON CARL CHOI?

7 DEFENDANT SHIN: I ADMIT.

8 MR. GOLDMAN: AND MR. PARK, TO A VIOLATION OF
9 PENAL CODE SECTION 245(A)(1), ASSAULT WITH A DEADLY
10 WEAPON, AS ALLEGED IN COUNT II, HOW DO YOU NOW PLEAD?

11 DEFENDANT PARK: GUILTY.

12 MR. GOLDMAN: AND TO THE ALLEGATION THAT YOU
13 PERSONALLY INFLICTED GREAT BODILY INJURY UPON CARL CHOI
14 HOW DO YOU NOW ANSWER?

15 DEFENDANT PARK: ADMIT.

16 MR. GOLDMAN: DO COUNSELS JOIN IN THE WAIVERS,
17 AND STIPULATE THAT THERE'S A FACTUAL BASIS FOR THE PLEA?

18 MR. EPSTEIN: YES.

19 MR. KIM: YES, AS TO MR. PARK.

20 MR. GOLDMAN: THE PEOPLE JOIN IN THE JURY WAIVER,
21 YOUR HONOR.

22 THE COURT: THE COURT FINDS THAT THE DEFENDANTS
23 AND EACH OF THEM UNDERSTAND THE NATURE OF THE CRIMES
24 CHARGED IN THE COMPLAINT, THE POSSIBLE PENALTIES AND
25 CONSEQUENCES OF THE CONVICTION. THE DEFENDANTS AND EACH
26 OF THEM HAVE INTELLIGENTLY AND VOLUNTARILY WAIVED THEIR
27 CONSTITUTIONAL RIGHTS, AND ENTERED A PLEA OF GUILTY TO
28 THE CHARGE, AND HAVE ADMITTED THE ENHANCEMENT.

15

1 IT'S ORDERED THAT THE DEFENDANTS' PLEAS OF
2 GUILTY BE ENTERED, AND THE WAIVER OF RIGHTS BE ACCEPTED
3 AND IT IS AS WELL ENTERED ON THE MINUTES OF THE COURT.

4 I'VE JUST REVIEWED THE FILE, FOR PURPOSES
5 OF ACCEPTING A CERTIFIED PLEA, AND YOUR ATTORNEYS HAVE
6 DONE AN EXCELLENT JOB, BASED UPON WHAT APPEARS TO THIS
7 COURT TO BE A RATHER VIOLENT AND BRUTAL SITUATION.
8 HOPEFULLY, THIS DISPOSITION WILL RESULT IN MR. SHIN AND
9 MR. PARK NEVER COMING BACK TO THE CRIMINAL SYSTEM AGAIN.
10 FIVE YEARS IS A VERY SEVERE SENTENCE AS WELL.

11 BASED UPON THAT, FURTHER PROCEEDINGS WILL
12 BE SET AS FOLLOWS: JULY 16TH, 1998 --

13 MR. EPSTEIN: I THINK IT WAS THE 17TH THAT WE
14 AGREED ON.

15 THE COURT: I WILL CHANGE IT ON HERE TO THE 17TH.

16 JULY 17TH, 1998, AT 8:30 A.M., IN
17 DEPARTMENT T OF THE LOS ANGELES SUPERIOR COURT,
18 SOUTHEAST DISTRICT.

19 JUST TO BE SAFE, MR. SHIN, DO YOU GIVE UP
20 YOUR RIGHT TO BE SENTENCED WITHIN 30 DAYS, SO WE CAN, IN
21 FACT, SET THIS FOR JULY 17TH?

22 DEFENDANT SHIN: YES.

23 THE COURT: DOES COUNSEL JOIN?

24 MR. EPSTEIN: YES.

25 THE COURT: MR. PARK, DO YOU ALSO GIVE UP YOUR
26 RIGHT TO BE SENTENCED WITHIN 30 DAYS, SO WE CAN SET THIS
27 ON JULY 17TH?

28 DEFENDANT PARK: YES, SIR.

1 THE COURT: DOES COUNSEL JOIN?

2 MR. KIM: YES.

3 THE COURT: FURTHER, EACH OF THE DEFENDANTS IS
4 ORDERED TO REPORT IMMEDIATELY TO THE PROBATION OFFICER
5 FOR A PROBATION AND SENTENCING REPORT. AND EACH OF THE
6 DEFENDANTS WILL CONTINUE TO BE RELEASED ON THE SURETY
7 BOND THAT HAS BEEN POSTED.

8 THANK YOU VERY MUCH.

9 MR. EPSTEIN: THANK YOU, JUDGE.

10 MR. KIM: THANK YOU VERY MUCH, YOUR HONOR.

11 (END OF PROCEEDINGS)

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IN THE MUNICIPAL COURT OF DOWNEY JUDICIAL DISTRICT
COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

HON. ROY L. PAUL, JUDGE

DIVISION NO. 5

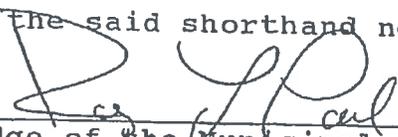
THE PEOPLE OF THE STATE OF CALIFORNIA,)
Plaintiff,)

NO. VA046968

vs.)

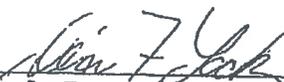
JASON PARK AND EUGENE SHIN,)
Defendants.)

I HEREBY CERTIFY THAT ON THE 18th day of June, 1998, DIANE F. LOCKNER, Official Reporter of the above-mentioned court, was assigned as shorthand reporter to report the testimony and proceedings contained herein; and did act as such reporter and was by me directed to reduce the said shorthand notes to typewriting.



Judge of the Municipal Court
Downey Judicial District
County of Los Angeles

I hereby certify that I am an Official Shorthand Reporter of the above-entitled court. Pursuant to the Judge's certificate above, I was assigned to report, and did correctly report the testimony and proceedings contained herein; that the foregoing is a true and correct transcription of my said notes and a true and correct statement of said testimony and proceedings.



Official Reporter, CSR No. 6026

9

9A

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521



APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Ronak Middle: A Last: Desai

Mailing Address: Maurice Circle

City: Cerritos State: CA Zip Code: 90703

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: Godhra, India

Social Security Number: _____ Sex: M or F
(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: CA Date of Issuance: June 23, 2004

College of Pharmacy Information

Graduation Date: 05/18/2002
(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: St. Louis College of Pharmacy

Location of School: St. Louis, MO

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 330.00 Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
<u>IL</u>	<u>051289389</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>KS</u>	<u>1-107607</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>OR</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>OK</u>	<u>#18378</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if needed --- Please see the attachment #1

Have you ever served in the military, either active, reserve or retired? Yes No

Branch: _____
 Military Occupation/Specialty: _____
 Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?..... <u>California</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation: Please see the attachment #2		

Board Administrative Action: Pending ACCUSATION	State CA	Date: 11/ 07/ 2019	Case #: AC201700627100
Criminal Action:	State	Date: / /	Case #: County Court

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?..... Yes No
4a. If you marked Yes. to the question 4. are you in compliance with the court order?..... Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted

01/15/2020

Date

Attachment #1: List of other states pharmacist license-

State	Lic#	License Active
KY	017504	Yes
TN	0000038706	Yes
WV	RP0008754	Yes
AL	18275	Yes
MD	23041	Yes
MS	P13672	Yes

Attachment #2: Explanation & documentation On Pending CA Accusation

There is a pending disciplinary action in California. The action was filed against Park Pharmacy regarding compounding practices for a two-year period of conduct during which I was a temporary employee and PIC for a stint of four months. During my short, temporary employment at Park, I had no involvement in or knowledge of the wrongdoing that was occurring there, because Park actively kept it hidden from me. Nevertheless, I was swept up in the accusation because I held a PIC position. I am in the process of resolving the matter to avoid the expense and uncertainty of litigation.

9B

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Zishan Middle: Saghir Last: KHAN

Mailing Address: Riverstone Drive

City: AURORA State: IL Zip Code: 60502

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: CHICAGO

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: Illinois Date of Issuance: 3/8/2006

College of Pharmacy Information

Graduation Date: 05/09/2005
(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: University of Illinois - CHICAGO

Location of School: CHICAGO

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 330.00 Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

****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
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?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action: <i>Reprimand</i>	State <i>IL</i>	Date: <i>10/18/2012</i>	Case #: <i>201110083</i>		
Criminal Action:	State	Date:	Case #:	County	Court
		<i>/ /</i>			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

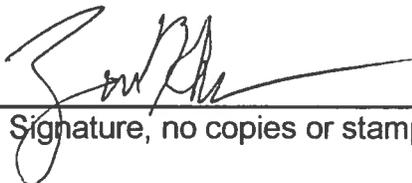
4. Are you the subject of a court order for the support of a child?.....Yes No
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

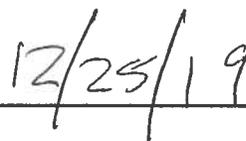
No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted



Date

STATE	LICENSE NUMBER	LICENSE ACTIVE?
ILLINOIS	051291038	YES
CONNECTICUT	0013472	YES
TEXAS	54611	YES
WASHINGTON	60464063	YES
OREGON	0013397	YES
DELAWARE	0005047	YES
NEW YORK	060356	YES
OHIO	03438546	YES

**STATE OF ILLINOIS
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION**

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL)	
REGULATION, DIVISION OF PROFESSIONAL REGULATION)	
of the State of Illinois,	)	Complainant
)	
v.	)	No. 2011-10083
)	
ZISHAN S. KHAN)	
License No. 051-291038,)	

CONSENT ORDER

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (hereinafter the "Department") by Scott A. Golden, its attorney, and ZISHAN S. KHAN, Respondent, agrees to the following:

STIPULATIONS

ZISHAN S. KHAN is licensed as a pharmacist in the State of Illinois, holding License No. 051-291038. Said license is presently in active status. At all times material to the matters set forth in this Consent Order, the Department had jurisdiction over the subject matter and parties to this Consent Order.

Respondent dispensed over-the-counter medication and legend drugs to family members without bringing to the pharmacy the written prescriptions for said drugs that he had in his possession. Additionally, Respondent dispensed a prescription for a Schedule III controlled substance to a family member without a valid written or oral prescription. Said individual had previously been prescribed another Schedule III controlled substance for the same ailment.

If these allegations were proven at a Formal Hearing to be true, then these allegations would constitute grounds for discipline of Respondent's license as pharmacist in the State of Illinois on the authority of 225 ILCS 85/30(a)(7) (2011).

As a result of these allegations, the Department held an Informal Disciplinary Conference at the offices of the Department, 100 West Randolph Street, Suite 9-300, in Chicago, Illinois, on April 26, 2012. Respondent appeared on that date, represented also by counsel, Stephanie A. Wolfson and Michael K. Goldberg of the Goldberg Law Group. Sudhir C. Manek, R.Ph. participated in the conference as a member of the Illinois State Board of Pharmacy, and Scott A. Golden participated in the conference as the attorney for the Department.

Respondent admits the Department's allegations, however presents the following in mitigation: Respondent states that he had written prescriptions for all the over the counter and legend drug prescriptions he dispensed to family members. Respondent states he regrets not using the written prescriptions when he dispensed the medications at issue and that he only filled prescriptions in this manner out of convenience. As to the Schedule III controlled substance prescription, Respondent states that he only filled the prescription because a family member was in pain and had been prescribed a stronger controlled substance for the same affliction in the past. Additionally, Respondent has fully cooperated with the Department in this matter.

Respondent has been advised of the right to counsel, the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation. Respondent acknowledges that he has entered into this Consent Order freely and of his own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate

with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation in furtherance of the approval of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Scott A. Golden, its attorney, and ZISHAN S. KHAN, Respondent, agree:

- A. The License of ZISHAN S. KHAN, License No. 051-291038, to practice as a pharmacist in the State of Illinois is REPRIMANDED.
- B. Respondent shall not serve as a pharmacist-in-charge for a period of one (1) year.
- C. Respondent shall pay a Five Hundred Dollar (\$500.00) fine within sixty (60) days of the effective date of this Order. The fine is to be paid by personal check, cashiers check, or personal money order. Said check shall be made payable to:

Illinois Department of Financial and Professional Regulation
Attention: Fiscal Section
320 W. Washington, 3rd floor
Springfield, IL 62786.

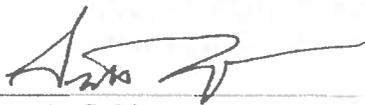
In the notation portion of the check, case No. 2011-10083, and the license No. 051-291038 shall be reflected.

- D. If Respondent fails to pay the aforementioned fine and the Department initiates a collection effort to retrieve the fine Respondent shall be responsible for all costs and fees incurred by the Department in said collection effort.

- E. In the event the fine of Five Hundred Dollars (\$500.00) is not paid to the Department, within sixty (60) days of the effective date of this Consent Order, Respondent acknowledges and agrees that its failure to pay the full amount of the fine will permit the Director of the Division of Professional Regulation to issue an Order forthwith mandating the automatic, indefinite and immediate suspension of Respondent's pharmacist license, License No. 051-291038. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. This suspension shall remain in full force and effect until such time as the Department receives the full amount of the fine of Five Hundred Dollars (\$500.00). In the event Respondent contests in writing the factual basis underlying said suspension and does so within thirty (30) days of the imposition of the automatic suspension, Respondent shall be afforded a hearing on the merits.
- F. Any violation by Respondent of the terms and/or conditions of this Consent Order shall be grounds for the Department to immediately file a Complaint to revoke or otherwise discipline Respondent's license to practice as a pharmacist in the State of Illinois.
- G. This Consent Order shall become effective immediately upon signing and approval by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

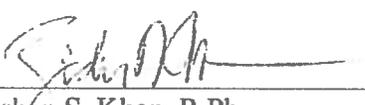
DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

9/25/12
DATE



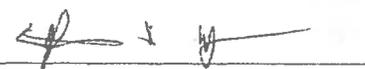
Scott A. Golden
Attorney for the Department

7/29/12
DATE



Zishan S. Khan, R.Ph.
Respondent

8/2/12
DATE



Stephanie A. Wolfson
Attorney for Respondent

9/18/12
DATE

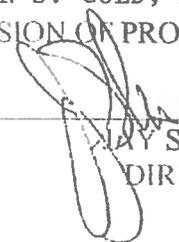


Sudhir C. Manek, R.Ph.
Member, Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 18th DAY OF October, 2012

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
SUSAN J. GOLD, ACTING SECRETARY
DIVISION OF PROFESSIONAL REGULATION



DAY STEWART
DIRECTOR

Case No. 201110083
License No. 051291038

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION)	
of the State of Illinois, Complainant)	
)	
v.	)	201110083
)	
ZISHAN S. KHAN)	
Respondent)	

NOTICE

TO: ZISHAN S. KHAN
1004 HIGHRIDGE ROAD
LOMBARD, IL 60148

PLEASE TAKE NOTICE that the Director of the Division of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Division of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

BY: _____

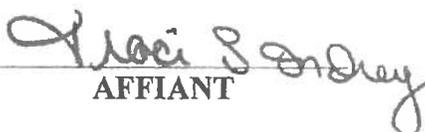


Clerk for the Department

All inquiries should be
Directed to:
Chicago Office - 312-814-4504
Springfield Office - 217-785-0820

STATE OF ILLINOIS)
)
COUNTY OF SANGAMON) ss:

UNDER PENALTY of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned Certifies that I caused copies of the attached NOTICE AND CONSENT OR ORDER, to be deposited in the United States mail, by certified mail at 320 W. Washington, Springfield, Illinois 62786, before 5:00 p.m. with proper postage prepaid on the 24th day of October, 2012 to all parties at the addresses listed on the attached documents.



AFFIANT

10



NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy #206 – Reno, NV 89521

INTERN PHARMACIST APPLICATION

Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: RACHEL Middle: MARIE Last: FABER

Home Address: SPARKS BOULEVARD Apt #: _____

City: SPARKS State: NV Zip Code: 89434

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: SAN DIEGO Sex: M F
(Required, no exceptions)

E-mail Address: rmf27818@creighton.edu

Pharmacy School: CREIGHTON UNIVERSITY

Attendance dates: AUG 2019 - MAY 2023

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGE certificate to this application. You also need to complete the pharmacy school information.

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
	NV	12/10/2015	MT15098	LYON	MUNICIPAL COURT CITY OF YERINGTON

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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: 11/8/2019

Board Use Only Date Processed: _____ Amount: 40.00

Letter of Explanation

August 01, 2019

To Whom It May Concern,

On August 2, 2015 I made the mistake of driving under the influence of alcohol and received a DUI. I was 25 at the time and had just been honorably discharged from the Navy in April of 2015. I never thought in my lifetime I would have to explain a situation that I am not proud of and sincerely regret but hope that I can encourage you to have faith in my integrity and professionalism to obtain an Intern Pharmacist License.

From this incident I was court ordered to perform 48 hours of community service through Rural Nevada Counseling, an outpatient substance abuse treatment facility. I was also court ordered to attend alcohol counseling through Rural Nevada Counseling as well. After completion of my community service and counseling, Rural Nevada Counseling offered me a job as an administrative assistant/ peer support leader. Working there I witnessed and worked with people at their lowest. People so dependent on substances that they were willing to give up everything in their lives. From this experience I learned that people are fragile and yet durable. I learned that people are able to become the best forms of themselves through patience, discipline and courage. I grew from this experience and learned that everyone deserves to be listened to, treated with respect and supported when needed. Being in the health care field I think this form of sympathy and compassion is crucial to better understand your patients and customers.

Unfortunately, I will never be able to wipe away the mistakes in my life but I wholeheartedly believe that mistakes can often be the life lessons that make us wiser and better members of society. However, I can assure you that I will never again put myself in this situation. When I drove intoxicated that night, I went against my core values, my beliefs and I let a lot of people down, especially myself. Since then I have gotten married, given birth to two beautiful baby boys and earned my bachelor's degree in biology. I now have people who depend on me for their safety and security and I will never act recklessly again.

Overall, I firmly believe we are not defined by the mistakes we make in our life. Instead we are the image of those good qualities that we exemplify on a daily basis.

Thank you,

Rachel Faber

A handwritten signature in black ink that reads "Rachel Faber". The signature is written in a cursive, flowing style with a large initial "R" and "F".

Creighton UNIVERSITY

Office of Academic and Student Affairs

School of Pharmacy
and Health Professions

2500 California Plaza
Omaha, Nebraska 68178-0401
phone: 402.280.1147 • fax: 402.280.1148

November 8, 2019

Nevada State Board of Pharmacy
9895 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

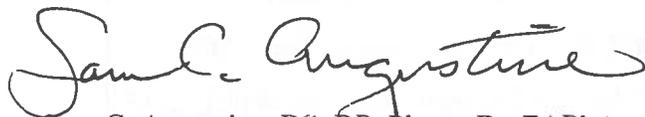
Verification for: **Rachel M. Faber**

To Whom It May Concern,

This letter will verify that Rachel M. Faber is a full-time student at the Creighton University School of Pharmacy and Health Professions. Ms. Faber is currently enrolled in the Doctor of Pharmacy (Pharm.D.) professional degree program. Ms. Faber's anticipated date of graduation is May 13, 2023.

If I can be of further assistance, please do not hesitate to contact me at 402-280-2756.

Respectfully,



Sam C. Augustine, BS, RP, Pharm.D., FAPhA
Special Assistant to the Dean

SCA/elg

Date January 21, 2016
CHERI EMM-SMITH
Municipal Judge
Carol Jones
Clerk

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IN THE MUNICIPAL COURT OF THE CITY OF YERINGTON
COUNTY OF LYON, STATE OF NEVADA

CITY OF YERINGTON,
Plaintiff,
vs.
RACHEL DANIELS,
Defendant.

) Case No.: MT15098
) JUDGMENT OF CONVICTION

Defendant appeared before the Court for arraignment on August 12, 2015 for the charges of COUNT I: DRIVING UNDER THE INFLUENCE OF ALCOHOL, FIRST OFFENSE, a misdemeanor in violation of NRS 484C.110 and YCC 1.4.1, COUNT II: RAPID ACCELERATION, a misdemeanor in violation of YCC 6.5.6, and COUNT III: OPEN CONTAINER, a misdemeanor in violation of NRS 484B.150 that occurred on August 2, 2015. Defendant was advised of the charges against her, the penalties, and her constitutional rights. The Court appointed LeAnn Schumann, Esquire, as Defendant's attorney. Defendant and her attorney appeared for pre-trial conference on August 26, 2015, September 17, 2015, October 22, 2015, and January 21, 2016. The City appeared through Charles Zumpft, Yerington City Attorney.

Based upon plea negotiations, Defendant, through her attorney, filed a DUI Admonishment of Rights Form with the Court that she had signed on October 22, 2015. Defendant, with the advice of his attorney, entered a plea of GUILTY to COUNT I: DRIVING UNDER THE INFLUENCE OF ALCOHOL, 1st OFFENSE, a misdemeanor in violation of NRS 484C.110 and YCC 1.4.1 and the City moved to dismiss COUNT II: RAPID ACCELERATION, a misdemeanor in violation of YCC 6.5.6, and COUNT III: OPEN CONTAINER, a misdemeanor in violation of NRS 484B.150. Sentencing

1 was continued to December 10, 2015 so Defendant could obtain an alcohol evaluation.
2 Defendant and her attorney appeared on December 10, 2015 for sentencing, and
3 submitted an alcohol evaluation dated October 7, 2015. Charles Zumpft, Esquire
4 appeared for the City. The parties appeared again on January 21, 2016 to address the
5 issue of the ignition interlock device.

6 Having been found guilty by the Court of COUNT I: DRIVING UNDER THE
7 INFLUENCE OF ALCOHOL, 1st OFFENSE, a misdemeanor in violation of NRS
8 484C.110 and YCC 1.4.1, the Court HEREBY ORDERS that the following sentence is
9 imposed:

- 10 1. Defendant shall be fined in the amount of \$500.00, plus a \$120.00
11 administrative assessment fee, a \$10.00 facility fee, a \$7.00 specialty
12 program fee, a \$3.00 DNA marker fee, and a \$100.00 DUI specialty court
13 fee.
- 14 2. A jail sentence of 30 days is imposed with credit given for one (1) day time
15 served. The remaining 29 days will be suspended for a minimum of two
16 years or until Defendant has completed all of the court's requirements.
- 17 3. Defendant shall perform 48 hours of community service with Rural Nevada
18 Counseling within 60 days.
- 19 4. Defendant shall reimburse the City in the amount of \$60.00 for the
20 evidentiary breath test fee.
- 21 5. Defendant shall reimburse the City for attorney fees in the amount of
22 \$250.00.
- 23 6. Defendant shall attend a state-certified DUI school within 60 days and a
24 Victim Impact Panel meeting within 60 days, pay the fees therefore and
25 provide proof of attendance to the Court.
- 26 7. Defendant shall attend alcohol counseling with Rural Nevada Counseling as
27 recommended in the report dated October 7, 2015. Defendant shall submit
28 proof of enrollment in said counseling by December 31, 2015, and monthly
reports thereafter until all counseling has been completed.

1 Pursuant to NRS 484C.460, the Court waives installation of an ignition
2 interlock device based upon the following findings:

- 3 1. Defendant's breath alcohol level did exceeded .018.
4 2. Imposition of an ignition interlock device would constitute an undue
5 economic hardship to Defendant because she is a full-time student at the
6 University of Nevada, Reno, and she has limited income;
7 3. Defendant's vehicle is used for travel in the course of her attending school,
8 and she must commute over 120 miles per day. Further, no public
9 transportation is available for Defendant to travel to school;

10 COUNT II: RAPID ACCELERATION, a misdemeanor in violation of YCC
11 6.5.6, and COUNT III: OPEN CONTAINER, a misdemeanor in violation of
12 NRS 484B.150, are DISMISSED.

13 Based upon Defendant's request, \$1,050.00 of the above-imposed fines and fees
14 shall be paid pursuant to a payment contract at the rate of \$100.00 per month
15 beginning January 15, 2016, and the 15th of each month thereafter until paid in
16 full. A contract processing fee of \$100.00 shall be added to Defendant's
17 balance.

18
19 Bail previously posted is exonerated.

20
21 IT IS FURTHER ORDERED that should the Defendant fail to comply with this
22 Order, a Bench Warrant shall immediately issue for the Defendant's arrest.

23
24 DONE IN OPEN COURT this 21st day of January, 2016.

25 

26 _____
27 CHERI EMM-SMITH
28 MUNICIPAL COURT JUDGE
YERINGTON MUNICIPAL COURT

11

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 - Reno, NV 89521

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE

REGISTRATION FEE: \$80.00 (non-refundable money order or cashier's check only)



First: Lonny Middle: Dee Last: Krause

Home Address: w 1860N

City: Washington State: Utah Zip Code: 84780

SS#: _____ Date of Birth: _____ Sex: M or F

Telephone: _____ E-mail address: _____

PRACTICING LOCATION (Required)

Practice Name (if any): Reverehealth : Heart of Dixie Cardiology

Physical Address: 330 Falcon Ridge Parkway Suite #: 400A

City: Mesquite State: Nevada Zip Code: 89027

Telephone: 435-251-2900 Fax: 435-251-2901

Nursing Board #: 825289 Issued: 10/16/19 11/21/19 Expires: 11/21 01/30/2024

Check this box if you are a APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.)

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

		Yes	No		
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?					
1.	Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.	Been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.	Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:					
Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

[Signature]
Original Signature of APRN, no copies or stamps accepted

10/10/2019
Date

COLLABORATING PHYSICIAN's name (If required):
Jamison Jones, MD

[Signature]
Date

Original Signature of Collaborating Physician, no copies or stamps accepted

12-3-19
Date

Board Use Only: Date Processed _____

Amount 80.00

SEVIER COUNTY JUSTICE COURT
SEVIER COUNTY, STATE OF UTAH

STATE OF UTAH vs. LONNY DEE KRAUSE

CASE NUMBER 101036308 Other Misdemeanor

CHARGES

Charge 1 - 41-22-3(1)(A) - OPERATED OR TRANSPORTED W/O CURRENT
REGISTRATION Class C Misdemeanor

Offense Date: January 24, 2010

Disposition: February 03, 2010 Bail Forfeiture

CURRENT ASSIGNED JUDGE

KENT NIELSEN

PARTIES

Plaintiff - STATE OF UTAH

Represented by: CASEY W JEWKES

Defendant - LONNY DEE KRAUSE

DEFENDANT INFORMATION

Defendant Name: LONNY DEE KRAUSE

Date of Birth: i

Law Enforcement Agency: PARKS & RECREATION

Officer Name: OTHER OFFICER (NOT LISTED)

Prosecuting Agency: SEVIER COUNTY

Citation Number: J3825403

ACCOUNT SUMMARY

TOTAL REVENUE	Amount Due:	40.00
	Amount Paid:	40.00
	Credit:	0.00
	Balance:	0.00

REVENUE DETAIL - TYPE: FINE

	Amount Due:	40.00
	Amount Paid:	40.00
	Amount Credit:	0.00
	Balance:	0.00

PROCEEDINGS

02-01-10 Filed: Citation

Printed: 01/25/19 10:50:36

Page 1

CASE NUMBER 101036308 Other Misdemeanor

02-01-10 Judge KENT NIELSEN assigned.
02-01-10 Note: DEFAULT TRACKING CODE FOLLOW: WARNING 02/22/2010
02-01-10 Note: NOTICE TO PARENT MAILED
02-02-10 Note: EXPIRED REGISTRATION - OFF ROAD VEHICLE (ATV/SNOWMOBILE)
75.00
02-03-10 Charge 1 Disposition is Bail Forfeiture
02-03-10 Fine Account created Total Due: 40.00
02-03-10 Fine Payment Received: 40.00
Note: Court Fine Payment # 1.047068
02-03-10 Note: Court Fine Payment # 1.047068 -40.00
02-03-10 Note: BAIL FORFEITURE - EXPIRED REGISTRATION - OFF ROAD VEHICLE
(ATV/SNOWMOBILE) OFF:7033 40.00
02-03-10 Note: DEF WAS TOLD THIS IS A \$40 CITATION BY MISTAKE.
02-03-10 Note: CASE CLOSED

SEVIER COUNTY JUSTICE COURT
SEVIER COUNTY, STATE OF UTAH

STATE OF UTAH vs. LONNY DEE KRAUSE

CASE NUMBER 155001855 Misdemeanor DUI

CHARGES

Charge 1 - 41-6A-502.5 - IMPAIRED DRIVING Class B Misdemeanor
(amended) to Class B Misdemeanor

Offense Date: August 09, 2015

Disposition: May 31, 2016 Guilty Plea

Charge 2 - 41-6A-526 - OPEN CONTAINER/DRINKING ALCOHOL IN A
VEHICLE Class C Misdemeanor

Offense Date: August 09, 2015

Disposition: May 31, 2016 Dismissed (w/o prej)

CURRENT ASSIGNED JUDGE

MARK MCIFF

PARTIES

Defendant - LONNY DEE KRAUSE

Represented by: DOUGLAS L NEELEY

Plaintiff - STATE OF UTAH

Bondsman - {REBEL BAIL BOND INC}

DEFENDANT INFORMATION

Defendant Name: LONNY DEE KRAUSE

Offense tracking number: 46184503

Date of Birth:

Law Enforcement Agency: SEVIER CO SHERIFF

Prosecuting Agency: SEVIER COUNTY

ACCOUNT SUMMARY

TOTAL REVENUE	Amount Due:	1,300.00
	Amount Paid:	1,300.00
	Credit:	0.00
	Balance:	0.00
PAPER BOND TOTALS	Posted:	1,530.00
	Forfeited:	0.00
	Exonerated:	1,530.00
	Balance:	0.00

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Page 1

CASE NUMBER 155001855 Misdemeanor DUI

REVENUE DETAIL - TYPE: FINE

Amount Due:	1,300.00
Amount Paid:	1,300.00
Amount Credit:	0.00
Balance:	0.00

NONMONETARY BOND DETAIL - TYPE: Surety

Posted By:	{REBEL BAIL BOND INC} (#57258)
Posted:	1,530.00
Forfeited:	0.00
Exonerated:	1,530.00
Balance:	0.00

PROCEEDINGS

08-12-15 Case filed

08-12-15 Judge MARK MCIFFF assigned.

08-12-15 Filed: Information/Citation

08-12-15 Filed: REBEL BAIL BOND INC 1530.00

08-12-15 Bond Account created Total Due: 1530.00

08-12-15 Bond Posted Non-Monetary Bond: 1,530.00

08-12-15 ARRAIGNMENT PER PTA scheduled on August 25, 2015 at 09:00 AM in SEVIER CO COURTROOM with Judge MCIFFF.

08-12-15 **** PRIVATE **** Filed: PC Statement (Charging Document)

08-12-15 Filed: Custody Release Form

08-12-15 Filed: REBEL BAIL BONDS

08-12-15 **** PRIVATE **** Filed: Arrest Summary Report

08-13-15 Filed: Appearance of Counsel Douglas L. Neeley #6290

08-13-15 PRETRIAL CONFERENCE scheduled on October 23, 2015 at 10:30 AM in SEVIER CO CONF ROOM with Judge MCIFFF.

08-13-15 Notice - NOTICE for Case 155001855 ID 10723340
PRETRIAL CONFERENCE is scheduled.
Date: 10/23/2015
Time: 10:30 a.m.
Location: SEVIER CO COURTROOM
250 NORTH MAIN #124

RICHFIELD, UT 84701
Before Judge: MARK MCIFFF

08-24-15 Filed: DISCOVERY SUBMITTAL

08-27-15 Note: NOTICE OF PRETRIAL CONFERENCE RETURNED-RETURN TO

Printed: 01/25/19 10:50:22

Page 2

CASE NUMBER 155001855 Misdemeanor DUI

SENDER-NOT DELIVERABLE AS ADDRESSED-UNABLE TO FORWARD

- 10-19-15 Note: PRETRIAL CONFERENCE calendar modified.
- 10-19-15 Note: Corrected calendar to room #2.
- 10-23-15 Note: Attorney, Doug Neeley, met with Prosecutor, Mandy Larsen.
Continue to November date.
- 10-26-15 PRECONFERENCE CONTINUED X2 scheduled on November 20, 2015 at
10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
- 10-26-15 Notice - NOTICE for Case 155001855 ID 10934633
PRECONFERENCE CONTINUED X2 is scheduled.
Date: 11/20/2015
Time: 10:00 a.m.
Location: SEVIER CO CONF ROOM
250 N. MAIN ROOM #126

RICHFIELD, UT 84701

Before Judge: MARK MCIFF

- 10-29-15 Note: Def called to make pmt on another case & asked about this
case as he hasn't heard anything on it. Told him
appearance of counsel was filed by attorney, Doug Neeley.
Expld he may want to contact his attorney for status.
- 11-12-15 Note: NOTICE OF PRECONFERENCE CONTINUED X3 RETURNED-RETURN TO
SENDER-NOT DELIVERABLE AS ADDRESSED-UNABLE TO FORWARD
- 11-20-15 Note: Per Prosecutor, Mandy Larsen - she has been in touch with
counsel, Doug Neeley. Continue matter to December date.
- 11-20-15 PRECONFERENCE CONTINUED X3 scheduled on December 11, 2015 at
10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
- 11-20-15 Filed: Notice for Case 155001855 ID 11007487
- 12-02-15 Note: NOTICE OF PRECONFERENCE RETURNED-RETURN TO
SENDER-INSUFFICIENT ADDRESS-UNABLE TO FORWARD
- 12-11-15 Note: Per Prosecutor, Mandy Larsen, continue case to January
date.
- 12-16-15 PRECONFERENCE CONTINUED X4 scheduled on January 29, 2016 at
10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
- 12-16-15 Notice - NOTICE for Case 155001855 ID 11074854
PRECONFERENCE CONTINUED X4 is scheduled.
Date: 01/29/2016
Time: 10:00 a.m.
Location: SEVIER CO CONF ROOM
250 N. MAIN ROOM #126

Printed: 01/25/19 10:50:22

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CASE NUMBER 155001855 Misdemeanor DUI

RICHFIELD, UT 84701

Before Judge: MARK MCIFF

- 12-16-15 Filed: Notice for Case 155001855 ID 11074854
- 12-23-15 Filed: RETURN MAIL-Notice Of Preconference Continued X4
- 01-25-16 Note: Sue Player, from Doug Neeley's office called. Doug will be in Federal Court on Friday so won't be able to appear for preconference. Motion to continue to be submitted.
- 01-25-16 Filed: Motion to Continue
Filed by: NEELEY, DOUGLAS L,
- 01-25-16 Filed: Affidavit of Counsel in Support of Motion to Continue
- 01-25-16 Note: Motion to Continue, Affidavit of Counsel in Support of Motion to Continue; and Order Continuing Pretrial submitted - file to Judge.
- 01-26-16 PRECONFERENCE CONTINUED X4 scheduled on March 11, 2016 at 10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
- 01-27-16 Filed order: ORDER CONTINUING PRETRIAL
Judge MARK MCIFF
Signed January 27, 2016
- 01-27-16 Note: Copy of Order Continuing Pretrial mailed to Def; Def's counsel, Douglas Neeley; Rebel Bail Bonds; and copy put in Prosecutor's box.
- 02-08-16 Filed: RETURN MAIL- ORDER CONTINUING PRETRIAL
- 02-19-16 Note: Doug Neeley called - requested to reschedule to April due to trial dates in other court. Spoke with Mandy Larsen. Set for 04/01/16 @ 10 AM & mail notice to all parties after Motion to Continue is received.
- 02-22-16 PRECONFERENCE CONTINUED X4 scheduled on April 01, 2016 at 10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
- 02-22-16 Notice - NOTICE for Case 155001855 ID 11259593
PRECONFERENCE CONTINUED X4.
Date: 04/01/2016
Time: 10:00 a.m.
Location: SEVIER CO CONF ROOM
250 N. MAIN ROOM #126

RICHFIELD, UT 84701

Before Judge: MARK MCIFF

The reason for the change is Counsel's request.

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CASE NUMBER 155001855 Misdemeanor DUI

02-22-16 Filed: Notice for Case 155001855 ID 11259593

04-01-16 PRETRIAL CONFERENCE scheduled on May 20, 2016 at 10:00 AM in
SEVIER CO CONF ROOM with Judge MCIFF.

04-01-16 Notice - NOTICE for Case 155001855 ID 11380611

PRETRIAL CONFERENCE is scheduled.

Date: 5/20/2016

Time: 10:00 a.m.

Location: SEVIER CO CONF ROOM

250 N. MAIN ROOM #126

RICHFIELD, UT 84701

Before Judge: MARK MCIFF

04-01-16 Filed: Notice for Case 155001855 ID 11380611

04-18-16 Note: LONNY DEE KRAUSE called, per his request mailed out
certified court docket.

04-29-16 Filed: Enhancement Notices

04-29-16 Filed: RIGHTS, INSTRUCTIONS & WAIVER FORM

04-29-16 Filed: PLEA AGREEMENT (Proposed)

04-29-16 Note: COPY of proposed Plea Agreement & paperwork filed in case
as it includes that \$1300 is due in full w/agreement &
bail is not posted. Agreement can be referred to Judge
upon bail being posted.

05-18-16 Note: Gabby from Doug Neelys office called, explained def has
not posted \$1300 in bail, agreement can not be submitted
until he does.

05-19-16 Filed: Stipulated Motion To Continue - Referred to Judge

05-20-16 Filed order: ORDER TO CONTINUE

Judge MARK MCIFF

Signed May 18, 2016

05-20-16 Note: Per Mrs Larsen, continue preconference to 06/24/2016 @
10:00 AM.

05-20-16 PRETRIAL CONFERENCE scheduled on June 24, 2016 at 10:00 AM in
SEVIER CO CONF ROOM with Judge MCIFF.

05-20-16 Notice - NOTICE for Case 155001855 ID 11527054

PRETRIAL CONFERENCE is scheduled.

Date: 6/24/2016

Time: 10:00 a.m.

Location: SEVIER CO CONF ROOM

250 N. MAIN ROOM #126

Printed: 01/25/19 10:50:22

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CASE NUMBER 155001855 Misdemeanor DUI

RICHFIELD, UT 84701

Before Judge: MARK MCIFF

05-20-16 Filed: Notice for Case 155001855 ID 11527054

05-31-16 Note: LONNY DEE KRAUSE called, posted bail. Def is to contact a licensed substance abuse counselor within 15 days.

Complete an assessment, if no treatment is recommended def is to complete an educational series. A copy of the completed agreement will be

05-31-16 Note: mailed out once the Judge signs it.

05-31-16 Charge 1 Disposition is Guilty Plea

05-31-16 Charge 1 amended to Class B Misdemeanor

05-31-16 Charge 2 Disposition is Dismissed (w/o

05-31-16 Minute Entry - SENTENCE, JUDGMENT, COMMITMENT

Judge: MARK MCIFF

PRESENT

Clerk: kenzieh

Defendant not present

Change of Plea Note

Plea Sentence recorded per PLEA AGREEMENT signed/dated 05/31/2016.

SENTENCE JAIL

Based on the defendant's conviction of IMPAIRED DRIVING a Class B Misdemeanor, the defendant is sentenced to a term of 180 day(s)

The total time suspended for this charge is 180 day(s).

Credit is granted for time served.

SENTENCE FINE

Charge # 1 Fine: \$1950.00

Suspended: \$650.00

Surcharge: \$642.11

Due: \$1300.00

Total Fine: \$1950.00

Total Suspended: \$650.00

Total Surcharge: \$642.11

Total Fine Due: \$1300.00

CASE NUMBER 155001855 Misdemeanor DUI

ORDER OF PROBATION

The defendant is placed on probation for 12 month(s).

Defendant is to pay a fine of 1300.00 which includes the surcharge.

Interest may increase the final amount due.

Pay fine to The Court.

Defendant subject to: ALL TERMS OF PROBATION AS STATED IN AGREEMENT (Document).

Obey all laws - Federal, State, and Local

Notify the court of any change of address and/or phone number within 10 days of the change.

Pay a fine of \$1300.00

Defendant may not deviate from the payment schedule or any other probation requirement(s) without prior permission from the court. Call (435) 893-0461.

Contact a licensed substance-abuse rehab program/counselor within 15 days & complete a substance abuse screening, then assessment if determined appropriate by the screening.

Complete any treatment &/or educational series as determined appropriate by the assessment. An educational series must be completed if there is no treatment. Pay the program costs to the provider.

Submit proof of the screening & assessment to the court within 1 month of sentencing & submit proof of completion of counseling or education series within 4 months of sentencing date.

Def shall receive credit for time served.

Defendant may not use, possess, or consume alcohol or drugs unless prescribed by a licensed physician. Defendant may not be present in a location where alcohol is the principal item of order.

Defendant is ordered to complete a "book and release" at the Sevier County Jail within 10 days as stated at sentencing.

06-01-16 Bond Exonerated		-1,530.00
06-01-16 Fine Account created	Total Due:	1300.00
06-01-16 Fine	Payment Received:	1,300.00
06-01-16 Filed order: PLEA AGREEMENT (Probation)		

Judge MARK MCIFF

Signed May 31, 2016

06-08-16 Note: Sue from Doug Neelys office called, def posted full

Printed: 01/25/19 10:50:24

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CASE NUMBER 155001855 Misdemeanor DUI

amount of fine.

06-20-16 PRETRIAL CONFERENCE Cancelled.

Reason: Plea Agreement

07-15-16 Ruling Entry - TREATMENT PROGRAM REMINDER

Judge: MARK MCIFF

In reviewing the case, the court finds that you were ordered to attend and complete a substance abuse rehabilitation program within 90 days and submit proof of completion to the court within that time frame. To date, we have not received such proof. In order to avoid further court action, please contact this court within 10 days.

CERTIFICATE OF NOTIFICATION

I certify that a copy of the attached document was sent to the following people for case 155001855 by the method and on the date specified.

MAIL: LONNY DEE KRAUSE 7650 EURO DRIVE D105 MIDVALE, UT 84047

07/15/2016

/s/ KENZIE HILLIN

Date: _____

Justice Court Clerk

08-11-16 Note: LONNY DEE KRAUSE called, confirmed SA Eval letter was mailed out. Explained nothing has been received from the counselor. He may want to check back with her and get it sent again or bring it in.

08-11-16 Note: LONNY DEE KRAUSE called, explained he can fax or mail in SA Eval. Per his request gave him mailing address and fax number.

10-25-16 Ruling Entry - TREATMENT PROGRAM REMINDER SA EVALUATION

Judge: MARK MCIFF

In reviewing the case, the court finds that you were ordered to attend and complete a substance abuse rehabilitation program within 90 days and submit proof of completion to the court within that time frame. To date, we have not received such proof. In order to avoid further court action, please contact this court within 10 days.

CERTIFICATE OF NOTIFICATION

I certify that a copy of the attached document was sent to the

Printed: 01/25/19 10:50:24

Page 8

CASE NUMBER 155001855 Misdemeanor DUI

following people for case 155001855 by the method and on the date specified.

MAIL: LONNY DEE KRAUSE 7650 EURO DRIVE D105 MIDVALE, UT 84047

10/25/2016

/s/ KENZIE HILLIN

Date: _____

Justice Court Clerk

- 03-09-17 Note: AFFIDAVIT/Probation (PA) OSC#1 prepared & referred to Judge.
- 03-09-17 PROBATION (PA) OSC#1 scheduled on April 06, 2017 at 09:00 AM in SEVIER CO COURTROOM with Judge MCIFF.
- 03-10-17 Filed: OSC Affidavit
- 03-10-17 Note: OSC signed/dated 03/10/17 & mailed to defendant w/copy of Affidavit.
- 03-22-17 PROBATION (PA) OSC#1 rescheduled to May 11, 2017 at 09:00 AM in SEVIER CO COURTROOM with Judge MCIFF.
- 03-22-17 Note: LONNY DEE KRAUSE called, explained he has order to show cause, he can submit proof of completion of SA eval and program, however he will still have to appear. RS to 5/11 @9, told him he can only RS one time and this will be it.
- 04-13-17 Filed: Motion Stipulated Motion to Dismiss Order to Show Cause
Filed by: KRAUSE, LONNY DEE
- 04-13-17 Filed: Order (Proposed) to Dismiss Order to Show Cause
- 04-13-17 Filed: Return of Electronic Notification
- 04-19-17 Filed: Proof Of Class Completion
- 04-19-17 Filed: Return of Electronic Notification
- 04-25-17 Filed order: Order to Dismiss Order to Show Cause
Judge MARK MCIFF
Signed April 25, 2017
- 04-25-17 PROBATION (PA) OSC#1 Cancelled.
Reason: Court Ordered
- 04-25-17 Filed: Return of Electronic Notification
- 06-07-17 Case Closed
Disposition Judge is MARK MCIFF

Lonny Krause

909 S 825 E • Ephraim, UT 84627
 Phone: 435-691-1980 • E-Mail: lonny.krause@hotmail.com

Date: January 21, 2019

~~State of Utah Department of Commerce
 Division of Occupational and Professional Licensing
 Attn: Madison Paskett
 160 East 300 South, Box 146741
 Salt Lake City, UT 84114-6741~~

Nevada State Board of
 Pharmacy. UK

Dear ~~Madison Paskett~~:

The following information is a personal narrative as to what happened at the time of incident's in regards to APRN application for Lonny Krause.

On October 14, 2013, myself, Lonny Krause, along with multiple others, around 10-14, were at an acquaintance's house. It was visible that there was alcohol in the house, with no one over the age of 21 at the time. No alcohol was ingested by Lonny Krause. That night, police showed up and gave unlawful for minor to possess an alcoholic product to all individuals, whether they were drinking or not because no one was over the age of 21. No blood alcohol level test was performed or breathalyzer was performed. The case went to the Wayne County Justice Court system on September 24, 2014. Lonny Krause plea not guilty and the case was dismissed on September 24, 2014.

On February 16, 2014, myself, Lonny Krause, along with two others were driving in a car. One passenger was 26 years old and the other 18. Police officer D. Brinkerhoff pulled the car over and explained that the 12 pack of beer was against the law to have in the car to the 26 year old, because the underage was not family. No alcohol was open, no alcohol was ingested. Officer cited myself, Lonny Krause, along with another underage individual with Possess by minor measurable amounts. Lonny Krause plea not guilty to offense on February 02, 2015, and the case was dismissed on February 02, 2015.

On January 24, 2010, myself, Lonny Krause was riding a snowmobile with an expired registration. I was pulled over, and given a citation for operated or transporting w/o current registration. The fees were paid and all actions taken care of in timely appropriate manor. Case dismissed on February 03, 2010.

On August 09, 2015, I was arrested with Impaired Driving. That night I was consuming alcohol, later to find out that one of my friends had not been heard from after driving home in a non-cellular reception spot. I went to look for my friend, to find him needing medical help, crashed in a canyon. I activated the 9-11 response. When they arrived they asked if I was drinking, which I honestly told them. They arrested me. On May 31, 2016 the case was dismissed.

It seems that most of these cases I was at the wrong place at the wrong time. I have learned as getting older and getting more education that it is important to know who you are with and what is going on. Simple decisions can affect you as a professional. It has now been 4 years since any issues with the law. I follow my nursing standards and will continue to do so.

The information given in this letter is accurate to my knowledge. If you have questions feel free to contact me at anytime.

Sincerely,

Lonny Krause, RN-MS, FNP-C

A handwritten signature in black ink, appearing to read 'Lonny Krause', written over the typed name.

12

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 - Reno, NV 89521



APPLICATION FOR PHYSICIAN'S ASSISTANT - PRESCRIBE
REGISTRATION FEE: \$80.00 (non-refundable money order or cashier's check only)

First: Joseph Middle: Thomas Last: Pollino

Home Address: 1 Pleasantview Dr.

City: Gardnerville State: NV Zip Code: 89460

SS#: _____ Date of Birth: 6/1/1980 Sex: M or F

Telephone: _____ E-mail address: _____

PRACTICING LOCATION

Practice Name (if any): Carson Valley Medical Center

Physical Address: 1107 Highway 395 North Suite #: _____

City: Gardnerville State: NV Zip Code: 89410

Telephone: 775-782-1500 Fax: _____

Medical/Osteopathic Board PA #: PA2223 Issued: 12/31/2019 Expires: 6/30/2021

Check this box if you are a PA who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.)

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

		Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or a physical condition that would impair your ability to perform the essential functions of your license?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have you been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?.....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Have you had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-4) above, include the following information & provide an explanation & documentation:			
Board Administrative Action:	State	Date:	Case #:
		<u>1/1</u>	<u>See Attached</u>
Criminal Action:	State	Date:	Case #:
		<u>1/1</u>	
			County
			Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature of PA: Joseph T. Pollino Date: 1/8/2020
40 copies of stamps accepted

Required Signature of Supervising Physician: Alfred Phillips, MD Required Supervising Physician - Please Print Date: 1/19/20

Board Use Only: Date Processed _____ Amount \$80.00

Follow Up Explanation:

Been charged, arrested or convicted of a felony or misdemeanor in any state?

DUI & Possession of Marijuana - 8/5/2007 – Skagit County, Washington - Driving home with friends after a social function, I was initially pulled over for speeding. I was arrested for driving under the influence of alcohol, and possession of marijuana. Arresting agency Washington State Patrol
**NOTE – Marijuana conviction vacated 4/5/2013*

Minor in possession of alcohol- 4/01/2006, 8/26/2006 – Bellingham, WA/ Seattle, WA. One of these charges occurred at a college social function, the other at a Seattle Mariners game with friends.

Arrest for outstanding warrant – 2007 – Snohomish County – No charges filed - As a result of a missed court date in King County from MIP charge, I was pulled over and arrested for an outstanding warrant in Snohomish County, Washington. Arresting agency Washington State Patrol.

Been the subject of an administrative action whether completed or pending in any state?

In 2010 I was volunteering for a local fire department and decided to get certified as an EMT. Due to the previous mentioned charges that occurred prior any involvement in the medical field, I was referred to the Washington State Health Professional Services (WHPS) through the Washington State Department of Health. In order for the state to grant my EMT license I was required to “seek a substance abuse evaluation through the WHPS program, and then, if recommended, enter and comply with all aspects of the program”. The substance abuse evaluation did not recommend any treatment. On 11/3/10 in order to obtain my EMT license I agreed to a two-year monitoring contract with review after one year through WHPS.

In 2011 I was employed as an ER Technician which required a Medical Assistant license. This license was added on to the conditions of the previous contract.

On 1/13/2012 after the one-year review I was released from the terms of the previous agreement.

I attest and affirm that the information is complete and correct to the best of my knowledge.

Joseph T Pollino



FAXED
APR 05 2013
TO: WSP

FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA
2013 APR -5 AM 10:47

**SUPERIOR COURT OF THE STATE OF WASHINGTON
SKAGIT COUNTY**

STATE OF WASHINGTON,

Plaintiff,

vs.

JOSEPH POLLINO,

Defendant.

No. 08-1-00679-3

ORDER VACATING
V.U.C.S.A.CONVICTION
UNDER RCW 9.96.060 (COUNT 1)

(CLERK'S & LAW
ENFORCEMENT ACTION)

THIS MATTER, having come on regularly before the undersigned judge of the above-entitled court upon the motion of the State of Washington, Plaintiff, for the above-entitled order(s) and the court being fully advised that:

The defendant has complied with the terms of the sentence and has received (or is eligible to receive) a:

Discharge Dismissal Termination of the sentence

The offender has not been convicted of a new crime in this state, another state, or federal court since the date of conviction;

The offender has no pending charges in any Washington, other state, or federal court.

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1 The offense was not a violent offense as defined in RCW 9.94A.030 or an attempt
2 to commit a violent offense;

3
4 The offense was not a violation of RCW 46.61.502 (driving while under the
5 influence), 46.61.504 (actual physical control while under the influence), 9.91.020
6 (operating a railroad, etc. while intoxicated), nor was the offense considered a "prior
7 offense" under RCW 46.61.5055 and the applicant has had a subsequent alcohol or drug
8 violation within ten years of the date of arrest for the prior offense;

9
10
11 The offense was not a misdemeanor or gross misdemeanor violation, including
12 attempt, of chapter 9.68 RCW (obscenity and pornography), chapter 9.68A RCW (sexual
13 exploitation of children), or chapter 9A.44 RCW (sex offenses);

14
15
16 The offense was not domestic violence related nor was it for violating a no-contact
17 order;

18
19 More than three years have passed since the person completed the terms of the
20 sentence, including any financial obligations;

21
22
23 The applicant has ever had the record of another conviction vacated;

24
25 The applicant is not currently restrained, nor has been restrained within five years
26 prior to the vacation application, by a domestic violence protection order, a no-contact
27 order, an anti-harassment order, or a civil restraining order which restrains one party from

28
ORDER VACATING V.U.C.S.A.CONVICTION
Page 2

1 contacting the other party.

2 Now, therefore,

3 IT IS HEREBY ORDERED ADJUDGED AND DECREED that
4

5 1. The record of conviction is vacated:

6 [] The court allows the defendant to withdraw his plea of guilty, and to
7 enter a plea of not guilty.

8 [] The court sets aside the verdict of guilty.

9 [X] The charge is dismissed.

10 2. The defendant shall be released from all penalties and disabilities resulting
11 from the offense.

12 3. For all purposes the defendant may state that he has never been convicted
13 of the crime of conviction. Nothing in this order affects or prevents the use
14 of the defendant's conviction in a later criminal prosecution.

15 4. The clerk of the court in which the vacation order is entered shall
16 immediately transmit the order vacating the conviction to the Washington
17 State Patrol identification section and to the local police agency, if any,
18 which holds criminal history information for the person who is the subject of
19 the conviction.
20

21 WASHINGTON STATE PATROL
22 ~~Police Department~~

23 Arrest Date: 8/5/07

24 Case: 08-1-00679-3

25 Charges: SOLICITATION TO POSSESS A CONTROLLED SUBSTANCE

26 Disp. Date: 12/16/08

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5. The Washington State Patrol and any such local police agency shall immediately update their records to reflect the vacation of the conviction, and shall transmit the order vacating the conviction to the Federal Bureau of Investigation (FBI).

6. A conviction that has been vacated under this section may not be disseminated or disclosed by the state patrol or local law enforcement agency to any person, except other criminal justice law enforcement agencies.

X
X
X
X

IT IS FURTHER ORDERED:

DONE IN OPEN COURT this 5 day of Apr., 2013.

SKAGIT COUNTY SUPERIOR COURT

Susan K Cook
JUDGE

Presented by

Glen C. Hoff
Glen C. Hoff, WSBA 24645
Attorney for Defendant

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Approved as to form,
Notice of presentation waived

SKAGIT COUNTY PROSECUTING ATTORNEY


Triska Johnson, WSBA 24437

REC-11

FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY WA
January 7, 2010

SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR THE COUNTY OF SKAGIT

STATE OF WASHINGTON

Case No.: 08-1-00679-3

vs.

FULL PARTIAL

POLLINO, JOSEPH THOMAS

**SATISFACTION OF JUDGMENT
LEGAL FINANCIAL OBLIGATIONS**

JUDGMENT CREDITOR: **SKAGIT COUNTY SUPERIOR COURT**, Acknowledges receipt of payment in satisfaction of judgment for legal financial obligations against **POLLINO, JOSEPH THOMAS**.

JUDGMENT NUMBER: 08-9-02503-7 JUDGMENT ENTRY DATE: 12/16/08

<u> </u>	\$175.00	Restitution
<u> </u>	\$200.00	Court Costs/Criminal Fee
<u> </u>	\$	Collection Fees
<u> </u>	\$1425.00	Fine/Penalty
<u> </u>	\$100.00	Interlocal Drug Fund
<u> </u>	\$100.00	Other: Sheriff's Fee/DNA
<u> </u>	\$152.28	Interest
<u> </u>	\$2152.28	TOTAL

Dated: January 7, 2010

Nancy K. Scott
Clerk of Skagit County Superior Court
Teri L. Bordua
Teri L. Bordua, Deputy Clerk

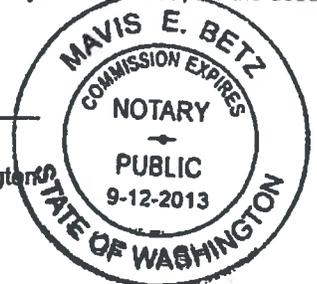
State of Washington)
County of Skagit) ss.

On this day personally appeared before me Teri L. Bordua to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal January 7, 2010.

Mavis E. Betz

MAVIS E. BETZ
NOTARY PUBLIC in and for the state of Washington
Residing at Mount Vernon, Washington



D0030I Beginning of Docket

DD1000PI

07/08/19 14:30:49

DD1001MI Case Docket Inquiry (CDK)

BELLINGHAM MUNICIPAL PUB

Case: CB0050237 BLP CN

StID: _____

Name: _____

NmCd: IN

Name/Title: POLLINO, JOSEPH THOMAS
MINOR POSS AND/OR CONSUMPTION

Case: CB0050237 BLP CN Criminal Non-Traffic Closed

S 04 03 2006 Case Filed on 04/03/2006

NMP

S DEF 1 POLLINO, JOSEPH THOMAS Added as Participant

NMP

D0071I More records available.

DD1000PI

DD1001MI Case Docket Inquiry (CDK)

07/08/19 14:30:54

BELLINGHAM MUNICIPAL PUB

Case: CB0050237 BLP CN

StID: _____

Name: _____

NmCd: IN

Name/Title: POLLINO, JOSEPH THOMAS
MINOR POSS AND/OR CONSUMPTION

Case: CB0050237 BLP CN Criminal Non-Traffic Closed

S	04	03	2006	ARR Set For 04/17/2006 09:45 AM In Room 2	NMP
				* BAD ARR DATE ON TIC/ NEED TO SUMMONS FOR VALID ARR DATE *	NMP
S	04	05	2006	Notice Issued for ARR on 04/17/2006 09:45 AM	MKH
S	04	17	2006	Defendant Arraigned on Charge 1	ERD
S				Plea/Response of Guilty Entered on Charge 1	ERD
S				Finding/Judgment of Guilty for Charge 1	ERD
S				Case Heard Before Judge LEV, DEBRA A	ERD
S				Judge LEV, DEBRA A Imposed Sentence	ERD
S				Court Imposes Jail Time of 365 Days on Charge 1	ERD
S				with 365 Days Suspended, and	ERD
S				0 Days Credit for time served	ERD
S				Total Imposed on Charge 1:	5,000.00 ERD
S				with 4,700.00 Suspended	ERD
S				And 43.00 Other Amount Ordered	ERD

D0071I More records available.

DD1000PI

07/08/19 14:30:55

DD1001MI Case Docket Inquiry (CDK)

BELLINGHAM MUNICIPAL PUB

Case: CB0050237 BLP CN

StID: --

Name:

NmCd: IN

Name/Title: POLLINO, JOSEPH THOMAS
MINOR POSS AND/OR CONSUMPTION

Case: CB0050237 BLP CN Criminal Non-Traffic Closed

S	04 17 2006	Alcohol Information School : 60 D	ERD
S		AIS Review Set for 07/13/2006	ERD
S		Community Service : 10 H	ERD
S		CSE Review Set for 07/13/2006	ERD
S		SOR : Letter of Apology	ERD
		RIGHTS ADVISED. DEF ENTERS GUILTY PLEA. APOLOGY LTR TO OFC	ERD
		MARK WRIGHT (FILED IN CRT) OK TO DO C/S HRS OUTSIDE WC. DEF	ERD
		TO COMPLETE ADIS IN LIEU OF JAIL. REVIEW ON 7-13-06 AT 945AM.	ERD
		OK TO STRIKE.	ERD
S		ARR: Held	LPS
S	04 18 2006	Charge 1: Def. complied with Jail Sentence	ERD
S		Defendant Complied with Letter of Apology	ERD
S		OTH HEARN Set For 07/13/2006 09:45 AM In Room 2	ERD
S		Accounts Receivable Created	343.00 ERD

D0071I More records available.

DD1000PI

DD1001MI Case Docket Inquiry (CDK)

07/08/19 14:30:57

BELLINGHAM MUNICIPAL PUB

Case: CB0050237 BLP CN

StID: -

Name:

NmCd: IN

Name/Title: POLLINO, JOSEPH THOMAS
MINOR POSS AND/OR CONSUMPTION

Case: CB0050237 BLP CN Criminal Non-Traffic Closed

S 04 18 2006	Case Scheduled on Time Pay Agreement 1 for:	343.00	ERD
S 04 19 2006	DEF 1 POLLINO, JOSEPH THOMAS Represented by:		KAC
S	ATY 1 KIM, PATRICK		KAC
S 05 02 2006	COMPLIANT Time Pay Statement Sent for Time Pay Agreement 1		SYS
S 05 15 2006	6135100180 Time Payment Received	50.00	MKH
S 05 30 2006	COMPLIANT Time Pay Statement Sent for Time Pay Agreement 1		SYS
S 06 12 2006	6163100381 Time Payment Received	50.00	JAA
S 06 27 2006	COMPLIANT Time Pay Statement Sent for Time Pay Agreement 1		SYS
S 07 11 2006	Defendant Complied with Alcohol Information School		NMP
S	Defendant Complied with Community Service		NMP
	PROOF OF ADIS & C/S REC'D VIA FAX		NMP
S 07 12 2006	OTH HEARN on 07/13/2006 09:45 AM in Room 2 Canceled		NMP
	DEF CLLED/ OK TO STRIKE HRG		NMP
07 25 2006	DEF CLLED/ WILL MAKE PMT BY 7/26/06		NMP

D0031I End of Docket

DD1000PI

07/08/19 14:30:59

DD1001MI Case Docket Inquiry (CDK)

BELLINGHAM MUNICIPAL PUB

Case: CB0050237 BLP CN

StID: -

Name:

NmCd: IN

Name/Title: POLLINO, JOSEPH THOMAS
MINOR POSS AND/OR CONSUMPTION

Case: CB0050237 BLP CN Criminal Non-Traffic Closed

S	07	27	2006	6208100055	Time Payment Received	50.00	JAO
S	08	01	2006	COMPLIANT	Time Pay Statement Sent for Time Pay Agreement 1		SYS
S	08	16	2006	6228100135	Time Payment Received	50.00	MPH
S	08	29	2006	COMPLIANT	Time Pay Statement Sent for Time Pay Agreement 1		SYS
	09	18	2006	DEF CLLED/	WILL MAKE PMT BY 1ST WK OF OCT		NMP
S	09	26	2006	DELINQUENT	Time Pay Statement Sent for Time Pay Agreement 1		SYS
S	10	06	2006	6279100520	Time Payment Received	50.00	MKH
S	10	17	2006	Case Removed from Time Pay Agreement 189 74277 1			LKR
S				Case Scheduled on Time Pay Agreement 1 for:		93.00	LKR
S	10	31	2006	COMPLIANT	Time Pay Statement Sent for Time Pay Agreement 1		SYS
S	11	16	2006	6320100763	Time Payment Received	93.00	JAA
S				Case Paid in Full and Removed from Time Pay			JAA
S	01	19	2007	Case Disposition of CL Entered			LKR

FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA
2009 JUL 30 PM 2:20
[Signature]

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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SKAGIT**

STATE OF WASHINGTON,

Plaintiff,

vs.

JOSEPH T. POLLINO,

Defendant.

No. 08-1-00679-3
COVER SHEET

Attached hereto are the following with regard to the above Defendant:

- 1) Alcohol & Drug Information School Completion
- 2) Skagit County Jail Alternative Program
- 3) Letter from YMCA re volunteer
- 4) Letter from Cedardale Fire Department

Submitted on July 29, 2009.

[Signature]

MARI K. DOERNER, WSBA #40160
Attorney for Defendant

COVER SHEET

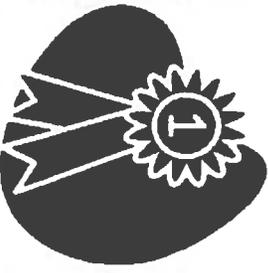
MARI K. DOERNER
1003 Cleveland Ave., Suite D
Mount Vernon, WA 98273
OFFICE: 360.336.1622
FAX: 360.336.1644
WSBA #40160

5

[Handwritten mark]

Phoenix Recovery Services, LLC

Alcohol and Drug Information School COMPLETION



This certifies that Joseph Pollino has successfully completed
An 8-Hour Alcohol and Drug Information School

Signature: *Ann O'Harra* Date: 07-18-2009



Skagit County Jail Alternative Programs Office

600 S 3rd St, Mount Vernon, WA 98273

(North End of the Public Safety Building)

360-336-9359/fax: 360-336-9428

For Office Use Only	
Deputy	Vater
Name #	260779

No Children or Pets Allowed in the Jail Alternatives Office

Pollino, Joseph T _____ 1/1/41
 Name (Last, First, Middle) Date of Birth

S. 10th St. Mount Vernon, WA 98274
 Address City State Zip

Home Phone # _____ Cell Phone # _____

Skagit Valley Hospital _____ Security Officer
 Employed by Job Title

Sandra Pollino
 Emergency Contact Name & Phone #

Medical Problems: Yes No Take Medications: Yes No

If yes describe issues and any physical limitations: _____

For Office Use Only:

Charge: 901 PUM / DUI Court: SC Cause #: 08-1-00679-3 Sentence Length: 1 day

Next Appointment: 25 (day) July, 2009 Time: 0700 am pm

Interview Booking: Litter Crew CSW AIB EHM WR ODO JAIL

I will bring a receipt showing payment of: \$ 35⁰⁰ (May use kiosk, telephone or internet payment)
 for Application fee \$25; UA fee \$10; ODO \$50 / \$35 / \$25; Other \$ _____ for _____

Program Start Date: _____ (day) _____, 20____ Time: _____ am pm

Other: _____

I understand:

- I am required to report as directed, and failure to do so may result in the issuance of a warrant for my arrest and a new criminal charge of escape.
- I may be denied participation if I have any law violations while waiting to begin Programs.
- I must pass drug & alcohol screening tests to participate in any Alternatives Program.

Signature J. Joseph T. Vater _____ Date: 7-14-09

(2)



YMCA

We build strong kids,
strong families, strong communities.

2/25/09

The purpose of this letter is to confirm that Joseph Pollino volunteered as a youth soccer coach in the fall and winter of 2008 at the Skagit Valley Family YMCA. In the fall of 2008, Mr. Pollino coached a 5-6 year old indoor soccer team at the YMCA Sports Center from Sept. 19 to Nov. 5 (7 weeks); this required him to be at practice for 1 hour per week and coach 1 game per week for a total of 14 hours over the 7 week session.

In the winter of 2008, Mr. Pollino helped coach another 5-6 year old team from Nov. 10 to Jan. 10 (7 weeks of games/practices, excluding holiday breaks). Again, this required a commitment of 1 hour per week for practice and another hour per week for the game, for a total of 14 hours.

As of today, Feb. 25, 2009, Mr. Pollino has volunteered for the Skagit Valley Family YMCA for a total of 28 hours.

Please contact me if you have any questions regarding Mr. Pollino's volunteer hours at the Skagit Valley Family YMCA.

Vanessa Harrington

Adult and Youth Sports Director

v.harrington@skagitymca.org

③

Skagit Valley Family YMCA · 215 East Fulton Street · Mount Vernon, WA 98273

360-336-9622 · Fax: 360-336-9624



YMCA mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Cedardale Fire Department

19746 E Hickox Rd.
Mount Vernon, Wa. 98174
(360) 424-1661

07/14/2009

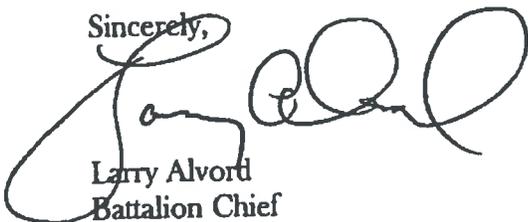
DOC Officer Zach Lively
707 South 2nd Street
Mount Vernon, Wa. 98273

Dear Zach,

I have become aware that one of my firefighters Joseph Pollino is currently in the process of completing some legal issues and a portion of this process is community service requirements. It is my understanding that this requirement could possibly be handled with the tremendous amount of hours this young man has given and continues to give to this department and the citizens of Skagit County and Fire District #3. I have known Joseph for a while now, seen him grow, develop and constantly strive to improve himself with the intent of completing his college fire courses, attending the Washington EMT program, with his final goal of becoming a Paramedic/Firefighter.

Joseph is one of the standouts in our department's ever growing new generation of firefighters. Our minimal hours for training are 3 hours per week which he continually exceeds. The hours he has accrued this year since January 1st are in excess of 163 hours. I have also received good feedback from veteran's in my department that also agree with Joe's commitment and we look forward watching him grow in the fire service.

Sincerely,



Larry Alvord
Battalion Chief
Cedardale Fire Department
Skagit County Fire District #3

KING COUNTY DISTRICT COURT

INFORMATION ONLY

Cause No. 56255964A

Date: 11-15-07

I promise to appear at **West Division, Seattle Courthouse, 516 Third Avenue,**
on 11-16-07 at ~~1:30pm~~ in Room E- 301 - EAK.

Phone: (206) 205-9200

at 1:30pm

 Bench Warrant Hearing

I hereby agree to notify the court of any change of address or telephone number.
IF I FAIL TO APPEAR, A WARRANT FOR MY ARREST WILL BE ISSUED.

RECEIVED
07 NOV 15 PM 2:14
KING COUNTY
DISTRICT COURT
SEATTLE DIVISION

Application For Release

Print so it can be read:

1. Name Joseph Pollino Birthdate 1/1/71

2. Telephone Number Cell Phone Number

3. Address
Willow Lane Mount Vernon 98273
Street City Zip Code

4. How long have you lived here? 2 months

5. How long have you lived in King County?

6. Do you have family living in King County? Yes No

Wife Husband Children Mother Father

Other

7. Employer Phone No. How Long?

8. Are you receiving money from:
Unemployment Compensation Welfare Social Security

9. Have you ever failed to appear for a court case? Yes This one
Explain 2 dates on paper / Read wrong one

10. In case of emergency you may contact:
Name Sandra Pollino Phone No.

KING COUNTY DISTRICT COURT
STATE OF WASHINGTON
West Division-Seattle Courthouse

WARRANT RECALL

THE WARRANT ISSUED IN THIS CASE IS HEREBY RECALLED:

Discis Database KCD

DEFENDANT POLLINO, JOSEPH THOMAS

DOB _____

DATE OF WARRANT 10/30/07

CAUSE NUMBER 56255964A

BOND / BAIL RECEIVED FROM _____

By Phone Recall made to _____ on _____
(name) (date)

By Fax on 11-16-07
(date)

COURT CLERK 

BENCH

WARRANT OF ARREST

KING COUNTY DISTRICT

in the _____ Court

The City of _____

KING COUNTY, STATE OF WASHINGTON

Plaintiff

vs.

name
address **POLLINO, JOSEPH THOMAS**
15215 SUNSET LN
MOUNT VERNON WA 98273

STATE OF WASHINGTON } Defendant
COUNTY OF KING } ss
CITY OF _____

The State of Washington to all Peace Officers,

meetings;

A complaint/information under oath or certification has been filed in this court, charging the defendant with the crimes as herein described.

Therefore, in the name of the State of Washington, you are commanded to arrest the defendant and keep the defendant in custody until the defendant is discharged according to law, and to make due return of this warrant with your manner of service endorsed thereon. Cash or surety bond to be approved by court. Service of this warrant by telegraph or teletype is authorized.

Reason for Issuance

- Failure to Post Bail, Appear, or Arrange Personal Recognizance
- Failure to Appear for Hearing
- Failure to Comply with Court Order.
- Failure to Pay Fine or Appear.
- CASH BAIL ONLY - No Personal Recognizance or Bail Bond

Bail		Court Case No.				Warrant Expiration Date			
300.00		KCP 56255964A				10/25/2010			
Originating Agency	Sex	Race	D.O.B.	Hgt.	Wgt.	Eyes	Hair		
KCP		M W		5 8	145	BRO	BRN		
Place of Employment			Social Security No.			Originating Agency Case No.			
Operator License No.		State	Expires	Citation Number		Violation Date			
POLLIJT137N9		WA	08	56255964A		08/26/2007			
License Plate No.	State	Expires	Year	Make	Type	Color			

Description of Charge(s)		RCW/Ordinance
Narrative		
MINOR POSS AND/OR CONSUMPTION		66.44.270.
<p>Filed at Seattle Courthouse</p> <p>NOV 21 2007</p>		

Officer's Number	Complainant—Under Oath or Certification
03213	KIERCE, RONALD

Additional Identifying Data

Hereby Certify That I Arrested the Named Defendant

on The SETTLED Day of NOV 16 2007 2007

Officer _____ Agency _____

Service Fees _____ Service _____ Mileage _____ Total _____

Given Under My Hand This

30 Day of October 202007

Judge/Commissioner Barbara Lunde

SEATTLE COURTHOUSE

01082961 20100414 902 00.000

COMPUTER CONTROL NUMBER				
LOCAL NUMBER	DATE ENTERED	AGENT'S SIGNATURE	DATE CLEARED	AGENT'S SIGNATURE
WACIC	11-16-02		11-16-02	DH
NCIC				

KNOWN ALIASES		PLACES SUBJECT FREQUENTS (TAVERNS, BOWLING ALLEYS, ETC.)	
PREVIOUS ARRESTS		OCCUPATION AND PLACE OF EMPLOYMENT	
SERVICE RECORD			
DATE	TIME	ADDRESS	REMARKS
	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> RES. <input type="checkbox"/> EMPL. <input type="checkbox"/> OTHER	
	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> RES. <input type="checkbox"/> EMPL. <input type="checkbox"/> OTHER	
	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> RES. <input type="checkbox"/> EMPL. <input type="checkbox"/> OTHER	

0005 20100414 00 01082961



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Joseph T. Pollino
Master Case No.: M2010-1155
Document: Order of Release

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health and Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SECRETARY OF HEALTH**

In the Matter of

JOSEPH T. POLLINO
Credential No. EMT.ES.60171377
Credential No. HCA.HC.60229558

Respondent

**No. M2010-1155
No. M2011-1080**

**ORDER UPON COMPLETION
OF CONDITIONS**

This matter comes before the Secretary of Health (Secretary) on request for an order upon completion of conditions brought by the Compliance Officer for the Office of Emergency Medical Services and Trauma System Programs and the Health Care Assistant Program (Programs). The Presiding Officer, on designation by the Secretary of Health, issues the following:

1. PROCEDURAL STIPULATIONS

1.1 On November 9, 2010, the state of Washington issued Respondent a credential to practice as an emergency medical technician. Respondent's credential is currently active, subject to certain terms and conditions.

1.2 On August 25, 2011, the state of Washington issued Respondent a credential to practice as a health care assistant. Respondent's credential is currently active, subject to certain terms and conditions.

1.3 The Compliance Officer for the Programs requested Respondent's release from the terms and conditions and the authorization to practice as an emergency medical technician and as a health care assistant in the state of Washington without conditions.

1.4 This Order Upon Completion of Conditions is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 61, RCW 18.130.110 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site.

2. FINDINGS OF FACT

2.1 On November 9, 2010, the state of Washington issued Respondent a credential to practice as an emergency medical technician. Respondent's credential is currently active and subject to the Secretary's November 3, 2010 Agreement to Practice

ORDER UPON COMPLETION OF CONDITIONS
NOS. M2010-1155 & M2011-1080

PAGE 1 OF 4

ORIGINAL REINSTATEMENT ADMINISTRATIVE - REV 10-05

With Conditions (2010 Agreement). In the 2010 Agreement, Respondent was to comply with, among other terms, the following conditions:

- A. Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program. WHPS may be contacted at PO Box 47872, Olympia, WA 98504-7872 or (360) 236-2880. *[Paragraph 2 of the 2010 Agreement]*

2.2 On August 25, 2011, the state of Washington issued Respondent a credential to practice as a health care assistant. Respondent's credential is currently active and subject to the Secretary's August 15, 2011 Agreement to Practice With Conditions (2011 Agreement). In the 2011 Agreement, Respondent was to comply with, among other terms, the following conditions:

- A. On or about November 9, 2010, the Secretary of Health of the state of Washington entered an Agreement to Practice With Conditions, No. M2010-1155 (2010 Agreement) on Applicant's emergency medical technician license. The 2010 Agreement required Applicant to seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program, and then, if recommended, enter and comply with all aspects of that program. *[Paragraph 2 of the 2011 Agreement]*
- B. Applicant shall comply with all conditions of the 2010 Agreement as follows:

- a) Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program. WHPS may be contacted at PO Box 47872, Olympia, WA 98504-7872 or (360) 236-2880. *[Paragraph 3 of the 2011 Agreement]*

2.3 The Compliance Officer for the Programs requested release from the terms and conditions of the 2010 Agreement and the 2011 Agreement.

2.4 The Programs reviewed Respondent's file to determine compliance with the 2010 Agreement and the 2011 Agreement and concluded Respondent has substantially complied with the terms and conditions.

3. CONCLUSIONS OF LAW

Based on the Findings of Fact, the Health Law Judge makes the following Conclusions of Law:

3.1 The Secretary has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 The request for an order upon completion of conditions was brought properly before the Secretary.

3.3 The request for release from the terms and conditions should be granted and the Program's oversight and monitoring of Respondent's compliance terminated.

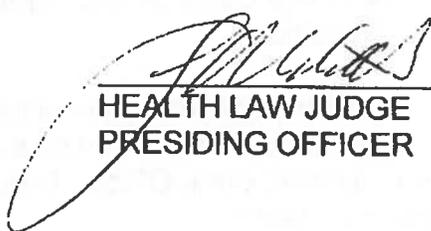
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4. ORDER

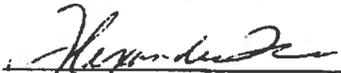
Based on the Findings of Fact and Conclusions of Law, the Secretary orders:

4.1 The request for release from the terms and condition of the 2010 Agreement and the 2011 Agreement is hereby granted and the Program's oversight and monitoring of Respondent's compliance terminated.

DATED: January 24, 2012


 HEALTH LAW JUDGE
 PRESIDING OFFICER

PRESENTED BY:


 ALEXANDER H. LEE, WSBA #35824
 DEPARTMENT OF HEALTH STAFF ATTORNEY

January 13, 2012
 DATE



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Joseph T. Pollino
Master Case No.: M2010-1155
Document: Notice of Decision and Agreement to Practice
Conditions

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

Respondent's residential address, including street, city, and zip code pursuant to RCW 42.56.050, RCW 42.56.350(2)

Skagit County Superior Court Order

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**FILED**

OCT 10 2010

Adjudicative Clerk

NOTICE OF DECISION ON APPLICATIONJoseph T. Pollino


Application No. EMT.ES.60171377 No. M2010-1155

The Secretary of Health (Secretary) has decided that you may be given a credential to practice as an emergency medical technician, provided that you agree to practice under the conditions listed on the enclosed form and provided you meet relevant regulatory requirements for credentialing. The Secretary acknowledges the seriousness of the *underlying criminal* conduct but has determined that the conditions proposed will serve to adequately protect the public. Please review each of the options below and take the appropriate action. You must return a response (using one of the enclosed forms) to the Department of Health within twenty-eight (28) days or your application will be denied.

You must choose one of the following options:

1. If you **agree** to practice under all the listed conditions on the enclosed form (Agreement to Practice with Conditions), you must sign it, and return it to us at the address listed on the form. You will then be credentialed subject to those conditions, and we will be in contact with you to monitor your compliance with the conditions.
2. If you **disagree** with any of the conditions and want a hearing, you must state why on the enclosed form (Request for Hearing), sign it, and return it to us at the address listed on the form. You will then be notified of the date of your hearing, and you will also have an opportunity to negotiate a settlement before the hearing date.
3. If you **do nothing**, your application is DENIED.

Basis for this Decision

In June 2010, you applied for a credential to practice as an emergency medical technician in the state of Washington.



ORIGINAL

On or about December 16, 2008, you were convicted of one (1) count of Solicitation to Possess over 40 Grams of Marijuana, a gross misdemeanor, and one (1) count of Driving Under the Influence, a gross misdemeanor, in the Superior Court of Washington, County of Skagit, case no. 08-1-00679-3.

Grounds for this Decision

The Secretary has jurisdiction over this subject matter.

Your application will not be approved unconditionally under RCW 18.130.055(1)(b), (c), and (d) and RCW 18.130.180(17).

RCW 18.130.055 Authority of disciplining authority – Denial of applications.

(1) The disciplining authority may deny an application for licensure or grant a license with conditions if the applicant:

...

(b) Has committed any act defined as unprofessional conduct for a license holder under RCW 18.130.180:

(c) Has been convicted or is subject to current prosecution or pending charges of a crime involving moral turpitude or a crime identified in RCW 43.43.830. For purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the prosecution or sentence has been deferred or suspended. At the request of an applicant for an original license whose conviction is under appeal, the disciplining authority may defer decision upon the application during the pendency of such a prosecution or appeal:

(d) Fails to prove that he or she is qualified in accordance with the provisions of this chapter, the chapters identified in RCW 18.130.040(2), or the rules adopted by the disciplining authority;

...

RCW 18.130.180 Unprofessional Conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

...

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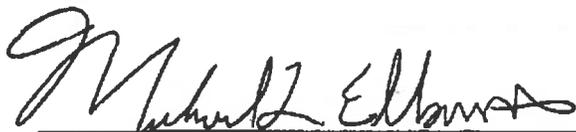
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(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

....



DOLLY FERNANDES
MANAGER



MICHAEL ELLSWORTH, WSBA #39531
PROGRAM REPRESENTATIVE

Enclosure

DECLARATION OF SERVICE BY MAIL

I declare that today, in Tumwater, Washington, I placed in the United States Mail, a properly addressed and stamped envelope containing a true and correct copy of this document to the applicant, at the following address:

Joseph T. Pollino



Dated this 15 day of October, 2010.

Signature: Tiffany Berisford
Tiffany Berisford, Legal Assistant



AGREEMENT TO PRACTICE WITH CONDITIONS

Joseph T. Pollino
 [REDACTED]

Application No. EMT.ES.60171377 No. M2010-1155

I agree with the Notice of Decision regarding my application for a credential and will practice subject to all of the following conditions:

1. Applicant's application for a credential to practice as an emergency medical technician in the state of Washington shall be GRANTED upon compliance with relevant regulatory requirements for credentialing and upon compliance with the following terms and conditions.
2. Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program. WHPS may be contacted at PO Box 47872, Olympia, WA 98504-7872 or (360) 236-2880.
3. All documents required by this Agreement shall be sent to the Department of Health, Compliance Unit at PO Box 47873, Olympia, WA 98504-7873.
4. Applicant agrees and understands that this Agreement constitutes the entire agreement. If Applicant signs this Agreement and submits it with any revisions to which the parties did not agree, the offer is withdrawn and the revised Agreement will be treated as a request for a hearing.
5. The effective date of this Agreement is the date that the Adjudicative Clerk Office receives the signed Agreement.

Applicant understands that the Secretary of Health (Secretary) will grant a credential to the Applicant, but only under the conditions described in this Agreement and provided Applicant meets relevant regulatory requirements for credentialing. The above conditions are effective the date your credential is issued. Applicant understands that there is no obligation to sign this Agreement. Applicant has a right to a hearing on the issues contained in the Notice of Decision, waives that right, and agrees to this Agreement.

This Agreement is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 61, RCW 18.130.110 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site. It is releasable to the public upon request pursuant to the Public Records Act, chapter 42.56 RCW. This Agreement shall remain part of Applicant's file and cannot be expunged.

Protection of the public requires practice under the conditions imposed in this Agreement. Failure to comply with the conditions of this Agreement may result in suspension of the credential after a show cause hearing. If Applicant fails to comply with the conditions of this Agreement, the Secretary may hold a hearing, present evidence of the Applicant's failure to comply with the conditions, and to require Applicant to show cause why the credential should not be suspended. Alternatively, the Secretary may bring additional charges of unprofessional conduct under RCW 18.130.180(9) and impose sanctions under RCW 18.130.160. In either case, Applicant will be afforded notice and an opportunity for a hearing on the issue of non-compliance.

Return this form to:
Adjudicative Clerk Office
Adjudicative Service Unit
Department of Health
PO Box 47879
Olympia, WA 98504-7879

Fax: (360) 586-2171

Signature:



 JOSEPH T. POLLINO, Applicant

Date Signed:

11 / 2 / 10

NOTE: Your application will be DENIED if you fail to return this form OR the Request for Hearing form within twenty-eight (28) days from the date shown at the bottom of the Notice of Decision.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Joseph Thomas Pollino
Master Case No.: M2011-1080
Document: Notice of Decision and Agreement to Practice with Conditions

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

Respondent's residential address, including street, city, and zip code pursuant to RCW 42.56.050, RCW 42.56.350(2)

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.



FILED
 AUG 02 2011
 Adjudicative Clerk

NOTICE OF DECISION ON APPLICATION

Joseph Thomas Pollino
 Skagit Valley Hospital
 Human Resources Dept.
 PO Box 1376
 Mount Vernon, WA 98273-1376

Joseph Thomas Pollino

Application No. HCA.HC.60229558 No. M2011-1080

The Secretary of Health (Secretary) has decided that you may be given a credential to practice as a health care assistant, provided that you agree to practice under the conditions listed on the enclosed form and provided you meet relevant regulatory requirements for credentialing. The Secretary acknowledges the seriousness of the underlying criminal conduct but has determined that the conditions proposed will serve to adequately protect the public. Please review each of the options below and take the appropriate action. You must return a response (using one of the enclosed forms) to the Department of Health within twenty-eight (28) days or your application will be denied.

You must choose one of the following options:

1. If you **agree** to practice under all the listed conditions on the enclosed form (Agreement to Practice with Conditions), you must sign it, and return it to us at the address listed on the form. You will then be credentialed subject to those conditions, and we will be in contact with you to monitor your compliance with the conditions.
2. If you **disagree** with any of the conditions and want a hearing, you must state why on the enclosed form (Request for Hearing), sign it, and return it to us at the address listed on the form. You will then be notified of the date of your hearing, and you will also have an opportunity to negotiate a settlement before the hearing date.
3. If you **do nothing**, your application is DENIED.

Basis for this Decision

On May 18, 2011, you applied for a credential to practice as a health care assistant in the state of Washington.

On or about November 9, 2010, the Secretary of Health of the state of Washington entered an Agreement to Practice With Conditions, No. M2010-1155 (2010 Agreement) on your emergency medical technician license. The 2010 Agreement required you to seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program, and then, if recommended, enter and comply with all aspects of that program.

Grounds for this Decision

The Secretary has jurisdiction over this subject matter.

Your application will not be approved unconditionally under RCW 18.130.055(1)(a) and (d), and RCW 18.130.180(5).

RCW 18.130.055 Authority of disciplining authority – Denial of applications.

(1) The disciplining authority may deny an application for licensure or grant a license with conditions if the applicant:

(a) Has had his or her license to practice any health care profession suspended, revoked, or restricted, by competent authority in any state, federal, or foreign jurisdiction;

...

(d) Fails to prove that he or she is qualified in accordance with the provisions of this chapter, the chapters identified in RCW 18.130.040(2), or the rules adopted by the disciplining authority;

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RCW 18.130.180 Unprofessional Conduct.

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

...

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

....



BLAKE MARESH
EXECUTIVE DIRECTOR



ALEXANDER LEE, WSBA #35824
PROGRAM REPRESENTATIVE

Enclosure

DECLARATION OF SERVICE BY MAIL

I declare that today, in Tumwater, Washington, I placed in the United States Mail, a properly addressed and stamped envelope containing a true and correct copy of this document to the applicant, at the following address:

Joseph Thomas Pollino
Skagit Valley Hospital
Human Resources Dept.
PO Box 1376
Mount Vernon, WA 98273-1376

Joseph Thomas Pollino


Dated this 2nd day of August, 2011

Signature: Tiffany Berisford
Tiffany Berisford, Legal Assistant



AGREEMENT TO PRACTICE WITH CONDITIONS

Joseph Thomas Pollino
 Skagit Valley Hospital
 Human Resources Dept.
 PO Box 1376
 Mount Vernon, WA 98273-1376

Joseph Thomas Pollino
 [REDACTED]

Application No. HCA.HC.60229558 No. M2011-1080

I agree with the Notice of Decision regarding my application for a credential and will practice subject to all of the following conditions:

1. Applicant's application for a credential to practice as a health care assistant in the state of Washington shall be **GRANTED** upon compliance with relevant regulatory requirements for credentialing. As condition of receiving this credential, applicant shall comply with the following terms and conditions.
2. On or about November 9, 2010, the Secretary of Health of the state of Washington entered an Agreement to Practice With Conditions, No. M2010-1155 (2010 Agreement) on Applicant's emergency medical technician license. The 2010 Agreement required Applicant to seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program, and then, if recommended, enter and comply with all aspects of that program.
3. Applicant shall comply with all conditions of the 2010 Agreement as follows:
 - A. Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program.

WHPS may be contacted at PO Box 47872, Olympia,
WA 98504-7872 or (360) 236-2880.
(Paragraph 2 of the 2010 Agreement)

4. All documents required by this Agreement shall be sent to the Department of Health, Compliance Unit at PO Box 47873, Olympia, WA 98504-7873.
5. Applicant agrees and understands that this Agreement constitutes the entire agreement. If Applicant signs this Agreement and submits it with any revisions to which the parties did not agree, the offer is withdrawn and the revised Agreement will be treated as a request for a hearing.
6. The effective date of this Agreement is the date that the Adjudicative Clerk Office receives the signed Agreement.

Applicant understands that the Secretary of Health (Secretary) will grant a credential to the Applicant, but only under the conditions described in this Agreement and provided Applicant meets relevant regulatory requirements for credentialing. The above conditions are effective the date your credential is issued. Applicant understands that there is no obligation to sign this Agreement. Applicant has a right to a hearing on the issues contained in the Notice of Decision, waives that right, and agrees to this Agreement.

This Agreement is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 61, RCW 18.130.110 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site. It is releasable to the public upon request pursuant to the Public Records Act, chapter 42.56 RCW. This Agreement shall remain part of Applicant's file and cannot be expunged.

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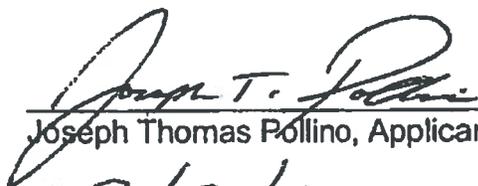
Protection of the public requires practice under the conditions imposed in this Agreement. Failure to comply with the conditions of this Agreement may result in suspension of the credential after a show cause hearing. If Applicant fails to comply with the conditions of this Agreement, the Secretary may hold a hearing, present evidence of the Applicant's failure to comply with the conditions, and to require Applicant to show cause why the credential should not be suspended. Alternatively, the Secretary may bring additional charges of unprofessional conduct under RCW 18.130.180(9) and impose sanctions under RCW 18.130.160. In either case, Applicant will be afforded notice and an opportunity for a hearing on the issue of non-compliance.

Return this form to:

**Adjudicative Clerk Office
Adjudicative Service Unit
Department of Health
PO Box 47879
Olympia, WA 98504-7879**

Fax: (360) 586-2171

Signature:



Joseph Thomas Pollino, Applicant

Date Signed:

8/8/2011

NOTE: Your application will be DENIED if you fail to return this form OR the Request for Hearing form within twenty-eight (28) days from the date shown at the bottom of the Notice of Decision.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Joseph T. Pollino
Master Case No.: M2011-1080
Document: Order of Release

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health and Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SECRETARY OF HEALTH**

In the Matter of

JOSEPH T. POLLINO

Credential No. EMT.ES.60171377

Credential No. HCA.HC.60229558

Respondent

No. M2010-1155

No. M2011-1080

**ORDER UPON COMPLETION
OF CONDITIONS**

This matter comes before the Secretary of Health (Secretary) on request for an order upon completion of conditions brought by the Compliance Officer for the Office of Emergency Medical Services and Trauma System Programs and the Health Care Assistant Program (Programs). The Presiding Officer, on designation by the Secretary of Health, issues the following:

1. PROCEDURAL STIPULATIONS

1.1 On November 9, 2010, the state of Washington issued Respondent a credential to practice as an emergency medical technician. Respondent's credential is currently active, subject to certain terms and conditions.

1.2 On August 25, 2011, the state of Washington issued Respondent a credential to practice as a health care assistant. Respondent's credential is currently active, subject to certain terms and conditions.

1.3 The Compliance Officer for the Programs requested Respondent's release from the terms and conditions and the authorization to practice as an emergency medical technician and as a health care assistant in the state of Washington without conditions.

1.4 This Order Upon Completion of Conditions is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 61, RCW 18.130.110 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site.

2. FINDINGS OF FACT

2.1 On November 9, 2010, the state of Washington issued Respondent a credential to practice as an emergency medical technician. Respondent's credential is currently active and subject to the Secretary's November 3, 2010 Agreement to Practice

ORDER UPON COMPLETION OF CONDITIONS
NOS. M2010-1155 & M2011-1080

PAGE 1 OF 4

ORIGINAL REINSTATEMENT ADMINISTRATIVE - REV 10-05

With Conditions (2010 Agreement). In the 2010 Agreement, Respondent was to comply with, among other terms, the following conditions:

- A. Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program. WHPS may be contacted at PO Box 47872, Olympia, WA 98504-7872 or (360) 236-2880. *[Paragraph 2 of the 2010 Agreement]*

2.2 On August 25, 2011, the state of Washington issued Respondent a credential to practice as a health care assistant. Respondent's credential is currently active and subject to the Secretary's August 15, 2011 Agreement to Practice With Conditions (2011 Agreement). In the 2011 Agreement, Respondent was to comply with, among other terms, the following conditions:

- A. On or about November 9, 2010, the Secretary of Health of the state of Washington entered an Agreement to Practice With Conditions, No. M2010-1155 (2010 Agreement) on Applicant's emergency medical technician license. The 2010 Agreement required Applicant to seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program, and then, if recommended, enter and comply with all aspects of that program. *[Paragraph 2 of the 2011 Agreement]*
- B. Applicant shall comply with all conditions of the 2010 Agreement as follows:

- a) Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program. WHPS may be contacted at PO Box 47872, Olympia, WA 98504-7872 or (360) 236-2880. *[Paragraph 3 of the 2011 Agreement]*

2.3 The Compliance Officer for the Programs requested release from the terms and conditions of the 2010 Agreement and the 2011 Agreement.

2.4 The Programs reviewed Respondent's file to determine compliance with the 2010 Agreement and the 2011 Agreement and concluded Respondent has substantially complied with the terms and conditions.

3. CONCLUSIONS OF LAW

Based on the Findings of Fact, the Health Law Judge makes the following Conclusions of Law:

3.1 The Secretary has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 The request for an order upon completion of conditions was brought properly before the Secretary.

3.3 The request for release from the terms and conditions should be granted and the Program's oversight and monitoring of Respondent's compliance terminated.

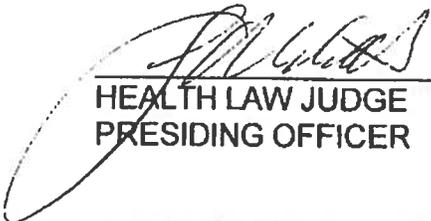
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4. ORDER

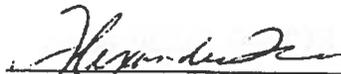
Based on the Findings of Fact and Conclusions of Law, the Secretary orders:

4.1 The request for release from the terms and condition of the 2010 Agreement and the 2011 Agreement is hereby granted and the Program's oversight and monitoring of Respondent's compliance terminated.

DATED: February 24, 2012


 HEALTH LAW JUDGE
 PRESIDING OFFICER

PRESENTED BY:


 ALEXANDER H. LEE, WSBA #35824
 DEPARTMENT OF HEALTH STAFF ATTORNEY

February 13, 2012
 DATE

JAY INSLEE
Governor



JOHN R. BATISTE
Chief

STATE OF WASHINGTON
WASHINGTON STATE PATROL

2700 116th St. NE • Marysville, WA 98271-9425 • (360) 654-1204 • www.wsp.wa.gov

October 08, 2019

Mr. Joseph Thomas Pollino

10000 1st St
Glenbrook, NV 89413

RE: Public Records Request of October 08, 2019, Reference # R012360-100819

Dear Mr. Joseph Thomas Pollino,

Thank you for your inquiry to the Washington State Patrol. Pursuant to RCW 42.56.520, this is notification that we have received your public disclosure request below.

“Any and all arrest and/or incident records. Two incidents: 1. Skagit County - DUI, Possession of Marijuana - 8/5/2007 - Skagit County Superior Court #08-1-00679-3 2. Snohomish County - Arrest for outstanding warrant from King County - Date Unknown - Case unknown”

Pursuant to the Secretary of State’s approved Record Retention Schedule these records have been destroyed, RCW 40.14.060.

This response completes your request. Should you have any questions, please feel free to contact us via our web portal at [https://wsp.govqa.us/WEBAPP/_rs/\(S\(n2tbm52daqt0egg1wcz3u2db\)\)/SupportHome.aspx](https://wsp.govqa.us/WEBAPP/_rs/(S(n2tbm52daqt0egg1wcz3u2db))/SupportHome.aspx).

Sincerely,
JJ Molstad
Public Disclosure Tracking Coordinator



Request for court records

From: Curtis, Becky R. (bcurtis@cob.org)

To:

Date: Monday, July 8, 2019, 02:56 PM PDT

Joseph

Per the Washington Secretary of State's General Records Retention Schedules, Bellingham Municipal Court is only required to retain court records for 3 years from the date the case was closed. Case number CB50237 was closed on 1/19/07 and as a result, the file has been destroyed. I have attached a copy of the court docket for your reference.

Feel free to call me directly at (360) 778-8124 if you have any questions.

Thank you.

Becky

Bellingham Municipal Court

From: Joey Pollino <joey_pollino@yahoo.com>
Sent: Monday, July 8, 2019 12:09 PM
To: MC - court@cob.org <court@cob.org>
Subject: Request for court records



Type here to search



13

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR VETERINARIAN AUTHORITY TO DISPENSE DRUGS

What types of drugs will you be dispensing?

Controlled Substances Dangerous Drugs Both

Do you, as a dispensing practitioner or in conjunction with other practitioners, wholly own your practice? Yes No

If no, please complete the Application for Non-Practitioner Dispensing Site Owners as required by NAC 639.742 (2).

Personal Information

First: Melissa Middle: Ann Last: Tyson

Date of Birth: _____ SSN: _____ Sex: M or F

Email Address: _____ Degree: DVM Practitioner License #: 2626

(You MUST be licensed with your respective BOARD before we will process this application.)

Practice Information (Submit addresses for all other dispensing sites on a separate sheet.)

Practice Name (if any): _____

Practice Address: 37 Olympia Hills Circle Las Vegas State: NV Zip: 89141

(This must be a Nevada practice address. A license will not be issued to a home or a PO Box address.)

Work Telephone: 626.666.7804 Work Fax: _____

Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		<input checked="" type="checkbox"/>
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		<input checked="" type="checkbox"/>
3.	Have you been the subject of an administrative action whether completed or pending in <u>any</u> state?	<input checked="" type="checkbox"/>	
4.	Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		<input checked="" type="checkbox"/>

If you marked YES to any of the number questions (2-4) above, include the following information and provide documentation:

Board Administrative Action:	State:	Date:	Case #:
	<u>CALIFORNIA</u>	<u>01/08/2018</u>	<u>4602017000560</u>

Criminal Action:	State:	Date:	Case #:	County:	Court:

Payment: Submit with this application a fee of \$150 by providing your credit or debit card information below or by submitting a check for \$150 made payable to Nevada State Board of Pharmacy

Credit Type: Visa Mastercard Discover American Express Exp Date: ___/___/___ (MM/YY) Amount Charge: \$150

Credit Card #: _____ CVV (3 digits on back of card): _____ Billing Zip: _____

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Melissa Tyson 12.25.19

Original Signature, no copies or stamps accepted. Date

Board Use Only Received: _____ Amount: _____

RAY NEWMAN
Law Offices of Ray Newman
236 West Mountain Street, Unit 119
Pasadena, California 91103
(626) 440-9433
raynew456@sbcglobal.net

December 23, 2019

Nevada State Board
Of Veterinary Medical Examiners
4600 Kietzke Lane
Building O-#265
Reno, Nevada 89502

Re: Dr. Melissa Ann Tyson, License No. 2626

Dear Sir/Madame:

I am submitting this letter to clarify a mistake in Dr. Melissa Ann Tyson's renewal application. Dr. Tyson became embroiled in a dispute with the California Department of Food and Agriculture whereby the aforesaid state agency filed a lawsuit against her in the Los Angeles County Superior Court. As her attorney in the California action, I filed a motion to dismiss the action for failure to state a valid cause of action. The matter was eventually dismissed by the aforementioned California state agency.

Sometime later, the state of California decided to file different charges, requesting an administrative hearing to avoid the legal requirements imposed by a superior court filing. At the time Dr. Tyson filed her application, I had advised her that the matter would be quickly dismissed. Acting under that impression caused by my erroneous advice, Dr. Tyson was under the impression that this matter would be quickly dismissed like the previous action so she checked the box "no action pending" under a misapprehension of her legal situation caused by me.

Dr. Tyson is extremely sorry for any confusion her mistaken answer may have caused. The appeal of that matter is presently pending.

I would also like to point out that none of the California state actions filed against Dr. Tyson had anything to do with medical knowledge or ability as a veterinarian

If I can be of further assistance please feel free to contact me

Very truly,


Ray Newman

**BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

MELISSA ANN TYSON, DVM,

Veterinary Medical License No. VET 13995,

and

CROWN CITY VETERINARY MEDICAL GROUP, INC.,

MELISSA ANN TYSON, DVM, Managing Licensee,

Premises Permit No. HSP 5890,

Respondents

Agency Case No. 4602017000560

OAH No. 2018051074

DECISION AND ORDER

The attached Proposed Decision of the Administrative Law Judge is hereby accepted and adopted by the Veterinary Medical Board as its Decision in the above-entitled matter, except that, pursuant to

Government Code section 11517, subdivision (c)(2)(B), the prosecution costs totaling \$20,410 are reduced by \$5,102.50 to reflect Respondents' successful challenge to the second cause for discipline under Business and Professions Code section 4883, subdivisions (d), (g), and (j), reducing the total amount of prosecution and investigative costs ordered to be paid by Respondents from \$26,043.75 to \$20,941.25, and, pursuant to Government Code section 11517, subdivision (c)(2)(C), the following minor and technical errors are corrected:

1. Page 2, second paragraph, first line, after "General," insert "Office of the Attorney General, Department of Justice, State of California,"; and remove and replace "complainant" with "Jessica Sieferman, in her official capacity as Executive Officer (complainant) of the Veterinary Medical Board (Board), Department of Consumer Affairs, State of California."
2. Page 21, paragraph 54.B., first line, remove and replace "tum" with "turn".

This Decision shall become effective on November 22, 2019.

IT IS SO ORDERED on October 23, 2019.



Jaymie Noland, DVM, President
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



**BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

MELISSA ANN TYSON, DVM

CROWN CITY VETERINARY MEDICAL GROUP, INC.

Veterinary Medical License No. VET 13995

CROWN CITY VETERINARY MEDICAL GROUP, INC.

MELISSA ANN TYSON, DVM, Managing Licensee

Premises Permit No. HSP 5890

Respondents

Agency Case No. 4602017000560

OAH No. 2018051074

PROPOSED DECISION

Eric Sawyer, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter on November 26-29, 2018, and May 20-24, 2019, in Los Angeles.¹

Gillian E. Friedman, Deputy Attorney General, represented complainant.

Ray Newman, Attorney at Law, represented respondents Dr. Melissa Tyson and Crown City Veterinary Medical Group, Inc.

The record was held open after the hearing for the submission of closing briefs from the parties in the other consolidated matter. The events that transpired while the record was held open are described in the ALJ's orders marked for identification as exhibits 17 and 18.

The record was closed and the matter submitted for decision on August 27, 2019.

¹ This matter was consolidated for hearing with OAH case number 2018051076, a matter before the California Department of Food and Agriculture. At the parties' request in both matters, separate proposed decisions are being issued. (Cal. Code Regs., tit. 1, § 1016, subd. (d).)

SUMMARY

It was clearly and convincingly established that Dr. Melissa Tyson (respondent Tyson) knowingly violated a quarantine order issued by the California Department of Food and Agriculture due to an outbreak of Equine Herpes Myeloencephalopathy (EHM), a potentially deadly neurologic disease associated with the highly contagious Equine Herpes Virus-1 (EHV-1), by removing a horse, Emmy, from the Los Angeles Equestrian Center (LAEC). At the time of her removal, Emmy was exhibiting signs of EHM; a nasal swab test taken earlier that day was later confirmed positive for EHV-1.

Thereafter, respondent Tyson obstructed the efforts of the California Department of Food and Agriculture (CDFA) to locate Emmy. Respondent Tyson failed to disclose the horse's location, had documents falsified, and perjured herself in declarations filed in court. Respondent Tyson eventually euthanized Emmy, who had by that time recovered from her EHV-1 infection, in order to cover up the false statements in her declarations filed in court.

Respondents' actions were unprofessional and deceptive, in violation of the Business and Professions Code, and constitute grounds to discipline respondents' licenses. Respondents' various denials and defenses to the charges of the Accusation were unpersuasive. Respondent Tyson showed little rehabilitation and no remorse for her misconduct. Under the circumstances, revocation of respondents' licensing rights is warranted, as well as an order that they reimburse the Board its reasonable costs in investigating and prosecuting this matter in the amount of \$26,043.75. However, an additional \$5,000 fine against respondents is unwarranted.

FACTUAL FINDINGS

Parties and Jurisdiction

1. Annemarie Del Mugnaio, then the Executive Officer of the Veterinary Medical Board (Board), brought the Accusation on January 8, 2018, in her official capacity. When the matter came to hearing, Jessica Sieferman was the Board's Executive Officer. Both individuals are referred to herein as complainant.
2. On or about January 16, 2018, respondents filed a Notice of Defense, which requested a hearing to contest the Accusation.
3. On May 25, 2000, the Board issued Veterinary Medicine License Number VET 13995 to respondent Tyson. The license was in full force and effect at all times relevant and will expire on October 31, 2020, unless renewed.
4. On November 24, 2003, the Board issued Premises Permit Number HSP 5890 to Crown City Veterinary Medical Group, Inc., with respondent Tyson as the managing licensee (respondent Crown City). The permit was in full force and effect at all times relevant and will expire on May 31, 2020, unless renewed.

Respondents' Background Information

5. Respondent Tyson is from a well-respected family that has lived in the Pasadena area for many years. Her father was a long-time physician and heavily involved in the civil rights movement. Her two sisters and brother are medical doctors. She is married and has four young children.

6. Respondent Tyson received veterinarian degrees from Washington State University and Oregon State University. She has no prior history of discipline by the Board.

7. Respondent Tyson is also accredited by the United States Department of Agriculture (USDA) as an Animal and Plant Health Inspection Services (APHIS) veterinarian. (Ex. 221.) As such, respondent Tyson received training and authorization to be involved in the National Animal Health Surveillance System, including efforts to prevent, control or eliminate equine diseases. (Ex. 222.)

8. Respondent Crown City is owned and operated by respondent Tyson. It is located in Pasadena in an award winning architecture design building. In 2016, just before the events in question, respondent Crown City employed six to nine people, and also provided opportunities for a number of interns and volunteers.

9. Respondent Crown City worked in partnership with the Asper de Tyson Foundation and Sanctuary (the Foundation), which is a non-profit organization dedicated to providing a safe haven for rare and neglected animals, including service dogs and horses. The Foundation is supported almost exclusively by respondent Tyson and her husband. (Ex. 211.)

10. Respondent Tyson has a love of horses which began with a riding career at the Eaton Canyon Stables in Pasadena from an early age until she went away to college. Her love of horses is one reason she became a veterinarian. Respondent since has owned many horses. She has been a member of various riding clubs throughout Southern California for most of her life.

11. Respondent Tyson and her family were formerly members of the Flintridge Riding Club, located in La Canada-Flintridge, adjacent to Pasadena. They

joined the club sometime in 2015. In May 2016, Respondent Tyson and her four children filed a lawsuit against the Flintridge Riding Club and two of its employees after an incident that occurred at the club on September 5, 2015. Respondent Tyson alleged she and her family were traumatized, subjected to emotional distress, discriminated against, and had their civil rights violated by club members on the basis of their race. (Ex. 200.) The club reached an undisclosed, confidential settlement with the family in or around September 2016, and the case was dismissed. (*Ibid.*) The relevance of these events is explained in respondents' mitigation argument below concerning her subsequent diagnosis of post-traumatic stress disorder.

The Los Angeles Equestrian Center

12. On a date not established, respondent Tyson had her horses stabled at LAEC, located in Burbank.

13. LAEC is a large equestrian club, with up to 600 horses stabled there. LAEC boards horses for private owners and trainers, including show horses and those involved in polo matches. There are six barns, known as Barns A through F. Each barn can accommodate many horses. For example, during the events in question, Barn C stabled 76 horses. LAEC holds horse shows and events open to the public; it also rents out its facilities for private parties and classes.

14. In October 2016, respondent Tyson wrote a letter to LAEC, on respondent Crown City's letterhead, complaining about a number of husbandry, health and maintenance concerns in the stable and barn areas. (Ex. 201.) Respondent Tyson concluded that her concerns could become health risks if not managed correctly. (*Ibid.*) However, respondents failed to show factual support for respondent Tyson's concerns noted in the complaint letter. In fact, of the other witnesses who testified

about LAEC, including three people involved in the horse community but otherwise unaffiliated with LAEC (Christopher Slauson, Kathleen Baker, Kathleen Hobstetter), none had any negative comments. Moreover, several CDFA veterinarians, who were at LAEC frequently during the events in question, did not offer any criticism about the cleanliness of LAEC or safety of the horses boarded there.

15. A. On September 11, 2016, Christopher Slauson, a horse sales agent in Bakersfield, sold a four-year-old bay filly named "Emma" to respondent Tyson for \$1,500. (Ex. 152, p. 4.) The horse was thereafter referred to as "Emmy." Respondent Tyson also bought another horse from Mr. Slauson for \$8,600. (Ex. 215.)

B. Emmy and the other horse were ostensibly purchased by respondent Tyson on behalf of her sister Maureen Tyson, who in turn would give them to respondent Tyson's two daughters. However, respondent Tyson was the only person who negotiated with Mr. Slauson, signed the purchase contract, took possession of Emmy, and made all the decisions regarding Emmy's care. In fact, it was not established that Maureen Tyson or respondent Tyson's daughters ever saw Emmy.

C. Respondent Tyson decided to stable Emmy at LAEC; she was boarded in Barn C in November 2016. She advised LAEC staff that she was Emmy's veterinarian. (Reporter's Transcript (RT), Vol. VIII, 48:19-20; ex. 114, p. 3.)

Outbreak of Equine Herpes Virus-1 at LAEC

16. EHV-1 is a highly contagious disease that can spread quickly among horse populations. (Ex. 138, p. 2.) EHV-1 is spread through direct horse-to-horse contact and indirectly through objects contaminated with the virus, such as clothing, human hands, tack, trailers, feed, and wash rags. (Ex. 138, p. 2.) Horses that become infected with EHV-1 usually develop a fever. They may also develop EHM, a neurologic

disease condition that may lead to death. (Ex. 155, p. 2.) Neurologic signs of EHM include decreased coordination, lethargy, and weakness. (*Ibid.*)

17. Because there is no vaccine to prevent EHM, immediate separation and isolation of horses suspected to be infected with EHV-1 and implementation of appropriate biosecurity measures are key elements of disease control. (Ex. 138, p. 2; ex. 155, p. 2.)

18. On November 3, 2016, two horses in Barn A at LAEC were confirmed positive for EHV-1 and diagnosed with EHM. (Ex. 138, p. 2.)

Legal Powers to Quarantine Animals

19. Food and Agricultural Code section 9562 gives the State Veterinarian broad authority to impose a quarantine whenever she reasonably suspects a population of domestic animals carries a potentially deadly contagious disease that could spread if those animals are not moved, segregated, isolated, held in place, or destroyed.

20. Pursuant to Food and Agricultural Code section 9564, if it is necessary to restrict the movements of animals pursuant to Food and Agricultural Code section 9562, the State Veterinarian may fix and proclaim the boundaries of a quarantine area in lieu of separate, individual orders issued to each owner pursuant to section 9562. While the boundaries are in force, it is unlawful for any person to move or allow to be moved any animals from or within the boundaries of the quarantine area, unless that person is authorized by the State Veterinarian.

21. When the State Veterinarian quarantines a population of domestic animals pursuant to Food and Agricultural Code section 9562, she is required to issue

a written notice of required action pursuant to quarantine (quarantine order) and serve that quarantine order upon the legal owner of the population of animals, the legal owner's agent, a person with immediate control over the population of animals, or a person with immediate control over the premises at which the population of animals is or has been located. (Cal. Code Regs., tit. 3, §§ 1301, subd. (o), 1301:1.)

22. Under Food and Agricultural Code sections 9563 and 9691, it is unlawful for any person to remove any animal from any premises that has been quarantined pursuant to Food and Agricultural Code section 9562 without the State Veterinarian's permission.

23. Pursuant to Food and Agricultural Code section 9695, it is unlawful for any person to hide or conceal any animal that is suffering from, or has been exposed or potentially exposed to, any disease subject to a quarantine order or to fail to disclose the whereabouts of that animal.

The Quarantine at LAEC

24. In light of the confirmed cases of EHM, on November 3, 2016, CDFA equine veterinarian Katherine Flynn, the designee of Dr. Annette Jones, the State Veterinarian, issued a quarantine order for all horses stabled in LAEC's Barn A, pursuant to Food and Agricultural Code section 9562. (Ex. 109, p. 1; ex. 138, pp. 2-3.)

25. The quarantine order required that enhanced biosecurity measures be implemented for all horses stabled in Barn A, including taking their temperatures twice daily, testing febrile horses (those with a fever) for EHV-1, and isolating any horse exhibiting signs of EHM before receipt of the EHV-1 test results. (Ex. 109, pp. 2-3.) George Chatigny, in his capacity as general manager of LAEC, signed and accepted

service of the quarantine order for Barn A. (Ex. 109, p. 1.) There was no appeal from this or any other quarantine order issued to LAEC.

26. On November 4, 2016, respondent Tyson traveled to LAEC to vaccinate Emmy. The following day, Emmy's trainer, Renee Baker, informed Dr. Flynn that Emmy had developed a fever. Dr. Flynn called respondent Tyson to confirm the vaccination as a potential cause of fever and the two discussed their differing opinions on whether to vaccinate horses in the face of an EHM outbreak. (Ex. 128, p. 3.)

27. On November 8, 2016, a horse in Barn B tested positive for EHV-1 and a horse in Barn C became febrile. In light of the ease of movement between the two barns, Kent Fowler, a veterinarian, CDFA's Animal Health Branch Chief, and a designee of State Veterinarian Annette Jones, issued an order that expanded the quarantine order to cover all horses stabled in Barns B and C, which included Emmy. (Ex. 110, p. 1; ex. 111, p. 25.) Mr. Chatigny signed and accepted service of the quarantine order for Barns B and C. (Ex. 110, p. 1.) The febrile horse from Barn C (not Emmy) later tested positive for EHV-1. (Ex. 111, p. 29.)

28. The CDFA and LAEC informed LAEC clients and the general public about the quarantine, including sending e-mails with quarantine updates to horse owners who stabled horses there, holding informational meetings with interested parties, and publishing updates on the CDFA's website. In addition, there were signs, caution tape, barricades, notices and warnings in, on, and around all of the barns that were under quarantine. (Exs. 111 & 113.)

29. Specifically with respect to respondent Tyson, LAEC sent the quarantine updates to the e-mail address on her boarding agreements. (RT, Vol. II, 204:9-23, 207:11-19; exs. 112 & 173.) As of November 22, 2016, there were numerous signs and

warnings posted at LAEC that Barn C was under quarantine. (Ex. 138, p. 2; ex. 139, p. 2.) The CDFA also prominently posted the quarantine order for Barns B and C on the side of Barn C.

30. On November 22, 2016, Emmy developed a fever and exhibited mild to moderate neurologic signs consistent with EHM. In the presence of Dr. Alisha Olmstead, an equine veterinarian with the CDFA, Dr. Michael Peralez confirmed Emmy had a fever. Dr. Peralez is an experienced independent equine veterinarian with extensive experience diagnosing horses with EHM, whom the CDFA had previously authorized to evaluate symptomatic horses pursuant to its regulatory authority. Dr. Peralez performed a neurologic assessment of Emmy, collected a blood sample, and nasal swabbed Emmy for testing for EHV-1. (Ex. 118, p. 1; ex. 155, p. 3.) Both Dr. Peralez and Dr. Olmstead testified that Emmy was uncoordinated, lethargic, and very weak during the neurologic exam, behavior symptomatic of EHM. (RT, Vol. II, 59:2-10; RT, Vol. III, 116:6-23, 120:14-25.) Consequently, the CDFA decided to place Emmy into isolation pending the EHV-1 test results. (Ex. 122, p. 1.)

Respondent Tyson Removes Emmy from Quarantine at LAEC

31. Before the CDFA placed Emmy into isolation that day, November 22, 2016, Emmy's trainer, Renee Baker, advised Dr. Olmstead that respondent Tyson, once she learned of the isolation decision, would "push back" and so should be contacted. (RT, Vol. II, 57:22-58:1; ex. 122, p. 1.) Dr. Olmstead then asked Animal Health Branch Chief, Dr. Fowler, to call respondent Tyson.

32. Dr. Fowler reached respondent Tyson on her cellphone as she was driving to LAEC on November 22, 2016. Respondent Tyson had already intended to remove Emmy from LAEC before embarking on that trip; she had a horse trailer

attached to the truck she was driving. Dr. Fowler informed respondent Tyson that Emmy had displayed a fever and mild to moderate neurologic signs consistent with EHM; that she had been nasal swabbed and blood sampled for EHV-1; and that she would be moved to the isolation stall pending the results of testing. (Ex. 126, p. 1; ex. 138, p. 2.) Respondent Tyson responded that she was on her way to remove Emmy from LAEC, was familiar with the current status of the quarantine efforts at LAEC, was going to implement her own quarantine of Emmy (which she stated superseded that of the state), and was willing to pay a fine for violating the quarantine at LAEC. (RT, Vol. I, 122:2-8, 123:6-11; ex. 126, p. 1, ex. 220, p. 3.)

33. Respondent Tyson testified that Dr. Fowler was abusive toward her during this call. The telephone call was put on a speaker by Dr. Fowler so Dr. Flynn, who was in the room with him, could hear. While the conversation became contentious, it was respondent Tyson who turned it in that direction. For example, when Dr. Fowler told respondent Tyson the number of horses already placed in isolation, respondent Tyson told him, "You do not know what you are talking about. . . ." (Ex. 126, p. 1.) Dr. Fowler responded, "You cannot count, there has never been more than 12 horses in isolation and currently there are 10 horses in isolation." (*Ibid.*) At that point, respondent Tyson accused Dr. Fowler of being "abusive," which was not the case.

34. After that conversation, Dr. Fowler called Dr. Olmstead and instructed her to contact law enforcement, since respondent Tyson had threatened to violate the quarantine order. Dr. Olmstead saw respondent Tyson arrive and watched her go to Emmy's stall in Barn C without complying with the quarantine's biosecurity measures. (Ex. 155, p. 3.) In fact, when told of the biosecurity measures, respondent Tyson told Dr. Olmstead that she would not comply "with your silly little rules." Dr. Olmstead told

respondent Tyson that Emmy was under quarantine. Respondent Tyson told Dr. Olmstead that she, respondent Tyson, was a state veterinarian; she was going to put Emmy in her own quarantine; her quarantine superseded the CDFA's quarantine; and she was going to remove Emmy from LAEC and take her home to be with her other horses. (RT, Vol. II, 62:10-15, 70:4-6; ex. 122, pp. 2-3.)

35. Without permission to do so, respondent Tyson then walked Emmy out of Barn C without complying with biosecurity measures, moved quarantine barricades out of the way, and loaded Emmy into the horse trailer attached to her truck.

36. A. Respondent Tyson testified that she removed Emmy from LAEC because she felt threatened by "a mob" of onlookers during an onsite evaluation of Emmy she did in the aisle-way outside Emmy's stall in Barn C. She therefore decided to evaluate Emmy off-site. (RT, Vol. VII, 117:3-8, 117:17-22.)

B. But her testimony is contradicted by Dr. Olmstead's testimony that respondent Tyson never attempted to perform a neurologic evaluation of Emmy at LAEC, there was no one threatening her when she was in Barn C, and there were no bystanders until respondent Tyson had already left Barn C and was loading Emmy into her trailer in the parking lot. (RT, Vol. II, 62:18-23, 63:23-25.)

C. Respondent Tyson's testimony is also contradicted by a declaration she signed in the civil case brought against her by the CDFA, discussed in more detail below. Under penalty of perjury, she described performing an evaluation of Emmy in Barn C, but wrote nothing about being harassed or confronted there by a mob or any individual. (Ex. 141, p. 2.)

D. Respondent Tyson's testimony is also contradicted by Dr. Fowler's testimony and written notes indicating respondent Tyson told Dr. Fowler she planned

to remove Emmy during his conversation with her before she arrived at LAEC on November 22, 2016.

E. Finally, respondents' medical records for Emmy indicate that, prior to arriving at LAEC on November 22, 2016, respondent Tyson already had told Emmy's trainer, Ms. Baker, that she would take Emmy to respondent Crown City's clinic if she found her to be febrile upon arrival; and told Caryn McDaris, an employee of LAEC, that "Emmy would be leaving the property today." (Ex. 220, p. 3.)

F. Under these circumstances, respondent Tyson's version of events is not credited.

37. Videos taken after respondent Tyson loaded Emmy into her trailer in the parking lot show respondent Tyson confronted by a handful of bystanders, who were telling her she was violating the quarantine order. (Ex. 121.) During that exchange, one bystander told respondent Tyson she was "breaking quarantine;" would be subject to a fine; and asked if she had talked to Dr. Fowler. (*Ibid.*) Respondent Tyson said that she had talked to Dr. Fowler, the bystanders should keep their horses under quarantine, but that, as a state veterinarian, she could and would quarantine Emmy at her facility. (*Ibid.*) Respondent Tyson drove away from LAEC with Emmy. Park rangers arrived just as respondent Tyson was leaving LAEC, but did not intercede.

38. A. During the hearing, respondent testified that the group who confronted her in the parking lot (different from the group who she said confronted her in Barn C) was also an angry mob of people, who shouted expletives and tried to block her truck. Respondent Tyson's testimony is not credited, mainly because the videos described above do not demonstrate any such activity. (Ex. 121.)

B. For example, the videos show, at most, five people in the area, who generally kept their distance from respondent Tyson. (Ex. 121.)

C. On the other hand, respondent Tyson was aggressive and vocal with bystanders. She can be seen leaning toward one woman, telling her in a loud and confrontational way, "so don't give me any of your craziness!" (*Ibid.*)

D. Respondent Tyson also clearly can be heard telling bystanders, "are you kidding me?"; "don't tell me about your quarantine"; "according to state law, as a state veterinarian, I can quarantine my horse"; and "so don't get in my face and tell me what's going to happen to this horse." (*Ibid.*)

39. A. Respondent Tyson also contends she was unaware of the quarantine order on Barn C when she arrived at LAEC, which would explain, in part, why she did not knowingly violate the order. She points out that the actual quarantine order was received and signed for by the General Manager of LAEC, Mr. Chatigny, and there was no proof she or her sister Maureen Tyson received it.

B. However, respondent Tyson did not need to be personally served in order to violate the quarantine order. As explained above, under California Code of Regulations, title 3, sections 1301, subdivision (o), and 1301.1, the CDFA could personally serve the quarantine order for Barns B and C on the person with immediate control over those barns, which in this case was Mr. Chatigny. Thus, the Barn C quarantine order was valid, and under Food and Agricultural Code sections 9691 and 9695, it was unlawful for anyone, including respondent Tyson, to remove Emmy from quarantine.

C. In any event, and as discussed above, it is clear that by the time respondent Tyson arrived at LAEC on November 22, 2016, she was well aware of

quarantine orders issued for LAEC and Barn C. There were also various signs and notices on the premises concerning the quarantine that she had to pass to reach and enter Barn C. In addition, Drs. Olmstead and Fowler, as well as the bystanders in the parking lot, told respondent Tyson of the quarantine.

Respondent Tyson Hides Emmy

40. On November 23, 2016, the day after respondent Tyson removed Emmy from quarantine at LAEC, Dr. Beate Crossley of the California Animal Health and Food Safety Laboratory in Davis, California, received the nasal swab Dr. Peralez collected from Emmy the previous day. The nasal swab was tested, and confirmed that Emmy was positive for EHV-1. Dr. Crossley informed Dr. Fowler of Emmy's positive test result. (Ex. 132, pp. 1-2.)

41. On November 23, 2016, Dr. Fowler texted respondent Tyson that Emmy had tested positive for EHV-1, was a confirmed case of EHM, and demanded that respondent Tyson inform the CDFA where Emmy was located so that the CDFA could issue a quarantine order for that location. (Ex. 124, pp. 1-2.) Respondent Tyson did not respond to Dr. Fowler's demand. (Ex. 124, pp. 2-4.)

42. As a result of respondent Tyson removing Emmy from LAEC and not disclosing the horse's whereabouts, on November 23, 2016, the CDFA issued and served on respondent Tyson a quarantine order covering respondent Tyson's residence and the Crown City clinic. Respondent Tyson's attorney at that time, Carl Douglas, made a timely written request for an informal hearing to contest that quarantine order pursuant to California Code of Regulations, title 3, section 1301.3, subdivision (a). CDFA failed to timely provide respondents a hearing on their appeal.

The quarantine order against respondent Tyson's residence and clinic was therefore rescinded.

43. On November 24, 2016, respondent Tyson left a voicemail for Dr. Olmstead, in which she stated that she had euthanized Emmy. (RT, Vol. IV, 52:3-9.) Dr. Flynn then spoke to respondent Tyson. During that conversation, Dr. Flynn expressed condolences and requested that respondent Tyson tell her where Emmy's remains were located. Respondent Tyson told Dr. Flynn that she did not have "the horse named Emmy," that Emmy was not located in Pasadena, and that the CDFA needed to find Emmy and Emmy's owner to protect the Pasadena horse community. (RT, Vol. IV, 34:2-3, 37:4-10, 38:12-22; ex. 128, pp. 1-2.) The latter part of this response was disingenuous, because, as discussed above, respondent Tyson at all times exerted control and possession of Emmy.

44. Later on November 24, 2016, Dr. Fowler requested that respondent Tyson provide proof of euthanasia. (Ex. 124, pp. 4-5.) Respondent Tyson failed to do so and instructed Dr. Fowler to direct all future requests to her attorney, Mr. Douglas. (Ex. 124, pp. 5-6.)

45. On November 27, 2016, Kathleen Baker sent respondent Tyson the text, "Shame on you for breaking quarantine and endangering other horses. What kind of professional are you?" (Ex. 135, p. 1.) Ms. Baker was a third party who had learned about Emmy being removed from quarantine on Facebook. Respondent Tyson texted Ms. Baker (not to be confused with Emmy's trainer Renee Baker) back, writing, among other things, "The horse remains disease free." (RT, Vol. II, 188:1-4, 188:25-189:6, 190:6-13, 191:13-16, 191:23-192:1; ex. 135, pp. 1-2.) During the hearing, respondent Tyson did not deny or otherwise refute that she had informed Ms. Baker that Emmy was alive as of November 27, 2016.

46. A. On or about November 28, 2016, respondent Tyson had a telephone conversation with Kathleen Hobstetter, a journalist covering the horse community, who had learned about Emmy being removed from quarantine. Respondent Tyson told Ms. Hobstetter that Emmy was her horse, that Emmy was alive, that Emmy was no longer at her clinic, and that she had taken Emmy somewhere safe. (RT, Vol. II, 165:12-17, 168:17-22, 170:18-171:18, 175:23-176:7.)

B. On or about November 29, 2016, respondent Tyson and Ms. Hobstetter spoke again. During that conversation, respondent Tyson again confirmed that Emmy was alive. (RT, Vol. II, 174:4-910.)

C. Respondents' medical chart for Emmy documents one of these telephone conversations with Ms. Hobstetter, in which respondent Tyson characterized Ms. Hobstetter as being aggressive and accusatory. (Ex. 220, p. 9.) However, there is nothing in the note that contradicts any part of Ms. Hobstetter's testimony. In any event, respondent Tyson's testimony did not deny or refute that she told Ms. Hobstetter that Emmy was still alive during both conversations.

47. Between November 22, 2016, and December 8, 2016, neither respondent Tyson nor her attorneys disclosed Emmy's location to the CDFA.

The CDFA's Civil Action Against Respondent Tyson

48. Because of respondent Tyson's failure to disclose Emmy's location after removing her from quarantine at LAEC, on December 8, 2016, the CDFA obtained a preliminary injunction against respondent Tyson (Civil Action) from the Superior Court of the State of California, Los Angeles County (Superior Court), requiring that respondent Tyson disclose Emmy's location. (Ex. 140, pp. 1-3.)

49. A. Respondent Tyson's attorney, Mr. Douglas, filed in the Civil Action two declarations that respondent Tyson signed under penalty of perjury, one filed on December 11, 2016, the second on December 14, 2016. (Exs. 141 & 148.)

B. In her December 11, 2016 declaration, respondent Tyson averred that, on November 22, 2016, she instructed her staff to contact Christopher Slauson, the man who sold her Emmy, and that Mr. Slauson sent his agent, Armando Perez, to the Crown City clinic to pick up Emmy. (Ex. 141, p. 2.) In both declarations, respondent Tyson also averred that she returned to the clinic and euthanized Emmy per Mr. Perez's request on the morning of November 23, 2016. Attached as exhibits were copies of alleged records showing transfer of ownership to Mr. Perez, request for euthanasia by Mr. Perez, and a controlled substances log for the euthanasia. (Ex. 141, pp. 2, 3, 11, 13; ex. 148, pp. 1, 2, 4, 5, 7.)

C. In the December 11, 2016 declaration, respondent Tyson declared that Heritage Disposal picked up Emmy's remains from the Crown City clinic at 4:00 a.m. on November 23, 2016; an alleged receipt for that pickup was attached to the declaration. (Ex. 141, pp. 3, 15.) Respondent Tyson also declared that Emmy's remains were picked up from Heritage Disposal by Stiles Animal Removal on November 25, 2016, and that the receipt attached as exhibit 6 was a true and accurate copy of the receipt for that pickup. (Ex. 141, pp. 3, 17.) Finally, respondent Tyson declared that she had no other information regarding the location of Emmy or her remains. (Ex. 141, p. 3.)

50. As described in more detail below, the CDFA filed declarations from Mr. Slauson, Mr. Stiles, and Francis Gonzalez (an employee of Stiles Animal Removal), indicating that statements in respondent Tyson's declarations were false.

Based on that information, on December 21, 2016, the Superior Court issued an Inspection Warrant pursuant to Code of Civil Procedure section 1822.50, authorizing the CDFA to enter both respondent Crown City's clinic and respondent Tyson's residence (which included the Foundation's animal sanctuary) to search for Emmy. (Ex. 156, pp. 1-2.)

51. On December 23, 2016, the CDFA attempted to find Emmy at respondent Tyson's residence and the Foundation's animal sanctuary. (RT, Vol. I, 143:10-15.) After respondent Tyson and her new attorney (her counsel in this matter, Mr. Newman) arrived, respondent Tyson, through Mr. Newman, suggested the address of the Foundation's animal sanctuary was different than that on the warrant and refused to allow the CDFA to inspect it. (RT, Vol. I, 144:6-20.) No one from the CDFA entered her property at that time. (RT, Vol. I, 144:25-145:1; RT, Vol II, 19:4-7.) The CDFA did not find Emmy at the Crown City clinic. (RT, Vol. I, 144:21-24.)

52. On December 30, 2016, respondent Tyson, through her attorney Mr. Newman, allowed the CDFA to come back to the address on the Inspection Warrant to search the Foundation's animal sanctuary. (RT, Vol. II, 83:14-18; ex. 159, p. 1.) Emmy was not at the sanctuary on that date, but an empty stall at the sanctuary had evidence of recent occupancy by a horse. (RT, Vol. II, 83:14-84:1; ex. 159, pp. 1-2.) Respondent Tyson refused to allow Dr. Olmstead to nasal swab the horses in other stalls at the sanctuary or perform neurologic exams for signs of EHM. (RT, Vol. II, 84:14-20, 84:23-85:9; ex. 159, p. 2.)

53. On January 11, 2017, respondent Tyson informed the CDFA that Emmy's carcass would be at the Crown City clinic the next day. (RT, Vol. VII, 177:19-21.)

54. A. On January 12, 2017, CDFA veterinarian Ann Ikelman, Dr. Olmstead, and CDFA employee Esteban Escobedo, traveled to respondent Crown City's clinic. They had understood from prior communications by respondent Tyson and her attorney that the carcass would be released to them. (RT, Vol. II, 90:2-13; RT, Vol. VII, 23:11-18; ex. 162, p. 1.)

B. Respondent Tyson refused to turn over Emmy's carcass, but allowed the CDFA staff members to take blood and tissue samples. (RT, Vol. VII, 35:3-10; ex. 162, p. 2.) As they were taking samples from the various bags containing the carcass, Dr. Olmstead observed that the carcass appeared fresh and that the bags contained shavings that were similar to those she had observed at the Foundation's animal sanctuary. (RT, Vol. II, 94:10-20, 99:10-24, 140:22-143:5; ex. 164, pp. 2-3.)

C. Respondent Tyson also refused to allow Drs. Ikelman and Olmstead to leave with the samples they collected, insisting instead that Stiles Animal Removal pick up the samples and transport them. (RT, Vol. VII, 37:5-10; ex. 162, p. 2.) The samples were then delivered to the California Animal Health and Food Safety Laboratory in Ontario, California. (RT, Vol. VII, 40:20-23; ex. 162, p. 4.)

D. A DNA test on the samples later confirmed that the horse carcass was Emmy. (RT, Vol. I, 153:6-10; RT, Vol. IV, 74:14-18.)

55. At the CDFA's request, Dr. Francisco Carvallo-Chaigneau of the California Animal Health and Food Safety Laboratory in San Bernardino performed a necropsy on the tissue samples. (RT, Vol. V, 19:25-20:2; exs. 167 & 168.) As Dr. Carvallo-Chaigneau testified at the hearing, and as reflected in his necropsy report, the tissue samples did not show the signs a pathologist would normally observe in the carcass of a horse that had been euthanized many weeks before or had been frozen or refrigerated. (RT, Vol. V, 24:5-16, 25:10-12, 35:23-36:4, 54:22-24; exs. 167 & 168.) Accordingly, he concluded that the samples were fresh; it was likely Emmy had only recently been euthanized; and it was highly unlikely that Emmy had been frozen or refrigerated for an extended period of time. (RT, Vol. V, 41:10-42:14.)²

Respondent Tyson Perjured Herself in the Civil Action

56. Respondent Tyson declared in the Civil Action that Mr. Slauson, and his purported agent Armando Perez, had requested her to euthanize Emmy on November 22, 2016. As explained in his declaration filed in the Civil Action and his testimony at the hearing, Mr. Slauson never spoke with respondent Tyson on or after November 22, 2016; Mr. Slauson did not send anyone to pick up a horse from respondent Tyson on November 22, 2016; Mr. Slauson did not instruct anyone to

² While he could not pin-point a time of death for Emmy, Dr. Carvallo-Chaigneau testified that tissue samples, even if refrigerated continuously post-mortem, still show signs of decomposition within five or six days after death; Emmy's tissue samples showed no such signs.

ethanize Emmy; and Mr. Slauson does not know anyone named Armando Perez. (RT, Vol. I, 175:11-25; ex. 152, p. 2.)

57. A. Similarly, respondent Tyson had declared in the Civil Action that Stiles Animal Removal picked up Emmy's remains from Heritage Disposal early on the morning of November 23, 2016, and she attached documentation of that alleged pickup. However, it was established that there was no such pickup by Stiles Animal Removal on November 23, 2016. (RT, Vol. IV, 94:15-23; ex. 154, p. 3.)

B. Instead, Stephen Stiles, the Vice President of Stiles Animal Removal, persuasively testified that on December 7, 2016, he received a series of calls from a telephone number identified as belonging to "Crown City Med. Group." (RT, Vol. IV, 85:22-25; ex. 154, pp. 2, 5.) The caller identified herself as "Dr. Melissa Tyson." (RT, Vol. IV, 86:1-4; ex. 154, p. 2.) During those phone calls, respondent Tyson asked Mr. Stiles if he would (a) provide her with a receipt even if he did not pick up a dead horse from her, (b) provide her with a blank receipt, and (c) tell any attorney that calls that he picked up a dead horse even if he did not. (RT, Vol. IV, 87:3-9, 87:20-88:2; ex. 154, p. 2.) Mr. Stiles told respondent Tyson that he would not provide her with a false or blank receipt, and he would not lie to any lawyer that called him. (RT, Vol. I, 87:10-15, 88:3-5; ex. 154, p. 2.) Respondent Tyson then told Mr. Stiles she had bags of animal parts that needed to be picked up. (RT, Vol. IV, 88:15-20; ex. 154, p. 2.) After Mr. Stiles asked her why she had bags of animal parts, respondent Tyson did not respond and the conversation ended. (RT, Vol. IV, 88:19-89:3; ex. 154, p. 2.) At this point, Mr. Stiles "suspected something illegal was going on." (Ex. 154, p. 2.)

58. A. Respondent Tyson had also declared in the Civil Action that Heritage Disposal had picked up Emmy's remains from the Crown City clinic early on the morning of November 23, 2016.

B. In reality, respondent Tyson had not contacted Heritage Disposal about such a transaction until December 7, 2016, two weeks later. On that date, respondent Tyson called Michael Arutunian, a family friend and Operations Manager and Vice President of Heritage Disposal, and told him she wanted paperwork indicating that his company had previously disposed of a dead horse. (RT, Vol. IV, 124:9-12; ex. 171, p. 1.) When Mr. Arutunian told her that his company did not do that type of work and could not provide that paperwork, she suggested he call Stiles Animal Removal. (RT, Vol. IV, 124:1-7; ex. 171, p. 2.) He did. (RT, Vol. IV, 125:8-11; ex. 171, p. 2.) During that conversation, Mr. Arutunian asked Mr. Stiles to pick up bags of animal parts. (RT, Vol. IV, 90:1-7; ex. 154, p. 2, ex. 171, p. 2.) Mr. Stiles agreed that his company would come to Heritage Disposal to pick up those bags of animal parts.

C. On December 7, 2016, Heritage Disposal, Mr. Arutunian's company, picked up bags of animal parts from respondent Crown City's clinic, in order to give them to Stiles Animal Removal. (RT, Vol. IV, 126:17-127:8.) Respondent Tyson or her employee, Herbert Ramirez, instructed Mr. Arutunian to obtain a blank copy of a Stiles Animal Removal receipt that they could falsify to reflect the pickup of a horse on November 25, 2016. (RT, Vol. IV, 128:12-129:25, 130:6-15; ex. 171, pp. 2-3.)

59. On the morning of December 8, 2016, Francis Gonzalez, a driver for Stiles Animal Removal, picked up bags of animal parts from Heritage Disposal's Alhambra location. (RT, Vol. IV, 91:15-92:16, 127:15-21.) The bags of animal parts were provided by respondent Tyson, but did not contain Emmy's remains. (RT, Vol. IV, 126:17-127:8; RT, Vol. VII, 20:22-21:7.) At the end of the transaction, at Mr. Arutunian's request, Mr. Gonzalez gave Mr. Arutunian both copies of a receipt (Dead Slip) that was blank except for the pickup location of 704 S. Date Avenue, Alhambra, CA. (RT, Vol. IV, 131:8-16.)

60. At respondent Tyson's or Mr. Ramirez's direction, Mr. Arutunian then filled out a receipt falsely indicating that Heritage Disposal had picked up a dead horse named Emmy at respondent Tyson's clinic on November 23, 2016, and filled out the Dead Slip falsely indicating that Stiles Animal Removal had picked up Emmy at Heritage Disposal on November 25, 2016. (RT, Vol. IV, 131:9-16, 135:10-12, 137:25-138:5; ex. 147, p. 15, ex. 147, p. 17, ex. 171, p. 2, ex. 171, p. 3.) Mr. Arutunian then met with respondent Tyson and gave her the receipt from Heritage Disposal and Dead Slip from Stiles Animal Removal, and those documents were included as exhibits 5 and 6 to the declaration of respondent Tyson filed in the Civil Action on December 11, 2016. (RT, Vol. IV, 138:20-139:4; ex. 147, p. 15, ex. 147, p. 17, ex. 171, p. 2.)

61. Mr. Arutunian was subsequently contacted by an investigator from CDFA. He hired an attorney and began cooperating with CDFA's investigation of this matter. In a declaration he signed on April 24, 2017, and in his testimony at the hearing, Mr. Arutunian admitted the work order and receipt from Heritage Disposal he created were false and back-dated at the request of respondent Tyson.

62. Respondent Tyson admitted during the hearing that her declarations contained falsehoods, and she did not deny that she requested others to help her falsify records.

The Virus Outbreak at LAEC Ends

63. The initial quarantine was placed at LAEC on November 3, 2016. Dr. Crossley testified it was one of the larger outbreaks she had seen. A total of 330 exposed horses were under quarantine at the peak of the outbreak. A total of 15 horses were confirmed positive for EHV-1 and eight horses were diagnosed with EHM; the other seven horses were febrile but had no signs of neurologic disease.

Only one of the horses diagnosed with EHM was euthanized due to the severity of clinical signs. (Vol. I, 94:24-95:4; ex. 111, p. 81.) After respondent removed Emmy from LAEC, three horses tested positive for EHV-1; two of these horses were stalled in Barn C. (Ex. 111, pp. 56, 63, 65.)

64. Emmy was never diagnosed with EHM: Although Emmy tested positive for EHV-1 by the nasal swab, her blood sample tested negative. (Ex. 132.) Dr. Crossley persuasively testified that this was not unusual. The nasal swab test is more sensitive since it can detect the virus for a period of up to 10 days, but a blood test will only show signs of the virus when the host is still viremic (characterized by the presence of a virus in the blood), which is a very short period. The tissue samples received by Dr. Carvallo-Chaigneau on January 12, 2017, were negative for any sign of EHV-1, meaning Emmy had recovered from the virus by the time she had been euthanized. (Ex. 167.) Respondents' expert pathologist, Dr. David W. Gardiner, similarly testified that the tissue samples of Emmy he received and tested when he conducted his own necropsy in January 2017 were disease-free.

65. A. Respondent Tyson never provided a coherent explanation for euthanizing Emmy and the exact date of her death was not established.

B. Her initial contention was false that Emmy had been euthanized on November 23, 2016, as explained above. Moreover, as discussed above, respondent Tyson told Ms. Baker and Ms. Hobstetter, after November 23, 2016, that Emmy was still alive. Finally, Dr. Carvallo-Chaigneau persuasively opined that Emmy had only recently been euthanized when he performed the necropsy on January 12, 2017, suggesting Emmy's death was only five or six days before.

C. Respondent Tyson testified she euthanized Emmy because, when she called her sister Maureen for advice after leaving LAEC with Emmy on November 22, 2016, her sister told her to "just get rid of the horse." While Maureen Tyson corroborated that conversation in her testimony during the hearing, she testified she meant for her sister to either sell Emmy or euthanize her. However, it is unclear why respondent Tyson decided to have Emmy euthanized before trying to sell her. If respondent believed Emmy never had the EVH-1 virus or EHM, it is also perplexing why she decided to euthanize Emmy instead of simply releasing Emmy to the Foundation animal sanctuary, where retired service dogs and unwanted horses and other animals are kept.

D. Based on these circumstances, it was established that respondent Tyson ultimately decided to euthanize Emmy, on a date not established but a significant period after November 23, 2016, and relatively close to January 12, 2017, in order to cover up the false statements in her declarations filed in the Civil Action that Emmy had been euthanized on November 23, 2016.

66. A. As established by the declarations and testimony of Drs. Fowler, Olmstead and Flynn, as well as the testimony of the Board's expert witness Dr. Lisa Franz-Weiss, respondent Tyson's removing Emmy from quarantine, exposing her to other horses, and hiding her location from the CDFA, put at risk the horse population in California. Emmy could have infected any horse she came in contact with, who then could have spread the disease to other horses.

B. Respondent Tyson's behavior also increased the chances that other owners and trainers would violate quarantine orders at LAEC and elsewhere. While CDFA and LAEC staff tried to keep respondent Tyson's quarantine violation from public knowledge, the fact that third parties such as Kathleen Baker and Kathleen

Hobstetter found out about it indicates that some members of the public learned of the violation.

C. As described by Dr. Flynn in her testimony, after respondent Tyson removed Emmy from quarantine, some of the LAEC owners and trainers had become concerned about the situation and questioned whether they also had to keep their horses under quarantine. Dr. Flynn had to reassure those individuals at a number of meetings that CDFA had the situation under control, which made enforcement efforts at LAEC more difficult. (RT, Vol. IV, 44:3-11, 46:8-17, 47:4-6.)

Respondents' Defenses

LACK OF KNOWLEDGE OF THE BARN C QUARANTINE

67. A. In addition to respondents' contentions described above, they offered several other defenses for their actions.

B. For example, respondent Tyson testified she did not know about the quarantine order for Barn C, and argues her lack of knowledge is evidenced by the fact she immediately appealed the quarantine order placed on her residence and clinic. Respondents argue it is reasonable to infer that, had respondent Tyson known of the quarantine order for Barn C, she would have similarly requested a hearing to contest it, as she did with the November 23, 2016 quarantine order.

C. Respondents' argument is unconvincing for several reasons. First, as discussed above, respondent Tyson was probably aware of the quarantine order covering Barn C where Emmy was stabled by the time she arrived at LAEC on November 22, 2016, and certainly aware of it by the time she removed Emmy. Second, respondent Tyson had no remedy regarding the quarantine order covering her

residence or clinic other than appealing it; as to the quarantine covering Barn C, it is clear that she decided it was easier to remove Emmy from LAEC than leave her there and resort to an appeal. Third, respondent Tyson may have realized, on November 23, 2016, that the CDFA was serious about enforcing its quarantines, which she may not have thought was the case the day before when she removed Emmy from LAEC. Finally, respondent Tyson's testimony on this point is self-serving and uncorroborated; in light of her acts of perjury discussed above, her credibility here is suspect.

RESPONDENT TYSON WAS NOT TOLD ABOUT A MOVEMENT PERMIT

68. A. Respondents point to the fact that a horse theoretically could be removed from a quarantine for medical care under proper circumstances. (RT, Vol. II, 118:23-25.) All that would be required was a "movement permit." (RT, Vol. II, 120:1-2.) To obtain such a permit, one only had to contact Dr. Olmstead. (RT, Vol. II, 118:19-22.) Respondents complain that Dr. Olmstead was present and met with respondent Tyson on November 22, 2016, but that Dr. Olmstead failed to advise respondent Tyson about a movement permit.

B. This argument is also unconvincing. Respondent Tyson's status as an APHIS veterinarian makes it hard to believe she did not know about being able to request a movement permit for a medical situation. Next, as demonstrated by her statements to Renee Baker, Caryn McDaris, and Dr. Fowler, it is clear that respondent Tyson fully intended to remove Emmy regardless of the circumstances. It strains credulity to believe she would have stopped and asked Dr. Olmstead to fill out a movement permit. In any event, it was very unlikely that Dr. Olmstead would have given such a permit to respondent Tyson, given that Emmy was exhibiting symptoms of EHM, respondent Tyson was not cooperating, and the CDFA had a practice only to issue movement permits for horses that are safe to travel to an approved location and

will be quarantined at that location. Respondent Tyson demonstrated nothing indicating she would disclose Emmy's location once removed or otherwise cooperate with CDFA efforts to monitor her situation.

EMMY NEVER HAD A DISEASE

69. A. Respondents have always maintained that Emmy was not suffering from a disease on or after November 22, 2016. In support, respondents refer to the fact that after she had removed Emmy from LAEC, respondent Tyson sent a text to State Veterinarian Dr. Jones stating that she did not believe Emmy had been exposed to the virus because no horse within 30 feet of her had a positive nasal swab for more than three weeks. (Ex. 208, p. 4.) Respondent Tyson also testified Emmy did not exhibit any signs of a virus when she saw her at Emmy's stable. Respondent Tyson also points to the fact that Dr. Crossley testified a nasal swab sample of Emmy taken by respondent Tyson on November 23, 2016, tested negative for EHV-1. Respondent Tyson also testified that she believed the negative blood test result indicated Emmy did not have EHV-1. Respondent Tyson also pointed to her prior concerns about equine husbandry and maintenance of the LAEC stables, which she previously expressed in her October 2016 complaint letter to LAEC.

B. First, whether or not respondent Tyson believed Emmy was infected with EHV-1 at the time she removed Emmy from quarantine is irrelevant to whether respondent Tyson violated the quarantine order. As established by the testimony of Drs. Fowler, Olmstead, Flynn, and Franz-Weiss, an apparently healthy horse that has been exposed to EHV-1 could develop and spread that disease. Regardless, there are no exceptions from a quarantine order under the Food and Agricultural Code simply because a licensed veterinarian believes an animal under quarantine is nonetheless disease-free.

C. Second, the evidence respondents rely upon fails to call into question Dr. Peralez's diagnosis of EHM or the positive EHV-1 test result on Emmy's nasal swab. As discussed above, Dr. Crossley testified that testing nasal swabs for EHV-1 is more reliable than testing blood because it has a longer window in which positive results may be observed. (RT, Vol. III, 178:4-179:8.) Similarly, none of the results of other tests discussed by Dr. Tyson are reliable. They do not indicate whether Emmy had EHV-1 at the time she was removed because those results related to the body's immune response to EHV-1 and not the presence of the virus itself; they post-dated Emmy's removal from quarantine by a substantial period of time; and were obtained from tests performed by unaccredited laboratories on samples that were collected and stored in less than desirable media (like gel). (See, e.g., RT, Vol. V, 58:3-9; RT, Vol. VI, 27:4-24; ex. 220, pp. 10-11.) In addition, a total of 15 horses at LAEC were confirmed positive for EHV-1, including three in Barn C, and respondent Tyson never provided a theory regarding what was causing the horses at LAEC to become ill. (Vol. I, 94:24-95:4; ex. 111, pp. 29, 63, 65, 81.)

D. As discussed above, respondent Tyson failed to corroborate the validity of her expressed concerns regarding the care Emmy was receiving at, or the general condition of, LAEC. Respondent Tyson also undercut her purported concern about Emmy when she testified that she had no qualms over euthanizing Emmy simply because she had nowhere to stable her. (RT, Vol. VIII, 41:7-12.)

DR. PERALEZ IS ACCUSED OF A FALSE DIAGNOSIS

70. A. Respondents also contend Dr. Peralez erroneously reported that Emmy had a fever when he examined her on November 22, 2016. Respondents contend Dr. Peralez must have submitted a contaminated nasal swab, because the blood he submitted from Emmy tested negative for EHV-1. Respondents also point

out that Dr. Peralez would have been going between barns and isolation, and therefore surmise that he somehow carried the virus with him and infected the nasal swab.

B. Respondents also contend Dr. Peralez erroneously claimed Emmy had neurologic movement problems, because they claim that videos showed otherwise as Dr. Tyson loaded Emmy into the trailer.

C. At the time of these events, Dr. Peralez had two or three clients at the Flintridge Riding Club, which respondent Tyson had sued. (RT, Vol. III, 143:5-7.) Dr. Peralez learned of the events that took place at the Flintridge Riding Club involving respondent Tyson sometime in 2017. (RT, Vol. III, 143:18-24.) From these facts, respondents suggest Dr. Peralez may have been motivated to falsely claim Emmy was symptomatic of EHV-1 so he could place her in isolation.

D. This defense involving Dr. Peralez is sheer conjecture and completely lacking in merit. The only two videos in evidence (ex. 121) start when Emmy was already in respondent Tyson's trailer. Dr. Peralez was not the only witness who diagnosed Emmy as having symptoms compatible with EHM; Dr. Olmstead reached the same conclusion. As an equine specialist with a great deal of experience examining horses in a quarantine setting, Dr. Peralez testified that he followed biosecurity measures to prevent the spread of the virus, or the contamination of the nasal swab. (RT, Vol. II, 58:23-59:10, 143:18-144:6; RT, Vol. III, 108:11-14, 113:4-22, 115:10-15, 117:13-25.) Moreover, it is not clear how his knowledge of the events concerning the Flintridge Riding Club lawsuit would create any animus toward respondents when he only learned about those events well after the events that occurred at LAEC.

THE RESCINDED NOVEMBER 23, 2016 QUARANTINE

71. A. Respondents argue there was no valid quarantine that was violated because the CDFA rescinded the November 23, 2016 quarantine order placed on respondent Tyson's residence and clinic. Respondents also point out that the Civil Action was ultimately dismissed by CDFA without any further action, other than as described above, on April 28, 2017, after Mr. Newman filed a Demurrer in that case.

B. The fact that the November 23, 2016 quarantine order was rescinded had no impact on the earlier quarantine placed on Barn C, which was still in effect when respondent Tyson removed Emmy.

C. The fact that the Civil Action was dismissed without prejudice by the CDFA has no collateral estoppel or other legal impact on this proceeding, as was explained previously in the ALJ's Order dated October 15, 2018, denying respondents' Demurrer and Request for Dismissal filed in this case. There were no issues necessarily decided in the prior matter, and no final judgment on the merits. Without such, issue preclusion does not apply. (*Ronald F. v. State Dept. of Developmental Services* (2017) 8 Cal.App.5th 84; *Shor v. Department of Social Services* (1990) 223 Cal.App.3d 70.)

LACK OF KNOWLEDGE THAT THE CDFA WAS LOOKING FOR EMMY

72. A. Respondent Tyson testified that she did not know the CDFA was looking for Emmy after she removed Emmy from LAEC. Respondent Tyson's testimony is fanciful in light of the overwhelming contrary evidence.

B. For example, in the days after she removed Emmy from quarantine, respondent Tyson had multiple conversations and text exchanges with

CDFA staff, who each time requested that she disclose Emmy's location and submit proof of euthanasia. On November 23, 2016, respondent Tyson was served with a quarantine order for her residence and clinic, which her attorney appealed. After respondent Tyson told the CDFA to contact her attorney instead of her, the CDFA directed requests to her attorneys for Emmy's location. The CDFA thereafter obtained a preliminary injunction order requiring respondent Tyson to disclose Emmy's location and then an Inspection Warrant to search her residence and clinic. Respondent Tyson signed two declarations in the Civil Action. Even assuming arguendo that she did not read her own declarations before signing them, respondent Tyson must have known the CDFA was looking for Emmy after she was served with process in the Civil Action and therefore had to hire legal counsel.

C. The fact that respondent Tyson concocted a scheme to lie about Emmy being euthanized on November 23, 2016, and enlisted Mr. Arutunian to help her, also corroborates her knowledge that the CDFA was still looking for Emmy. Finally, respondent Tyson was present when the CDFA tried to execute the Inspection Warrant at her residence on December 23, 2016, and again when she allowed the Department to inspect the Foundation's animal sanctuary on December 30, 2016.

MR. DOUGLAS IS BLAMED FOR THE FALSE DECLARATIONS

73. A. Respondent Tyson conceded in her testimony that there were many false statements in her declarations filed in the Civil Action. However, she denies having committed perjury; she testified instead that Mr. Douglas was responsible for writing them, which she signed without reading. Respondents therefore argue that it was Mr. Douglas who made the false statements to the court in the Civil Action, not respondent Tyson. Respondents conclude that because CDFA

elected not to pursue any contempt proceedings in the Civil Action, which they argue was the proper venue to contest the truth of the declarations, respondent Tyson has never had an opportunity to defend against any such claims.

B. It became clear from the evidence and respondent Tyson's testimony that she is an intelligent, well-educated woman, who would not allow herself to be bullied or forced to do something she did not want to do; and that she would not sign an important legal document without reading it. She testified she did not know what perjury is, did not know it was a crime to lie under oath, and did not know that it was wrong to lie under oath. (RT, Vol. VIII, 120:13-15, 121:7-15, 121:19-23.) This testimony is not credible and greatly undermined her credibility in this case.

C. Moreover, it is not clear how her prior attorney would have obtained the detailed information contained in the declarations unless it was provided to him by respondent Tyson, including the names of those involved (Messrs. Stiles, Arutunian, and Slauson) and the documents attached to them. As explained in great detail above, the evidence clearly demonstrated that it was respondent Tyson who contacted Mr. Stiles and Mr. Arutunian to solicit them to help her generate false documents. Respondent Tyson had an opportunity in this case to defend herself against claims that she committed perjury, but she chose not to, other than her claim against Mr. Douglas.

Expert Opinions on Professionalism

74. Complainant presented the expert witness testimony of Lisa Franz-Weiss, a licensed veterinarian with over 30 years' experience in California who, for the past several years, has also served as a medical consultant and hospital inspector for

the Board. Dr. Franz-Weiss reviewed summaries of interviews with various witnesses, statements, and other documents concerning the events in question. She wrote a detailed report describing the information she reviewed and her understanding of the events. (Ex. 15.) In her report, and during her testimony at hearing, Dr. Franz-Weiss offered several opinions about respondent Tyson's conduct as compared with veterinary professional standards in this state. Her opinions were persuasive, well-supported, and virtually unopposed by respondents, who offered no competing expert opinion evidence other than respondent Tyson's testimony.

75. Specifically, it was established by Dr. Franz-Weiss's persuasive report and testimony that respondent Tyson acted unprofessionally by violating the mandatory quarantine in place on Barn C at LAEC on November 22, 2016. She removed Emmy, after the horse had exhibited clinical signs of a contagious disease and had been designated for isolation, without consent from the State Veterinarian. By doing so, respondent Tyson violated state law, without good reason or justification, and presented a significant risk of spreading the virus to other horses on and off the premises. (Ex. 15, p. 298-299.)

76. It was also established by Dr. Franz-Weiss's persuasive report and testimony that respondent Tyson acted unprofessionally when she failed to comply with enhanced biosecurity measures in place at LAEC on November 22, 2016. By doing so, respondent Tyson presented a significant risk of spreading the virus to other horses on and off the premises. (Ex. 15, pp. 298-299.)

77. For the same reason, it was established by Dr. Franz-Weiss's persuasive report and testimony that respondent Tyson acted unprofessionally by causing more than a 30-day delay in the containment of the spread of the EHV-1 virus and the potential spread of the virus to other horses, by using deception to hide Emmy's whereabouts, and by refusing to disclose Emmy's location to the CDFA.

Evidence of Mitigation, Aggravation and Rehabilitation

78. Respondent Tyson had six or seven other horses stabled at LAEC, but Emmy was the only horse she removed. She argues this shows she is not likely to commit similar misconduct in the future. This evidence has little probative value because there is no evidence suggesting any of the other horses were suspected of having a disease. If there had been such a suspicion about any of her other horses, the evidence indicates that respondent Tyson would have removed them.

79. Respondent Tyson testified that at all times Emmy was kept isolated from her other animals. For example, she drove Emmy alone in an enclosed trailer to her clinic, where she kept Emmy in isolation. However, respondent Tyson presented no corroboration. The fact she has consistently stated Emmy was not sick, and that she took affirmative steps to keep Emmy's location hidden from the CDFA, calls into question whether Emmy in fact was kept in isolation.

80. A. Respondent Tyson began seeing clinical psychologist Barbara Janetzke in January 2017. Respondent Tyson reported to Dr. Janetzke feelings of stress and depression stemming from the events at the Flintridge Riding Club in September 2015 and from LAEC in November 2016. Dr. Janetzke saw respondent

Tyson periodically through May 2019. Dr. Janetzke ultimately diagnosed respondent Tyson with post-traumatic stress disorder (PTSD).

B. Dr. Janetzke testified that, because of the events respondent Tyson experienced at the Flintridge Riding Club, she was hyper-aroused, hyper-vigilant, and extremely distrustful of other people by the time she became embroiled in the events at LAEC. As a result of respondent Tyson's suffering from PTSD on and after November 22, 2016, Dr. Janetzke believes respondent Tyson's cognitive and rational skills were so compromised that she did not intend to deceive CDFA when she refused to disclose Emmy's location. Respondents argue that Dr. Janetzke's observations help explain why respondent Tyson would hide Emmy from the CDFA and thereafter signed declarations her attorney prepared containing false information.

C. While the validity of Dr. Janetzke's diagnosis of respondent Tyson's PTSD is not necessarily called into question, the possible effects of the disorder Dr. Janetzke attributes to respondent Tyson's actions are contradicted by the weight of the evidence and therefore not convincing. For example, Dr. Janetzke's opinion was based solely on information that respondent Tyson and her attorney Mr. Newman provided to her. (RT, Vol. VI, 70:10-13, 74:10-14, 83:22-84:10.) This is important because Dr. Janetzke was not aware that respondent Tyson, with the help of Mr. Arutunian, had executed her intricate plan to deceive the CDFA with false declarations and documents purporting to show Emmy had been euthanized and picked up for rendering on November 23, 2016.

D. Dr. Janetzke's opinion also conflicts with other evidence. For example, instead of avoiding potential conflict, as one would suspect someone suffering from PTSD would do, respondent Tyson returned to LAEC to take nasal swabs of other horses on November 30, 2016. (RT, Vol. VIII, 118:23-119:1.) Moreover,

respondent Tyson testified that she continued to practice as a veterinarian, a stressful job, in the months after she removed Emmy from quarantine, and that during that time she knew the difference between right and wrong. (RT, Vol. VIII, 119:6-11, 121:16-18 [respondent Tyson]; see also RT, Vol. VI, 85:10-15 [Dr. Janetzke].)

E. Dr. Janetzke's records show she only met with respondent Tyson three times in January 2017, three times in 2018, and twice in 2019. (Ex. 227, p. 2.) This sparse treatment regimen is not indicative of a pervasive condition. To the contrary, the progress notes for those visits consistently record that respondent Tyson's "[j]udgment is good." (*Ibid.*) Those notes suggest respondent Tyson's cognitive and rational thinking skills were not impacted as badly as depicted by Dr. Janetzke during the hearing.

F. Interestingly, Dr. Janetzke's January 18, 2017 note indicates respondent Tyson "verbalizes awareness of problems, but blames on [sic] others." (Ex. 227, p. 8.) During the January 31, 2018 session, respondent Tyson told Dr. Janetzke, "She feels she is ready to have her license taken and that she will shift her focus to other projects involving horses. She is more angry about the possibility of having to pay the CA board's legal fees." (*Id.*, p. 10.) These notes show a confluence of the following thoughts: respondent Tyson blames others for the events in question; demonstrates no remorse for her own conduct, but instead is angry that she may be required to reimburse the legal fees and costs incurred as a result of her actions; and she realizes on some level that her actions were serious enough to make revocation of her license a distinct possibility.

81. Respondents presented character reference letters from veterinarian Valerie Talleyrand, who had worked several years for respondents, as well as Sara Shatford Layne and MaryMichael Swenson, both long-time clients who take their pets

to respondents. (Ex. 225.) All three also testified. They described respondent Tyson as an honest, caring and expert practitioner, and they offered their unflinching support of her in this matter. However, the probative value of their opinions concerning respondent Tyson's character is greatly diminished by their imperfect understanding of the details behind respondent Tyson's violation of the LAEC quarantine and their complete lack of knowledge that she perjured herself in the Civil Action. In a sense, these character witnesses crystalize perhaps the most perplexing aspect of this case: how someone as talented and able as respondent Tyson could act so unprofessionally and deceptively with so little to gain by such actions.

82. Other than her treatment with Dr. Janetzke, respondent Tyson offered no evidence of rehabilitation. Dr. Janetzke testified that respondent Tyson's treatment has concluded, her PTSD is now in remission, and she is safe to practice as a veterinarian at this time.

83. In aggravation, her sister Maureen testified that respondent Tyson has never shown remorse for euthanizing Emmy. As discussed above, respondent Tyson offered no remorse or contrition about her conduct when treating with Dr. Janetzke. During the hearing, respondent Tyson did not appear to be remorseful or contrite in the least for her actions. As chronicled above, she still blames others for her misfortunes and it is apparent she has never accepted any responsibility.

84. In aggravation, it became clear from respondent Tyson's testimony on cross-examination that respondent Crown City's staff members had little supervision

or oversight. Rather they had almost unfettered access to controlled substances, and were not required to maintain comprehensive or accurate controlled substances logs.

Costs

85. A. The Board submitted evidence of having incurred the following costs in this matter totaling \$30,733.50:

B. Investigative costs totaling \$4,071 investigating the complaint in its case number 17-10947-VM. That was a complaint the Board had received about respondent Tyson purportedly falsely impersonating a state officer when she visited LAEC to take nasal swab samples from other horses on November 30, 2016. (Ex. 4.)

C. Investigative costs totaling \$5,015 investigating the complaint in its case number 17-10899-VM. That was a complaint the Board had received from CDFA's attorneys who prosecuted the Civil Action against respondent Tyson for violating the quarantine at LAEC. (Ex. 5.)

D. Expert witness costs totaling \$1,237.50 associated with Dr. Franz-Weiss's review of materials pertaining to the two complaints described above. (Ex. 15.)

E. Prosecution costs totaling \$20,410 representing the attorneys' fees billed to the Board by the Office of the Attorney General (AGO) in this matter.

86. A. The investigative costs related to the CDFA's complaint to the Board concerning respondent Tyson's violation of the quarantine (Board case no. 17-10899-VM), as well as the attorney fees billed by the AGO in this matter, are reasonable.

B. The Board ultimately decided to not file charges against respondent Tyson concerning the complaint that she had impersonated a state officer at LAEC on November 30, 2016, concluding there was insufficient evidence. (Ex. 4, p. 150.) Dr. Franz-Weiss reached the same conclusion. (Ex. 15, p. 297.) Thus, the costs related to that complaint are not reasonable. They do not demonstrate that respondents violated any part of the Veterinary Medicine Practice Act. Since Dr. Franz-Weiss did not provide a break-down of her total review costs, it is concluded that half of her costs were devoted to reviewing the complaint concerning the events of November 30, 2016. Under these circumstances, a reduction of \$4,689.75 from the Board's total costs is warranted.

87. Based on the above, the Board incurred reasonable costs in investigating and prosecuting this matter totaling \$26,043.75.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. The burden of proof in this licensing disciplinary matter is on complainant. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 855-856.)

2. A. The standard of proof for disciplining a professional license is clear and convincing evidence to a reasonable certainty. (*Ettinger v. Board of Medical Quality Assurance, supra*, 135 Cal.App.3d at pp. 855-856.) Respondent Tyson's license is a professional one warranting this standard, a point of which the parties agree.

B. The parties do not specifically address whether the clear and convincing standard also applies to respondent Crown City, but neither argued the lower preponderance of the evidence standard applies. While the ALJ is not concluding a veterinarian premises permit is a professional license, the clear and convincing standard is nonetheless also applied to respondent Crown City because all of the factual findings herein were established using the higher standard.

C. The clear and convincing standard has been defined as meaning proof that is clear, explicit, and unequivocal; so clear as to leave no substantial doubt and sufficiently strong to command the unhesitating assent of every reasonable mind. (*In re Marriage of Weaver* (1990) 224 Cal.App.3d 478, 487.)

Cause for Discipline Against Respondents

3. A. Business and Professions Code section 4883, subdivision (g),³ allows the Board to revoke, suspend, or assess a fine against a license for unprofessional conduct. As discussed above in Factual Findings 19-23, Food and Agricultural Code sections 9562, 9563, 9564 and 9691 provide the CDFA with legal authority to issue and enforce quarantines over animals suspected of having serious, contagious diseases.

B. Respondents Tyson and Crown City are subject to disciplinary action under section 4883, subdivision (g), in conjunction with Food and Agricultural Code sections 9562, 9563, 9564 and 9691, in that it was clearly and convincingly established that respondent Tyson acted unprofessionally by violating a mandatory quarantine issued by the CDFA for LAEC on November 22, 2016, when she removed

³ Unspecified statutory references are to the Business and Professions Code.

the horse Emmy from mandated quarantine premises after Emmy had exhibited clinical signs of a contagious disease. Respondent Tyson further engaged in unprofessional conduct when she failed to comply with enhanced biosecurity measures on November 22, 2016, before and after entering Barn C at LAEC to remove Emmy from the premises. (Factual Findings 1-39, 67-73 & 74-77.)

C. Respondents unconvincingly argue section 4883, subdivision (g), only provides discipline for unprofessional conduct when a licensee has been convicted of a drug-related crime (subd. (g)(1)), has used a drug or controlled substance improperly (subd. (g)(2)), or otherwise violated a state or federal rule or law pertaining to dangerous drugs or controlled substances (subd. (g)(3)), because those are the only acts specifically described in subdivision (g). However, section 4883, subdivision (g), also provides that unprofessional conduct "includes, but is not limited to" what is described in subdivision (g)(1) through (g)(3). The phrase "is not limited to" means unlisted conduct may still be "unprofessional conduct" subject to discipline. (*Gillis v. Dental Bd. of California* (2012) 206 Cal.App.4th 311, 320, disapproved of on other grounds by *Dhillon v. John Muir Health* (2017) 2 Cal.5th 1109.) This is because it is a general rule of statutory construction that use of the language "including, but not limited to" in the statutory definition is a phrase of enlargement rather than limitation. (*People v. Arias* (2008) 45 Cal.4th 169, 182.)

4. A. In addition to the aforementioned section 4883, subdivision (g), the Board may also discipline a license for "[f]raud or dishonesty in applying, treating, or reporting on tuberculin or other biological tests" (§ 4883, subd (d)); and "[a]iding or abetting in any acts that are in violation of any of the provisions of this chapter" (§ 4883, subd. (j)).

B. It was not established that respondents are subject to disciplinary action under section 4883, subdivisions (d), (g) and (j), in that it was not clearly and convincingly established that on November 22, 2016, respondent Tyson acted unprofessionally by misrepresenting that Emmy did not have a fever and was not displaying signs of illness in connection with her removal of Emmy from Barn C at LAEC. While Drs. Peralez and Olmstead, in their capacity as CDFA designees, had concluded Emmy had such signs of illness and suspected she may have been infected with EHV-1, such matters are subject to professional differences, and it is entirely possible that respondent Tyson believed otherwise. Thus, while the evidence clearly established that Emmy had a fever and had displayed signs of neurological deficits consistent with EHV-1, it was not clearly and convincingly established that respondent knew otherwise and purposely misrepresented Emmy's condition when she removed her from LAEC. (Factual Findings 1-39, 67-73 & 74-77.) As explained above, respondents' misconduct consisted of knowingly violating a quarantine order and thereafter hiding Emmy from the CDFA.

5. A. Respondents Tyson and Crown City are subject to disciplinary action under section 4883, subdivisions (g) and (j), in conjunction with Food and Agricultural Code section 9695 (see Factual Finding 23), in that it was clearly and convincingly established that respondent Tyson acted unprofessionally by failing to disclose the location of Emmy, an infected horse, after the horse was unlawfully removed from LAEC mandatory quarantine on November 22, 2016.

B. More specifically, when the CDFA requested several times that respondent Tyson provide Emmy's location, she failed and refused, even after the CDFA obtained a court-ordered preliminary injunction and then an Inspection Warrant under Code of Civil Procedure section 1822.50. Respondent Tyson's actions caused

more than a 30-day delay in the containment of the EHV-1 virus and the potential exposure of the virus to other horses. (Factual Findings 1-39, 40-55, 67-73 & 74-77.)

C. Respondent Tyson argues she was suffering from PTSD during the events in question and therefore did not understand the CDFA was looking for Emmy after she removed Emmy from LAEC, and that, in any event, it was not proven that she actually knew before January 2017 that the CDFA was still looking for Emmy. But respondents did not prove those two contentions as a matter of fact. (See, e.g., Factual Findings 72 & 80.)

6. A. In addition to the aforementioned section 4883, subdivision (j), the Board may discipline a license for "[v]iolation or attempting to violate, directly or indirectly, any of the provisions of this chapter" (§ 4883, subd. (c)); and for "[f]raud, deception, negligence, or incompetence in the practice of veterinary medicine" (§ 4883, subd. (i)).

B. Respondents are subject to disciplinary action under section 4883, subdivisions (c), (i) and (j), in that it was clearly and convincingly established that respondent Tyson engaged in deception with the CDFA when she failed to disclose the true circumstances relating to the date and time of the euthanasia of Emmy after respondent Tyson had unlawfully removed Emmy from the mandatory quarantine. In fact, respondent Tyson committed acts of perjury in proceedings before the Superior Court by falsely stating that she had euthanized Emmy on November 23, 2016, when, in fact, she had euthanized Emmy significantly later, though the precise date was not established. (Factual Findings 1-39, 40-55, 56-66 & 67-73.)

C. Respondents argue section 4883, subdivision (i), was not violated because respondent Tyson's acts of deception were related to her perjured declarations in court filings, which did not involve "the practice of veterinary medicine" as is required by subdivision (i). However, respondent Tyson's acts of deception were tightly intertwined with her actions as Emmy's veterinarian, i.e., vaccinating and caring for Emmy before the quarantine, evaluating Emmy for signs of EHM before removing her from LAEC, removing Emmy from LAEC purportedly to protect her health, her decision to place Emmy in her own quarantine at another location, and her later decision to euthanize Emmy. The relationship between respondent Tyson's acts of deception and her care for Emmy as a veterinarian show her deception was indeed related to her practice of veterinary medicine.

Disposition

7. A. The purpose of licensing statutes is to protect the public. (*Clerici v. Department of Motor Vehicles* (1990) 224 Cal.App.3d 1016.)

B. In determining the level of discipline to be imposed in this case, the ALJ considered the Board's *Disciplinary Guidelines* [effect. July 2012] (Guidelines). For the violations established in this case, i.e., section 4883, subdivisions (g), (i), (j), and (c), the Guidelines recommend revocation as the maximum discipline, and a stayed revocation under probation for two years with various terms as the minimum discipline.

C. In this case, revocation is clearly warranted by respondent Tyson's egregious misconduct. She knowingly violated a quarantine designed to protect the health of animals, something a state-licensed and APHIS-accredited veterinarian should know not to do. Respondent Tyson thereafter hid Emmy and purposely

confounded the CDFA's ability to find Emmy and enforce its quarantine. She thereafter committed several acts of perjury in the Superior Court by falsely declaring that Emmy was euthanized on November 23, 2016, which in fact did not occur. Respondent Tyson ultimately euthanized a healthy animal, Emmy, when she did not have to, simply to cover up her prior acts of perjury. Killing a healthy animal should be anathema to a veterinarian. And yet, respondent Tyson has exhibited no remorse for that action.

D. Respondents presented some evidence of mitigation, namely many years of unblemished service as a licensed veterinarian and many happy customers. The Foundation has apparently also done good works for animals. However, the severity of respondent Tyson's conduct and aggravating facts greatly outweigh the mitigation. For example, respondent Tyson has demonstrated no remorse for any of her acts in this case. Inasmuch as all of her denials and defenses were either not established or patently unbelievable, it is apparent that respondent Tyson has never accepted any responsibility for her misconduct. Her actions also made the CDFA's enforcement efforts to contain the EHM outbreak at LAEC much more difficult and expensive. She presented little evidence of rehabilitation, other than limited treatment for PTSD with Dr. Janetzke. Under these circumstances, public protection warrants revocation of her license. (Factual Findings 1-84; Legal Conclusions 1, 2, 3, 5 & 6.)

E. When a licensee operates its licensed business through employees and agents, the licensee must be responsible to the licensing authority for the employees' and agents' conduct in the exercise of the license. (*Mantzoros v. State Bd. of Equalization* (1948) 87 Cal.App.2d 140, 144.) In this case, respondent Crown City is owned and controlled by respondent Tyson, and therefore is responsible for the actions of respondent Tyson. No argument was advanced that respondent Crown City

should be disciplined differently than respondent Tyson. **Therefore, its premises permit also should be revoked.** (Factual Findings 1-84; Legal Conclusions 1, 2, 3, 5 & 6.)

8. Section 125.3 provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation of her governing licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case. Here, it was established that respondents violated provisions of the Veterinary Medicine Practice Act, and that the reasonable costs incurred by the Board in investigating and prosecuting this matter are \$26,043.75. (Factual Findings 85-87; Legal Conclusions 3, 5 & 6.)

9. Section 4883 allows the Board to assess a fine, as provided in section 4875, for a violation of any subdivision of section 4883. Under section 4875, the Board has the authority to assess a fine not in excess of \$5,000 against a licensee for any of the causes specified in section 4883, and that such a fine may be assessed in lieu of, or in addition to, a suspension or revocation. In light of the revocation of their licenses, assessing an additional \$5,000 fine against respondents is not necessary to protect the public and therefore not warranted.

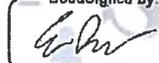
ORDER

Veterinary Medical License Number VET 13995, issued to respondent Melissa Ann Tyson, is revoked.

Premises Permit Number HSP 5890, issued to respondent Crown City Veterinary Medical Group, Inc., is revoked.

Respondents Melissa Ann Tyson and Crown City Veterinary Medical Group, Inc., jointly and severally, are ordered to pay the Veterinary Medical Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3, in the amount of \$26,043.75.

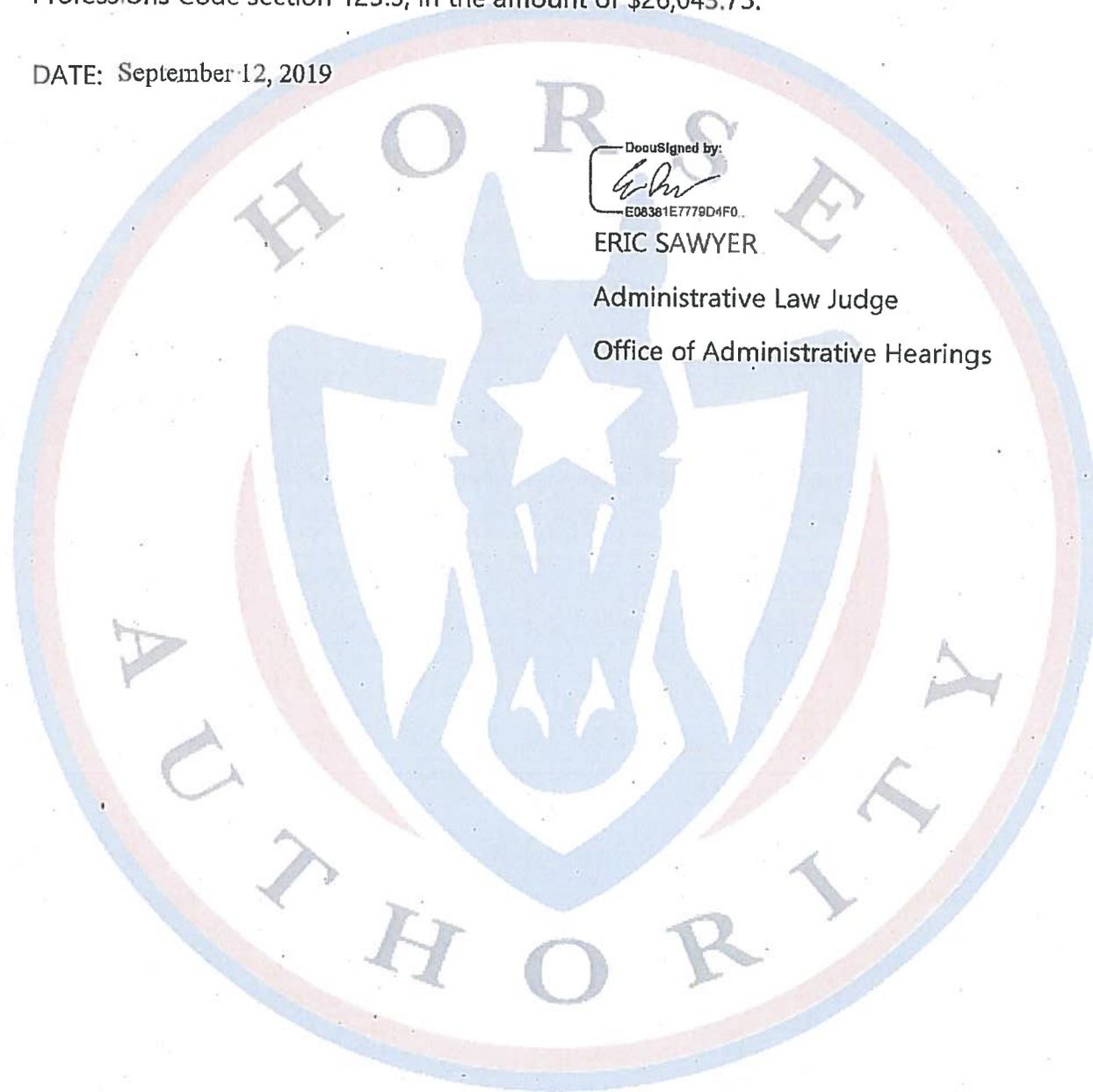
DATE: September 12, 2019

DocuSigned by:

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ERIC SAWYER

Administrative Law Judge

Office of Administrative Hearings



14

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
PHARMACEUTICAL TECHNICIAN APPLICATION



Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Cindy Middle: A Last: Orwick
 Home Address: Tiger Lily way Apt #: _____
 City: Henderson State: NV Zip Code: 89015
 Telephone: _____ Social Security Number: _____
 Date of Birth: _____ Place of Birth: Massachusetts 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: I have previously had 1 in Nevada already.

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
3. 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?.....?	<input type="radio"/>	<input checked="" type="radio"/>
4. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input type="radio"/>	<input checked="" type="radio"/>
5. Had your license subjected to any discipline or administrative action whether completed or pending in <u>any</u> state?.....?	<input type="radio"/>	<input checked="" type="radio"/>

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 #:		
<u>Prn</u>	<u>NV</u>	<u>1/2012-Completion.</u>			
Criminal Action:	State	Date:	Case #:	County	Court
<u>None</u>					

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

- Are you the subject of a court order for the support of a child?.....? Yes No
 IF you marked YES to the question, above are you in compliance with the court order?.....?

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted: Cindy Orwick Date: 1/20/2019

Board Use Only: Date Processed: _____ Amount: 40.00

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	Case No. 12-047-PT-S
Petitioner,)	
v.)	
	)	ORDER
CINDY ORWICK, PT,)	
Certificate of Registration No. PT05926)	
)	
Respondents)	
	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on April 17, 2013, in Las Vegas, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Respondent Cindy Orwick, PT appeared without counsel, but with knowledge of her right to consult counsel. Following opening statements and the presentation of evidence, including testimony from Ms. Orwick, the parties stipulated to the following terms:

1. The Board made no findings of fact with respect to the allegations in the Accusation in this matter.
2. The Board made no conclusions of law with respect to the allegations in the Accusation in this matter.
3. The parties mutually agreed to the following:
 - a. Ms. Orwick:
 - i. Voluntarily surrendered her pharmaceutical technician registration;
 - ii. Will enroll in, or continue to be enrolled in, an evaluation and treatment program such as PRN-PRN, or another equivalent program, which is pre-approved by Board Staff, and will comply with all requirements and conditions of such program as necessary to remain in good standing therein;

iii. Will not reapply for any license or registration to work in a pharmacy in Nevada until such time as she has completed the program referenced above, and is cleared to return to work in a pharmacy by the program director, or other qualified person, within such program who is qualified to render such a professional determination.

b. The Board will dismiss the allegations set forth in the Accusation on file in this matter.

4. The Board voted unanimously at the hearing to accept the terms of the parties' stipulation, which were recorded on the record and memorialized herein, in lieu of continuing the prosecution of this matter.

Signed and effective this 13 day of May 2013.



Kamlesh Gandhi, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

**NEVADA STATE BOARD OF PHARMACY,
Petitioner,**

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**CINDY ORWICK, PT,
Certificate of Registration No. PT05926,
Respondent.**

Case No. 12-047-PT-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Orwick is a registered pharmaceutical technician with the Board.

II.

On or about June 12, 2012 Board staff received a letter from Tammy Myxter, District Pharmacy Manager for Smith's Food and Drug notifying the Board that they had terminated the employment of Ms. Orwick.

III.

During a random drug screen on May 9, 2012, Ms. Orwick tested positive for methamphetamine.

FIRST CAUSE OF ACTION

IV.

By testing positive for methamphetamine during a random drug screen, Ms. Orwick violated Nevada Revised Statute (NRS) 639.210(3) and/or (4) and/or 639.283 and Nevada Administrative Code (NAC) 639.945(1)(i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 12th day of July 2012.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

15

15A

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)



Complete Name (no abbreviations):

First: Anna Middle: Marie Last: Chiofalo

Home Address: W. Mesquite Blvd Apt#: _____

City: Mesquite State: NV Zip Code: 89027

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Cleveland, Ohio Sex: M or F

E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 12646

Address: 329 N. Saddle Hill Blvd.

City: Mesquite State: NV Zip Code: 89027

Signature of Managing Pharmacist: Kara Lockins Lic #: 13716 Date: 12-1-19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes No
 2. Are you a high school graduate or the equivalent? Yes No
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	NV	6/28/2017	17CR00339	Clark	Mesquite Municipal
	NV	2/11/2019	19CR00085	Clark	Mesquite Municipal

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

- Are you the subject of a court order for the support of a child?..... Yes No
 IF you marked YES to the question, above are you in compliance with the court order?..... Yes No

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted: Anna Chiofalo Date: 11/27/2019

Board Use Only Date Processed: _____ Amount: 40.00

Maera L. Wallace

From: Gina Chiofolo <gchiofolo@pharmacy.nv.gov>
Sent: Tuesday, December 24, 2019 1:28 PM
To: Maera L. Wallace
Subject: Re: Pharmaceutical Technician in Training Application

Hi Maera The 1st charge is 2017 is for petty larceny. I didn't take anything and didn't even know about it until we left the store, but because it was my car and I was driving I was charged for it also. The 2nd charge in 2019 was for a DWI. I got it on my 40th birthday and I have not had a single drink since. Feel free to contact me if you need more information.

Happy Holidays!
 Gina Chiofolo

On Mon, Dec 23, 2019 at 10:49 AM Maera L. Wallace <mwallace@pharmacy.nv.gov> wrote:

Hello Gina,

We are in receipt of your application for a pharmacy technician in training license. The application does not include the answers for the questions required by NRS639.129. I've attached a copy of your application so that you may review the questions.

We can't process the application without the answers so please provide them by email or by placing a phone call to (775) 850-1440.

Thank you,

Maera Wallace

Administrative Assistant

Nevada State Board of
 Pharmacy

775-850-1440



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofalo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT



Mesquite Police Department

Officer Report for Incident 170627-15

Nature: DUI
Location: A

Address: 1120 W Pioneer Blvd; Walmart
Mesquite NV 89027

Received By: A Parnall	How Received: T	Agency: MES
Responding Officers: J Perry, J Smith, T Fails, M Magadan		
Responsible Officer: J Perry	Disposition: E 06/27/17	
When Reported: 14:23:20 06/27/17	Occurred Between: 14:23:20 06/27/17 and 14:23:20 06/27/17	

Assigned To:	Detail:	Date Assigned: **/**/**
Status:	Status Date: **/**/**	Due Date: **/**/**

Complainant: 35570

Last: Walmart

DOB: **/**/**

Race:

Sex:

First:

Dr Lic:

Phone:

Mid:

Address: 1120 W Pioneer Blvd

City: Mesquite, NV 89027

Offense Codes

Reported: Intoxicated Person	Observed: Driving Under the Influence
Additional Offense: DUI Driving Under the Influence	Driving Under the Influence
Additional Offense: TPSH Theft/Property/Shoplifting	Theft/Property/Shoplifting

Circumstances

Highway/Road/Alley

Responding Officers:	Unit :
J Perry	A1
J Smith	R1
T Fails	S1
M Magadan	A2

Responsible Officer: J Perry

Received By: A Parnall

How Received: T Telephone

When Reported: 14:23:20 06/27/17

Judicial Status: MSD

Misc Entry:

Agency: MES

Last Radio Log: **.**. **/**/**

Clearance: CRO Cleared, Responding Officer

Disposition: E Date: 06/27/17

Occurred between: 14:23:20 06/27/17

and: 14:23:20 06/27/17

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofalo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Officer Report for Incident 170627-15

Modus Operandi:	Description :	Method :
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Involvements

Date	Type	Description	Relationship
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UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofalo
By: M. Brey 8179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Officer Report for Incident 170627-15

Synopsis

Officers were dispatched to a business reference a theft. An adult male was arrested for DUI and the female was cited for Petit Larceny.

Responsible LEO:

Approved by:

Date

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofalo
By: M. Brey 6178 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Officer Report for Incident 170627-15

Reports

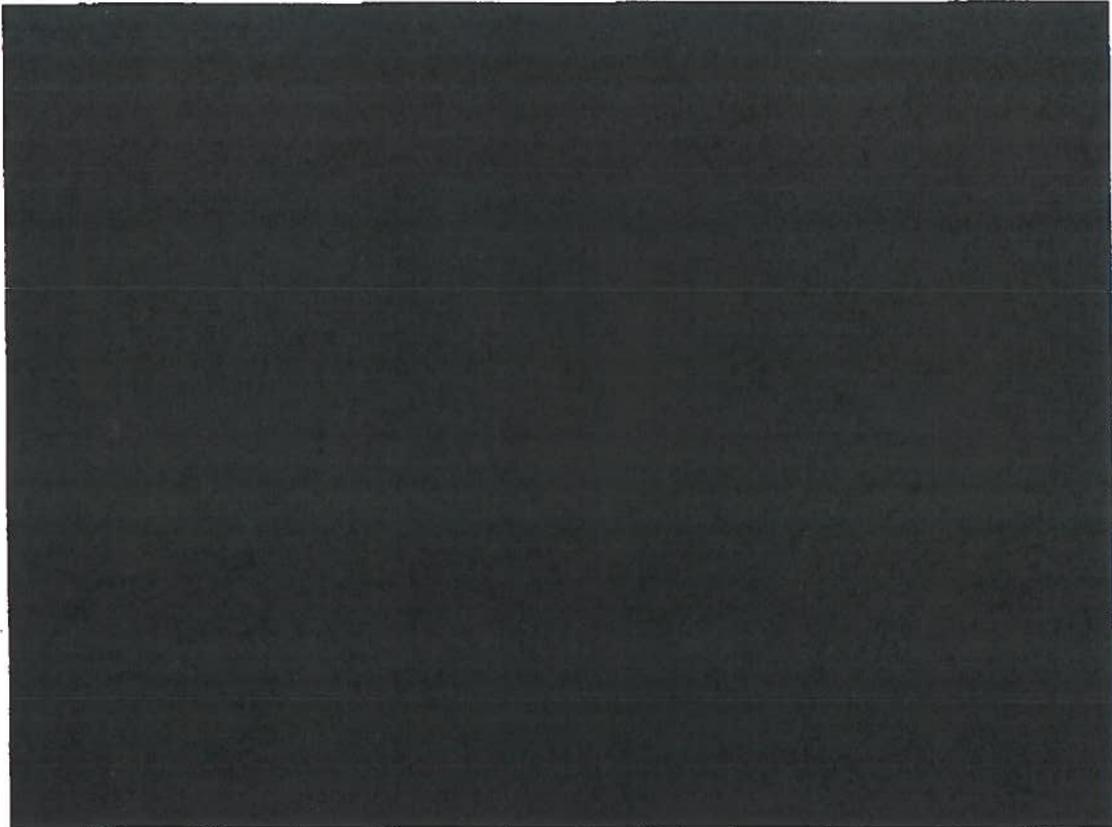
Officers Report

On Tuesday, 6/27/17, at approximately 1423 hours I, Officer J. Perry, responded to Walmart, located at 1120 West Pioneer Boulevard, reference a theft. While en route dispatched informed a female left the store with items that were not paid for. The female was seen getting into the passenger seat of a silver Toyota 4 runner Bearing Nevada license plate 351A14. The vehicle was seen crossing Pioneer Boulevard parking next to the Robertos Taco Shop. Sergeant Falls and Officer Smith responded to assist.

Upon arrival to the area I observed a silver Toyota 4 Runner Bearing Nevada License plate 351A14 traveling South on Pioneer Boulevard. I activated my lights and sirens and conducted a traffic stop on Pioneer Boulevard and Falcon Ridge Parkway.

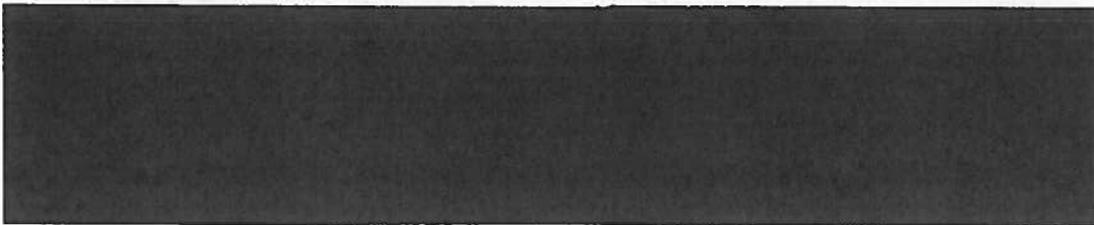
As I approached the vehicle I made contact with an adult male driver, identified as David Calabrese, and adult female passenger Gina Chiofolo. As I spoke with the two individuals I could smell a strong odor of alcoholic based beverage coming from the vehicle. I asked David if he had been drinking and he stated he had a couple drinks earlier in the day.

I asked David to exit the vehicle so I could administer the Standardized Field Sobriety Tests (SFST) to determine if he was impaired. David agreed to take the tests.



UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofalo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Officer Report for Incident 170627-15



David gave consent for officers to search the vehicle, and stated he had been drinking beers and the wine bottles were Gina's. While searching the vehicle I observed two open bottles of wine, and an open 24 ounce can of Bud Ice on the floor board of the back seat. Also in the back seat was a box of Oak Leaf Chardonnay. Gina stated the Chardonnay was what she purchased at Walmart.

I placed David in handcuffs and in custody for DUI-Alcohol (1st Offense). I placed David in Officer Smiths patrol vehicle and David was transported to the Mesquite Detention Center.

I spoke with Gina regarding the theft at Walmart. Gina stated she was attempting to return an item and purchase a box of wine. Gina stated she put the box of wine in her purse and left the store. Gina stated she thought she paid for the wine.

I placed Gina in the back of my patrol vehicle and relocated to Walmart. I spoke with Lost prevention employee Shandee Gurule. Shandee stated she observed a female individual conceal a box of wine in her purse and go directly to customer service. Shandee stated the female was intoxicated and stumbling while she walked. Shandee stated the female leaves customer service and exits the store without paying for the box of wine.

The box of wine had a value of \$11.86. I issued Gina citation MPD002752 for Petit Larceny and Shandee signed as the complainant.

I also issued Gina citation MPD002753 for Open Container in her vehicle. Gina was released from the Walmart.

Shandee provided surveillance photos and footage of the theft. Shandee also completed a voluntary statement. All will be attached to this report.

Anytime towing responded and took possession of the vehicle. An impound report sheet was completed and will be attached to this incident.

Officer Smith transported David to the Mesquite Detention Center. Officer Smith read the implied consent form, and David gave consent to take a breath test.



I completed a DP-45 form, and David was served an Order of Revocation which will be attached to this report. Officer Smith completed the Declaration of Breath Test Operator and the Intoxilyzer 8000 checklist and they will be attached to this report.



UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofalo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Officer Report for Incident 170627-15

Nothing further.

Tue Jun 27 17:08:36 PDT 2017

J. Perry 6171

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofalo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT



Mesquite Police Department

Officer Report for Incident 190211-02

Nature: DUI
Location: A

Address: 191 E Pioneer Blvd
Mesquite NV 89027

Received By: K Rowley How Received: 9 Agency: MES
Responding Officers: J Stout, C Empey, Z Wood
Responsible Officer: Z Wood Disposition: E 02/11/19
When Reported: 01:34:27 02/11/19 Occurred Between: 01:24:24 02/11/19 and 01:34:27 02/11/19

Assigned To: Detail: Date Assigned: **/**/**
Status: Status Date: **/**/** Due Date: **/**/**

Complainant: 9933
Last: McDonalds First: Mid:
DOB: **/**/** Dr Lic: Address: 190 E Pioneer Blvd
Race: Sex: Phone: (702)346-1227 City: Mesquite, NV 89027

Offense Codes

Reported: Threatening Observed: Driving Under the Influence
Additional Offense: DUI Driving Under the Influence Driving Under the Influence

Circumstances

Parking Lot/Garage
Parking Lot/Garage

Responding Officers: Unit :
J Stout 6168
C Empey B2
Z Wood R2

Responsible Officer: Z Wood Agency: MES
Received By: K Rowley Last Radio Log: **:**:** **/**/**
How Received: 9 911 Line Clearance: CRO Cleared, Responding Officer
When Reported: 01:34:27 02/11/19 Disposition: E Date: 02/11/19
Judicial Status: MSD Occurred between: 01:24:24 02/11/19
Misc Entry: and: 01:34:27 02/11/19

Modus Operandi: Description : Method :

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiolo
By: M. Brey 6178 Date: 01/16/2020
MCCQUITE POLICE DEPARTMENT

Officer Report for Incident 190211-02

Involvements

Date	Type	Description	Relationship
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UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofalo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Officer Report for Incident 190211-02

Synopsis

Officers responded to a business on a report of threatening. There were no actual threats made and one female adult was arrested for DUI.

Responsible LEO:

Approved by:

Date

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofalo
By: M. Brey 6178 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Officer Report for Incident 190211-02

Reports

Incident Report:

On Monday, February 11, 2019 at approximately 0124 hours I responded to McDonalds drive through located at 190 E Pioneer Blvd, on a report of threats.

I contacted the McDonalds employees who stated the passengers of a beige Ford Fusion sedan in the drive through began threatening them. The passenger was stating he was going to come and "pop" them all if they didn't get their order right. The McDonalds employees stated the passenger was acting as though he was on drugs.

Officer J. Stout and I contacted the driver and passenger of the vehicle. Officer Stout asked the passenger John Mcneal, to step out of the car while I spoke with the driver Gina Chiofalo. The vehicle was running and Gina told me she was driving because John was too intoxicated. While talking with the Gina I observed a strong odor of an alcoholic beverage coming from the vehicle. I asked Gina if she had been drinking. Gina stated she had three shots at noon on February 10, 2019. Gina's speech was slow and slurred. Gina's eyes were watery and bloodshot.

I asked Gina to exit the vehicle and she was very slow to respond. Gina struggled to exit the vehicle, grabbing the car for support. Gina stumbled as she walked to the back of the car. I again asked when she last drank, she replied it was her 40th birthday and she had her last drinks at midnight. Gina was swaying back and forth and was unable to stand still for short periods of time without taking steps to regain balance.

I advised Gina I was going to be conducting the standardized field sobriety tests(SFST's). I asked Gina the standard medical questions, and she she answered no to all of the questions.

Prior to beginning the test I explained and demonstrated each test to Gina. I began the SFST's by having Gina stand in a well lit area of the McDonald's parking lot, where the ground was even, and there were parking stall lines to reference. The results of the test were as follows:

HORIZONTAL GAZE NYSTAGMUS

During the instruction phase of this test, Gina continued to sway side to side. Gina did not follow instructions and had to be told to keep her head still several times. During this test I observed a lack of smooth pursuit in both eyes. I observed a distinct and sustained nystagmus at maximum deviation, and nystagmus prior to forty five degrees in both eyes. The indications of this test led me to believe Gina was impaired.

WALK AND TURN

Gina attempted to get into the starting position and could not keep her balance, she had to take a step to the side to keep from falling. Gina was unable to move her right foot in line with her left foot without stumbling and stepping off the line. Gina continued to try and do this a few more times before giving up. Gina said that she was unable to do this test.

ONE LEG STAND

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofalo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Officer Report for Incident 190211-02

I began to explain the test to Gina to which she cut me off, and said she would not be able to do this test. Gina was informed that it would be to her benefit to attempt the test to which she refused.

I explained the portable breath test to Gina and informed her she needed to blow a constant flow of air until I told her to stop. Gina began by giving me a small breath, when told to blow harder she was able to give me a constant flow of air but the machine only registered a partial. The results of the portable breath test were .250 BrAC. Based on the totality of the circumstances and Gina's performance on the standardized field sobriety test, I arrested her for driving under the influence of alcohol.

Officer C. Empey transported Gina to the Mesquite Detention Center. At 0210 hours I read Gina the Nevada Implied Consent Warning and she agreed to provide a blood sample. Phlebotomist Verna Carnesecca arrived and collected two vials of blood at 0310 hours, which I took custody of and placed into a refrigerated evidence vault at the Mesquite Detention Center to be sent off for testing.

While at the detention center, I checked Gina's criminal history and learned she had been convicted of a prior DUI arrest on 08/14/2014 in Colorado. I issued Gina Citation # MPD043027 for DUI second offense. I completed the state DP-45 Form and explained it to Gina and gave her a copy. I completed the Field sobriety checklist, declaration for the withdrawal of whole blood sample and the Henderson Lab Request forms. All forms will be attached to this case file.

No Further.

Z. Wood 6188

Mon Feb 11 04:06:05 PST 2019

15B



NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Kellie Middle: Marie Last: Hillard

Home Address: 1 N. Jones Blvd. Apt#: _____

City: Las Vegas State: Nevada Zip Code: 89108

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: San Diego, CA. Sex: M or F

E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: N/A.

I am requesting registration at the following pharmacy:

Pharmacy: CVS 7251 Store #: 7251

Address: 7285 N. Aliante Pkwy

City: Las Vegas State: NV Zip Code: 89084

Signature of Managing Pharmacist: [Signature] Lic #: 20200 Date: 12/16/19

(Without the signature of the managing pharmacist, the application will be returned.)

- 1. Are you 18 years of age or older? Yes No
 - 2. Are you a high school graduate or the equivalent? Yes No
- (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
3. 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?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? <u>petty theft - 2012</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)

- Are you the subject of a court order for the support of a child?..... Yes No
- IF you marked YES to the question, above are you in compliance with the court order?..... Yes No

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted: [Signature] Date: 12/14/19

Board Use Only Date Processed: _____ Amount: \$40.00

11:08 ↖



AA

lvjcpa.clarkcountynv.gov


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[Back](#)
Location: Justice Court [Help](#)

REGISTER OF ACTIONS

Case No. 12F12818A

State of Nevada vs Hillard, Kellie Marie

 Case Type: **Felony**
 Date Filed: **08/13/2012**
 Location: **JC Department E**

RELATED CASE INFORMATION

Related Cases

12F12818B (Multi-Defendant Case)

PARTY INFORMATION

Defendant: Hillard, Kellie Marie

 Lead Attorneys
Public Defender
 Public Defender
[City of Las Vegas](#)

State of Nevada: State of Nevada

CHARGE INFORMATION

Charges: Hillard, Kellie Marie

Charge	Statute	Level	Date
1. Theft - < \$250 [50451]	209.053(2)	Misdemeanor	07/29/2012

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

08/15/2012 **Plea** (Judicial Officer: Tobiasson, Melanie A.)
 1. Theft, < \$250 [50451]
 Guilty

08/15/2012 **Disposition** (Judicial Officer: Tobiasson, Melanie A.)
 1. Theft, < \$250 [50451]
 Guilty of Lesser Offense

08/09/2013 **Misdemeanor Sentence** (Judicial Officer: Kephart, William)
 1. Theft, < \$250 [50451]
 Condition - Adult
 1. Suspended Jail Sentence, 6 months 08/15/2012 Active 08/15/2012
 2. Stay Out of Trouble, 08/15/2012, Satisfied 08/09/2013

Fee Totals:
 Restitution/Personal
 Assets: \$1,534.00
 Fee Totals \$: \$1,534.00
 Court cost/Restitution/State's court and severalty - transferred to receipt

OTHER EVENTS AND HEARINGS

08/13/2012 **TRANSFERRED TO JC**
 TRANSFERRED TO JC

08/13/2012 **48 HOUR - PROBABLE CAUSE FOUND** (Judicial Officer: Tobiasson, Melanie A.)
 48 HOUR HEARING

08/13/2012 **COMPLETED BY JI**
 MinuteCode1: COMPLETED BY JI MinuteCode3: COMPLETED BY JI

08/13/2012 **Conversion Unknown**
 MinuteCode1: COMPLETED BY KH MinuteCode3: COMPLETED BY KH

08/13/2012 **CTRACK Track Assignment JC10**

08/13/2012 **48 Hour Probable Cause Review (8:00 AM)** (Judicial Officer Tobiasson, Melanie A.)
 Result: COMPLETED

08/13/2012 **Probable Cause Arrest Documents**

08/13/2012 **Custody Status Slip (No Custody Change)**
 08/14/2012 **RECEIVED FROM DA**

11:08 ↖



lvjcpa.clarkcountynv.gov

TRANSFERRED TO JC
 04/15/2012 48 HOUR - PROBABLE CAUSE FOUND (Judicial Officer: Tobrasson, Melanie A.)
 48 HOUR HEARING
 04/15/2012 COMPLETED BY JI
 MinuteCode1: COMPLETED BY JI MinuteCode3: COMPLETED BY JI
 04/15/2012 Conversion Unknown
 MinuteCode1: COMPLETED BY KH MinuteCode3: COMPLETED BY KH
 04/15/2012 CTRACK Track Assignment JC10
 04/15/2012 48 Hour Probable Cause Review (8:00 AM) (Judicial Officer Tobrasson, Melanie A.)
 Result: COMPLETED
 04/15/2012 Probable Cause Arrest Documents
 04/15/2012 Custody Status Slip (No Custody Change)
 04/14/2012 RECEIVED FROM DA
 RECEIVED FROM DA
 04/14/2012 Criminal Complaint
 04/14/2012 Minute Order
 04/15/2012 SEE CHARGE/DISPOSITION/SENT RECORDS (Judicial Officer: Tobrasson, Melanie A.)
 72H HEARING P/C
 04/15/2012 COURTESY NOTICE OF DISPOSITION GENERATED
 MinuteCode1: COURTESY NOTICE OF DISPOSITION GENERATED MinuteCode3:
 COURTESY NOTICE OF DISPOSITION GENERATED
 04/15/2012 72 Hour Hearing (8:00 AM) (Judicial Officer Tobrasson, Melanie A.)
 Result: GUILTY/SENT
 04/15/2012 Custody Status Slip (Release From Custody)
 04/15/2012 Official Court Date Slip
 04/15/2012 Notice of Disposition and Judgment
 04/15/2012 OTHER (8:00 AM) (Judicial Officer Tobrasson, Melanie A.)
 No Bail Posted - Stat Ck Req
 04/15/2012 Entered by Clerk on 04/15/2012
 Result: Matter Heard
 04/15/2012 Comment (Judicial Officer: Tobrasson, Melanie A.)
 40 hours of c/s done
 04/15/2012 Minute Order - Department 10 (Judicial Officer: Tobrasson, Melanie A.)
 04/15/2012 Administrative Reassignment to Department 6
 Case reassigned from Department 10 (Judge Melanie A. Tobrasson)
 04/15/2012 Comment
 Status check on restitution
 04/15/2012 Status Check (8:00 AM) (Judicial Officer Kephart, William)
 No Bail Posted
 Result: Matter Heard
 04/15/2012 Minute Order - Department 06 (Judicial Officer: Kephart, William)
 04/15/2012 Status Check (Judicial Officer: Kephart, William)
 Restitution Due \$1,334.00
 04/15/2012 Status Check (8:00 AM) (Judicial Officer Kephart, William)
 No bail posted
 Result: Matter Heard
 04/15/2012 Comment
 BOTH ON
 04/15/2012 Minute Order - Department 06 (Judicial Officer: Kephart, William)
 04/15/2012 Status Check (Judicial Officer: Kephart, William)
 Restitution balance \$1,284.00
 04/09/2012 Status Check (8:00 AM) (Judicial Officer Kephart, William)
 No bail posted
 Result: Matter Heard
 04/09/2012 Financial Modification (Judicial Officer: Kephart, William)
 Transfer Restitution to Macy's
 04/09/2012 Status Check on Requirements (Judicial Officer: Kephart, William)
 \$784 balance of restitution due
 04/09/2012 Minute Order - Department 06 (Judicial Officer: Kephart, William)
 04/09/2012 Status Check (8:00 AM) (Judicial Officer Kephart, William)

15C

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable money order only, no cash)



Complete Name (no abbreviations):

First: ATAVIA JACKSON Middle: CHARISSE Last: JACKSON

Home Address: horizon wind Ave Apt#

City: Las Vegas State: NV Zip Code: 89178

Telephone: 1 Social Security Number:

Date of Birth: Place of Birth: Georgia

E-mail Address:

A licensee is not required to have a Nevada State Business License, however, if you, personally, intend to do so, provide the number: 1403298274

I am requesting registration at the following pharmacy:

Pharmacy: CVS Pharmacy Store # 0082

Address: 6432 Lasee Road

City: North Las Vegas State: NV Zip Code: 89086

Signature of Managing Pharmacist: [Signature] Lic # 18811 Date: 10/30/19

(Without the signature of the managing pharmacist, the application will be returned.)

- 1. Are you 18 years of age or older? Yes No
 - 2. Are you a high school graduate or the equivalent? Yes No
- (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
3. 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?		<input checked="" type="checkbox"/>
4. Been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (3-5) above, include the following information: [Redacted]

Board Administrative Action:	State	Date	Case #	County
Criminal Action:	NV	4/29/2019	C1214423A C1214423B	CLARK

*see a Hacke d
Las Vegas municipal ct*

The Nevada Legislature requires that we include the following questions as part of all applications:

- Are you the subject of a court order for the support of a child? Yes No
- IF you marked YES to the question, above are you in compliance with the court order? Yes No

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 that apply to pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of my registration permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has a good reason to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to the appropriate law enforcement agency.

Original Signature: [Signature] Date: 10/30/19

Board Use Only Date Processed: Amount

as Municipal

019 6:55am

C1214423A Dui LIQUOR

C121 4423B failure to drive in Travel Lane.

not know what else is needed on my paperwork
was sent back I put the same case number.
do not know if this is good enough. let me know
I need more info.



Atavia Jackson

Print Report



Las Vegas Municipal Court
At the Regional Justice Center
200 Lewis Ave, P.O. Box 3950
Las Vegas, Nevada 89127

Mailing Address:
P.O. Box 3950
Las Vegas, NV 89127
www.lasvegasnevada.gov

Printed on:
1/13/2020
9:13 AM

Phone: 38-Court(382-6878)

History Number: 1292459

Name: JACKSON, ATAVIA CHARISSE

Case Number: C1214423A

Department: 2

Citation Number: C1214423A

Court Date: 2/5/2020 8:00 AM

Violation: DUI LIQUOR

Violation Date: 6/28/2019 6:55 AM

Case Sentencing

Item Name	Due	Paid	Balance
BOND FEE	\$ 50	50	0

Case Activity

Activity Date	Activity
8/5/2019 2:38 PM	Tape Start 1: 8/5/2019 8:25 AM
8/5/2019 8:26 AM	Private Attorney FERRAN, ERICK M Bar# 9554
8/5/2019 8:26 AM	Bond Management: Bond Exonerated. (\$2115, #T550727198)
8/5/2019 7:22 AM	Continuance - For City to File
8/5/2019 7:22 AM	Continued
6/29/2019 12:55 AM	BOND FEE Paid \$50
6/29/2019 12:55 AM	Paid \$100 (19-LEST-5-001621)
6/29/2019 12:55 AM	BOND FEE Due \$50
6/29/2019 12:55 AM	Bond posted: #T550727198, Amount: \$2115 (KIND BAIL BOND COMPANY)
6/29/2019 12:55 AM	Continued
6/28/2019 12:13 PM	Bail Review Complete
6/28/2019 9:00 AM	Initial Court Date
6/28/2019 9:00 AM	Bail Due: \$2115
6/28/2019 9:00 AM	Allocated to Department: 2
6/28/2019 9:00 AM	Arrest/Case Created

Class Requirement:

Classes Due: 0

Classes Completed: 0

Other Open Cases

Case#	Citation#	Violation	Dept	Court Date	Warrant
C1214423B	C1214423B	FAILURE TO DRIVE IN TRAVEL LANE	2	2/5/2020 8:00 AM	

Print Report



Las Vegas Municipal Court
At the Regional Justice Center
200 Lewis Ave, P.O. Box 3950
Las Vegas, Nevada 89127

Mailing Address:
P.O. Box 3950
Las Vegas, NV 89127
www.lasvegasnevada.gov

Printed on:
1/13/2020
9:14 AM

Phone: 38-Court(382-6878)

History Number: 1292459

Case Number: C1214423B

Citation Number: C1214423B

Violation: FAILURE TO DRIVE IN TRAVEL LANE

Violation Date: 6/28/2019 6:55 AM

Name: JACKSON, ATAVIA CHARISSE

Department: 2

Court Date: 2/5/2020 8:00 AM

Case Sentencing

Table with 5 columns: Item Name, Due, Paid, Balance. Row: BOND FEE, \$ 50, 50, 0

Case Activity

Table with 2 columns: Activity Date, Activity. Contains multiple rows of case history from 6/28/2019 to 8/5/2019.

Class Requirement:

Classes Due: 0

Classes Completed: 0

Other Open Cases

Table with 6 columns: Case#, Citation#, Violation, Dept, Court Date, Warrant. Row: C1214423A, C1214423A, DUI LIQUOR, 2, 2/5/2020 8:00 AM, Warrant

15D



NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Alexander Middle: Evano Last: Paraita

Home Address: Decatur Blvd Apt#: _____

City: Las Vegas State: NV Zip Code: 89102

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Anaheim CA, USA Sex: M or F

E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 06227

Address: 451 W. Decatur Blvd

City: Las Vegas State: NV Zip Code: 89107

Signature of Managing Pharmacist: [Signature] Lic #: 15672 Date: 9/26/19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes No

2. Are you a high school graduate or the equivalent? Yes No

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
3. 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?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
	<u>NV</u>	<u>7/15/2019</u>	<u>C1215233A</u>	<u>Clark</u>	<u>Las Vegas</u>

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child?..... Yes No

IF you marked YES to the question, above are you in compliance with the court order?..... Yes No

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted: [Signature] Date: 9/26/19

Board Use Only Date Processed: _____ Amount: 40.00

To whom it may concern,

On July 15th I made the horrible mistake of getting behind the wheel. I know my actions have consequences and I am facing them head on. I made a huge mistake and I'm trying very hard to fix this. I hope this mistake does not cost me my job because I don't want this situation to define me. I am deeply embarrassed and hope I can start on this tech and training license and put this behind me.

Sincerely,

Alexander Peralta

A handwritten signature in black ink, appearing to be 'Alexander Peralta', enclosed within a circular scribble.

MAYFIELD GRUBER & SHEETS
Damian R. Sheets, Esq., Attorney at Law



August 22, 2019

Alexander Peralta
S. Decatur Blvd. #E9
Las Vegas, NV 89102

Re: City of Las Vegas v. Alexander Peralta
Case No. C1215233A-B

Dear Alexander,

Your case has been set for arraignment on **January 14, 2020 at 8:00 a.m.** in Las Vegas Municipal Court, **Department 3**, which is located at 200 Lewis Avenue in Las Vegas, Nevada 89101. **You do not have to appear** in court with me on this date. If criminal charges are filed, we will plead Not Guilty to the charges on your behalf and inform you of any future court dates.

If you have any questions, please feel free to call.

Sincerely,

Damian R. Sheets, Esq.

DRS/dp

Defendant Appear In Court

[English](#) | [Español](#)

[Open Case List](#) > Case C1215233A Citation C1215233A

Charge:	DUI LIQUOR	Vehicle Information:	
Plea:	You have not entered a plea.	Color:	
Court Date:	1/14/2020 8:00 AM	Make:	
Warrant Status:	None	Model:	
Department Number:	3	Year:	
Balance Due:	\$0.00	License Plate Number:	
Bail due:	\$2,115.00	License Plate State:	
	Attorney:	SHEETS	

Your Next Step: Appear In Court

Court Date: 1/14/2020 8:00 AM
Location: Department 3
Room 5C
200 Lewis Avenue
Las Vegas, NV ([Map](#))

You have been ordered to appear in court on **1/14/2020 8:00 AM**.

If you fail to appear in court at the above date and time, you may be subject to the issuance of a warrant and to arrest.

15E

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION



Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Brittani Middle: Nachelle Last: Walters

Home Address: 11E Silverado Ranch Blvd Apt#: 2114

City: Las Vegas State: NV Zip Code: 89183

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: CA Sex: M or F

E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: N/A

I am requesting registration at the following pharmacy:

Pharmacy: MILAN INSTITUTE Store #: _____

Address: 710 SOUTH TONOPAH DRIVE

City: LAS VEGAS State: NV Zip Code: 89106

Signature of Managing Pharmacist: [Signature] Lic #: PT10152 Date: 12/17/19

(Without the signature of the managing pharmacist, the application will be returned.)

- 1. Are you 18 years of age or older? Yes No
 - 2. Are you a high school graduate or the equivalent? Yes No
- (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
3. 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?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	CA	07/1/2013		Los Angeles County	Los Angeles Municipal Court

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child?..... Yes No

IF you marked YES to the question, above are you in compliance with the court order?..... Yes No

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

[Signature] Date: 12/17/19

Original Signature, no copies or stamps accepted

Board Use Only Date Processed: _____ Amount: 40.00

Got charged with a misdemeanor for theft in July of 2013 in Lancaster CA. I am now trying to get it expunged off of my record.

[Signature] 11/18/19

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

NO. 3AV04555

PAGE NO. 1

THE PEOPLE OF THE STATE OF CALIFORNIA VS.

CURRENT DATE 09/06/19

DEFENDANT 01: BRITTANI NACHELLE WALTERS

LAW ENFORCEMENT AGENCY EFFECTING ARREST: LASD - ANTELOPE VALLEY STATION

BAIL: APPEARANCE DATE	AMOUNT OF BAIL	DATE POSTED	RECEIPT OR BOND NO.	SURETY COMPANY	REGISTER NUMBER
08/05/13	\$20,000.00	07/05/13	IS30K148274	INTL FIDELITY INS	

CASE FILED ON 07/05/13.

COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING COMMITTED, ON OR ABOUT 07/02/13 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING OFFENSE(S) OF:

COUNT 01: 459 PC MISD

NEXT SCHEDULED EVENT:

08/05/13 830 AM ARRAIGNMENT DIST ANTELOPE VALLEY CTHOUSE DEPT A06

ON 07/05/13 AT 900 AM :

BAIL BOND RECEIVED AND FILED THIS DATE. TC
ARRAIGNMENT

ON 08/05/13 AT 830 AM IN ANTELOPE VALLEY CTHOUSE DEPT A06

CASE CALLED FOR ARRAIGNMENT

PARTIES: DAVIANN L. MITCHELL (JUDGE) REBECCA ADAMS-CREGO (CLERK)
REGINA MORALES (REP) BYRON L. BECK (DA)

DEFENDANT IS PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

DEFENDANT APPEARS IN PRO PER

DEFENDANT STATES HIS/HER TRUE NAME AS CHARGED.

DEFENDANT ADVISED OF THE FOLLOWING RIGHTS IN WRITING:

DEFENDANT ADVISED OF HIS CONSTITUTIONAL RIGHTS, TO WIT: HIS
RIGHT TO COUNSEL, JURY TRIAL, COURT TRIAL IF JURY WAIVED OR IF
CHARGE IS INFRACTION, PUBLIC TRIAL, SPEEDY TRIAL, CONFRONTATION,
PRESENT EVIDENCE ON HIS BEHALF, SUBPOENA WITNESSES ON HIS
BEHALF, SELF-INCRIMINATION AND REASONABLE BAIL.

THE COMPLAINT READ TO THE DEFENDANT.

DEFENDANT PERSONALLY WAIVES RIGHT TO COUNSEL, APPEARING IN PROPRIA PERSONA.

DEFENDANT ADVISED OF AND PERSONALLY AND EXPLICITLY WAIVES THE FOLLOWING RIGHTS:

WRITTEN ADVISEMENT OF RIGHTS AND WAIVERS FILED, INCORPORATED BY REFERENCE
HEREIN

REPRESENTATION BY COUNSEL;

TRIAL BY COURT AND TRIAL BY JURY

CONFRONTATION AND CROSS-EXAMINATION OF WITNESSES;

SUBPOENA OF WITNESSES INTO COURT TO TESTIFY IN YOUR DEFENSE;

AGAINST SELF-INCRIMINATION;

DEFENDANT ADVISED OF THE FOLLOWING:

THE NATURE OF THE CHARGES AGAINST HIM, THE ELEMENTS OF THE OFFENSE IN THE
COMPLAINT, AND POSSIBLE DEFENSES TO SUCH CHARGES;

THE POSSIBLE CONSEQUENCES OF A PLEA OF GUILTY OR NOLO CONTENDERE, INCLUDING

THE MAXIMUM PENALTY AND ADMINISTRATIVE SANCTIONS AND THE POSSIBLE LEGAL

CASE NO. 3AV04555
DEF NO. 01

PAGE NO. 2
DATE PRINTED 09/06/19

EFFECTS AND MAXIMUM PENALTIES INCIDENT TO SUBSEQUENT CONVICTIONS FOR THE SAME OR SIMILAR OFFENSES;
THE EFFECTS OF PROBATION;
IF YOU ARE NOT A CITIZEN, YOU ARE HEREBY ADVISED THAT A CONVICTION OF THE OFFENSE FOR WHICH YOU HAVE BEEN CHARGED WILL HAVE THE CONSEQUENCES OF DEPORTATION, EXCLUSION FROM ADMISSION TO THE UNITED STATES, OR DENIAL OF NATURALIZATION PURSUANT TO THE LAWS OF THE UNITED STATES.
COURT FINDS THAT EACH SUCH WAIVER IS KNOWINGLY, UNDERSTANDINGLY, AND EXPLICITLY MADE;
THE DEFENDANT WITH THE COURTS APPROVAL, PLEADS NOLU CONTENDERE TO COUNT 01 A VIOLATION OF SECTION 459 PC. THE COURT FINDS THE DEFENDANT GUILTY.
COUNT (01) : DISPOSITION: CONVICTED
COURT ORDERS AND FINDINGS:
-TAHL WAIVER IS ORDERED FILED.
COURT FINDS THAT THERE IS A FACTUAL BASIS FOR DEFENDANT'S PLEA, AND COURT ACCEPTS PLEA.
A STATEMENT OF RIGHTS IS SIGNED AND FILED THIS DATE.

THE DEFENDANT INITIALLY ASKS TO BE REPRESENTED BY THE PUBLIC DEFENDER'S OFFICE AND SUBSEQUENTLY WITHDRAWS HER REQUEST AND PROCEEDS IN PRO PER.
NEXT SCHEDULED EVENT:
SENTENCING
DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING JUDGMENT:
AS TO COUNT (01):
IMPOSITION OF SENTENCE SUSPENDED
DEFENDANT PLACED ON SUMMARY PROBATION
FOR A PERIOD OF 036 MONTHS UNDER THE FOLLOWING TERMS AND CONDITIONS:
SERVE 002 DAYS IN LOS ANGELES COUNTY JAIL
LESS CREDIT FOR 2 DAYS
PAY A FINE OF \$150.00
PLUS A STATE PENALTY FUND ASSESSMENT OF \$464.00
PLUS \$10.00 CRIME PREVENTION FINE (PURSUANT TO 1202.5 P.C.)
\$32.00 CRIMINAL FINE SURCHARGE (PURSUANT TO 1465.7 P.C.)
\$30.00 CRIMINAL CONVICTION ASSESSMENT (PURSUANT TO 70373 G.C.)
\$40.00 COURT OPERATIONS ASSESSMENT (PURSUANT TO 1465.8(A)(1) P.C.)
\$30.00 INSTALLMENT & ACCOUNTS RECEIVABLE FEE (PURSUANT TO 1205(D)PC)
\$10.00 CITATION PROCESSING FEE (PURSUANT TO 1463.07 P.C.)
OR SERVE 5 DAYS IN LOS ANGELES COUNTY JAIL
DEFENDANT TO PAY FINE TO THE COURT CLERK
IN LIEU OF JAIL OR FINE, DEFENDANT MAY:
PERFORM 5 DAYS OF COMMUNITY LABOR
DEFENDANT SHALL PAY A RESTITUTION FINE IN THE AMOUNT OF \$140.00 TO THE COURT
TOTAL DUE: \$906.00
IN ADDITION:
-THE DEFENDANT IS ORDERED TO STAY 100 YARDS AWAY FROM THE LOCATION OF THE ARREST AND ALL TARGET STORES.
-OBEY ALL LAWS AND ORDERS OF THE COURT.
-DEFENDANT IS ORDERED TO PAY A PROBATION REVOCATION RESTITUTION FINE PURSUANT TO PENAL CODE SECTION 1201.44, IN THE AMOUNT OF \$140.00. THIS FINE SHALL BECOME EFFECTIVE UPON THE REVOCATION

CASE NO. 3AV04555
DEF NO. 01

PAGE NO. 3
DATE PRINTED 09/06/19

OF PROBATION.

-DEFENDANT ACKNOWLEDGES TO THE COURT THAT THE DEFENDANT UNDERSTANDS AND ACCEPTS ALL THE PROBATION CONDITIONS, AND DEFENDANT AGREES TO ABIDE BY SAME.

THE COURT ORDERS THE DEFENDANT TO PAY TOTAL FINE/FEE IN THE SUM OF \$906.00 TO THE CLERK'S OFFICE BY 12-2-13 AS INDICATED BELOW.

COUNT (01): DISPOSITION: CONVICTED

DMV ABSTRACT NOT REQUIRED

NEXT SCHEDULED EVENT:

12/02/13 900 AM FINES/FEE DIST ANTELOPE VALLEY CTHOUSE DEPT CLK

NEXT SCHEDULED EVENT:

PROBATION IN EFFECT

08/05/13 EXONERATED, # 1S30K148274

CUSTODY STATUS: BAIL EXONERATED

CUSTODY STATUS: ON PROBATION

08/09/13 ARREST DISPOSITION REPORT SENT VIA FILE TRANSFER TO DEPARTMENT OF JUSTICE

ON 09/20/13 AT 830 AM :

RECEIVED PROOF OF COMPLETION OF 5 DAYS COMMUNITY LABOR.

MD

FINES/FEE

ON 12/10/13 AT 830 AM IN ANTELOPE VALLEY CTHOUSE DEPT A06

CASE CALLED FOR POST SENTENCING

PARTIES: BEVERLY L. BOURNE (JUDGE) NONE (CLERK)

NONE (REP) NONE ()

DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

PROBATION MODIFIED AS FOLLOWS:

AS TO COUNT (01):

PAY A FINE OF HAS BEEN VACATED:

- PLUS AN ASSESSMENT VACATED: \$10.00 CRIME PREVENTION FINE (PURSUANT TO 1202.5 P.C.)

AN ASSESSMENT VACATED: \$32.00 CRIMINAL FINE SURCHARGE (PURSUANT TO 1465.7 P.C.)

AN ASSESSMENT VACATED: \$30.00 CRIMINAL CONVICTION ASSESSMENT (PURSUANT TO 70373 G.C.)

AN ASSESSMENT VACATED: \$30.00 INSTALLMENT & ACCOUNTS RECEIVABLE FEE (PURSUANT TO 1205(D)PC)

AN ASSESSMENT VACATED: \$10.00 CITATION PROCESSING FEE (PURSUANT TO 1463.07 P.C.)

OR SERVE A VACATED JAIL TERM 000 DAYS IN

DEFENDANT FAILED TO PAY \$140.00 RESTITUTION FINE, \$40.00 COURT SECURITY FEE BY 12/2/13.

CASE NO. 3AV04555
DEF NO. 01

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DATE PRINTED 09/06/19

A NOTICE OF DELIQUENCY IS MAILED TO DEFENDANT.
TCIS ENTRY MADE BY J.H.
DMV ABSTRACT NOT REQUIRED
NEXT SCHEDULED EVENT:
02/14/14 830 AM 987.8 - ATTORNEY FEES PAYMENT DIST ANTELOPE VALLEY
CTHOUSE DEPT COL

ON 02/14/14 AT 830 AM IN ANTELOPE VALLEY CTHOUSE DEPT COL

CASE CALLED FOR 987.8 - ATTORNEY FEES PAYMENT
PARTIES: NONE (JUDGE) NONE (CLERK)
 NONE (REP) NONE (DDA)
DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL
DEFENDANT FAILED TO APPEAR FOR PAYMENT OF RESTITUTION \$140. ,
ATTORNEY \$, COURT SECURITY \$40. AND DVC \$ FINE/FEES.
CIVIL ASSESSMENT OF \$300. IS ADDED AND THE CASE IS REFERRED TO

THE COLLECTION AGENCY. ENTERED BY G. ROGERS.
NEXT SCHEDULED EVENT:
PROCEEDINGS TERMINATED

ON 12/15/18 AT 530 AM :

PHYSICAL FILE DESTROYED. COLLECTION CASE.

16

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ≈ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Courtney Middle: Renee Last: Lee
Home Address: 1 W Lake mead Blvd Apt #: _____
City: Las Vegas State: NV Zip Code: 89108
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Sacramento, CA Sex: M or F
E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
- Copy of a certificate from an ASHP approved pharmacy technician school.
- Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: N/A

1. Are you 18 years of age or older?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. Are you a high school graduate or the equivalent?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
	<u>CA</u>	<u>4/12/2018</u>	<u>18MI007005</u>	<u>Sacramento</u>	<u>Superior court of California</u>

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

Are you the subject of a court order for the support of a child?.....	Yes	No
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Courtney Lee Date 7/29/19

Board Use Only: Date Processed: _____	Amount: <u>\$ 40.00</u>
---------------------------------------	-------------------------

Superior Court of California, County of Sacramento - Order of Informal Probation, DUI First



Case Number 15MT001065 Def. Name Lee, Courtney R.

The defendant appeared before this Court for judgment and sentence, and having been duly arraigned for said purpose for the above violation(s) and no legal cause being shown why judgment should not be pronounced, IT IS ORDERED THAT imposition of sentence be suspended and that the defendant be placed on INFORMAL probation to this court for the term of THREE (3) years from this date on the conditions checked below:

- 1. (OAL) Obey all laws
2. (DRINK/DRIVE) Do not drive a motor vehicle with any drugs or any measurable amount of alcohol in your system.
3. (VALID/LIC) Do not drive without a valid Calif. driver's license or in violation of Calif. Vehicle licensing laws.
4. (VALID/INS) Do not drive without insurance.
5. (REST/LOSS) Make restitution for personal injury/property damage/loss caused in this offense.
6. (REST/TBD) Restitution to be determined by the District Attorney's Office. Victim(s): Christine Nalise #TBD; RHP North # 665-

Table with columns: Fine / Assessment Type, Amount, Reduced Amount, OR SERVE, DAYS C/J/S IN LIEU OF FINE. Includes rows for Base Fine, *CIF, *Penalty Assessment, *Court Construction Penalty Assessment, *ICNA Penalty Assessment, *DNA Penalty Assessment, *DNA Penalty Assessment, *DNA Penalty Assessment, *DNA Penalty Assessment, *EMS-Co. Penalty Assessment.

** THE FINES & ASSESSMENTS LISTED BELOW ARE NOT CONVERTIBLE TO COUNTY JAIL OR REDUCED BY CREDITS. SEE REVERSE SIDE OF THIS DOCUMENT FOR A CALCULATION OF PENALTY ASSESSMENTS**

- Rest Fine in the amt. of \$150.00
Emergency Medical Air Transport Fund (GC76000.10) (EMAT) \$4.00
Addtl. Rest. Fine in the amt. of \$150.00
Alcohol Abuse Education & Prevention Asmt (VC 23645) \$50.00
Alcohol & Drug Program Assessment (VC 23649) \$10.00
DMV History Fee \$10.00
Night-Court-Assessment (VC 42006) \$4.00
Classification Fee \$99.19
MJ Booking Fee \$402.38
RCCC Booking Fee \$267.71
All fines/fees payable through: PAY/DRR through DRR, (PAY/FW) Forthwith, Fine Stayed payments to begin, Stay fee waived, (ASP/LIEUF) Alternative Sentencing Program in lieu of fine, Jail in lieu of fine to be served 25 hrs / days

8. (JAIL/SERVE) 25 hrs / days in the CJ, credit for time served ONE days. Plus days good time work time (GTWT) =
Consecutive Concurrent to Released to apply Straight time
Court has no objection to a Work Release Program. Qualify or surrender at Main Jail RCCC on:
Stay to sign up on or before: Court objects to: SWP HD/Medical HD.
CJ may be done in County. Show proof of enroll / completion on: at in Dept.
County Jail converted to hours of ASP by / within days / months.

- 9. (NO/DRUGS) Do not knowingly use, handle or possess controlled substances of any kind unless lawfully prescribed to you by a licensed medical practitioner.
10. (NO/ASSOC) Do not associate with persons you know to be illegal users/sellers of controlled substances, nor be in a place where you know illegal controlled substances are present.
11. (NO/ALC) Do not knowingly consume or possess any alcoholic beverages in any amount whatsoever nor be in places where you know alcohol is the chief item for sale.
12. (DUI/1ST) You are hereby ordered to report to and enroll in the First Offender High Blood Alcohol 6-month Program 9-month Program SB-38 Program within 72 hours from today or release from custody.
13. (ATTEND/AA) Defendant to attend AA or 12-Step meetings and provide proof of attendance on at in Dept. or in the alternative serve days in the county jail consecutive.
14. (LIC/REST) Driver's License revoked/suspended / restricted for a period of months/years pursuant 13202.5 VC.
15. (S&S)SEARCH: Deft shall submit his/her person, property and automobile and any object under defendant's control to search and seizure, in or out of the presence of the defendant, by any law enforcement officer and/or Probation Officer, at any time of the day or night, with or without his/her consent, with/without a warrant. Defendant being advised of his/her constitutional rights in this regard, and having accepted probation, is deemed to have waived same.
16. (ADV23593VC) Advised pursuant 23593(a) VC that a DUI resulting in someone's death can be charged as murder.
17. (BBSS) Defendant shall not refuse to complete a blood alcohol chemical test when offered by any peace officer with reasonable cause to do so. Your blood and/or breath will be subject to search and seizure by any law enforcement officer at any time of the day or night, with or without your consent, and with or without a warrant.
18. (IID) Install an Ignition Interlock Device (IID) on any vehicle you own or operate for a period of years.
19. Other:

Judge of the Superior Court LAURI A. DAMRELL Dept. 2 Date 4-12-18



BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

Pharmacy Technician

VALID UNTIL APRIL 30, 2020

REGISTRATION
NUMBER TCH 158189
RECEIPT NO. 80850529

COURTNEY RENEE LEE
VALLEY QUAIL CT.
ANTELOPE CA 94843

In accordance with the provisions of section 4115 of the Business and Professions Code, the individual named hereon is registered as a Pharmacy Technician, and is subject to the rules and regulations of the California State Board of Pharmacy.
Please notify the Board of Pharmacy of any name or address change in writing. Please include your registration number with any correspondence to this office.

SIGNATURE OF REGISTRANT

FORM WPHTCH (12/31/16)

1/28/18
1/28/18

The official status of this license can be verified at www.pharmacy.ca.gov

PHARMACY TECHNICIAN CERTIFICATION BOARD

Courtney Renee Lee
30013777 - CPht

Certified June 17, 2016
Apply by June 01, 2020
Expires on June 30, 2020



17

985 Damonte Ranch Pkwy #206, Reno, NV 89521
 For the period of November 1, 2019 to October 31, 2021
 Credit/Debit Card (print at bottom) , Money Order , Cashier 's Check, Business or Personal Check: Payable to NSBP
NO CASH

LICENSE: 09328

Masoud Zarkesh
 CONCHITA WAY,
 TARZANA, CA 91356

Please make any changes to name or address next to the old information

RENEW BY MAIL/IN-PERSON

- Complete **ALL** sections on this form with an **original** Signature & date (**NO STAMPS OR COPIES**)
- Mail/Bring in the form and a **FEE** for **\$205 (on-time)** (\$180 renewal fee plus \$25 paper-use fee)
- Renewals submitted after 10/31/2019 will also be charged A LATE/REINSTATEMENT FEE of \$190. (\$180 renewal, \$90 late fee, \$100 reinstatement fee plus \$25 paper-use fee) **TOTAL DUE: \$395**
- The form will be **returned** if missing correct fee. You may renew on-line to **AVOID** the \$25 paper fee
- Please **allow 2-3 WEEKS** for processing by mail/in-person

RENEW ONLINE

- Go to <https://online.nvbop.org>
- Click to REGISTER , then follow the prompts (only required once)
- Credit Cards ONLY: On time renewal fee - \$180

Late renewal fee - \$370

***On-line fee of \$10 will be charged during submission.**

Licenses renewed online will update immediately once approved by board staff . Please allow 2-3 DAYS

< OR >

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely)

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation: I included

Board Administrative Action: Administrative	State CA	Date Aug 28, 19	Case #: Administrative Case No: 5611
Criminal Action:	State	Date	County
			Court

Section 2:

Are you the subject of a court order for the support of a child? Yes No

If you marked YES to the question above, are you in compliance with the court order? Yes No

Section 3: NON-DISCIPLINARY STATE-MANDATED QUESTIONS:

1. Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide # _____ Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired Yes No Branch: _____

Military occupation specialty: _____ Dates of service: _____

Section 4: (Fees apply to either status) (see insert for details)

By signing below, you certify that you have completed **ALL** required CE Hours due for the 19/21 Renewal period. (Dated from Nov. 1, 17 - Oct. 31, 19; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

OR you may check the box for Inactive if you did NOT complete CE.

Inactive By checking this box you certify that you are **NOT** practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to **inactive** status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See insert for more information.

Section 5:

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: [Signature] Date: 10-15-19

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> Amex	Exp Date: ___/___/___ (MM/YY)	Amount of Charge: \$205 on-time/\$395 late
Card #: _____	CVV (3 digits back of card): _____	Billing Zip: _____

To: Nevada Board of pharmacy Case # 5611

letter of explanation:

In may 2018 California State Board of pharmacy, notify me of hearing for 2011 to 2013 of 5 doctors in the

area, and our pharmacy which I was PIC. had "Administrative" not watching

- ① Tech, s To Complet cures on 3 occatio was rejected from computer.
- ② tech, s did not properly record doctor's call back from the office. (all Doctors ok all the Rx, s.)
- ③ tech missed to place proper backing on 2 Rx. Same patient, Same medication
- ④ Record for 2011 was expired we did not have 2011 on { 2018 Inspection.
- ⑤ we were charged not { 2015 cooperating to get the Files. 2011.

~~xxx~~ ⑥ at this time As of PIC I have accepted the charges that I must be more watch full over Tech Work.

M. P. P. 10/10/19

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**AMERICAN COMPOUNDING DBA
NORTHRIDGE TOWER PHARMACY,
MASSOUD ZARKESH, PHARMACIST-IN-
CHARGE
18250 Roscoe Blvd.
Northridge, CA 91325**

Pharmacy Permit No. PHY 43998,

and

**MASSOUD ZARKESH
Conchita Way
Tarzana, CA 91356**

Pharmacist License No. RPH 41592

Respondents.

Case No. 5611

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on August 28, 2019.

It is so ORDERED on July 29, 2019.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



By

Greg Lippe
Board Vice President (Acting President)

1 XAVIER BECERRA
 Attorney General of California
 2 SHAWN P. COOK
 Supervising Deputy Attorney General
 3 WILLIAM D. GARDNER
 Deputy Attorney General
 4 State Bar No. 244817
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 Telephone: (213) 269-6292
 6 Facsimile: (213) 897-2804
Attorneys for Complainant
 7

8
 9 **BEFORE THE**
BOARD OF PHARMACY
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
 11

12
 13 In the Matter of the Accusation Against:
 14 **AMERICAN COMPOUNDING DBA**
NORTHRIDGE TOWER PHARMACY,
 15 **MASSOUD ZARKESH, PHARMACIST-**
IN-CHARGE
 16 **18250 Roscoe Bld.**
Northridge, CA 91325
 17 **Pharmacy Permit No. PHY 43998,**
 18 **and**
 19 **MASSOUD ZARKESH**
 20 **Conchita Way**
Tarzana, CA 91356
 21 **Pharmacist License No. RPH 41592**
 22 Respondents.
 23

Case No. 5611

24
 25 **STIPULATED SETTLEMENT AND**
DISCIPLINARY ORDER

(As to Respondent Massoud Zarkesh Only)

26 IT IS HEREBY STIPULATED AND AGREED by and between the parties to this
 27 Stipulated Settlement and Disciplinary Order that the following matters are true:

28 ///

///

1 Failure to submit timely reports in a form as directed shall be considered a violation of
2 probation. Any period(s) of delinquency in submission of reports as directed may be added to the
3 total period of probation. Moreover, if the final probation report is not made as directed,
4 probation shall be automatically extended until such time as the final report is made and accepted
5 by the board.

6 **3. Interview with the Board**

7 Upon receipt of reasonable prior notice, respondent shall appear in person for interviews
8 with the board or its designee, at such intervals and locations as are determined by the board or its
9 designee. Failure to appear for any scheduled interview without prior notification to board staff,
10 or failure to appear for two (2) or more scheduled interviews with the board or its designee during
11 the period of probation, shall be considered a violation of probation.

12 **4. Cooperate with Board Staff**

13 Respondent shall timely cooperate with the board's inspection program and with the board's
14 monitoring and investigation of respondent's compliance with the terms and conditions of Entity
15 probation, including but not limited to: timely responses to requests for information by board
16 staff; timely compliance with directives from board staff regarding requirements of any term or
17 condition of probation; and timely completion of documentation pertaining to a term or condition
18 of probation. Failure to timely cooperate shall be considered a violation of probation.

19 **5. Continuing Education**

20 Respondent shall provide evidence of efforts to maintain skill and knowledge as a
21 pharmacist as directed by the board or its designee.

22 **6. Reporting of Employment and Notice to Employers**

23 During the period of probation, respondent shall notify all present and prospective
24 employers of the decision in case number 5611 and the terms, conditions and restrictions imposed
25 on respondent by the decision, as follows:

26 Within thirty (30) days of the effective date of this decision, and within ten (10) days of
27 undertaking any new employment, respondent shall report to the board in writing the name,
28 physical address, and mailing address of each of Entity employer(s), and the name(s) and

1 telephone number(s) of all of Entity direct supervisor(s), as well as any pharmacist(s)-in- charge,
2 designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s)
3 and the work schedule, if known. Respondent shall also include the reason(s) for leaving the
4 prior employment. Respondent shall sign and return to the board a written consent authorizing
5 the board or its designee to communicate with all of respondent's employer(s) and supervisor(s),
6 and authorizing those employer(s) or supervisor(s) to communicate with the board or its designee,
7 concerning respondent's work status, performance, and monitoring. Failure to comply with the
8 requirements or deadlines of this condition shall be considered a violation of probation.

9 Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of
10 respondent undertaking any new employment, respondent shall cause (a) Entity direct supervisor,
11 (b) Entity pharmacist-in-charge, designated representative-in-charge, responsible manager, or
12 other compliance supervisor, and (c) the owner or owner representative of Entity employer, to
13 report to the board in writing acknowledging that the listed individual(s) has/have read the
14 decision in case number 5611, and terms and conditions imposed thereby. If one person serves in
15 more than one role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the
16 respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the
17 board. In the event of a change in the person(s) serving the role(s) described in (a), (b), or (c)
18 during the term of probation, respondent shall cause the person(s) taking over the role(s) to report
19 to the board in writing within fifteen (15) days of the change acknowledging that he or she has
20 read the decision in case number 5611, and the terms and conditions imposed thereby.

21 If respondent works for or is employed by or through an employment service, respondent
22 must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board
23 of the decision in case number 5611, and the terms and conditions imposed thereby in advance of
24 respondent commencing work at such licensed entity. A record of this notification must be
25 provided to the board upon request.

26 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen
27 (15) days of respondent undertaking any new employment by or through an employment service,
28 respondent shall cause the person(s) described in (a), (b), and (c) above at the employment service

1 to report to the board in writing acknowledging that he or she has read the decision in case
2 number, and the terms and conditions imposed thereby. It shall be respondent's responsibility to
3 ensure that these acknowledgment(s) are timely submitted to the board.

4 Failure to timely notify present or prospective employer(s) or failure to cause the identified
5 person(s) with that/those employer(s) to submit timely written acknowledgments to the board
6 shall be considered a violation of probation.

7 "Employment" within the meaning of this provision includes any full-time, part-time,
8 temporary, relief, or employment/management service position as a registered pharmacist, or any
9 position for which a registered pharmacist is a requirement or criterion for employment, whether
10 the respondent is an employee, independent contractor or volunteer.

11 **7. Notification of Change(s) in Name, Address(es), or Phone Number(s)**

12 Respondent shall further notify the board in writing within ten (10) days of any change in
13 name, residence address, mailing address, e-mail address or phone number.

14 Failure to timely notify the board of any change in employer, name, address, or phone
15 number shall be considered a violation of probation.

16 **8. Restrictions on Supervision and Oversight of Licensed Facilities**

17 During the period of probation, respondent shall not supervise any intern pharmacist, be the
18 pharmacist-in-charge, designated representative-in-charge, responsible manager or other
19 compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption
20 of any such unauthorized supervision responsibilities shall be considered a violation of probation.

21 **9. Reimbursement of Board Costs**

22 As a condition precedent to successful completion of probation, respondent shall pay to the
23 board its costs of investigation and prosecution in the amount of \$3,500.00. Said costs may be
24 paid in equal monthly installments, with all payments to be completed no later than three (3)
25 months prior to the end of the probation term.

26 There shall be no deviation from this schedule absent prior written approval by the board or
27 its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of
28 probation.

1 The filing of bankruptcy by respondent shall not relieve respondent of his responsibility to
2 reimburse the board its costs of investigation and prosecution.

3 **10. Probation Monitoring Costs**

4 Respondent shall pay any costs associated with probation monitoring as determined by the
5 board each and every year of probation. Such costs shall be payable to the board on a schedule as
6 directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall
7 be considered a violation of probation.

8 **11. Status of License**

9 Respondent shall, at all times while on probation, maintain an active, current Pharmacist
10 License with the board, including any period during which suspension or probation is tolled.
11 Failure to maintain an active, current Pharmacist License shall be considered a violation of
12 probation.

13 If respondent's Pharmacist License expires or is cancelled by operation of law or otherwise
14 at any time during the period of probation, including any extensions thereof due to tolling or
15 otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and
16 conditions of this probation not previously satisfied.

17 **12. License Surrender While on Probation/Suspension**

18 Following the effective date of this decision, should respondent cease practice due to
19 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,
20 respondent may relinquish Entity license, including any indicia of licensure issued by the board,
21 along with a request to surrender the license. The board or its designee shall have the discretion
22 whether to accept the surrender or take any other action it deems appropriate and reasonable.
23 Upon formal acceptance of the surrender of the license, respondent will no longer be subject to
24 the terms and conditions of probation. This surrender constitutes a record of discipline and shall
25 become a part of the respondent's license history with the board.

26 Upon acceptance of the surrender, respondent shall relinquish Entity pocket and/or wall
27 license, including any indicia of licensure not previously provided to the board within ten (10)
28 days of notification by the board that the surrender is accepted if not already provided.

1 Respondent may not reapply for any license from the board for three (3) years from the effective
 2 date of the surrender. Respondent shall meet all requirements applicable to the license sought as
 3 of the date the application for that license is submitted to the board, including any outstanding
 4 costs.

5 **13. Practice Requirement – Extension of Probation** 20

6 Except during periods of suspension, respondent shall, at all times while on probation, be
 7 employed as a licensed pharmacist in California for a minimum of twenty (20) hours per calendar
 8 month. Any month during which this minimum is not met shall extend the period of probation by
 9 one month. During any such period of insufficient employment, respondent must nonetheless
 10 comply with all terms and conditions of probation, unless respondent receives a waiver in writing
 11 from the board or its designee.

12 If respondent does not practice as a licensed pharmacist in California for the minimum
 13 number of hours in any calendar month, for any reason (including vacation), respondent shall
 14 notify the board in writing within ten (10) days of the conclusion of that calendar month. This
 15 notification shall include at least: the date(s), location(s), and hours of last practice; the reason(s)
 16 for the interruption or reduction in practice; and the anticipated date(s) on which respondent will
 17 resume practice at the required level. Respondent shall further notify the board in writing within
 18 ten (10) days following the next calendar month during which respondent practices as a licensed
 19 pharmacist in California for the minimum of hours. Any failure to timely provide such
 20 notification(s) shall be considered a violation of probation.

21 It is a violation of probation for respondent's probation to be extended pursuant to the
 22 provisions of this condition for a total period, counting consecutive and non-consecutive months,
 23 exceeding thirty-six (36) months. The board or its designee may post a notice of the extended
 24 probation period on its website.

25 **14. Violation of Probation**

26 If respondent has not complied with any term or condition of probation, the board shall
 27 have continuing jurisdiction over respondent, and the board shall provide notice to respondent
 28 that probation shall automatically be extended, until all terms and conditions have been satisfied

1 or the board has taken other action as deemed appropriate to treat the failure to comply as a
2 violation of probation, to terminate probation, and to impose the penalty that was stayed. The
3 board or its designee may post a notice of the extended probation period on its website.

4 If respondent violates probation in any respect, the board, after giving respondent notice
5 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
6 was stayed. If a petition to revoke probation or an accusation is filed against respondent during
7 probation, or the preparation of an accusation or petition to revoke probation is requested from
8 the Office of the Attorney General, the board shall have continuing jurisdiction and the period of
9 probation shall be automatically extended until the petition to revoke probation or accusation is
10 heard and decided.

11 **15. Completion of Probation**

12 Upon written notice by the board or its designee indicating successful completion of
13 probation, respondent's license will be fully restored.

14 **16. Drug Diversion and Abuse Course**

15 By no later than the end of the current calendar year, Respondent shall complete the
16 following 8-hour course offered by the Board: "Prescription Drug Abuse and Diversion – What a
17 Pharmacist Needs to Know."

18 **17. Remedial Education** ~~XXXX~~

19 Within sixty (60) days of the effective date of this decision, respondent shall submit to the
20 board or its designee, for prior approval, an appropriate program of remedial education related to
21 the following areas: (1) Pharmacy Law; (2) Medication Error; (3) Ethics in Practice of Pharmacy;
22 (4) Safe Opioid Dispensing; and/or (5) other coursework related to California Prescribing
23 Requirements. Respondent shall be required to complete at least ten (10) hours of such approved
24 remedial education per year of probation at his own expense, and at least 50% of that remedial
25 education shall consist of live in-person or live webinar training. All remedial education required
26 pursuant to this provision shall be in addition to, and shall not be credited toward, continuing
27 education (CE) courses used for license renewal purposes for pharmacists.

28 ///

*Term
POB
Submit
Send
To*

(Oct

*10 hr
5 in
person*

1 Failure to timely submit for approval or complete the approved remedial education shall be
2 considered a violation of probation. The period of probation will be automatically extended until
3 such remedial education is successfully completed and written proof, in a form acceptable to the
4 board, is provided to the board or its designee.

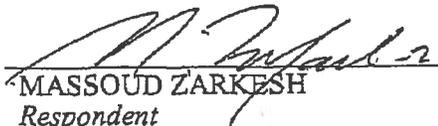
5 Following the completion of each course, the board or its designee may require the
6 respondent, at Entity own expense, to take an approved examination to test the respondent's
7 knowledge of the course. If the respondent does not achieve a passing score on the examination
8 that course shall not count towards satisfaction of this term. Respondent shall take another course
9 approved by the board in the same subject area.

10 **18. No Ownership or Management of Licensed Premises**

11 Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager,
12 administrator, member, officer, director, trustee, associate, or partner of any business, firm,
13 partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell
14 or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90)
15 days following the effective date of this decision and shall immediately thereafter provide written
16 proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide
17 documentation thereof shall be considered a violation of probation.

18 ACCEPTANCE

19 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
20 discussed it with my attorney, Tony J. Park. I understand the stipulation and the effect it will
21 have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order
22 voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the
23 Board of Pharmacy.

24
25 DATED: 6/9/19 
26 MASSOUD ZARKESH
27 Respondent

28 ///

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I have read and fully discussed with Massoud Zarkesh the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 05/15/2019


TONY J. PARK
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

Dated: 6/5/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General



WILLIAM D. GARDNER
Deputy Attorney General
Attorneys for Complainant

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13703965

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Exhibit A

Accusation No. 5611

1 XAVIER BECERRA
 Attorney General of California
 2 MARC D. GREENBAUM
 Supervising Deputy Attorney General
 3 LESLIE A. WALDEN
 Deputy Attorney General
 4 State Bar No. 196882
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 Telephone: (213) 897-3465
 6 Facsimile: (213) 897-2804
Attorneys for Complainant

7
 8 **BEFORE THE**
BOARD OF PHARMACY
 9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 5611

11 **AMERICAN COMPOUNDING DBA**
 12 **NORTHRIDGE TOWER PHARMACY,**
 13 **MASSOUD ZARKESH, PHARMACIST-**
IN-CHARGE
 14 **18250 Roscoe Bld.**
Northridge, CA 91325

A C C U S A T I O N

15 **Pharmacy Permit No. PHY 43998,**

16 **and**

17 **MASSOUD ZARKESH**
 Conchita Way
 18 **Marzana, CA 91356**

19 **Pharmacist License No. RPH 41592**

20 Respondents.

21
 22 Complainant alleges:

23 **PARTIES**

24 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as
 25 the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

26 2. On or about March 4, 1999, the Board of Pharmacy issued Pharmacy Permit Number
 27 PHY 43998 to American Compounding dba Northridge Tower Pharmacy, Massoud Zarkesh,
 28 Pharmacist-In-Charge (Respondent). The Pharmacy Permit was cancelled on October 26, 2016.

1 "(4) Continuing participation in a board-approved rehabilitation program.

2 "(5) Abstention from the use of alcohol or drugs.

3 "(6) Random fluid testing for alcohol or drugs.

4 "(7) Compliance with laws and regulations governing the practice of pharmacy.

5 "(d) The board may initiate disciplinary proceedings to revoke or suspend any probationary
6 certificate of licensure for any violation of the terms and conditions of probation. Upon
7 satisfactory completion of probation, the board shall convert the probationary certificate to a
8 regular certificate, free of conditions.

9 "(e) The proceedings under this article shall be conducted in accordance with Chapter 5
10 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code, and the board
11 shall have all the powers granted therein. The action shall be final, except that the propriety of the
12 action is subject to review by the superior court pursuant to Section 1094.5 of the Code of Civil
13 Procedure."

14 7. Section 4300.1 of the Code states:

15 "The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation
16 of law or by order or decision of the board or a court of law, the placement of a license on a
17 retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of
18 jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding
19 against, the licensee or to render a decision suspending or revoking the license."

20 8. Section 4301 of the Code states:

21 "The board shall take action against any holder of a license who is guilty of unprofessional
22 conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is
23 not limited to, any of the following:

24 "..."

25 "(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a)
26 of Section 11153 of the Health and Safety Code.

27 : "..."

28

1 “(j) The violation of any of the statutes of this state, of any other state, or of the United
2 States regulating controlled substances and dangerous drugs.

3 “...”

4 “(q) Engaging in any conduct that subverts or attempts to subvert an investigation of the
5 board.

6 “....”

7 Section 4113 subdivision (c) of the Code provides:

8 “...”

9 (c) The pharmacist-in-charge shall be responsible for a pharmacy s compliance with all state
10 and federal laws and regulations pertaining to the practice of pharmacy.

11 “....”

12 9. Section 4333 subdivision (a) of the Code states:

13 “(a) All prescriptions filled by a pharmacy and all other records required by Section 4081
14 shall be maintained on the premises and available for inspection by authorized officers of the law
15 for a period of at least three years. In cases where the pharmacy discontinues business, these
16 records shall be maintained in a board-licensed facility for at least three years.”

17 10. Section 4063 of the Code states:

18 “No prescription for any dangerous drug or dangerous device may be refilled except upon
19 authorization of the prescriber. The authorization may be given orally or at the time of giving the
20 original prescription. No prescription for any dangerous drug that is a controlled substance may be
21 designated refillable as needed.”

22 11. Section 4081 of the Code states:

23 “(a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of
24 dangerous drugs or dangerous devices shall be at all times during business hours open to
25 inspection by authorized officers of the law, and shall be preserved for at least three years from the
26 date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party
27 logistics provider, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist,
28 veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and

1 unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing
 2 with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section
 3 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous
 4 drugs or dangerous devices.

5
 6 “(b) The owner, officer, and partner of a pharmacy, wholesaler, third-party logistics
 7 provider, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-
 8 in-charge, responsible manager, or designated representative-in-charge, for maintaining the records
 9 and inventory described in this section.

10 “(c) The pharmacist-in-charge, responsible manager, or designated representative-in-charge
 11 shall not be criminally responsible for acts of the owner, officer, partner, or employee that violate
 12 this section and of which the pharmacist-in-charge, responsible manager, or designated
 13 representative-in-charge had no knowledge, or in which he or she did not knowingly participate.”

14 12. Section 4040 of the Code states:

15 “(a) Prescription means an oral, written, or electronic transmission order that is both of the
 16 following:

17 “(1) Given individually for the person or persons for whom ordered that includes all of the
 18 following:

19 “...
 20

20 “(B) The name and quantity of the drug or device prescribed and the directions for use.
 21

21 “....”

22 13. Section 4105 of the Code states:

23 “(a) All records or other documentation of the acquisition and disposition of dangerous
 24 drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed
 25 premises in a readily retrievable form.

26 “(b) The licensee may remove the original records or documentation from the licensed
 27 premises on a temporary basis for license-related purposes. However, a duplicate set of those
 28 records or other documentation shall be retained on the licensed premises.

1 “(c) The records required by this section shall be retained on the licensed premises for a
2 period of three years from the date of making.

3 “(d) (1) Any records that are maintained electronically shall be maintained so that the
4 pharmacist-in-charge, or the pharmacist on duty if the pharmacist-in-charge is not on duty, shall, at
5 all times during which the licensed premises are open for business, be able to produce a hardcopy
6 and electronic copy of all records of acquisition or disposition or other drug or dispensing-related
7 records maintained electronically.

8 “(2) In the case of a veterinary food-animal drug retailer, wholesaler, or third-party logistics
9 provider, any records that are maintained electronically shall be maintained so that the designated
10 representative-in-charge or the responsible manager, or the designated representative on duty or
11 the designated representative-3PL on duty if the designated representative-in-charge or responsible
12 manager is not on duty, shall, at all times during which the licensed place of business is open for
13 business, be able to produce a hardcopy and electronic copy of all records of acquisition or
14 disposition or other drug or dispensing-related records maintained electronically.

15 “(e) (1) Notwithstanding subdivisions (a), (b), and (c), the board may, upon written request,
16 grant to a licensee a waiver of the requirements that the records described in subdivisions (a), (b),
17 and (c) be kept on the licensed premises.

18 “(2) A waiver granted pursuant to this subdivision shall not affect the board's authority
19 under this section or any other provision of this chapter.

20 “(f) When requested by an authorized officer of the law or by an authorized representative of
21 the board, the owner, corporate officer, or manager of an entity licensed by the board shall provide
22 the board with the requested records within three business days of the time the request was made.
23 The entity may request in writing an extension of this timeframe for a period not to exceed 14
24 calendar days from the date the records were requested. A request for an extension of time is
25 subject to the approval of the board. An extension shall be deemed approved if the board fails to
26 deny the extension request within two business days of the time the extension request was made
27 directly to the board.”

28 14. Health and Safety Code section 11153 subdivision (a) provides:

1 (a) A prescription for a controlled substance shall only be issued for a legitimate
2 medical purpose by an individual practitioner acting in the usual course of his or her professional
3 practice. The responsibility for the proper prescribing and dispensing of controlled substances is
4 upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who
5 fills the prescription. Except as authorized by this division, the following are not legal
6 prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course
7 of professional treatment or in legitimate and authorized research; or (2) an order for an addict or
8 habitual user of controlled substances, which is issued not in the course of professional treatment
9 or as part of an authorized narcotic treatment program, for the purpose of providing the user with
10 controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

11 15. Health and Safety Code section 11165 subdivision (d) provides:

12 “(d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled
13 substance, as defined in the controlled substances schedules in federal law and regulations,
14 specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of
15 Federal regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following
16 information to the Department of Justice as soon as reasonably possible, but not more than seven
17 days after the date a controlled substance is dispensed, in a format specified by the Department of
18 Justice:

19 (1) Full name, address, and, if available, telephone number of the ultimate user or research
20 subject, or contact information as determined by the Secretary of the United States Department of
21 Health and Human Services, and the gender, and date of birth of the ultimate user.

22 (2) The prescriber's category of licensure, license number, national provider identifier
23 (NPI) number, if applicable, the federal controlled substance registration number, and the state
24 medical license number of any prescriber using the federal controlled substance registration
25 number of a government-exempt facility.

26 (3) Pharmacy prescription number, license number, NPI number, and federal controlled
27 substance registration number.

28 (4) National Drug Code (NDC) number of the controlled substance dispensed.

- 1 (5) Quantity of the controlled substance dispensed.
- 2 (6) International Statistical Classification of Diseases, 9th revision (ICD-9) or 10th
3 revision (ICD-10) Code, if available.
- 4 (7) Number of refills ordered.
- 5 (8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.
- 6 (9) Date of origin of the prescription.
- 7 (10) Date of dispensing of the prescription.”

8 16. Health and Safety Code section 11206 provides:

9 Filed prescriptions shall constitute a transaction record that, together with information that is
10 readily retrievable in the pharmacy pursuant to Section 11164 shall show or include the following:

- 11 (a) The name(s) and address of the patient(s).
- 12 (b) The date.
- 13 (c) The character, including the name and strength, quantity, and directions for use of the
14 controlled substance involved.
- 15 (d) The name, address, telephone number, category of professional licensure, and the federal
16 controlled substance registration number of the prescriber.

17 **REGULATIONS**

18 17. Title 16 of the California Code of Regulations 1761 subdivision (a) provides:

19 “(a) No pharmacist shall compound or dispense any prescription which contains any
20 significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any
21 such prescription, the pharmacist shall contact the prescriber to obtain the information needed to
22 validate the prescription.”

23 “(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense
24 a controlled substance prescription where the pharmacist knows or has objective reason to know
25 that said prescription was not issued for a legitimate medical purpose.”

26 18. Title 16 of California Code of Regulations, section 1716 provides:

27

28

1 22. Respondents dispensed controlled substances with an established history of high
 2 potential for abuse despite multiple red flags of irregularity and uncertainty related to patient and
 3 prescriber factors. Specifically, between on or about November 01, 2012 and November 25, 2013,
 4 Respondents dispensed approximately 373 controlled substance prescriptions written by Dr.
 5 M.N¹., Dr. F.R., Dr. M.Z., and Dr. S.Y., with disregard and/or negligence to the following factors:
 6 distance from Northridge Tower Pharmacy to each prescriber's office, distance from the
 7 pharmacy to each patient's home, percentage of cash patients specific to listed prescribers, same or
 8 similar prescribing patterns for individual patients, and filling same controlled substance
 9 prescriptions to patients with same address.

SECOND CAUSE FOR DISCIPLINE

(Missing CURES Data)

12 23. Respondents are subject to disciplinary action under Health & Safety Code section
 13 11165, subdivision (d) in that they failed to report prescriptions for Schedule II, Schedule III, or
 14 Schedule IV controlled substances to the Controlled Substance Utilization Review and Evaluation
 15 System (CURES) at the Department of Justice within seven days after the date the controlled
 16 substance was dispensed. The circumstances are as follows:

17 24. From in or about 2011 through 2013, Respondents did not transmit complete CURES
 18 data and any data that was provided wasn't transmitted until March, 2015.

THIRD CAUSE FOR DISCIPLINE

(Subverting an Investigation)

21 25. Respondents are subject to disciplinary action under section 4301 subdivision (q) as it
 22 relates to sections 4333 subdivision (a), 4081 and 4105 in that Respondents failed to cooperate
 23 with a Board investigation and failed to maintain prescriptions and other records on its premises,
 24 available for inspection, for a period of at least three (3) years. The circumstances are as follows:

25 26. On or about March 25, 2015, Respondents sold a part of its business, including
 26 prescriptions under investigation, to CVS 9642 without informing the Board Inspector and did not

27 ¹ Potential witness initials are used in lieu of real names in order to protect that individual's
 28 privacy.

1 cooperate during the collection of original documents. Specifically, Northridge Tower Pharmacy
2 failed to submit original documents for 111 new prescriptions and 183 refill prescriptions.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 (Unauthorized Refills)

5 27. Respondents are subject to disciplinary action under section 4063 as it relates to Title
6 21 Code of Federal Regulations Section 1306.22 in that prescriptions for any dangerous drug may
7 only be refilled upon authorization of the prescriber and the prescribing practitioner may authorize
8 additional refills of Schedule III or IV controlled substances on the original prescription through an
9 oral refill authorization so long as the pharmacist records on the reverse of the original paper
10 prescription or annotates the electronic prescription record with the date, quantity of refill, number
11 of additional refills authorized, and initials the paper prescription. The circumstances are as
12 follows:

13 28. From on or about November 01, 2012 to November 25, 2013, Respondents refilled
14 163 unauthorized prescriptions which did not contain authorized refills on the original
15 prescriptions.

16 **FIFTH CAUSE FOR DISCIPLINE**

17 (Dispensing Wrong Medication)

18 29. Respondents are subject to disciplinary action under section 1716 in that a pharmacist
19 shall not deviate from the requirements of a prescription except upon the prior consent of the
20 prescriber. The circumstances are as follows:

21 30. On or about May 28, 2013, Respondents dispensed morphine sulfate 15mg immediate
22 release (prescription number 1066710) instead of morphine sulfate 15mg sustained release for
23 patient F.J. In addition, on or about September 3, 2013, Respondents dispensed morphine sulfate
24 15mg immediate release (prescription number 1066853) instead of morphine sulfate 15mg
25 sustained release for patient F.J.

DISCIPLINE CONSIDERATIONS

36. To determine the degree of discipline, if any, to be imposed on Respondent Massoud Zarkesh, Complainant alleges that on or about June 23, 2011, in a prior action, the Board of Pharmacy issued Citation Number Citation # CI 2010 48667 to Respondent Massoud Zarkesh. No fine was issued. That Citation is now final and is incorporated by reference as if fully set forth.

37. To determine the degree of discipline, if any, to be imposed on Respondent Northridge Tower Pharmacy, Complainant alleges that on or about June 23, 2011, in a prior action, the Board of Pharmacy issued Citation Number Citation # CI 2010 45004 and ordered Respondent Northridge Tower Pharmacy to pay a fine in the amount of \$500. That Citation is now final and is incorporated by reference as if fully set forth.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

- 1. Revoking or suspending Pharmacy Permit Number PHY 43998, issued to American Compounding dba Northridge Tower Pharmacy, Massoud Zarkesh, Pharmacist-In-Charge
- 2. Revoking or suspending Pharmacist License Number RPH 41592, issued to Massoud Zarkesh
- 3. Ordering American Compounding dba Northridge Tower Pharmacy and Massoud Zarkesh to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and
- 4. Taking such other and further action as deemed necessary and proper.

DATED: 4/27/18



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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52187230.doc

DECLARATION OF MICHAEL CALLI

I, Michael Calli, declare:

The foregoing are matters personally known to me and if called to testify, I could and would competently testify thereto.

1. I am the Director of Acquisitions for CVS for Arizona, California, Hawaii, New Mexico and Nevada.

2. Based upon the files for CVS regarding our acquisition of prescription files from Northridge Tower Pharmacy which I have personally reviewed, I can state the following:

--Discussions regarding acquiring the prescription files began in 2011. The file contains a Confidentiality Agreement that was sent to Northridge Tower Pharmacy on May 6, 2011.

--On October 14, 2014, we pulled full data from our outside computer vendor to work up an offer.

--On January 7, 2015, I sent Mr. Zarkesh a Letter of Intent.

--On February 23, 2015, Kelly Lajoie-Burns in our Legal Department sent Mr. Zarkesh the contract for the purchase of the pharmacy's prescription files.

On March 25, 2015, Mr. Zakesh signed the final version of the contract which was the same day of the closing.

I hereby declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Dated: _____ 2018 at _____ (City, State)

MICHAEL CALLI

Garabed Kayekjian, M.D.
18250 Roscoe Blvd. #130
Northridge, CA 91325
Tel: (818) 998-8097
Fax: (818) 998-6517

August 8, 2018

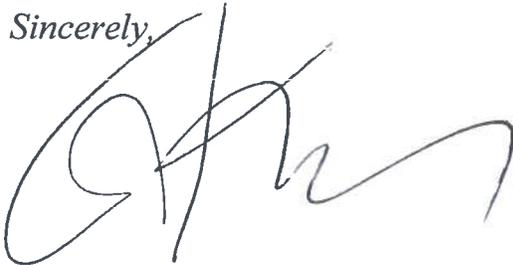
Re: Massoud Zarkesh

To whom it may concern,

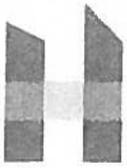
I am pleased to write a letter of recommendation for Mr. Massoud Zarkesh who was the pharmacist at Northridge Tower Pharmacy at Northridge tower building, where I practice, for many years. I have known Massoud for almost twenty years during which he proved to be a very honest, diligent and ethically sound pharmacist. He is a very knowledgeable and passionate pharmacist who is committed to provide the best care to our patients. He is known to fill medications with 100% accuracy and even going above and beyond to assist patients get the medications they needed. He is also known to have compassion, understanding, and professionalism in his interactions with patients, staff, and physicians.

Please feel free to call me if you have any further questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'G. Kayekjian', written over a light blue horizontal line.

Garabed Kayekjian, M.D.



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES



MEMORANDUM

Date : June 29th 2018

To : Future Employment

From : Maria Baxter, PSM, California Men's Colony

Subject : **REFERENCE LETTER**

To whom it may concern,

I recommend Massoud Zarkesh as a candidate for employment. I confirm that Massoud worked here at California Men's Colony from March 19th 2018 until June 29th 2018 as a Registry Pharmacist I.

Massoud was employed as CMC's late shift pharmacist including all narcotic and controlled inventory maintenance within the pharmacy and clinics. On June 1st we had to implement a new system/procedure for reconciling control drugs that resulted from one of the Board of Pharmacy's new laws on reconciliation of control drugs. Massoud helped out tremendously with the new process.

Although Massoud worked at a previous California Institution, he had to learn to use the new CERNER program that CMC already adopted. He did accomplish that in a very short time.

We thank Massoud, for his time here at CMC as he stepped in when one of our permanent pharmacist had to take unforeseen sick leave, and I wish him well on his future employment.

Yours sincerely

Maria Baxter
Pharmacy Services Manager – CMC
805 547 7900 ext 7887

STEVEN W. YORK, M.D.
 18250 ROSCOE BOULEVARD, SUITE 260
 NORTHRIDGE, CA 91325
 (818) 349-6725 FAX (818) 349-6761

October 22, 2018

State Board of Pharmacy
 Department of Consumer Affairs
 State of California

Re.: Massoud Zarkesh
 Pharmacist License # RPH 41592

I am a physician licensed in the state of California. My office is located at 18250 Roscoe Blvd, Ste 260, Northridge, CA 91325. I have been practicing at that location since 2002. I met Mr. Zarkesh shortly after moving into that building.

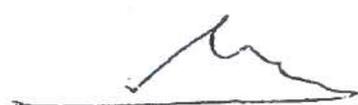
I have known him as the pharmacist who was located on the ground floor of the building. He has always been cooperative, helpful, and conscientious. He has sought clarification when needed and called attention to potential problems. He never hesitated to contact me if there was a point of concern.

I have always known him to be competent, honest, and a person of integrity. His reputation in the community has been excellent. His clientele have always appreciated that he was helpful and cheerful. He always worked to help them with their health and pharmaceutical needs. He was consistently willing to talk and give guidance and knowledge.

I believe him to be both a competent and an ethical pharmacist and person.

I hereby declare under penalty of perjury under the laws of California, that the above is true and correct.

Dated: October 22, 2018



Steven W. York, M.D.



MID VALLEY ENDODONTICS

AFSHIN MAZDEY, DDS
(AFSHIN MAZDEYASNAN, DDS)

DIPLOMATE, AMERICAN BOARD OF ENDODONTICS

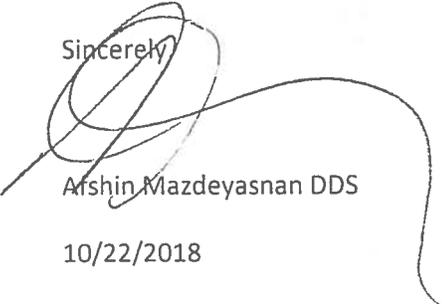
PRACTICE LIMITED TO ENDODONTICS AND MICROSURGERY



To whom it may concern.

I have known Mr. Mike Zarkesh on a professional capacity since 2006. When I started my Endodontic practice in Northridge, I had the pleasure of meeting Mr. Zarkesh. He owned and operated the pharmacy on the first floor where my practice is. Given my limited scope of practice in Endodontics and the limited daily prescriptions that I prescribe, my patients did use his pharmacy periodically. I received nothing but positive feedback from my patients. They reported efficiency and excellent rapport. I understand that Mike has moved on and has sold his pharmacy a few years ago. I wish him nothing but the best in his new endeavors.

Sincerely



Afshin Mazdeyasnan DDS

10/22/2018

NORTHRIDGE MEDICAL TOWER
18250 ROSCOE BOULEVARD, SUITE 345 • NORTHRIDGE, CA 91325
(818) 885-ENDO (3636) • FAX (818) 885-1236
WWW.MIDVALLEYENDO.COM

Maurice T. Zagha, M.D., Inc.



DIPLOMATE AMERICAN ACADEMY OF FAMILY PRACTICE
BOARD CERTIFIED: FAMILY PRACTICE

16133 VENTURA BOULEVARD, SUITE 300
ENCINO, CALIFORNIA 91436 12/25/18
(818) 907-6525

To WHOM IT MAY CONCERN;

THIS NOTE IS TO VERIFY THAT I WROTE PRESCRIPTIONS FOR PATIENTS, KIMBERLY HUNT AND MARILYN MCKINLEY (AKA LDILJAK). BOTH OF THESE PATIENTS SUFFERED FROM CHRONIC BACK PAIN. I PRESCRIBED THEM MEDICATIONS IN 2011.

Sincerely,
Maurice T. Zagha, MD

I CERTIFY THAT THIS NOTE IS WRITTEN AS A LEGAL OATH UNDER LAW THAT THE ABOVE IS AN HONEST AND TRUE NOTE UNDER THE RISK OF PERJURY.

MZJ

*E. Ruth Mezquita, M.D., Ph.D.
Marmer & Mezquita, A Medical Corporation
11611 San Vicente Boulevard, Suite 510
Los Angeles, CA 90049
Phone: 310-820-4330; Fax: 310-207-7103*

November 26, 2018

To whom it may concern,

I had the pleasure to be assisted in my practice as a Psychiatrist in Northridge by Pharmacist Mike Zarkesh from January 2002 until approximately 2014. I found Mr. Zarkesh to be an affable, competent and precise pharmacist. I heard no complaints from any of my patients; there were no errors spotted by my staff or myself.

I am currently only practicing in my office in West Los Angeles and no longer have an office in Northridge.

I have not seen Mr. Zarkesh in approximately three years.

Regards,



Elva R. Mezquita, MD, PhD
State License #A22118: in the state of California
NPI: 1891993309



Kiran Kamat MD

818-428-3237 18250 Roscoe Boulevard, Ste 245, Northridge CA 91325

December 16, 2018

State Board of Pharmacy
Department of Consumer Affairs
State of California

Re: Massoud Zarkesh

Pharmacist Licence # RPH 41592

Dear Sirs, it is my pleasure to recommend Massoud (Mike) Zarkesh as a pharmacist who is reliable and ethical, as I have known him during the many years I have been at Northridge Medical Tower since 2003. It is a big loss that he is no longer in charge of pharmacy downstairs, as he had completely dedicated himself to health care, taking care of my patients six days a week. Whenever someone was on Clozaril, he made sure the required lab work was done before dispensing the medication.

He was a particularly insightful, sensitive, knowledgeable, and caring pharmacist to work with and we had a great communication back and forth. I felt an extra level of confidence when he was the pharmacist downstairs. He was an asset that will be greatly missed in my professional life.

Sincerely yours,

Kiran Kamat MD

To whom it may concern,

The purpose of this letter is to provide a character reference for Massoud (Mike) Zarkesh, whom I have known him as a pharmacist in our medical building for fifteen years . As a pharmacist, he has been highly committed to patient care because he or his staff consistently called my office to get authorization on refill and new prescriptions .He has offered flu shot for many years in his pharmacy which indicates his commitment to community health promotion. He has always been known as a motivated and positive pharmacist . I have noticed how he has treated the patients with compassion , respect and understanding while acting as a professional health care provider . Based on my experience through years of working in Northridge medical building , Massoud has done a great job managing and helping our patients to get their medications in a timely manner with 100% accuracy. He has been known as an ethical, professional , motivated pharmacist who cares about patient safety by following up patient care with my office during years he worked in Northridge Medical building .

I have read and understood the Accusation against Massoud Zarkesh .I believe Mr. Zarkesh is an outstanding pharmacist and feel strongly about his good character and trustworthiness who has never poses any harm to the safety of patients. I promise under the penalty of perjury of the laws of California, that the foregoing is true and correct.

J K. Fogawi
2/20/19

STEVEN W. YORK, M.D.
18250 ROSCOE BOULEVARD, SUITE 260
NORTHRIDGE, CA 91325
(818) 349-6725 FAX (818) 349-6761

February 21, 2019

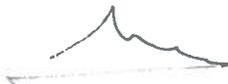
To whom it may concern:

This letter is to certify that I wrote prescriptions, for Schedule II medications, for the following patients:

Deron McBee
Frank Jacobs
Sean Ezell
Kevan Goodman
John Sorce

I certify that this letter is written as a legal oath under law, and that the above is honest and true, under risk of perjury.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'Steven W. York', with a horizontal line underneath.

Steven W. York, M.D.

To whom it may concern,

I am writing this letter to give my highest recommendation of ethic and honesty as a professional pharmacist to Massoud Zarkesh . Massoud Zarkesh has practiced pharmacy in Northridge Medical building and I have known him for more than fifteen years and I have worked in his pharmacy as a registered pharmacist. His knowledge and dedication as a pharmacist by helping interns and staff and the patients was always appreciated . Mssoud Zarkesh is a good manager that follows the rules and regulations of the pharmacy practice. He is a very capable pharmacist who is passionate about health care and pharmacy.

I have read and understood the Accusation against Massoud Zarkesh .I believe Mr. Zarkesh is an outstanding pharmacist and feel strongly about his good character and trustworthiness who has never poses any harm to the safety of patients. I truly do not believe that Mr. Zarkesh poses any harm to the safety of patients . I promise under the penalty of perjury of the laws of California, that the foregoing is true and correct.

Ben Akien, Pharm D.
 2/21/19

18

18A



Nevada State Board of Pharmacy

- Home
- Individual
- Renewal
- Reports
- Administration
- Company
- Inspection
- Compliance

License Renewal

Add

Search By Name :

License # : PT16372

SS # : XXX-XX-XXXX

Last Name :

First Name :

Email :

Status : Select

Search

Cancel

Show All

License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
PT16372	Pharmaceutical Technician	EYOSIAS	BEKELE	12/18/2019		Submitted	

Renewal Application Pharmaceutical Technician

Application Fee : \$40.00
 Convenience Fee : \$3.00
 License Number : PT16372
 License Type : Pharmaceutical Technician
 New Expiration Date : 10/31/2020

Personal Information

First Name : * EYOSIAS

Middle (initial only) :

Last Name : * BEKELE

License # : PT16372

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Home Address :

Military Address :

Street : * Gentle Spirit

Country : * United States

City : * Las Vegas

State : * Nevada

Zip : * 89148

Home Phone : (XXX) XXX-XXXX

Cell Phone : ()

Email Address : * @

Fax : (XXX) XXX-XXXX

Nevada Business License Information - Check appropriate answer

- I DO NOT have a Nevada Business license number.
- I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.

I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

- I am **NOT SUBJECT** to a court order for the support of a child.
- I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am **SUBJECT** to a court order for the support of one or more children and am **NOT** in compliance with the order or am **NOT** in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : * Yes No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? * Yes No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * Yes No

First time offense misdemeanor DUI. Under legal limit.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
State of Nevada vs. BEKELE, EYOSIAS	Legal - Question 2	12/17/2019	(OL)		Document Details	

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#)

Board Administrative Action :

State : Nevada

Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Nevada

Date : MM/DD/YYYY

Case # :

County :

Court :

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * Yes No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? * Yes No

Acknowledgement and Declaration

Technicians in Training must be registered at each PLACE of employment. By signing below, you certify that you have completed at least 1 hour of continuing education in an approved Nevada Law, program as required.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this

permit. I understand that Nevada law requires a license PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local enforcement agency.

Signature * Eyosias Bekele

Date Of Application * 12/17/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2018 to 10/31/2020	License Renewal Fee	\$40.00
	Convenience Fee	\$3.00
	Late Fee	\$20.00
	Total :	\$63.00

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override

Application Fees * 40

Convenience Fee * 3

Late Fees * 20

Total Fees * 63

Reference Number 62089035517

InvoiceDate 12/17/2019

Paid

Approve Close

First () Previous () 1 () Next () Last ()

State of Nevada vs. BEKELE, EYOSIAS

18M17451X | Nevada State, Las Vegas Township, Justice Court, Department 13

Location JC Department 13

Case Type Misdemeanor

Judge Suzan Baucum

Status Closed

Filed Nov. 9, 2018

Last Update: 3 months, 3 weeks ago.

Filing Date

Docket Text

Filing Date	Docket Text
4/24/2019	Minute Order - Department 13
4/24/2019	Case Closed - Requirement(s) Completed
4/24/2019	Bench Warrant Ordered then Order for Warrant Withdrawn Defendant arrived late - Case recalled
4/24/2019	Status Check (7:30 AM) O/R Result: Matter Heard
4/1/2019	Coroner's Visitation Program Report DUI
3/27/2019	Minute Order - Department 13
3/27/2019	Status Check on Requirements Coroner's DUI program & \$335 fine balance due
3/27/2019	Motion to Continue - Defense Motion Granted
3/27/2019	Community Service Report Las Vegas Rescue Mission
3/27/2019	Victim Impact Panel Completion Receipt
3/27/2019	Certificate of Completion DUI School
3/27/2019	Status Check (7:30 AM) O/R Result: Matter Heard
11/28/2018	Transcript of Proceedings
11/28/2018	Minute Order - Department 13
11/28/2018	Status Check on Requirements
11/28/2018	Judgment Entered
11/28/2018	Defendant Waives the Right to Trial
11/28/2018	Admonishment of Rights - DUI Filed in open Court
11/28/2018	Public Defender Appointed
11/28/2018	Arrest Completed Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint
11/28/2018	Arrest (7:30 AM) O/R Result: Matter Heard
11/28/2018	CANCELED Status Check on Filing of Criminal Complaint (7:30 AM) Criminal Complaint Filed O/R
11/28/2018	Plea 1. DUI of alcohol and/or controlled or prohibited substance, 1st offense [53900] Nolo Contendere
11/28/2018	Disposition 1. DUI of alcohol and/or controlled or prohibited substance, 1st offense [53900] Guilty as Charged 2. Fail to properly maintain travel lane or improper lane change [53788] Dismissed
11/28/2018	Misdemeanor Sentence 1. DUI of alcohol and/or controlled or prohibited substance, 1st offense [53900] Condition - Adult: 1. Suspended Jail Sentence, 30 days <u>11/28/2018</u> , Closed 04/24/2019 2. Stay Out of Trouble, <u>11/28/2018</u> , Satisfied 04/24/2019 3. DUI School, BOSS Court Education <u>11/28/2018</u> , Satisfied 03/27/2019 4. Victim Impact Panel, Stop DUI <u>11/28/2018</u> , Satisfied 03/20/2019 5. Community Service, 69 Hours In Lieu of fine <u>3/26/19</u> - 35 hours completed, 34 hours remaining <u>11/28/2018</u> , Satisfied 04/24/2019 6. Defendant Sentenced to 2 Days Jail, with 2 Days Credit for Time Served <u>11/28/2018</u> , Satisfied 11/28/2018 7. Coroner's DUI program, <u>11/28/2018</u> , Satisfied 03/28/2019 8. Defendant Admonished, not to show up to any of the classes under the influence because that would violate the stay out of trouble order, <u>11/28/2018</u> , Closed 04/24/2019 9. If Defendant picks up a new DUI during this case, court will impose 180 days jail <u>11/28/2018</u> , Closed <u>04/24/2019</u> Fee Totals: AA Fees \$125.00 DUI FEE \$100 \$100.00 Forensic/Analysis Fee-Ordered by Judge \$60.00 State Fines-Criminal \$400.00 Fee Totals \$ \$685.00
11/9/2018	Criminal Complaint
11/6/2018	CTRAK Case Modified Jurisdiction/DA;
8/22/2018	Minute Order - Department 13
8/22/2018	Continued for Status Check on filing of Criminal Complaint
8/22/2018	Motion to Continue - State for 90 days - Motion Granted
8/22/2018	Misdemeanor Court Return Date (7:30 AM) O/R Result: Matter Heard
7/23/2018	Temporary Custody Record
7/23/2018	Release Agreement
7/23/2018	Administrative Own Recognizance Release
7/23/2018	Standard Bail Set Ct2: \$1000 Cash/\$1000 Surety
7/23/2018	CTRAK Track Assignment JC11
7/23/2018	Standard Bail Set Ct1: \$2000 Cash/\$2000 Surety

12/17/2019

State of Nevada vs. BEKELE, EYOSIAS, 18M17451X (Nevada State, Las Vegas Township, Justice Court, Department 13) via Docket A...

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18B

Maera L. Wallace

From: Mohd Fiazean <mfiazean@pima.edu>
Sent: Thursday, October 31, 2019 10:18 AM
To: Maera L. Wallace
Cc: Lorinda Lohner; lmcguinness@pmi.edu
Subject: Application

Hello,

My name is Mohd Fiazean and i currently attend Pima Medical Institute as a Pharmacy Technician in training. I made a mistake in my application form to the State Board of Pharmacy and checked the wrong box and I am very sorry about this. I have a misdemeanor and I wanted to know how I can go about to fix this issue. Once again I apologize for this mistake and would like to know what steps should I take to fix the situation.

Thank you

Mohd Fiazean

mfiazean@pima.edu

Maera L. Wallace

From: Mohd Fiazean <r >
Sent: Thursday, November 07, 2019 6:40 AM
To: Maera L. Wallace
Subject: Application

It is Mohd again I got the official certified paperwork for my misdemeanor. The case number is 15M31379X. It was a DUI back in 2015. What had happened was I was at a friends get together to watch a big fight for UFC and everyone was drinking, including me. When the fight was over i decided to get in the car and drive. I was on the road and I heard the phone ring. As soon as I reached for my phone on my back pocket I lost control of my vehicle and hit a wall which resulted in me totaling my car. I got very nervous and scared, so I called the Police because I didn't know what to do. When the police arrived I told them i was drinking and how i hit the wall and they proceeded to do a breathalyzer test. When they saw I was over the legal limit they arrested me and booked me to the detention center. It was a life changing mistake which I am truly sorry for and I take full responsibility. I turned my life around and all I ask is for one chance because being a pharmacy technician has always been my dream career. If you would like i can take and send you the picture of the disposition paper that i got stamped from court which states all the necessary information. Again i wholeheartedly apologize and i am truly sorry for ny mistake.

Thank you

Mohd Fiazean

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Mohd O. Fiazean
3333 E Flamngo Rd
Las Vegas NV 89121

Date: 11/26/2018
Amount: \$ 40.00
License #: PT21593

(ID Card)

Trim ID Card to fit your wallet

<p>NEVADA STATE BOARD OF PHARMACY</p> <p>License # PT21593 Active</p>	<p>Pharmaceutical Technician Trainee</p> <p>Expires: 10/31/2020</p> <p>Mohd O. Fiazean 3333 E Flamngo Rd Las Vegas NV 89121</p>
<p>IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS</p>	

NEVADA

STATE BOARD OF PHARMACY

Expires: 10/31/2020

License Type: Pharmaceutical Technician
Trainee

Pharmaceutical Technician Trainee

STATUS: Active

License #: PT21593

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Mohd O. Fiazean
3333 E Flamngo Rd
Las Vegas NV 89121

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

19

19A

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.

<input type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH _____) Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DYL 11C SOUTH LAKE PHARMACY
 Physical Address: 38101 5TH AVE
 Mailing Address: SAME AS PHYSICAL
 City: ZEPHYRHILLS State: FLORIDA Zip Code: 33542
 Telephone: 813.395.5667 Fax: 813.200.1122
 Toll Free Number: 833.867.4024 (Required per NAC 639.708)
 E-mail: southlake.pharmacy@gmail.com Website: slcompounding.com
 Managing Pharmacist: Hector Medrano License Number: P535307

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No <input checked="" type="checkbox"/> <input type="checkbox"/> Retail <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> <input checked="" type="checkbox"/> Internet <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center <input checked="" type="checkbox"/> <input type="checkbox"/> Community <input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	Yes/No <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services <input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral ** <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care <input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding ** <input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding ** <input type="checkbox"/> <input checked="" type="checkbox"/> 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:

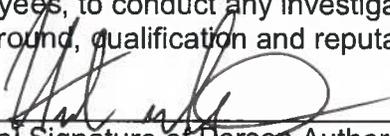
- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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



HECTOR MEDRANO
Print Name of Authorized Person

1/31/2020
Date

Board Use Only	Date Processed: <u>FEB 13 2020</u>	Amount: <u>500.00</u>
-----------------------	------------------------------------	-----------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: FLORIDA

Parent Company if any: NA

Mailing Address: 38101 5TH AVE

City: ZEPHYRHILLS State: FLORIDA Zip: 33542

Telephone: 813-395-5667 Fax: 813-200-1122

Contact Person: HECTOR MEDRANO

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. NA

3) What was the price paid per share? NA

4) What date did the corporation actually receive the cash assets? NA

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm

Saturday 9 am 2 pm

Sunday closed am _____ pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NA

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

HECTOR MEDRANO - MANAGING MEMBER 100% OWNERSHIP

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: HECTOR MEDRANO

Business Name: DLSOUTH LAKE PHARMACY

Current Business Address: 38101 5TH AVE

City: ZEPHYRHILLS State: FLORIDA Zip Code: 33542

Telephone: 813.395.5667 Fax: 813.200.1122

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 2 pm

Sunday Closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NA

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, HECTOR MEDRANO

Responsible Person of DYL LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

HECTOR MEDRANO
Print Name of Authorized Person

1/31/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FLORIDA)
PASCO) ss. COUNTY)

I, HECTOR MEDRANO, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the MANAGING MEMBER for DYL LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

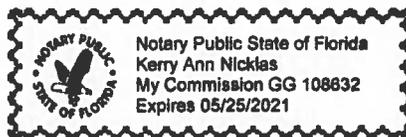
FURTHER AFFIANT SAYETH NOT.

I, HECTOR MEDRANO, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

[Signature]
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 31st day of January, 2020.

[Signature]
NOTARY PUBLIC



State of Florida

Department of State

I certify from the records of this office that DYL LLC is a limited liability company organized under the laws of the State of Florida, filed on April 3, 2007, effective July 15, 2002.

The document number of this limited liability company is L07000035738.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on April 7, 2019, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Thirtieth day of January, 2020*



Ronald R. DeBevoise
Secretary of State

Tracking Number: 6040455487CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

AC# 3667906

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/29/2018	PH 31763	105265

QUALIFICATION(S):
SPECIAL STERILE COMPOUNDING

The **PHARMACY** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**
D.Y.L. LLC
SOUTH LAKE PHARMACY
38101 5TH AVE
ZEPHYRHILLS, FL 33542



Rick Scott
GOVERNOR



Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

AC# 8715875

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/29/2018	PH 24899	106679

8715875

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#	8715875
DATE	LICENSE NO.	CONTROL NO.
12/29/2018	PH 24899	106679

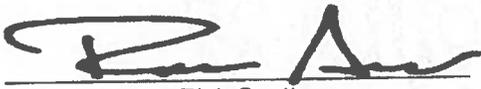
The PHARMACY named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: FEBRUARY 28, 2021

D.Y.L. LLC

The PHARMACY named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2021**
D.Y.L. LLC
SOUTH LAKE PHARMACY
38101 5TH AVE.
ZEPHYRHILLS, FL 33542

QUALIFICATION(S):
SCHEDULE II & III
COMMUNITY PHARMACY


Rick Scott
GOVERNOR


Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: FEBRUARY 28, 2021

Your license number is PH 24899. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A Lic" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your licens update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Renewed or Applied Online Since 2015?" will display.
 - a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new use registration.
 - b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, 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 Discipline found in Section 456.072(1) Florida Statutes, and in the practice act of the profession in which you are license Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
DYL LLC

FILED
17 JUL 28 PM 3:16
DIVISION OF CORPORATE FILINGS

Pursuant to the Florida Revised Limited Liability Company Act (the "Act"), DYL LLC, a Florida limited liability company (the "Company"), does hereby amend its Articles of Organization as follows:

- FIRST:** The name of the Company is DYL LLC.
- SECOND:** The original Articles of Organization of the Company were filed with the Florida Department of State on April 3, 2007, converting the Company from a Florida corporation to a Florida limited liability company.

THIRD: The document number of the Company is: L07000035738.

FOURTH: The Company's Articles of Organization are hereby amended as follows:

Article III of the Articles of Organization is deleted in its entirety and replaced with:

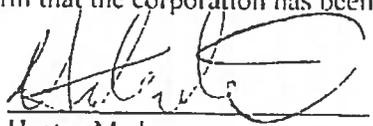
ARTICLE III

**REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

The name of the Company's registered agent and the address of the Company's registered agent for service of process in Florida is:

Hector Medrano
38101 5th Ave.
Zephyrhills, FL 33542

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Hector Medrano

Article IV of the Company's Articles of Organization is hereby deleted in its entirety and replaced with the following:

ARTICLE IV

MANAGER(S) OR MANAGING MEMBER(S)

The name(s) and address(es) of the manager(s) of the Company is (are):

Title:

Name and Address:

Manager

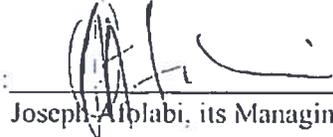
Hector Medrano
38101 5th Ave.
Zephyrhills, FL 33542

FIFTH: The foregoing amendment was adopted on August 1, 2017.

IN WITNESS WHEREOF, the undersigned Managing Member of DYL LLC has executed these Articles of Amendment to Articles of Organization on this 1st day of August, 2017

DYL LLC

By: _____



Joseph Afolabi, its Managing Member

DIVISION OF CORPORATIONS

17 JUL 28 PM 1:16

FILED

19B

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 **Sole Owner** – Pages 1,2,6,7

LIMITED LIABILITY COMPANY

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: INFUCARE RX LLC

Physical Address: 2540 MARKET STREET, SUITE 1, ASTON, PA 19014

Mailing Address: PO BOX 2578

City: SECAUCUS State: NJ Zip Code: 07096

Telephone: (877) 828-3940 Fax: (877) 828-3941

Toll Free Number: (877) 828-3940 (Required per NAC 639.708)

E-mail: DBPATEL@INFUCARERX.COM Website: WWW.INFUCARERX.COM

Managing Pharmacist: ANDREW C. WEE, PHARM.D. License Number: RP439835

TYPE OF PHARMACY AND SERVICES PROVIDED

<p>Yes/No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Community</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Specialty</u></p> <p>All boxes must be checked For the application to be complete</p>	<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____</p>
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****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

DHARA PATEL

Print Name of Authorized Person

2/11/2020

Date

Page 2

Board Use Only	Date Processed: FEB 13 2020	Amount: 500.00
----------------	-----------------------------	----------------

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

DHARA PATEL, PRESIDENT/VICE-PRESIDENT/SECRETARY
SAJAL K. ROY, PHARM.D., VICE-PRESIDENT OF OPERATIONS

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF NEW JERSEY)
) ss.
ESSEX COUNTY)

I, DHARA PATEL, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PRESIDENT for INFUCARE RX LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, DHARA PATEL, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO before me, a notary public this 11 day of February, 2020.

NOTARY PUBLIC

ADELA LUNGU
NOTARY PUBLIC OF NEW JERSEY
Comm. # 2423604
My Commission Expires 8/3/2022

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

11/12/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

InfuCare Rx LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



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

Katly Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC191101141159-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Pharmacy

License Number
PP482586

Expiration Date
08/31/2021



INFUCARE RX
ANDREW C WEE
2540 MARKET ST STE ONE
ASTON, PA 19014

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to renew your license, change your personal or license address, or order duplicate licenses.

INFUCARE RX
ANDREW C WEE
2540 MARKET ST STE ONE
ASTON, PA 19014

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

19 0832661

License Type
Pharmacy

INFUCARE RX
ANDREW C WEE
2540 MARKET ST STE ONE
ASTON, PA 19014



License Status
Active

Initial License Date
09/11/2015

Expiration Date
08/31/2021

License Number
PP482586

Acting Commissioner of Professional and Occupational Affairs

Signature

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

INFUCARE RX
2540 MARKET ST STE ONE
Aston, Pennsylvania, 19014

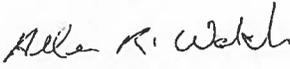
Phone:
Owner: INFUCARE RX LLC

LICENSE

License No: PP482586
Profession: Pharmacy
License Type: Pharmacy
Inspection Type: Non-Directed Routine
Inspection Date: 02/21/2019
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.



ALLEN WALCH

Signature of Inspector

2/21/2019 2:52:45 PM

Date/Time



Andrew C Wee - RP439835

Signature of Owner/Representative

19C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: **PH** _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Revive Rx

Physical Address: 3831 Golf Dr. Ste A Houston, TX 77018

Mailing Address: 3831 Golf Dr. Ste A

City: Houston State: TX Zip Code: 77018

Telephone: (888) 689-2271 Fax: (888) 689-1620

Toll Free Number: (888) 689-2271 (Required per NAC 639.708)

E-mail: aaron@reviverxpharmacy.com Website: www.reviverxpharmacy.com

Managing Pharmacist: Aaron Schneider License Number: 51906

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds _____)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
 Parenteral **
 Parenteral (outpatient)
 Outpatient/Discharge
 Mail Service
 Long Term Care
 Sterile Compounding **
 Non Sterile Compounding
 Mail Service Sterile Compounding **
 Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

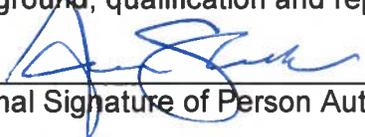
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Aaron Schneider
Print Name of Authorized Person

10/25/19
Date

Board Use Only	Date Processed: <u>FEB 05 2020</u>	Amount: <u>500-</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____

Limited

Partnership Name: REVIVE Rx, LLC

Mailing Address: 3831 GOLF DR. STE A

City: HOUSTON State: TX Zip Code: 77018

Telephone Number: 888-689-2271 Fax Number: 888-689-1620

Contact Person: AARON SCHWEIDER

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>BRIGHAM BUHLER</u>	<u>L</u>	<u>70%</u>
<u>AARON SCHWEIDER</u>	<u>L</u>	<u>30%</u>

List names of 4 largest partners and percentage of ownership:

Name: BRIGHAM BUHLER %: 70

Name: AARON SCHWEIDER %: 30

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm

Saturday 9 am 12 pm

Sunday closed am closed pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Aaron Schneider

Responsible Person of Revive Rx

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Aaron Schneider
Print Name of Authorized Person

10/25/19
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
) ss.
_____ COUNTY)

I, Aaron Schneider, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Manager & PIC for Revive Rx (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

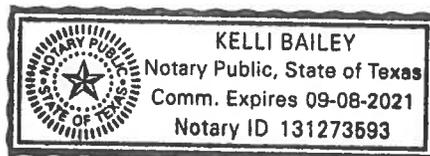
FURTHER AFFIANT SAYETH NOT.

I, Aaron Schneider, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Kelli Bailey / Kelli Bailey
Name

SUBSCRIBED AND SWORN TO before me, a notary public this _____ day of October, 2019.

Kelli Bailey
NOTARY PUBLIC



Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Revive Rx, LLC (file number 802428824), a Domestic Limited Liability Company (LLC), was filed in this office on April 05, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 11, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State

Phone: (512) 463-5555
Prepared by: SOS-WEB

Come visit us on the internet at <https://www.sos.texas.gov>

Fax: (512) 463-5709
TDD: 10264

Dial: 7-1-1 for Relay Services
Document: 931538470002

TEXAS STATE BOARD OF PHARMACY

**License No.
51906**

**Expiration Date
10/31/2019**

**AARON MICHAEL SCHNEIDER
SCHNEIDER, AARON MICHAEL
REGISTERED PHARMACIST**



**Gay Dodson, R.Ph.
Executive Director/Secretary**

Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709		Filed in the Office of the Secretary of State of Texas Filing #: 802428824 04/05/2016 Document #: 66423550002 Image Generated Electronically for Web Filing
Filing Fee: \$300		
Certificate of Formation Limited Liability Company		
Article 1 - Entity Name and Type		
The filing entity being formed is a limited liability company. The name of the entity is:		
Revive Rx, LLC		
Article 2 – Registered Agent and Registered Office		
<input type="checkbox"/> A. The initial registered agent is an organization (cannot be company named above) by the name of:		
OR		
<input checked="" type="checkbox"/> B. The initial registered agent is an individual resident of the state whose name is set forth below:		
Name: Brigham Buhler		
C. The business address of the registered agent and the registered office address is:		
Street Address: 501 E. 23rd St. Houston TX 77008		
Consent of Registered Agent		
<input type="checkbox"/> A. A copy of the consent of registered agent is attached.		
OR		
<input checked="" type="checkbox"/> B. The consent of the registered agent is maintained by the entity.		
Article 3 - Governing Authority		
<input checked="" type="checkbox"/> A. The limited liability company is to be managed by managers.		
OR		
<input type="checkbox"/> B. The limited liability company will not have managers. Management of the company is reserved to the members.		
The names and addresses of the governing persons are set forth below:		
Manager 1: Aaron Schneider, Pharm. D.	Title: Manager	
Address: 501 E. 23rd St. Houston TX, USA 77008		
Article 4 - Purpose		
The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.		
Supplemental Provisions / Information		

Only persons with a valid Texas Pharmacist License may be managers of the Company.

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

Brigham Buhler 501 E. 23rd St. Houston, TX 77008

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Brigham Buhler

Signature of Organizer

FILING OFFICE COPY

ReviveRX

Pharmacy

List of all Owners, Officers or Directors of the Pharmacy with their names, addresses and D.O.B:

- Aaron Schneider – Manager
- **Address:** Trinity Bay City, TX 77414
- **D.O.B:**

- Brigham Buhler – Member
- **Address:** Coronado St. Houston, TX 77009
- **D.O.B:** 1

List of all pharmacists with their address, license numbers and D.O.B:

Aaron Schneider

License # 51906

Address: 4 Trinity Bay City, TX 77414

D.O.B: :

Gina Stornelli

License # 61178

Address: . Richmond Ave Apt. 501 Houston, TX 77006

D.O.B: :

Revive Rx
3831 Golf Dr. Ste A
Houston, TX 77018
www.revivrpharmacy.com

20

20A

NEVADA STATE BOARD OF PHARMACY

PH04191

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)

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Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Cardinal Health 414, LLC

Physical Address: 201 Lathrop Way, Suite D, Sacramento, CA 95815

Mailing Address: 7000 Cardinal Place, Q&R Dept. NPHS

City: Dublin State: Ohio Zip Code: 43017

Telephone: 916-648-2192 Fax: 916-648-2193

Toll Free Number: 800-888-8041 (Required per NAC 639.708)

E-mail: Eric.Siu@CardinalHealth.com Website: www.CardinalHealth.com

Managing Pharmacist: Eric Siu License Number: PHY46385

TYPE OF PHARMACY AND SERVICES PROVIDED

<u>TYPE OF PHARMACY</u>	<u>AND</u>	<u>SERVICES PROVIDED</u>
Yes/No		Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral (outpatient)
<input checked="" type="checkbox"/> <input type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> 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?
see attached Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Dawn Harmon

Original Signature of Person Authorized to Submit Application, no copies or stamps

Dawn Harmon

Print Name of Authorized Person

1/27/2020

Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
-----------------------	-----------------------	-----------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Cardinal Health Inc

Corporation Name: Cardinal Health 414, LLC

Mailing Address: 7000 Cardinal Place

City: Dublin State: Ohio Zip: 43017

Telephone: 614-757-7570 Fax: 614-652-4203

Contact Person: Dawn Harmon

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 06/30/2007

Registration number issued: 2007043108722

Stock Exchange: New York (CAH)

Hours of Operation for the pharmacy:

Monday thru Friday 11:30 pm 5:30 pm Saturday 0:30 am 12:30 pm

Sunday 0:30 am 12:30 pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

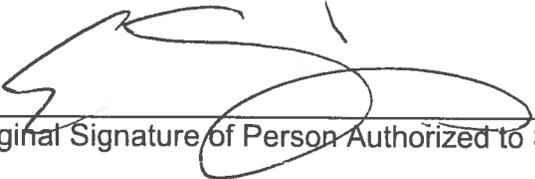
I, Eric Siu

Responsible Person of Cardinal Health 414, LLC (Sacramento, CA)

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Eric Siu

Print Name of Authorized Person

1/16/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
) ss.
_____ COUNTY)

I, Eric Siu, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Manager for Cardinal Health 414, LLC (Sacramento, CA) (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

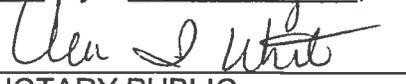
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

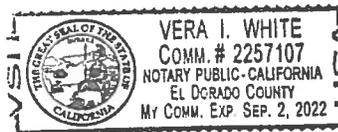
FURTHER AFFIANT SAYETH NOT.

I, Eric Siu, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name 

SUBSCRIBED AND SWORN TO before me, a notary public this 22 day of January, 2020.


NOTARY PUBLIC



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 414, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2073291 8300

SR# 20200272805

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202185090

Date: 01-14-20



LICENSE NO. PHY 46385
RECEIPT NO. 00159242

Retail Pharmacy Permit



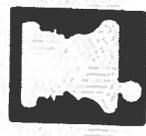
BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

VALID UNTIL JULY 01, 2020

CARDINAL HEALTH 414,LLC
201 LATHROP WAY STE D
SACRAMENTO CA 95815

05/10/19 The official status of this license can be verified at www.dpharmacy.ca.gov
-----NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

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.



LICENSE NO. LSC 99110
RECEIPT NO. 00159241



Sterile Compounding License

BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

VALID UNTIL JULY 01, 2020

CARDINAL HEALTH_414,LLC
201 LATHROP WAY STE D
SACRAMENTO CA 95815

05/23/19 The official status of this license can be verified at www.pharmacy.ca.gov
05/23/19

----- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

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.



Officers list

201 Lathrop Way
Suite D
Sacramento, California 95815

Officer Name

title

Tiffany Olson	President
Paul Gotti	Vice President-Operations
Luis E Garcia	VP Operations
David William Pellicciarini	VP Pharmacy Safety,Practice and Technical Operations NPHS

[Home](#)

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

BOARD OF PHARMACY

LICENSING DETAILS FOR: LSC 99110

NAME: CARDINAL HEALTH_414,LLC
LICENSE TYPE: STERILE COMPOUNDING PHARMACY
LICENSE STATUS: CLEAR
ADDRESS
201 LATHROP WAY STE D
SACRAMENTO CA 95815
SACRAMENTO COUNTY

ISSUANCE DATE

JULY 28, 2003

EXPIRATION DATE

JULY 1, 2020

CURRENT DATE / TIME

FEBRUARY 12, 2020
4:08:55 PM

LICENSE RELATIONSHIPS

NAME: CARDINAL HEALTH 414,LLC
LICENSE/REGISTRATION TYPE: PHARMACY
(COMMUNITY)
LICENSE NUMBER: 46385 PRIMARY
STATUS: CLEAR

ADDRESS :
201 LATHROP WAY STE D
SACRAMENTO CA 95815
SACRAMENTO COUNTY



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



February 25, 2020

Nevada State Board of Pharmacy
 985 Damonte Ranch Pkwy Ste 206
 Reno, NV 89521

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: CARDINAL HEALTH 414, LLC

License Type: PHARMACY

License Number: PHY 46385

Status: ACTIVE

Issue Date: 07/25/2003

Expiration Date: 07/01/2020

Address of Record: 201 LATHROP WAY STE D SACRAMENTO CA 95815

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
 Executive Officer

By

Barbera Schleicher
 Public Inquiry Analyst

(916) 518-3081

Barbera.Schleicher@dca.ca.gov



Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: Cardinal Health 414, LLC pharmacy license PHY46385
 Address: 201 Lathrop Way, Suite D
 City: Sacramento State: CA Zip: 95815
 I hereby authorize the California Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.
 Signature of Applicant 

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
--	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) Yes No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) Yes No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) Yes No

Has applicant met all licensing requirements of your state? (If no, please explain) Yes No

Signature of State Official	Title	State	Date	State Seal



California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



ORDER OF CORRECTION

Date: 5/29/2019

Permit #: LSC99110

Time of Day: 2:36 PM

Name as shown on permit: **CARDINAL HEALTH_414,LLC**

Address: 201 LATHROP WAY STE D

City: SACRAMENTO

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. CCR 1714(b) Operational Standards and Security Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.
Top plastic grill on ceiling of hood 3 was cracked. Send correction.

2. CCR 1751.7(b)(1) Sterile Compounding Quality Assurance and Process Validation. The pharmacy and each individual involved in the compounding of sterile drug preparations must successfully demonstrate competency on aseptic technique and aseptic area practices before being allowed to prepare sterile drug preparations. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of the types of manipulations, products and batch sizes the individual is expected to prepare and include a media-fill test. The validation process shall be as complicated as the most complex manipulations performed by staff and contain the same amount or greater amount of volume transferred during the compounding process. The same personnel, procedures, equipment, and materials must be used in the testing. Media used must have demonstrated the ability to support and promote growth. Completed medium samples must be incubated in a manner consistent with the manufacturer's recommendations. If microbial growth is detected, then each individual's sterile preparation process must be evaluated, corrective action taken and documented, and the validation process repeated.

BBL Trypticase soy broth was incubated at uncontrolled room temperature for sterility testing on 3/16/19 for 14 days in the restricted area per PIC. According to manufacture directions reviewed, it should be incubated at USP requirements which as 20-25C. Send revised incubation policy and procedure along with plan of correction.



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Department of Consumer Affairs
Gavin Newsom, Governor



3. BPC 4169(a)(1) Prohibited Acts. A person or entity shall not do any of the following: Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy.

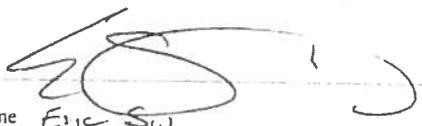
On 4/26/19, pharmacy acquired dangerous drugs such as Sestamibi and sterile water for injection from unlicensed wholesaler Cardinal Health located in 1950 Bentley Court STE 300, Glendale Heights, IL. Send plan of correction.

4. BPC 4342(a) Actions by Board to Prevent Sales of Preparations or Drugs Lacking Quality or Strength; Penalties for Knowing or Willful Violation of Regulations Governing Those Sales. The board may institute any action or actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopocia or the National Formulary, or that violate any provision of the Sherman Food, Drug, and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code).

Hetastartch 6% 500ml bag was stored in the refrigerator and needs to be stored between 20-25C per manufacturer labeling. Send correction.

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) 
Inspector (print) Joshua Lopez
Date 5/29/19

Signed 
Print Name Eric Siro
Title PIC RPh

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.



California State Board of Pharmacy
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 Sacramento, CA 95834
 Phone: (916) 574-7900 Fax: (916) 574-8618
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



OFFICIAL RECEIPT

May 29, 2019

Receipt Number: 380331

Firm: CARDINAL HEALTH_414,LLC

Address: 201 LATHROP WAY STE D, SACRAMENTO CA 95815

Permit #: LSC99110

Phone: (916) 648-2181

The following was obtained this date under provisions of the California Pharmacy Law (Chapter 9, Division 2, Business and Professions Code) or the Rules and Regulations adopted thereunder:

Qty	Units	Description
2	Page(s)	Incubation policy
1	Page(s)	Temperature log for March 2019
1	Page(s)	End product testing record for 3/16/19
6	Page(s)	Record of ordering/receiving drugs from Cardinal Health in Glendale Heights

Voluntarily Released for Investigation

Receipt acknowledged by: Eric Sio

Pic RPh
 Title

Inspector: [Signature]



Cardinal Health
 Nuclear Pharmacy Services
 7000 Cardinal Place
 Dublin, OH 43017
 614-757-3174 tel
 614-652-4816 fax

www.cardinalhealth.com

29 June 2019

Joshua Lee, RPh.
 Inspector
 California State Board of Pharmacy
 1625 N. Market Blvd., Suite N219
 Sacramento, CA 95834
joshua.lee@dca.ca.gov

Dear Dr. Lee:

We are in receipt of the Pharmacy Inspection Report dated 29 May 2019 detailing the inspection of our radiopharmacy in Sacramento CA, permit # LSC99110 & PHY46385.

Cardinal Health is fully committed to complying with all applicable California Board of Pharmacy laws and regulations. We are also fully committed to dispensing quality products and to patient safety. We have endeavored to answer completely and fully the observations and areas of concern in the inspection report. Should the Board feel that Cardinal Health has not adequately addressed any of the items, we would welcome the opportunity to meet with Board staff to discuss.

The following deficiencies and alleged deficiencies were noted in the 29 May 2019 report (note that the deficiency or area of concern is listed first, followed by Cardinal Health's response):

"Order of Correction"

1. CCR 1714(b) Operational Standards and Security. Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

"top plastic grill on ceiling of hood 3 was cracked. Send correction">

Response: The plastic diffuser grill was removed from hood 3.

2. CCR 1751.7(b)(l) Sterile Compounding Quality Assurance and Process Validation

The pharmacy and each individual involved in the compounding of sterile drug preparations must successfully demonstrate competency on aseptic technique and aseptic area practices before being allowed to prepare sterile drug preparations. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of the types of manipulations, products and batch sizes the individual is expected to prepare and include a media-fill test. The validation process shall be as complicated as the most complex manipulations performed by staff and contain the same amount or greater amount of volume transferred during the compounding process. The same personnel, procedures, equipment, and materials must be used in the testing. Media used must have demonstrated the ability to support and promote growth. Completed medium samples must be incubated in a manner consistent with the

manufacturer's recommendations. If microbial growth is detected, then each individual's sterile preparation process must be evaluated, corrective action taken and documented, and the validation process repeated.

"BBL Trypticase soy broth was incubated at uncontrolled room temperature for sterility testing on 3/16/19 for 14 days in the restricted area per PIC. According to manufacturer's directions reviewed, it should be incubated at USP requirements which are as 20-25C. Send revised incubation policy and procedure along with a plan of correction."

Response: We do not agree that the room temperature was "uncontrolled" as it is reviewed and documented daily. It is our belief that our incubation policy does not require any changes. However, the pharmacy will acquire an additional incubator that will be set to 20-25C for incubation of Trypticase soy broth. This new incubator will be obtained prior to the next time sterility testing is performed.

3. BPC 4169(a)(l) Prohibited Acts. A person or entity shall not do any of the following: Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy "On 4/24/19, pharmacy acquired dangerous drugs such as sestamibi and sterile water for injection from unlicensed wholesaler Cardinal Health located in 1950 Bentley Court STE 300, Glendale Heights, IL. Send plan of correction."

Response

- In November 2013, Congress passed the Drug Supply Chain Security Act ("DSCSA"). One of the purposes of the DSCSA was uniform wholesale licensing across all states. DSCSA defined a number of common licensing terms and contained a preemption provision that no state shall continue with any definitions that are inconsistent with the Federal definitions. As of November 27, 2013, the State of California may not continue with any requirements with respect to wholesale licensing that are inconsistent with the Federal law. Excerpts of DSCSA are provided here and the entire law is attached for reference.
 - 21 U.S.C.353(e)(4) *For the purposes of this subsection and subsection (d), the term 'wholesale distribution' means the distribution of a drug subject to subsection (b) to a person other than a consumer or patient, or receipt of a drug subject to subsection (b) by a person other than the consumer or patient, but does not include—*
 - (A) *intracompany distribution of any drug between members of an affiliate or within a manufacturer;*
 - 21 U.S.C. 353(e)(6) **AFFILIATE.** —*For purposes of this subsection, the term "affiliate" means a business entity that has a relationship with a second business entity if, directly or indirectly—*
 - (A) *one business entity controls, or has the power to control, the other business entity; or*
 - (B) *a third party controls, or has the power to control, both of the business entities.*
 - *Federal preemption language:*
Chapter V, Subchapter H. SEC. 205: NATIONAL STANDARDS FOR THIRD-PARTY LOGISTICS PROVIDERS; UNIFORM NATIONAL POLICY.
SEC. 585. UNIFORM NATIONAL POLICY
(b) WHOLESALE DISTRIBUTOR AND THIRD-PARTY LOGISTICS PROVIDER STANDARDS.—
(1) IN GENERAL.—Beginning on the date of enactment of the Drug Supply Chain Security Act, no State or political subdivision of a State may establish or continue any standards, requirements, or regulations with respect to wholesale prescription drug distributor or third-party logistics provider licensure that are inconsistent with, less stringent than, directly related to, or covered by the standards and requirements applicable under section 503(e) (as amended by

such Act), in the case of a wholesale distributor, or section 584, in the case of a third-party logistics provider.

- Cardinal Health believes that we were in compliance at the time of the inspection and remains so today.

4. Actions by Board to Prevent Sales of Preparation or Drugs Lacking Quality or Strength; Penalties for Knowing or Willful Violation of Regulations Governing Those Sales. The board may institute any actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug, and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code).
"Hetastarch 6% 500 ml bag was stored in the refrigerator and needs to be stored between 20-25C per manufacturer labeling. Send correction.

Response: The bag of Hetastarch 6% was removed from the refrigerator. We'd like to point out that USP (659) Packaging and Storage Requirements states; "An article for which storage at Controlled room temperature is directed may, alternatively, be stored and shipped in a cool place or refrigerated, unless otherwise specified in the individual monograph or on the label."

We appreciate the consultative, collaborative approach taken by the Board, and we wish to reaffirm our commitment to regulatory compliance and to providing safe and quality radiopharmaceutical care to patients in the Sacramento CA area. Should you have any questions or wish to discuss this reply, please contact me at (614) 757-3174.

Best regards,

Eric K. Siu, PharmD, RPh
Pharmacist in Charge



Richard L. Green, BSP Pharm R.Ph. BCNP FAPhA
Nuclear Pharmacist on NRC's Advisory Committee on the Medical Uses of Isotopes
Member of the USP Expert Panel authoring <825> Radiopharmaceutical Compounding
Director of Radiopharmacy Practice

cc: Michael A. Moné, BSP Pharm, J.D., FAPhA



California State Board of Pharmacy
1625 N. Market Blvd, N219
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Phone: (916) 574-7900 Fax: (916) 574-8618
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



INSPECTION REPORT

Pharmacy Hospital Pharmacy Clinic Exempt Hospital Wholesaler Hypodermic

Date: 5/29/2019 Inspector: Joshua Lee

Firm: CARDINAL HEALTH 414,LLC Phone: (916) 648-2181

Address: 201 LATHROP WAY STE D City: SACRAMENTO Zip: 95815

Ownership: CORPORATION

Permit #: LSC99110 PHY46385 Permit Exp: 7/1/2019 DEA#: DEA Exp:

Date of Self Assessment Form: 5/12/2019 Other Permit #: N/A Date of DEA Inventory:

Hours M-F: 2330-1730 Hours Saturday 0130-1230 Hours Sunday: 0130-1230

PIC ERIC K SIU RPH63692 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	<u>JAMES W KORB</u>	<u>RPH43629</u>	<u>ANDREW C FU</u>	<u>TCH23907</u>
	<u>JAMES M BRIGHT</u>	<u>RPH49335</u>	<u>ROSE M KEELER</u>	<u>TCH74031</u>
	<u>ALAN D KIM (SR. DIR OPS)</u>	<u>RPH46730</u>		
	<u>SUNGJIN CHOI (MANAGER)</u>	<u>RPH58391</u>		

Inspector Remarks:

Annual Sterile Compounding Inspection: Chain closed door nuclear pharmacy. PIC present along with corporate officers and managers. No controlled substances on premise/DEA permit.

Acq: Cardinal Health PET manufacturing in suite D1, BWXT, Jubilant Draximage, Curium,
RD: Stericycle
BOP Emails: Receiving
PDMP: Signed up

Facility: Pharmacy located in suite D. Cardinal PET manufacturing (batch FDG) located in suite D1.

Secured reception

Restroom/break room

Administrative offices/conference room

Volume: About 600 CSPs made daily

CSPs made include FDG patient units, Tc-99 based CSPs such as sestamibi, myoview, pentetate.

Restricted pharmacy room with incubator 33.5C

Sterile Compounding Area:

ISO 8 ante room with refrigerator/freezer combo unit, LOD, gowning supplies, cleaning supplies, sink with hot and cold running water

ISO 7 buffer room with 3 x vertical flow hoods, 1 x ISO 5 hot cell for PET

The following was reviewed: Compounding self-assessment, community pharmacy self-assessment, county of Sacramento medical waste inspection report, rx labeling, documentation of compounding policy review by PIC, end product testing for potency for every CSP, end product testing for sterility done quarterly in house, documentation of training and competency in sterile compounding and manufacture procedure information for incubation.

Discussion:

17I-3 (10/02)

LSC99110

380331

18 NA



California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



1. Discussed about extended BUD assignment for CSPs.
2. Pharmacy agreed to post the original pharmacy permits in public view.
3. Carabiner in hood 2 needs cleaning.
4. Licensed pharmacy staff must wear nametag with name and license status while on duty
5. Invoice for Cardinal Health PET manufacturing adjacent to pharmacy list address in D1 but the manufacturing facility is in suite D1. Possibly typo. Education provided.
6. Compounding record and master formula need to be a single document. Education provided.

For inquiries regarding the status of your sterile compounding licensure, please use the following:
compounding.pharmacy@dca.ca.gov

To complete the inspection, PIC to send Inspector Lee via e-mail (Email joshua.lee@dca.ca.gov) a response to corrections issued within 30 days

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) _____

Inspector (sign) _____

Owner(sign) _____

Inspector (print) _____

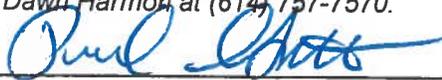
Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

This summary is provided in response to our affirmative answer to the disciplinary history question on our Application. Please note that, based on the broadness of the application question; we are disclosing all discipline that has occurred at other Cardinal Health Nuclear Pharmacy sites within the last 5 years. None of the below citations involved the Cardinal Health Nuclear Pharmacy located in Sacramento, CA, the site to which this application pertains. The safety of the nation's pharmaceutical supply chain is among our highest priorities. We take this responsibility very seriously and work diligently to comply with all applicable laws and regulations governing pharmacy. If you have any questions specific to these matters, please contact Dawn Harmon at (614) 757-7570.

Paul Gotti



2019- New York State Department of Environmental Conservation

Actions Taken: Consent Order

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Syracuse, NY

Violation that occurred: pharmacy did not obtain prior approval before relocating the HVAC system on the roof

Final Disposition: signed a consent order. An application to modify the radiation control permit to be submitted regarding the changes in the exhaust system. A Pharmacy Compliance Specialist will be hired. The qualifications, and job responsibilities must be reviewed and approved. In addition, a SOP for all New York licensed pharmacies to follow, that outlines prior approvals for changes must be submitted and approved by the New York State Department of Environmental Conservation.

Effective date: 10/11/2019

Fines: \$6000.00

2019-Rhode Island Board of Pharmacy

Actions Taken: Consent Order

Location Involved: Cardinal Health 414, LLC, radiopharmacy in E Providence, RI

Violation that occurred: pharmacy did not require technicians who compound radiopharmaceuticals to become nationally certified.

Final Disposition: signed a consent order. Agreement to have specialized nuclear technicians become nationally certified in addition to their existing specialized examination.

Effective date: 08/15/2019

Fines: no fine

2019-US Department of Transportation

Actions Taken: Statement of Violation and Penalty issued

Location Involved: National Central Pharmacy-Abilene Nuclear LLC

Violation that occurred: Probable violation offered and transported in commerce a DOT specification 7A packaging containing a Class 7 hazardous material without maintaining complete documentation of tests and an engineering evaluation or comparative data

Final Disposition: Ticket for Noncompliance

Effective date: 03/04/2019

Fines: \$1,740.00

Summary: During a compliance inspection involving a shipping paper review, it was alleged as a probable violation that the pharmacy transported 7A packaging containing Class 7 hazardous material without maintaining complete documentation.

2018-Virginia Board of Pharmacy

Actions Taken: citation issued

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Richmond, VA.

Violation that occurred: Wall electrical and data plates were not sealed. The flooring where it meets the wall was not sealed and parts of the wall were not smooth and free from cracks

Final Disposition: parties entered into a consent order

Effective Date: 01/08/2018

Fines: \$2,000

Summary:

The final signed consent order was received referencing the Cardinal Health nuclear pharmacy located in Richmond, VA. Improperly sealed wall electrical and data plates as well as the space where the floor meets the wall. In addition to parts of the wall were not smooth or free from cracks. These were noticed during a Virginia BOP inspection. The issue has been corrected. The pharmacy paid an administrative fine.

2017-Tennessee Board of Pharmacy

Actions Taken: license reprimanded

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Algood, TN

Violation that occurred: during a routine inspection, inspector alleged that the pharmacy was non-compliant with some aspects of USP <797>

Final Disposition: parties entered into a consent order

Effective Date: 03/13/2017

Fines: \$2,674.48

Summary:

On March 13, 2017, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Algood, TN. During an inspection on April 5, 2016, it was alleged that the pharmacy was non-compliant with USP <797>. The pharmacy was remodeled and was monitored by an independent consultant approved by the Executive Director of the Board of Pharmacy initially and agreed to be monitored for one year. The independent consultant will submit quarterly reports to the Executive Director of the Board of Pharmacy for one year. The pharmacy paid a fine.

2017-California Board of Pharmacy

Actions Taken: citation issued against the pharmacy license

Location involved: Cardinal Health 414, LLC, radiopharmacy in Redding, CA

Violation that occurred:

Each individual involved in the preparation of sterile injectable products must successfully complete a validation process on technique before being allowed to prepare sterile injectable products.

Equipment used in the designated area or cleanroom must be made of a material which can be easily cleaned and disinfected/Exterior workbench surfaces and other hard surfaces in the designated area, such as walls, floors, ceilings, shelves, tables and stools, must be disinfected weekly/Operational standards and security; the pharmacy must be maintained in a sanitary condition.

Final Disposition: paid the fine

Effective Date: 03/28/2017

Fines: \$5,000

Summary:

In December 2016, the radiopharmacy in Redding, CA received a citation from the California Board of Pharmacy, for process validation technique not being completed when pharmacists from another California licensed Cardinal Health radiopharmacy came to temporarily work at the Redding location as well as for a window in the pharmacy that had particulates. An area under one of the compounding hoods was also not free of particulates.

2017-Virginia Board of Pharmacy

Actions Taken: citation issued

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Charlottesville, VA

Violation that occurred: surfaces of walls and floors in the buffer area and blood mixing room were not smooth, impervious, or free from cracks and crevices.

Final Disposition: parties entered into a consent order

Effective Date: 01/30/2017

Fines: \$2,000

Summary:

On January 11, 2017, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Charlottesville, VA. The surfaces of walls and floors in the buffer area and blood mixing room were not smooth, impervious, or free from cracks and crevices. The facility maintenance department was contacted and the issues corrected. The pharmacy paid an administrative fine.

2017-Nevada Board of Pharmacy

Actions Taken: stipulation issued

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Las Vegas, NV.

Violation that occurred: A pharmacy technician's registration was not timely renewed. The technician was further charged for continuing to work with an expired registration between November 1-8, 2016.

Final Disposition: parties agreed to a stipulation

Effective Date: 01/11/2017

Fines: \$500

Summary:

On December 6, 2016, the Nevada Board of Pharmacy notified Cardinal Health of a violation of the Nevada Administrative Code when a pharmacy technician's registration was not timely renewed. The technician was further charged for continuing to work with an expired registration between November 1-8, 2016. The Pharmacist in Charge as well as the Technician Supervisor were also charged for allowing the technician to work with an expired license. Changes to the software system utilized by Cardinal Health will prevent future occurrences. The pharmacy paid a monetary penalty of \$500

2016-Virginia Board of Pharmacy

Actions Taken: citation issued

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Virginia Beach, VA.

Violation that occurred: Chipped paint on the front section of a sterile compounding hood was noticed during a Virginia BOP inspection.

Final Disposition: parties entered into a consent order

Effective Date: 08/10/2016

Fines: \$2,000

Summary:

On February 4, 2016, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Virginia Beach, VA. Chipped paint on the front section of a sterile compounding hood was noticed during a Virginia BOP inspection. The facility maintenance department was contacted and the issue corrected. The pharmacy paid an administrative fine.

20B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Genoa Healthcare LLC

Physical Address: 915 Airway Avenue, Suite B, Kingman, AZ 86409

Mailing Address: 3140 Neil Armstrong Blvd., Suite 110

City: Eagan State: MN Zip Code: 55121

Telephone: 928-377-1741 Fax: 928-271-8550

Toll Free Number: 1-866-458-0136 (Required per NAC 639.708)

E-mail: licencoordinator@genoahealthcare.com Website: www.genoahealthcare.com

Managing Pharmacist: Courtney Miller License Number: S014257

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No <input checked="" type="checkbox"/> <input type="checkbox"/> Retail <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> <input checked="" type="checkbox"/> Internet <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center <input checked="" type="checkbox"/> <input type="checkbox"/> Community <input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	AND	Yes/No <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral ** <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service <input checked="" type="checkbox"/> <input type="checkbox"/> Long Term Care <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding ** <input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding ** <input type="checkbox"/> <input checked="" type="checkbox"/> 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

Sarah Fenwick - VP Network Contracts
Print Name of Authorized Person

11/29/19
Date

Board Use Only	Date Processed: <u>2.11.2020</u>	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Pennsylvania
 Parent Company if any: Specialized Pharmaceuticals, Inc.
 Corporation Name: Genoa Healthcare LLC
 Mailing Address: 3140 Neil Armstrong Blvd., Suite 110
 City: Eagan State: MN Zip: 55121
 Telephone: 253-218-0830 Fax: 253-217-4306
 Contact Person: Joy Kunz - Implementing Licensing Parageal

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: July 15, 2009
 Registration number issued: 27-0556097
 Stock Exchange: XNYS:UNH

Hours of Operation for the pharmacy:

Monday thru Friday	<u>8:00</u> am	<u>5:00</u> pm	(closed for lunch 12:00 -1:00 pm)	Saturday	<u> </u> am	<u> </u> pm
Sunday	<u> </u> am	<u> </u> pm	On-call	24 Hours	<u> </u>	<u> </u>
	Closed --				After hours service	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Specialized Pharmaceuticals, Inc.

Business Name: Genoa Healthcare LLC

Current Business Address: 707 Grady Way , Suite 700

City: Renton State: WA Zip Code: 98057

Telephone: 253-218-0830 Fax: 253-217-4306

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday	<u>8:00</u> am	<u>5:00</u> pm	(Closed for lunch 12:00 - 1:00 pm)	Saturday	<u></u> am	<u></u> pm
Sunday	<u></u> am	<u></u> pm		24 Hours	<u></u>	<u></u>

Closed - On Call
After Hours Service

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Sarah Fenwick

Responsible Person of Genoa Healthcare LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Sarah Fenwick - VP Network Contracts

Print Name of Authorized Person

11/21/19

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF MINNESOTA)
) ss.
DAKOTA COUNTY)

I, Courtney Miller, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Manager for Genoa Healthcare LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Courtney Miller, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Courtney Miller, PharmD
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 5th day of December, 2019.

[Signature]
NOTARY PUBLIC

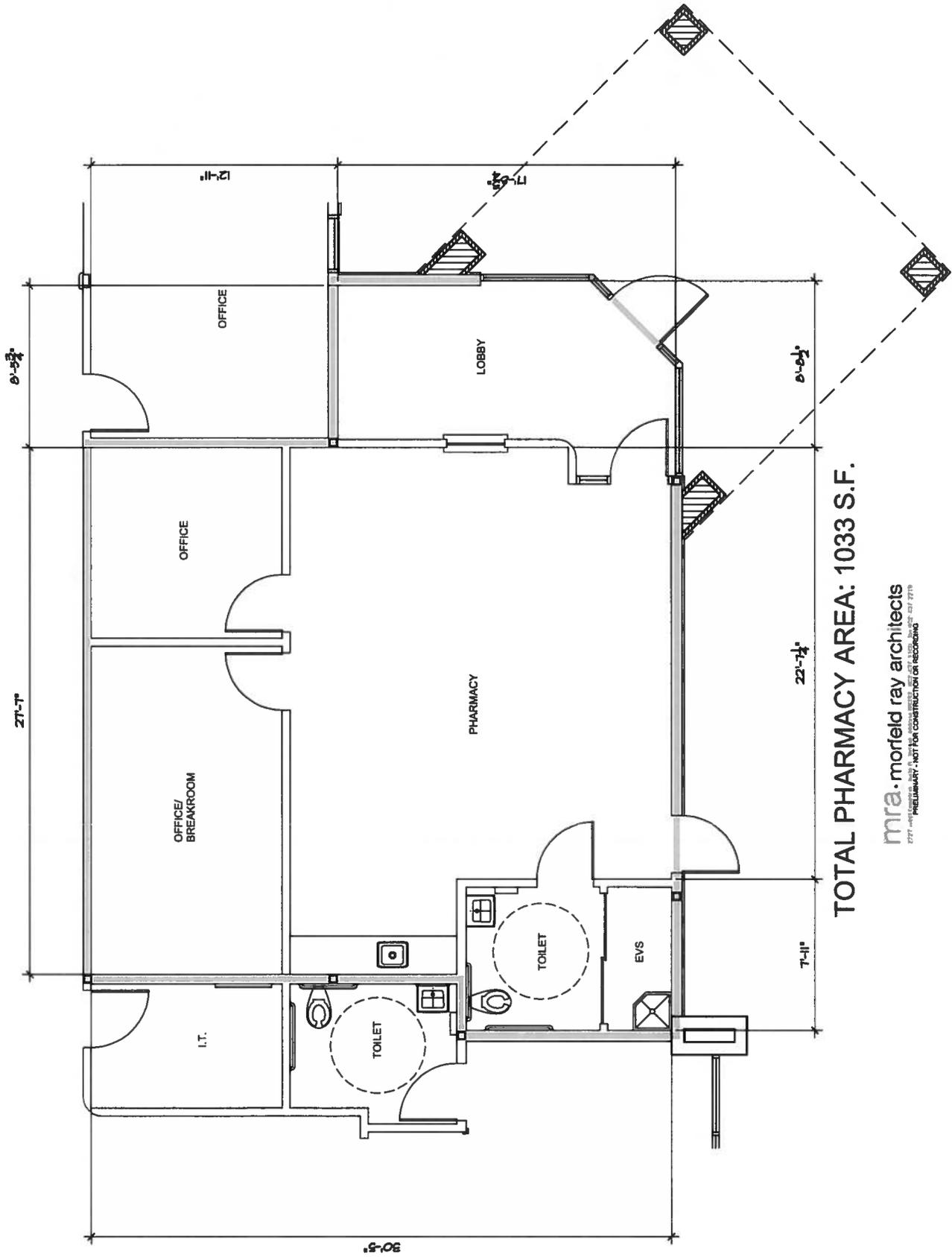


Owner	Ownership Percentage	FEIN	Address
Specialized Pharmaceuticals, Inc.	100%	25-1868213	707 S. Grady Way, Suite 700 Renton, WA 98057

Officers and Directors of the Board
FEIN: 27-0556097

Name	Title	Business Address & Phone	% Interest	Professional License Type; Number; State Issued
Mark James Peterson	Manager	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	Pharmacist, 115262, MN
Thomas Mullin (NMN)	Manager	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	N/A
Mark James Peterson	CEO	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	Pharmacist, 115262, MN
Andrew Phillip Voss	CFO	707 S. Grady Way Ste 700 Renton, WA 98057 253-218-0830	0	N/A
William Robert Guptail	COO	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	N/A
Karen Elizabeth Peterson	Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Pharmacist, 051293213, IL Attorney, 6323320, IL Attorney, 4102158, NY Attorney, 19229, IA - inactive Pharmacist, 0202011356, VA - inactive Pharmacist, RPH-0008879, OR - inactive Pharmacist, 045653, NY - inactive
Kirsten Colleen Hines	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Attorney, 6203446, IL
Heather Anastasia Lang	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Attorney, 033151X, MN Attorney, 34220, CO - inactive
Peter Marshall Gill	Treasurer	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Residential Real Estate Salesperson, 545646, MN NASD Series 7 & 63 Unknown; DC NASD Series 24 Unknown; DC

* Officers have 0% ownership in Genoa Healthcare, LLC



TOTAL PHARMACY AREA: 1033 S.F.

mra · morfeld ray architects
PRELIMINARY - NOT FOR CONSTRUCTION OR RECORDING

(QUESTION 3)

Within the last five (5) years:

Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes

Genoa has been subject to the following Disciplinary Action:

Oregon Board of Pharmacy (2018) – Salem, Oregon (Case No. 2017-0523): Disciplinary action alleging an apparent failure to have a PIC at the Salem, OR pharmacy site for a period of six weeks in 2017. Although the site did have a PIC in place at all time, a requisite form documenting a change in PIC was not timely filed by the temporary PIC, creating a gap in Board of Pharmacy online filings. A Consent Order was received by the Oregon Board of Pharmacy on July 30, 2018 and a \$6,000 fine was paid.

Arizona State Board of Pharmacy (2019)—Gilbert, Arizona (Case No. 2018-0080): Disciplinary action alleging a failure of not complying with the Arizona state regulations regarding “shared” after-hours pharmacy service following a routine pharmacy inspection on March 5, 2018. In particular, the appropriate notice to customers as to the after-hours pharmacy service Genoa was using there was not sufficient policies and procedures regarding such service. There was no allegation that patient care was impacted. A new after-hours vendor was put in place and we have educated our pharmacies to ensure that patients are aware that their after-hour needs are being met by another pharmacy service that has compliant policies and procedures regarding “shared services”. A Consent Order was received by the Arizona State Board of Pharmacy in March 2019 and a \$500 fine was paid.



Arizona State Board of Pharmacy
 Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
 Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
 P) 602-771-2727 F) 602-771-2749 www.azpharmacy.gov

April 11, 2019

Genoa Healthcare, LLC
 Attn: Ms. Kathleen McGuan
 18300 Cascade Ave S Suite 251
 Tukwila, WA 98188

Re: Consent Agreement for Civil Penalty – Board Case No. 18-0080

Dear Ms. McGuan,

Please find enclosed a copy of the Consent Agreement for Civil Penalty in Board Case No. 18-0080. After the Consent Agreement was signed, staff discovered a typographical error. Specifically, the permit number on page 1, line 13 was incorrect. Staff corrected the error and replaced page 1 of the document. The corrected permit number was the only change made to the document.

If you have any questions regarding this matter, please contact this office.

Sincerely,

Kamlesh Gandhi
 Executive Director

KG/jcm

Enclosure

7018 2290 0001 9383 4973

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	

Postmark Here

Genoa Healthcare, LLC
 Attn: Ms. Kathleen McGuan
 18300 Cascade Ave S Suite 251
 Tukwila, WA 98188

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

1 MARK BRNOVICH
Attorney General
2 (Firm State Bar No. 14000)

3 JEANNE M. GALVIN
Assistant Attorney General
4 State Bar No. 015072
2005 North Central Ave. SGD/LES
5 Phoenix, Arizona 85004
6 Tel: (602) 542-7983
Fax: (602) 364-3202

7 Attorneys for the Arizona State Board of Pharmacy

8

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

9

10 In the Matter of

11

Board Case No. 18-0080

12 **Genoa Healthcare, LLC, #20120,**

**CONSENT AGREEMENT
FOR CIVIL PENALTY**

13 Permit No. Y007067
As a Licensed Pharmacy
14 In the State of Arizona

15

16 In the interest of a prompt and judicious settlement of this case, consistent with the
17 public interest, statutory requirements and the responsibilities of the Arizona State Board
18 of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Genoa Healthcare, LLC,
19 #20120 ("Respondent"), holder of permit no. Y007067 as a licensed pharmacy in the
20 State of Arizona and the Board enter into the following Recitals, Findings of Fact,
21 Conclusions of Law and Order ("Consent Agreement") as a final disposition of this
22 matter.

23

RECITALS

24

25

26

1 1. Respondent has read and understands this Consent Agreement and has had
2 the opportunity to discuss this Consent Agreement with an attorney, or has waived the
3 opportunity to discuss this Consent Agreement with an attorney.

4 2. Respondent understands that it has a right to a public administrative hearing
5 concerning this matter at which hearing it could present evidence and cross examine
6 witnesses. By entering into this Consent Agreement, Respondent knowingly and
7 voluntarily relinquishes all right to such an administrative hearing, as well as rights of
8 rehearing, review, reconsideration, appeal, judicial review or any other administrative
9 and/or judicial action, concerning the matters set forth herein.

10 3. Respondent affirmatively agrees that this Consent Agreement shall be
11 irrevocable.

12 4. Respondent understands that this Consent Agreement or any part of the
13 agreement may be considered in any future disciplinary action by the Board against it.

14 5. Respondent understands this Consent Agreement deals with Board
15 Complaint No. 18-0080 involving allegations of unprofessional conduct against
16 Respondent. The investigation into these allegations against Respondent shall be
17 concluded upon the Board's adoption of this Consent Agreement.

18 6. Respondent understands that this Consent Agreement does not constitute a
19 dismissal or resolution of any other matters currently pending before the Board, if any,
20 and does not constitute any waiver, express or implied, of the Board's statutory authority
21 or jurisdiction regarding any other pending or future investigation, action or proceeding.

22 7. Respondent also understands that acceptance of this Consent Agreement
23 does not preclude any other agency, subdivision, or officer of this State from instituting
24 any other civil or criminal proceedings with respect to the conduct that is the subject of
25 this Consent Agreement.

26

1 8. Respondent acknowledges and agrees that, upon signing this Consent
2 Agreement and returning this document to the Board's Executive Director, it may not
3 revoke acceptance of the Consent Agreement or make any modifications to the document
4 regardless of whether the Consent Agreement has been signed by the Executive Director.
5 Any modification to this original document is ineffective and void unless mutually agreed
6 by the parties in writing.

7 9. This Consent Agreement is subject to the approval of the Board and is
8 effective only when accepted by the Board and signed by the Executive Director. In the
9 event that the Board does not approve this Consent Agreement, it is withdrawn and shall
10 be of no evidentiary value and shall not be relied upon nor introduced in any action by
11 any party, except that the parties agree that should the Board reject this Consent
12 Agreement and this case proceeds to hearing, Respondent shall assert no claim that the
13 Board was prejudiced by its review and discussion of this document or any records
14 relating thereto.

15 10. If a court of competent jurisdiction rules that any part of this Consent
16 Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement
17 shall remain in full force and effect.

18 11. Respondent understands that this Consent Agreement is a public record that
19 may be publicly disseminated as a formal action of the Board and may be reported as
20 required by law to the National Practitioner Data Bank and the Healthcare Integrity and
21 Protection Data Bank.

22 12. Respondent understands that any violation of this Consent Agreement
23 constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-
24 1901.01(A)(19) and A.R.S. §32 – 1927.02(A) (1).

25

26

1 DATED this 11th day of April, 2019.

3 ARIZONA STATE BOARD OF PHARMACY

4 (Seal)

6 By: 
7 KAMLESH GANDHI, PharmD
8 Executive Director

9 ORIGINAL OF THE FORGOING FILED
10 this 11th day of April, 2019, with:

11 Arizona State Board of Pharmacy
12 1616 W. Adams Street
13 Phoenix, Arizona 85007

14 EXECUTED COPY OF THE FOREGOING MAILED
15 BY CERTIFIED MAIL
16 this 11th day of April, 2019, to:

17 Genoa Healthcare, LLC
18 Attn: Ms. Kathleen McGuan
19 18300 Cascade Ave. S., Ste. 251
20 Tukwila, WA 98188

21 EXECUTED COPY OF THE FOREGOING MAILED
22 this 11th day of April, 2019, to:

23 Jeanne M. Galvin
24 Assistant Attorney General
25 2005 North Central Ave., SGD/LES
26 Phoenix, Arizona 85004
Attorneys for the Board


Doc #7078160

RECEIVED

JUL 30 2013

OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

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In the Matter of the) Case No. 2017-0523
Drug Outlet Registration of)
GENOA HEALTHCARE, LLC) CONSENT ORDER
Registrant)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that while they did not have a pharmacist-in-charge registered with the Board as required during the timeframe in the Notice, they did have a pharmacist completing the responsibilities of a pharmacist-in-charge;

WHEREAS, the registrant admits that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of \$6,000, said payment to be made within ten days from the date this Consent Order becomes final.

41 2. Failure of the registrant to pay the civil penalty as required under this Consent Order
42 may, after notice and hearing, result in further disciplinary action.

43
44
45

CONSENT

46 I hereby acknowledge that I am the authorized representative of registrant. On behalf of
47 the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and
48 the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order
49 with incorporated Notice is a public record and shall be available via the Board's online licensure
50 verification; is available upon written request pursuant to public disclosure laws; and shall be
51 reported to the National Practitioner Data Bank as required by federal law. I agree to the Board
52 entering the Consent Order.

53

Kathleen McMan

7-27-2018

54
55
56 Authorized Representative
57 GENOA Healthcare, LLC
58 Registrant (Reg. No. RP-0002461)

Date

59
60
61

62 IT IS SO ORDERED.

63
64
65

66 BOARD OF PHARMACY
67 FOR THE STATE OF OREGON

Brianne Efremoff

7/31/18

68
69
70 Brianne Efremoff, Pharm.D., R.Ph.,
71 Compliance Director

Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

<p>1 2 3 4 In the Matter of the 5 Drug Outlet Registration of 6 7 GENOA HEALTHCARE, LLC 8 9 10 Registrant</p>	<p>)))))))</p>	<p>Case No. 2017-0523 NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED</p>
---	--	--

11
12 Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and
13 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your
14 Certificate of Registration No. RP-0002461 because Genoa Healthcare, LLC violated the Oregon
15 Pharmacy Act and the Board of Pharmacy rules as set forth below:

16
17 Genoa Healthcare, LLC, located at 3180 NE Center St Ste 3360 in Salem, OR did not
18 have a pharmacist-in-charge from on or about June 10, 2017 through July 31, 2017, in violation
19 of OAR 855-041-1010(1) and OAR 855-019-0300(1), which is grounds for discipline and
20 imposition of a civil penalty pursuant to ORS 689.335(1), 689.405(1)(e)(B), 689.832(1) and
21 689.445(1)(d).

22
23 Based on these alleged violations, the Board proposes to impose a civil penalty in the
24 amount of \$1,000 per violation.

HEARING RIGHTS

25
26
27
28 The corporation is entitled to a hearing as provided by the Administrative Procedures Act
29 (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have
30 a hearing, the corporation's attorney must file a written request for hearing with the Board within
31 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a
32 request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

33
34
35
36
37
38 If a request for hearing is not received within this 21-day period, the corporation's right
39 to a hearing shall be considered waived.

40
41 If the corporation requests a hearing, the corporation's attorney will be notified of the
42 time and place of the hearing. Before the commencement of the hearing, the corporation will be
43 given information on the procedures, right of representation and other rights of parties relating to
44 the conduct of the hearing.

45
46 If the corporation does not request a hearing within 21 days, or if it withdraws a hearing
47 request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear
48 at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the

49 Board issues a final order by default, it designates its file on this matter as the record.
50

51 **ANSWER REQUIRED**
52

53 Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you
54 must also provide, within 21 days from the date this contested case notice was served, a written
55 answer to the allegations set forth in this contested case notice. Your written answer must include
56 an admission or denial of each factual matter alleged in the notice and a short and plain statement
57 of each relevant affirmative defense you may have. Except for good cause, factual matters
58 alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a
59 particular defense in the answer will be considered a waiver of such defense; new matters alleged
60 in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence
61 shall not be taken on any issue not raised in the notice and the answer.
62

63 **Hearing Request and Answers:**
64 **Consequences of Failure to Answer**
65 **855-001-0015**

- 66 (1) A hearing request, and answer when required, shall be made in writing to the
67 Board by the party or his attorney and an answer shall include the following:
 - 68 (a) An admission or denial of each factual matter alleged in the notice;
 - 69 (b) A short and plain statement of each relevant affirmative defense the party
70 may have.
- 71
- 72 (2) Except for good cause;
 - 73 (a) Factual matters alleged in the notice and not denied in the answer shall be
74 presumed admitted;
 - 75 (b) Failure to raise a particular defense in the answer will be considered a
76 waiver of such defense;
 - 77 (c) New matters alleged in the answer (affirmative defenses) shall be
78 presumed to be denied by the agency; and
 - 79 (d) Evidence shall not be taken on any issue not raised in the notice and the
80 answer.
- 81
- 82

83 BOARD OF PHARMACY
84 FOR THE STATE OF OREGON

85 
86 _____
87 Brianne Efremoff, Pharm.D, R.Ph.,
88 Compliance Director
89
90

91 2/15/18
92 _____
93 Date

94 DATE OF MAILING 2-16-2018

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

11/21/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Genoa Healthcare LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



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

Katly Bookman

Secretary of the Commonwealth

Certification Number: TSC191121121127-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Genoa Healthcare LLC
Address :	915 Airway Ave Suite B Kingman AZ 86409
License No :	Y007796
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	10/25/2018
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

A handwritten signature in black ink that reads "Kam Gardlin".

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 12/16/2019



ARIZONA STATE BOARD OF PHARMACY
 P.O. Box 18520 Phoenix, AZ 85005
 602-771-ASBP (2727)
 FAX: 602-771-2749
<http://www.azpharmacy.gov>

Receipt Date: 09/30/2019
 Receipt Number: 201969776
 Receipt Amount \$: 480.00

Pharmacy - Chain

Closed Door, Long Term Care, Retail

PERMIT NO
 Y007796

EXPIRES
 10/31/2021

Issued to :

Genoa Healthcare LLC
 Genoa Healthcare LLC
 3140 NEIL ARMSTRONG BLVD. SUITE 110
 EAGAN, MN 55121

Genoa Healthcare LLC
 915 AIRWAY AVE SUITE B
 KINGMAN, AZ 86409

Sam Gardin
 EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
 P.O. Box 18520
 Phoenix, AZ 85005
 602-771-ASBP (2727)
 FAX: 602-771-2749



WALLET CARD

NAME : Genoa Healthcare LLC
 LICENSE NUMBER : Y007796
 EXPIRES : 10/31/2021

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-001 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

20C

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: ScriptHero Pharmacy LLC

Physical Address: 2 Miranova Pl 10th Fl, Columbus, OH 43215

Mailing Address: 2 Miranova Pl 10th Fl

City: Columbus State: OH Zip Code: 43215

Telephone: 866-747-4276 Fax: 614-232-8850

Toll Free Number: 866-747-4276 (Required per NAC 639.708)

E-mail: kdresbach@covermymeds.com Website: www.ScriptHero.com/pharmacy

Managing Pharmacist: Kyle Dresbach License Number: OHIO - 03234033

TYPE OF PHARMACY AND SERVICES PROVIDED

<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Community</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>consulting</u> non-dispensing pharmacy</p> <p>All boxes must be checked</p> <p>For the application to be complete</p>	<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other Services: <u>Digital Pharmacy Services</u></p>
---	--

****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. Please see Attachment 5.

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

Thomas Gilbert Traylor, III
Print Name of Authorized Person

2/7/20
Date

Board Use Only	Date Processed: FEB 13 2020	Amount: 500.00
----------------	-----------------------------	----------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: ScriptHero Pharmacy Holdings LLC

Mailing Address: 2 Miranova Pl 10th Fl

City: Columbus State: OH Zip: 43215

Telephone: 866-747-4276 Fax: 614-232-8850

Contact Person: Kyle Dresbach

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 individual owners. ScriptHero Pharmacy Holdings LLC is the sole owner.

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 9:00AM am 5:00 PM 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: 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

The senior officer of ScriptHero Pharmacy LLC is:

Thomas Gilbert Traylor, III, Senior Vice President, Strategic Initiatives

ScriptHero Pharmacy LLC is a member managed limited liability company and therefore has no directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Thomas Gilbert Traylor, III

Responsible Person of ScriptHero 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

Thomas Gilbert Traylor, III
Print Name of Authorized Person

2/7/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Olive)
) ss.
Franklin COUNTY)

I, Kyle Dresbach, 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 ScriptHero 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.

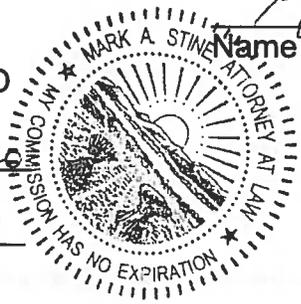
FURTHER AFFIANT SAYETH NOT.

I, Kyle Dresbach, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

[Signature]
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 21 day of January, 2020

[Signature]
NOTARY PUBLIC



License Look Up

1/10/2020 2:18 PM

ScriptHero Pharmacy LLC

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Terminal - Pharmacy - LIMITED Category 2
License Number	0234000008
License Issue Date	05/24/2019
License Expiration Date	03/31/2021
License Effective Date	05/24/2019
Street Address	2 Miranova Pl 10th Fl
City	Columbus
State	OH
Zipcode	43215-5078
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
KYLE DRESBACH		Active	Mon May 13 00:00:00 GMT 2019	

Current date & time: 1/10/2020 2:18 PM

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCRIPTHERO 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCRIPTHERO PHARMACY LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7176487 8300

SR# 20200545792

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202260065

Date: 01-27-20



STATE OF
OHIO
BOARD OF PHARMACY

VERIFICATION OF LICENSURE

BUSINESS NAME: ScriptHero Pharmacy LLC

DBA: ScriptHero Pharmacy

LOCATION: 2 Miranova Pl 10th Fl
Columbus, OH 43215-5078

LICENSE NUMBER: 0234000008

TYPE OF LICENSE: Terminal - Pharmacy - LIMITED Category 2

ORIGINAL LICENSURE DATE: May 24, 2019

EXPIRATION DATE: March 31, 2021

CURRENT LICENSE STATUS: Active

CURRENT LICENSE SUB STATUS: N/A

BOARD ACTION: No
(If Board Action is "Yes", you may find more information at elicense.ohio.gov)

DATE OF VERIFICATION: 1/30/2020

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov



**STATE OF
OHIO**
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2021.

ScriptHero Pharmacy LLC

ScriptHero Pharmacy

2 Miranova Pl 10th Fl

Columbus, OH 43215-5078

License Number: 0234000008

Terminal - Pharmacy - LIMITED Category 2

Expiration Date: March 31, 2021

CLASS: Terminal - Pharmacy - LIMITED Category 2
BUSINESS TYPE: CR - Consulting Pharmacy Only

Responsible Person - Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)

KYLE DRESBACH RPH

Signature of Responsible Person

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

ATTACHMENT 5

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. *The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines*

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately \$2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a \$15,000 fine in June 2015.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a \$500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid \$400 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay \$150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to

January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson's** Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson's** distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of \$45,000, with an additional surcharge of 15%, totaling \$51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board \$250.00 for administrative costs. No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of \$2,000.00. No other suspensions or fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as

disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of \$10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation's** distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson's** distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid \$1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns

with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of \$10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio, Aurora, Colorado and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars (\$15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Repeval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to the Washington Court House, Ohio distribution center. Subject to the terms of the settlement, McKesson was issued a public letter of Repeval, agreed to pay \$4,000 in investigative fees.

On August 29, 2019 McKesson received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 McKesson entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of \$1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

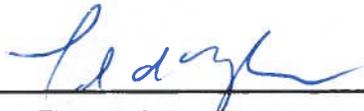
Pending Actions

The Indiana Board of Pharmacy issued a complaint and **McKesson Corporation** responded but have not had further communication with the Board.

The Georgia Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Delaware Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Illinois Department of Financial and Professional Regulation informed **McKesson Corporation** that the state would be seeking disciplinary action against Illinois licensed facilities. Please note that for the above-referenced pending actions, no final action has been taken and all



Thomas Gilbert Traylor, III

2/7/20

Date

21

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Cardinal Health 108, LLC

Physical Address: 233 Mason Road, LaVergne, TN 37086
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 7000 Cardinal Health, Attn: QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 615-793-4400 Fax: 614-553-9535

E-mail: licensure@cardinalhealth.com Website: www.cardinalhealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6 am to 9 pm Tue: 6 am to 9 pm Wed: 6 am to 9 pm Thu: 6 am to 9 pm Fri: 6 am to 9 pm
 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Marcus Oliver

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases**
<input type="checkbox"/> Respiratory Equipment**
<input type="checkbox"/> Life-sustaining equipment**
<input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment
<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> Orthotics and Prosthesis
Other: <u>Prescription Drugs and OTC</u> |
|--|--|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes No

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes No

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes No

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? *See attached.* Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

WAS

Original Signature of Person Authorized to Submit Application, no copies or stamps

William Crates
Print Name of Authorized Person

1-10-2020
Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Cardinal Health, Inc

Corporation Name: Cardinal Health 108, LLC

Mailing Address: 7000 Cardinal Place, Attn: QRA

City: Dublin State: OH Zip: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

License Contact Person: Cynthia Rhodes

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- 1. Cardinal Health, Inc %: 100
- 2. _____ %: _____
- 3. _____ %: _____
- 4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: October 29, 1996

Registration number issued: 535613

Stock Exchange: NYSE

Include with the application for a publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



December 20, 2019

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
Cardinal Health 110, LLC, LaVergne, TN

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our renewal application for an Out-of-State MDEG License. We have one matter to disclose. **Please note that this facility located in LaVergne, TN to which this application pertains, has not had any administrative actions or disciplinary issues to date.**

Cardinal Health operates approximately seventy-five distribution facilities across the United States. As a health care provider, a number of Cardinal Health's operating subsidiaries are subject to regulation by various governmental agencies, including the U.S. Drug Enforcement Administration (DEA), the U.S. Food and Drug Administration (FDA) and other regulatory bodies such as state pharmacy boards. From time to time, these entities are inspected by these government agencies and certain subsidiaries have, in the past, paid fines to resolve various alleged violations. To date, none of these violations have resulted in actions against Cardinal Health's license(s) or ability to operate; to the best of our knowledge, the only exceptions to this are listed below or have been disclosed in a prior submission.

On May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and

the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay \$44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia \$20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility \$500 in administrative fees, and the California Board fined the facility \$1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. We have invested significant resources to implement a robust anti-diversion system that includes the use of advanced analytics. We have hired teams of anti-diversion specialists and investigators to identify red flags that could signal potential diversion. Over the past four years, we stopped shipping controlled substances to hundreds of pharmacies because we believed they posed an unreasonable risk of diversion.

We want to work collaboratively with all participants in the drug supply chain – including regulators, pharmaceutical manufacturers, distributors, pharmacists, doctors and boards of pharmacy – to combat controlled substance diversion. We want to work with all parties to find a more effective approach to stop prescription drug abuse without disrupting legitimate use.

If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

William Crates

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA



**OFFICE OF THE
SECRETARY OF STATE**

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Roy Watts
233 Mason Road Attn: QRA
Lavergne, TN 37086

Work Order #: W2019121900133
December 19, 2019
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 169477

Charges

Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	20190363063	12/19/2019 7:57:04 AM	Approved	1	\$50.00	\$50.00
Total						\$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	5767710118876128603049	Success	\$50.00
Total			\$50.00

Credit Balance: \$0.00

Roy Watts
233 Mason Road Attn: QRA
Lavergne, TN 37086

SECRETARY OF STATE



**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 for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CARDINAL HEALTH 108, LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/06/2014, and is in good standing in this state.

I further certify that the above FOREIGN LIMITED-LIABILITY COMPANY has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/19/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191219451741

You may verify this certificate
online at <http://www.nvsos.gov>



June 30, 2019

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-Risk Management@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

AGENCY CUSTOMER ID: 570000070825

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Evidence of Coverage

As respects the Commercial General Liability Policy:

Additional Insured Managers or Lessors of Premises : as required by written contract
 Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract

Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:

Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos

Lessor - Additional Insured: all leased autos.

The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".

Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:

Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

AGENCY CUSTOMER ID: 570000070825

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570077280044	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing for June 30, 2019 - June 30, 2020 includes but is not limited to the following:

A+ Secure Packaging, LLC
 Abilene Nuclear, LLC
 Access Closure, Inc.
 Acuity GPO, LLC
 Aero-Med, Ltd.
 Allegiance (BVI) Holding Co. Ltd.
 Allegiance Corporation
 Allegiance Healthcare (Labuan) Pte. Ltd.
 Allegiance I, LLC
 Allegiance Labuan Holdings Pte. Ltd.
 API (Suppliers) Limited
 AssuraMed Acquisition Corp.
 AssuraMed Group, Inc.
 AssuraMed Holding, Inc.
 AssuraMed Intermediate Holding, Inc.
 AssuraMed, Inc.
 C. International, Inc.
 Cardinal Distribution Holding Corporation - I
 Cardinal Distribution Holding Corporation - II
 Cardinal Health 100, Inc.
 Cardinal Health 104 LP
 Cardinal Health 105, Inc.
 Cardinal Health 107, LLC
 Cardinal Health 108, LLC
 Cardinal Health 110, LLC
 Cardinal Health 112, LLC
 Cardinal Health 113, LLC
 Cardinal Health 114, Inc.
 Cardinal Health 115, LLC
 Cardinal Health 116, LLC
 Cardinal Health 118, LLC
 Cardinal Health 119, LLC
 Cardinal Health 121, LLC
 Cardinal Health 122, LLC
 Cardinal Health 123, LLC
 Cardinal Health 124, LLC
 Cardinal Health 125, LLC
 Cardinal Health 126, LLC
 Cardinal Health 127, Inc.
 Cardinal Health 128, LLC
 Cardinal Health 130, LLC
 Cardinal Health 131, LLC
 Cardinal Health 132, LLC
 Cardinal Health 2, LLC
 Cardinal Health 200, LLC
 Cardinal Health 201 Canada L.P.
 Cardinal Health 201, Inc.
 Cardinal Health 215, LLC
 Cardinal Health 222 (Thailand) Ltd.
 Cardinal Health 242, LLC
 Cardinal Health 246, Inc.
 Cardinal Health 247, Inc.
 Cardinal Health 249, LLC
 Cardinal Health 250 Dutch C.V.
 Cardinal Health 251, LLC
 Cardinal Health 252, LLC
 Cardinal Health 253, LP

AGENCY CUSTOMER ID: 570000070825

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insureds Continued

- Cardinal Health 3, LLC
- Cardinal Health 414, LLC
- Cardinal Health 418, Inc.
- Cardinal Health 5, LLC
- Cardinal Health 500, LLC
- Cardinal Health 524, LLC
- Cardinal Health 529, LLC
- Cardinal Health 6, Inc.
- Cardinal Health 7, LLC
- Cardinal Health 8, LLC
- Cardinal Health Australia 503 Pty Ltd.
- Cardinal Health Austria 504 GmbH
- Cardinal Health Belgium 505 BVBA
- Cardinal Health Canada Holdings Cooperatie U.A.
- Cardinal Health Canada Inc.
- Cardinal Health Capital Corporation
- Cardinal Health Cardiology Solutions, LLC
- Cardinal Health Chile Limitada
- Cardinal Health Colombia S.A.S.
- Cardinal Health Commercial Technologies, LLC
- Cardinal Health Corporate Solutions, LLC
- Cardinal Health D.R. 203 II Ltd.
- Cardinal Health Denmark Aps
- Cardinal Health do Brasil Ltda.
- Cardinal Health Finance
- Cardinal Health Finland oy
- Cardinal Health Foundation
- Cardinal Health France 506 SAS
- Cardinal Health Funding, LLC
- Cardinal Health Germany 507 GmbH
- Cardinal Health Germany Manufacturing GmbH
- Cardinal Health Holding International, Inc.
- Cardinal Health International Philippines, Inc.
- Cardinal Health IPS, LLC
- Cardinal Health Ireland 419 Designated Activity Company
- Cardinal Health Ireland 508 Limited
- Cardinal Health Ireland Manufacturing Limited
- Cardinal Health Ireland Unlimited Company
- Cardinal Health Italy 509 s.r.l.
- Cardinal Health Japan G.K.
- Cardinal Health Korea Limited
- Cardinal Health Luxembourg 420 s.a.r.l.
- Cardinal Health Luxembourg 522 S.à.r.l.
- Cardinal Health Malaysia 211 Sdn. Bhd.
- Cardinal Health Malta 212 Limited
- Cardinal Health Managed Care Services, LLC
- Cardinal Health Medical Products India Private Limited
- Cardinal Health Mexico 244 S. de R.L. de C.V.
- Cardinal Health Mexico 514 S. de R.L. de C.V.
- Cardinal Health Middle East FZ-LLC
- Cardinal Health MPB, Inc.
- Cardinal Health Napoleon Holding, LLC
- Cardinal Health Netherlands 502 B.V.
- Cardinal Health Netherlands 525 Coöperatie U.A.
- Cardinal Health Netherlands 528 B.V.
- Cardinal Health Norway AS

AGENCY CUSTOMER ID: 570000070825

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
 Cardinal Health P.R. 218, Inc.
 Cardinal Health P.R. 220, LLC
 Cardinal Health P.R. 436, Inc.
 Cardinal Health Pharmaceutical Contracting, LLC
 Cardinal Health Pharmacy Services, LLC
 Cardinal Health Poland Spółka z ograniczona odpowiedzialnoscia
 Cardinal Health Portugal 513, Unipessoal Lda.
 Cardinal Health Singapore 225 Pte. Ltd.
 Cardinal Health Spain 511 S.L.
 Cardinal Health Specialty Pharmacy, LLC
 Cardinal Health Sweden 512 A.B.
 Cardinal Health Switzerland 515 GmbH
 Cardinal Health Systems, Inc.
 Cardinal Health Technologies Switzerland GmbH
 Cardinal Health Technologies, LLC
 Cardinal Health U.K. 418 Limited
 Cardinal Health U.K. 432 Limited
 Cardinal Health U.K. Holding Limited
 Cardinal Health U.K. International Holding LLP
 Cardinal Health, Inc.
 Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
 Cirpo de Delicias S.A. de C.V.
 Clinic Pharmacies III, LLC
 Clinic Pharmacies, LLC
 Community Pharmacy Enterprises, LLC
 Convertors de Mexico S.A. de C.V.
 Cordis (Shanghai) Medical Devices Co., Ltd.
 Cordis Cashel Unlimited Company
 Cordis Corporation
 Cornerstone Partners G.P.O., L.P.
 Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
 Covidien Ireland Limited (Inactive)
 Covidien Manufacturing Solutions, S.A.
 Dutch American Manufacturers II (D.A.M. II) B.V.
 Ellipticare, LLC
 EPIC Insurance Company
 Especialidades Medicas Kenmex S.A. de C.V.
 Flexible Stenting Solutions, Inc.
 Frog Horned Capital, Inc.
 Generic Drug Holdings, Inc.
 Griffin Capital, LLC
 HDG Acquisition, Inc.
 imgRX Healdsburg, Inc.
 imgRX Salud, Inc.
 imgRX SJ Valley, Inc.
 imgRX SLO, Inc.
 imgRX Sonoma, Inc.
 InnerDyne Holdings, Inc.
 Innovative Therapies, Inc.
 Instant Diagnostic Systems, Inc.
 InteCardia-Tennessee East Catheterization, LLC
 ITI Sales, LLC
 Kendall-Gammatron Limited
 Killilea Development Company, Ltd.
 Kinray I, LLC
 KPR Australia Pty. Ltd.
 KPR Switzerland Sales GmbH
 KPR U.S., LLC
 Leader Drugstores, Inc.

AGENCY CUSTOMER ID: 570000070825

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044		EFFECTIVE DATE:	
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ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
 Ludlow Technical Products Canada, Ltd.
 Marin Apothecaries
 Medicap Pharmacies Incorporated
 Medicine Shoppe Capital Corporation
 Medicine Shoppe International, Inc.
 Medicine Shoppe Internet, Inc.
 Mediquip Sdn. Bhd.
 Mirixa Corporation
 MSCRIPTS HOLDING, LLC
 MSCRIPTS, LLC
 NeuroLogic GPO, LLC
 Nippon Covidien Ltd.
 One Cloverleaf, LLC
 Outcomes Incorporated
 Owen Shared Services, Inc.
 Pharmacy Operations Of New York, Inc.
 Pharmacy Operations, Inc.
 Physicians Purchasing, Inc.
 Pinnacle Intellectual Property Services, Inc.
 Pinnacle Intellectual Property Services-International, Inc.
 Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
 RainTree Administrative Services, LLC
 RainTree Care Management, LLC
 RainTree GPO, LLC
 Ransdell Surgical, Inc.
 Red Oak Sourcing, LLC
 Renal Purchasing Group, LLC
 RGH Enterprises, Inc.
 RT Oncology Services Corporation
 Rxealtime, Inc.
 Sierra Radiopharmacy, L.L.C.
 Sonexus Health Access & Patient Support, LLC
 Sonexus Health Distribution Services, LLC
 Sonexus Health Financial Solutions, LLC
 Sonexus Health Pharmacy Services, LLC
 Sonexus Health, LLC
 TelePharm, LLC
 The Harvard Drug Group, L.L.C.
 Tianjin ITI Trading Company
 Tradex International, Inc.
 UroMed, Inc.
 Wavemark Lebanon Offshore s.a.l.
 Wavemark, Inc.



233 Mason Road
LaVergne, Tennessee 37086

Officer Name	Title	Company	Business Address	Business Phone Number	Percentage of Ownership
William Stanton Crates	Vice President, QRA Management	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-6175	0%
Ullrich Conrad Mayeski	Vice President, QRA Management	Cardinal Health 108, LLC	7000 Cardinal Place Dublin, OH 43017	614-757-7544	0%
Joseph I. DePinto	President, Specialty Solutions	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-1644	0%
David Linden Barber	Senior Vice President, Regulatory Affairs Counsel	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-7721	0%
Brian James Bejarano	VP, Operations Mgmt	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	615-213-0317	0%

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR NEVADA WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH_____)

Publicly Traded Corporation – Page 1,2,3,4 Partnership - Page 1,2,3,6,6a
 Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b Sole Owner – Page 1,2,3,7,7a
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: CRANE PHARMACEUTICALS, INC.

Physical Address: 1516 E. TROPICANA AVE, UNIT# 285, LAS VEGAS, NV 89119

Mailing Address: 1516 E. TROPICANA AVE, UNIT# 285, LAS VEGAS, NV 89119

City: LAS VEGAS State: NV Zip Code: 89119

Telephone: 949-285-2239 Fax: _____

Toll Free Number: _____

E-mail: INFO@CRANEPHARMA.COM Website: WWW.CRANEPHARMA.COM

Facility Manager: SIAMAK ADAMPOUR

Professional qualifications and experience of facility manager: B.S. , MBA 30+ YEARS
PROFESSIONAL EXPERIENCE IN PHARMA & MED. DEV. MANUFACTURING & DISTRIBUTION

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: ANY ENTITY PERMITTED BY LAW

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: ANY PRODUCT PERMITTED BY THE LAW

APPLICATION FOR NEVADA WHOLESALER LICENSE

Is your company VAWD certified by NABP? Yes No
 (If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes No
 (If yes, provide a copy of the FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

- 1) LNK INTERNATIONAL, INC./145 RICEFIELD LN, HAUPPAUGE, NY 11788
 Name Address
OVER-THE-COUNTER PHARMACEUTICAL MANUFACTURER
 Business
- 2) TRACE MINERALS RESEARCH / 1996 W. 3300 S., OGDEN, UT 84401
 Name Address
NEUTRACEUTICAL MANUFACTURER
 Business
- 3) METABOLIC RESPONSE MODIFIERS / 2665 VISTA PACIFIC DR, OCEANSIDE, CA 92056
 Name Address
NEUTRACEUTICAL MANUFACTURER
 Business
- 4) APS BIOGROUP / 2235 S. CENTRAL AVE., PHOENIX, AZ 85004
 Name Address
FOOD & SUPPLEMENT MANUFACTURER
 Business

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

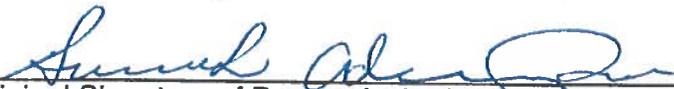
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No

- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

SIAMAK ADAMPOUR
Print Name of Authorized Person

FEB-15-2020
Date

Board Use Only	Received: _____	Amount: _____
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APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: NEVADAParent Company if any: NONECorporation Name: CRANE PHARMACEUTICALS, INC.Mailing Address: 1516 E. TROPICANA AVE , UNIT# 285City: LAS VEGAS State: NV Zip: 89119Telephone: 949-285-2239 Fax: _____Contact Person: SIAMAK ADAMPOUR

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) SIAMAK ADAMPOUR/9552 W. TROPICANA BLVD, #2045, LAS VEGAS, NV 89147
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 10,0003) What was the price paid per share? \$1.004) What date did the corporation actually receive the cash assets? 10/30/2019

5) Provide a copy of the corporation's stock register evidencing the above information



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE <u>PRESIDENT</u> :			
SIAMAK ADAMPOUR	USA		
Name	Country		
WEST TROPICANA AVENUE	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>SECRETARY</u> :			
SIAMAK ADAMPOUR	USA		
Name	Country		
WEST TROPICANA AVENUE	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>TREASURER</u> :			
SIAMAK ADAMPOUR	USA		
Name	Country		
WEST TROPICANA AVENUE	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>CEO</u> :			
SIAMAK ADAMPOUR	USA		
Name	Country		
WEST TROPICANA AVENUE	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>CHAIRMAN OF BOARD</u> :			
SIAMAK ADAMPOUR	USA		
Name	Country		
WEST TROPICANA AVENUE	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X SIAMAK ADAMPOUR

 Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer

President	10/30/2019
Title	Date

FORM WILL BE RETURNED IF
 UNSIGNED

Employee Handling Drugs on Daily Basis

① siamak Adampour

3. Employment mailing Addresses

- ① Crane Pharmaceuticals Inc
2810 W. Charleston Blvd
Las Vegas NV 89102
- ② Irvine Health Industries Inc
24581 Alcobra Dr.
Mission Viejo CA
- ③ Activa Pharmaceuticals Inc
4790 Culver Blvd
Irvine CA
- ④ Tatt & Associates Inc
12665 E. Fourth Street
Santa Ana CA
- ⑤ Core Laboratories
Anaheim CA

Employee Handling Drugs on Daily Basis

- ① Siamak Adampour

st



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Crane Pharmaceuticals, Inc.

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
- This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- Business Trust

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E2550922019-5
Secretary of State State Of Nevada	Filing Number 20190255093
	Filed On 10/30/2019 15:43:08 PM
	Number of Pages 2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- No - no additional form is required
- Yes - the *Charitable Solicitation Registration Statement* is required.
- The Organization claims exemption pursuant to NRS 82A 210 - the *Exemption From Charitable Solicitation Registration Statement* is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for
Crane Pharmaceuticals, Inc.

Organizational Documents on File	Filing Date
----------------------------------	-------------

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Crane Pharmaceuticals, Inc., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/30/2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State; at my office on 10/30/2019

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191030328897
You may verify this certificate
online at <http://www.nvsos.gov>





Philadelphia Indemnity Insurance Company
One Bala Plaza, Ste. 100
Bala Cynwyd, PA 19004

BOND RIDER

Bond No: PB02671701736

Principal: Crane Pharmaceuticals, Inc

Obligee: NEVADA STATE BOARD OF PHARMACY

Surety: PHILADELPHIA INDEMNITY INSURANCE COMPANY

Effective: 02/25/2020

It is agreed that:

THE BUSINESS ADDRESS BE CHANGED TO READ:

1516 E. Tropicana Ave., Ste. 285, Las Vegas, NV 89119

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than stated as above. Provided, however, that the liability of the company under the attached bond as changed by this order shall not be cumulative.

Signed this 25th **day of** February **. 20 20 .**

Philadelphia Indemnity Insurance Company

By: Valerie Ann Aber
VALERIE ANN ABER Attorney in Fact

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB02671701736

Application/License No. _____

Crane Pharmaceuticals, Inc, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2810 Charleston Blvd. H83, Las Vegas, NV 89102, 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, PENNSYLVANIA 19004 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 November 1, 2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30th day of October, 2019.

APPLICANT/PRINCIPAL

Crane Pharmaceuticals, Inc

[Signature]
Authorized Representative

SURETY COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY

[Signature]
Surety Company's Representative

Valerie Ann Aber, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness

Countersigned by:

N/A
Nevada Resident Agent

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 10/31/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Wholesale pharmaceutical medical surgical
Nature of Pharmacy or Wholesaler supplies to qualified
Crane Pharmaceuticals, Inc. entities.
Name and Address of Business for Which Designated Representative Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Adampour First Name SIAMAK Middle Name N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A

Present Residence Address-Street or RFD W. TROPICANA AVE City LAS VEGAS State/Zip NV 89147
Dates JAN / 2019

Present Business Address 2810 W. CHARLESTON City LAS VEGAS State/Zip NV 89102
Dates NOV 1 / 2019

Present Position with the Pharmacy or Wholesaler OWNER Phone:
 Residence 702-735-1111
 Business

Date of Birth Place of Birth (City, County, State) TEHRAN/IRAN Sex MALE

Age 57 Social Security Number Sex

Color of Eyes BROWN Color of Hair BLACK Complexion FAIR Weight 240 Build ATHLETIC Height 6' 2"

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes No If alien, registration No.

If naturalized, certificate No. Date

Place LOS ANGELES, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AA Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 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
NATAWAN RADOMYOS	AUG 1, 1988		DIVORCED	DOWNEY, CA, CA
HEDIYEH ASKARZADEH	MAR 2, 2000		DIVORCED	OUT OF US

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
NONE			

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial _____

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A
 Address N/A
 Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
<u>HOSEINI ADAMPOUR</u>	<u>1933</u>	<u>DECEASED</u>	
Mother			
<u>SHAMSI H. MCGADDAM</u>	<u>1940</u>	<u>N/A</u>	<u>OUT OF U.S.</u>
Father-in-Law			
<u>N/A</u>			
Mother-in-Law			
<u>N/A</u>			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
(SISTER) Spouse			
<u>SIMA</u>	<u>1963</u>	<u>OUT OF U.S.</u>	<u>N/A</u>
(SISTER) Spouse			
<u>SEPIDEH</u>	<u>1977</u>	<u>OUT OF U.S.</u>	<u>N/A</u>
Spouse			
<u>N/A</u>			
Spouse			
<u>N/A</u>			
Spouse			
<u>N/A</u>			
Spouse			
<u>N/A</u>			
Spouse			
<u>N/A</u>			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			
<u>HADAP PRIVATE ELEMENTARY SCHOOL</u>	<u>TEHRAN/IRAN</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>1967-1973</u>
High School			
<u>ALBORZ HIGH SCHOOL</u>	<u>TEHRAN/IRAN</u>	<u>1973-1980</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University			
<u>UNIV OF CA, IRVINE</u>	<u>IRVINE, CA</u>	<u>1989-1992</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			
<u>INDUSTRIAL Mgmt INSTITUTE (IMI)</u>	<u>TEHRAN/IRAN</u>	<u>2003-2007</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Type of degree obtained, if any			
<u>TAPT LAW SCHOOL</u>	<u>SANTA ANA, CA</u>	<u>2011-2012</u>	<u>NO</u>
<u>BS (BIOLOGICAL SCIENCES), MBA</u>			
College or university where obtained			
<u>BS FROM UNIV OF CA, IRVINE</u>			
<u>MBA FROM IMI</u>			

Applicant's initial SH

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 *M* Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2019-PRESENT	W TROPICANA STE 2045	LAS VEGAS	NV
2018-2019	24581 ALCOHA DR	Mission Viejo	CA
2014-2018	23592 WINDSONG, #F	ALISO VIEJO	CA
2011-2014	27951 RURAL LN	LAGUNA NIGUEL	CA
2000-2011	11238 QUINN ST	DOWNEY	CA
1994-2000	326 W KELLY	ORANGE	CA

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: 10/2019
 Name/Mailing Address of Employer/Business: Crane Pharmaceuticals, Inc
 Reason for Leaving: Present

Title: Owner
 Description of Duties: ~~24581 Alb Alceba~~ Daily Operations Management
 Name of Supervisor: self

Month and Year: 8/2018
 Name/Mailing Address of Employer/Business: Irvine Health Industries Inc
 Reason for Leaving: Present

Title: Owner
 Description of Duties: Medical Device + Pharmaceutical Trader
 Name of Supervisor: self

Month and Year: 1/2014
 Name/Mailing Address of Employer/Business: Activia Pharmaceuticals Inc
 Reason for Leaving: owner moved

Title: Marketing Director
 Description of Duties: Business Development
 Name of Supervisor: Kaveh Mihan

Month and Year: 2/2000
 Name/Mailing Address of Employer/Business: TAFT & Associates
 Reason for Leaving: New Opportunity

Title: Distribution/New Business
 Description of Duties: Distribution/New Business
 Name of Supervisor: Jeff Brown

Month and Year: 10/1996
 Name/Mailing Address of Employer/Business: CORE Laboratories
 Reason for Leaving: New Opportunity

Title: Lab Tech
 Description of Duties: using various instruments in analysing compounds
 Name of Supervisor: CHARLES MUNOS

Month and Year: 1980-June 1992
 Name/Mailing Address of Employer/Business: Various Short Term Assignments in Pharmaceutical Industry
 Reason for Leaving: Industry

Title: Private Tutor / On Campus Work / Research Assistant

Month and Year: _____
 Name/Mailing Address of Employer/Business: _____
 Reason for Leaving: _____

Title: _____
 Description of Duties: _____
 Name of Supervisor: _____

Month and Year: _____
 Name/Mailing Address of Employer/Business: _____
 Reason for Leaving: _____

Title: _____
 Description of Duties: _____
 Name of Supervisor: _____

If additional space is needed, continue on page 10 or provide attachment.

* Attachment provided with mailing addresses.

Applicant's initial: *st*

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
SOROLISH SOHEIR	Home	5 CAPTAINS PL	AGURAHILLS	818-	2	30 YRS
BOSTON SCIENTIFIC	Business	MEDICA DEVICE MANUFACTURER				
EDWARD KAMRAB	Home	CANYON DR	YORBALINDA, CA	714-860-	30	YRS
SOUTHERN CALIF EDISON	Business	POWER GENERATION				
MEHRNAZ MONZAVI	Home	CHESS CT	Las Vegas NV	89147	3	YRS
CENTERPLATE	Business	3150 PARADISE AVE	LAS VEGAS NV	89116		
AMINEH BEGAN	Home	HARTLAND ST.	RESEDA, CA	818-271-1798	2	YRS
SELFEMPLOYED PSYCHOLOGIST	Business	SAME AS ABOVE				
AFSANEH YOUNG	Home	S. DURANGO UNIT # 2129	LV, NV	89113		
RETIRED	Business	775-622-6093			2	YRS

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No

If yes, state type, where and years held

PHLEBOTOMY CERTIFICATE
 VENIPUNCTURE CERTIFICATE
 NOTARY PUBLIC CERTIFICATE

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No



Date of photograph 10/30/2019

Applicant's initial SA

SS.

COUNTY OF CLARK

I, SIAMAK ADAMPOUR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

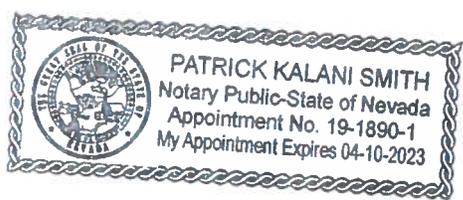
Siamak Adampour
Original Signature of Applicant

Subscribed and Sworn to before me this 21ST day of

OCTOBER, 2019

[Signature]
Notary Public

(seal)



Applicant's initial *SA* Page 9

Handwriting practice area consisting of 30 horizontal dotted lines.

Applicant's initial AK Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date JANUARY 24, 2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for : PHARMACEUTICAL WHOLESALER

CRANE PHARMACEUTICALS, INC.,

1516 E. TROPICANA AEW, SUITE # 285, LAS VEGAS, NV 89119

1. PERSONAL INFORMATION:

Last Name : ADAMPOUR First Name : SIAMAK Middle Name : NONE

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) : NONE

Present Residence Address-Street or RFD : 2 W. TROPICANA AVE City : LAS VEGAS State/Zip: NV 89147

Dates : JAN 2019

Present Business Address : 1516 E. TROPICANA AVE, SUITE # 285 City: LAS VEGAS State/Zip: NV/89119

Dates: MARCH 2020

Occupation : PHARMACEUTICAL WHOLESALER

Phone: Residence : §

Business : TBA

Date of Birth : 05-1955 Place of Birth (City, County, State) : TEHRAN / IRAN

Age : 57 Social Security Number : Sex : MALE

Color of Eyes : BROWN Color of Hair: BLACK Complexion: FAIR Weight : 240 LBS Build: ATHLETIC Height : 6' 2"

Scars, tattoos or distinguishing marks and/or characteristics : NONE

Are you a citizen of the United States? Yes No If alien, registration No

If naturalized, certificate No Date NOVEMBER 13, 1997

Place LOS ANGELES (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial *St*

MARITAL INFORMATION-Continued

A. **Current Marriage** NONE

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NATTAWAN RADOMYOS	AUG 1, 1988		DIVORCED	DOWNEY, CA
HEDYEH ASKARZADEH	MAR 2, 2000		DIVORCED	OUT OF US

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
NOT AVAILABLE					
NOT AVAILABLE					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
NONE			

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial AA Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name: NONE

Address: NONE

Contact person: NONE

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
HOSEIN ADAMPOUR	1933	DECEASED	
Mother			
SHAMSI H. MOGADDAM	1940	RETIRED	OUT OF U.S.
Father-in-Law			
NONE			
Mother-in-Law			
NONE			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse (SISTER) SIMA			
	1963	OUT OF U.S.	N/A
Spouse (SISTER) SEPIDEH			
	1977	OUT OF U.S.	N/A
Spouse NONE			
Spouse NONE			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School HADAF PRIVATE ELEMENTARY SCHOOL,	TEHRAN/IRAN	1967-1973	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School: ALBORZ HIGH SCHOOL	TEHRAN/IRAN	1973-1980	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University UNIV OF CALIFORNIA, IRVINE	IRVINE, CA	1989-1992	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other INDUSTRIAL MANAGEMENT INSTITUTE	TEHRAN/IRAN	2003-2007	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
TAFT LAW SCHOOL	SANTA ANA, CA	2011-2012	NO X

Type of degree obtained, if any. B.S; MBA

College or university where obtained UNIV OF CA, IRVINE/ B.S. BIOLOGICAL SCIENCES
INDUSTRIAL MANAGEMENT INSTITUTE / MBA
TAFT LAW SCHOOL / INCOMPLETE LAW DEGREE

Applicant's initial lt Page 3

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 AA Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes No (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
--	------------	-----------------------	------------------------	------------------

N/A

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

2019-PRESENT	W. TROPICANA AVE.	LAS VEGAS	NEVADA
--------------	-------------------	-----------	--------

2018-2019	24581 ALCOBA DR	MISSION VIEJO	CA
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2014-2018	23951 WINDSONG, #F	ALISO VIEJO	CA
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2011-2014	27951 RURAL LN	LAGUNA NIGUEL	CA
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2000-2011	11238 QUINN ST	DOWNEY	CA
-----------	----------------	--------	----

1994-2000	328 W. KELLY	ORANGE	CA
-----------	--------------	--------	----

Applicant's initial



8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year 10/2019	Name/Mailing Address of Employer/Business CRANE PHARMACEUTICALS, INC.	Reason for Leaving PRESENT
Title OWNER	Description of Duties DAILY OPERATIONS MANAGEMENT	Name of Supervisor SELF
Month and Year 2018-2019	Name/Mailing Address of Employer/Business IRVINE HEALTH INDUSTRIES, INC.	Reason for Leaving PRESENT
Title OWNER	Description of Duties DAILY OPERATIONS MANAGEMENT	Name of Supervisor SELF
Month and Year 01-2014	Name/Mailing Address of Employer/Business ACTIVA PHARMACEUTICALS, INC.	Reason for Leaving OWNER MOVED
Title MARKETING DIRECTOR	Description of Duties BUSINESS DEVELOPMENT	Name of Supervisor KAVEH MIHAN
Month and Year 02-2000	Name/Mailing Address of Employer/Business TAFT AND ASSOCIATES, INC.	Reason for Leaving NEW OPPORTUNITIES
Title MANAGER	Description of Duties DISTRIBUTION / NEW BUSINESS	Name of Supervisor JEOFF BROWN
Month and Year 10-1996	Name/Mailing Address of Employer/Business CORE LABORATORIES	Reason for Leaving NEW OPPORTUNITY
Title LAB TECHNICIAN	Description of Duties USING VARIOUS INSTRUMENTS TO ANALYZE COMPOUNDS	Name of Supervisor CHARLES MUNOS
Month and Year JUNE 1980-JUNE 1992	Name/Mailing Address of Employer/Business VARIOUS SHORT-TERM ASSIGNMENT IN PHARMACEUTICAL INDUSTRY	Reason for Leaving GRADUATING FROM UCI
Title VARY	Description of Duties PRIVATE SCIENCE TUTOR / ON-CAMPUS WORK / RESEARCH ASSISTANT	Name of Supervisor VARY
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial.....

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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
SOROUGH SOHELI Name	CAPTAIN PL, AGURAL HILLS, CA					30+ YEARS
BOSTON SCIENTIFIC Employer	MEDICAL DEVICE MANUFACTURER					
EDWARD KAMIAB Name	19762 CANYON DR, YORBA LINDA, CA					30+ YEARS
SOUTHER CALIFORNIA EDISON Employer	POWER GENERATION					
MEHRNAZ MONZAVI Name	4430 CHESS CT, LAS VEGAS, NV					3 YEARS
CETERPLATE Employer	CONVENTION CENTER / FOOD INDUSTRY					
AMINEH BEGAN Name	HEARTLAND STREET, RESEDA, CA					2 YEARS
SELF-EMPLOYED Employer	PSYCHOLOGIST					
AFSANEH YOUNG Name	8195 S DURANGO , UNIT # 2129, LAS VEGAS, NV					
RETIRED Employer	Business					2 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

 CERTIFIED PHARMACY TECHNICIAN / NATIONAL III CERTIFIED PHLEBOTOMY / CA III NOTARY PUBLIC / CA

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.
- -----

Applicant's initial AA Page 7

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

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ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph.....

Applicant's initial..... *st*

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, SIAMAK ADAMPUR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a 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 or 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.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

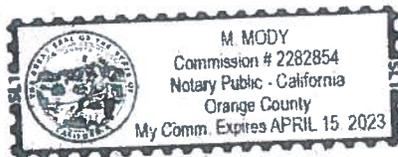
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 12th day of February, 2020 by Siamak Adampur proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

[Signature]

Applicant's initial SA



23

23A

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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____)	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Clean Harbors Aragonite, LLC

Physical Address: 11600 NORTH APTUS ROAD

City: Dugway State: Utah Zip Code: 84022

Telephone Number: 435-884-8100 Fax Number: 435-884-8877

Toll Free Number: _____

E-mail: sullivan.bridget@cleanharbors.com Website: www.cleanharbors.com

Facility Manager: William Simmons

Professional qualifications and experience of facility manager: _____
Please see Facility Manager Resume attached

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
- Other: Reverse Distribution Only

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
- Poisons or Chemicals Veterinary Legend Drugs
- Controlled Substances (include copy of DEA)
- Other: Copy of DEA Registrant License Attached

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No

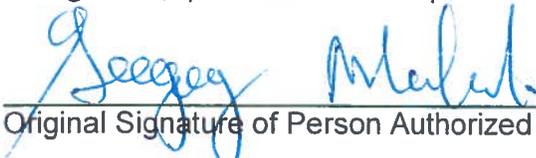
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Gregory Malerbi
Print Name of Authorized Person

12/5/19
Date

Board Use Only	Date Processed: <u>2-5-2020</u>	Amount: <u>500/201.25</u>
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Clean Harbors, Inc

Mailing Address: 42 Longwater Drive

City: Norwell State: MA Zip: 02061

Telephone: 781-792-5000 Fax: 781-792-5901

Contact Person: Bridget Sullivan

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) <u>Eric Gerstenberg</u>	<u>Longwater Drive, Norwell, MA 02061</u>
Name	Business Address
b) <u>Michael Battles</u>	<u>Longwater Drive, Norwell, MA 02061</u>
Name	Business Address
c) <u>Gregory Malerbi</u>	<u>Longwater Drive, Norwell, MA 02061</u>
Name	Business Address
d) <u>C. Michael Malm</u>	<u>Boston Place, Boston, MA 02108</u>
Name	Business Address

2) Provide the number of shares issued by the corporation. N/A - Please see attached

3) What was the price paid per share? N/A - Please see attached

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20191984508

Include with the application for a non-publicly traded corporationList of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

N/A

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General _____ Limited _____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: _____

City, State Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvqov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

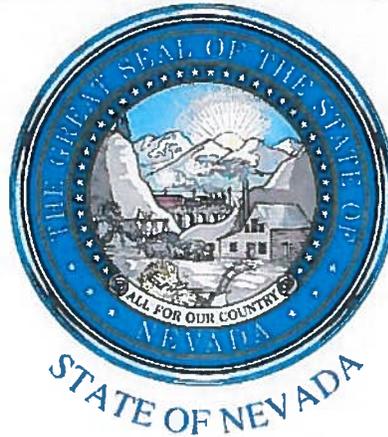
List of Officers

Name	Title	Work Address
Eric W. Gerstenberg	Chief Operating Officer	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
Michael Battles	Chief Financial Officer	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
Greg Malerbi	SVP and Treasurer	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
Michael R. McDonald	Assistant Secretary	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
C. Michael Malm	Secretary	Davis, Malm & D'Agostine One Boston Place Boston, MA 02108

Employee who will handle controlled substances:

Jack Cui

SECRETARY OF STATE



**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **CLEAN HARBORS ARAGONITE, LLC**, as a **FOREIGN LIMITED-LIABILITY COMPANY** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/20/2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/24/2019.

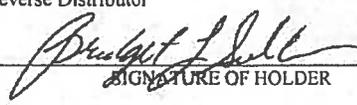
Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20190924239999

You may verify this certificate
online at <http://www.nvsos.gov>

- Clarification for
 - Page 5, question 2
 - Clean Harbors, Inc. is a publicly traded corporation listed on the New York Stock Exchange. There are no natural person owners of the parent company that own 10% or more of the business.
 - Page 5, question 3
 - “Clean Harbors Aragonite, LLC is a single member LLC, with Clean Harbors, Inc. being the sole member.”

STATE OF UTAH DEPARTMENT OF COMMERCE ACTIVE LICENSE		<small>REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)</small>	
Clean Harbors Aragonite, LLC		7657561-1710	Pharmacy - Class C
<small>EFFECTIVE</small> 09/30/2015		7657561-8915	Limited Controlled Substance- Business
<small>EXPIRATION</small> 09/30/2021		Reverse Distributor	
		 <small>SIGNATURE OF HOLDER</small>	

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

CLEAN HARBORS ARAGONITE, LLC
 11600 N APTUS RD
 PO BOX 1339
 GRANTSVILLE UT 84029

Please visit our web site at
www.dopl.utah.gov should you have any
 questions in the future.

STATE OF UTAH DEPARTMENT OF COMMERCE DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING ACTIVE LICENSE		
EFFECTIVE DATE:	09/30/2015	
EXPIRATION DATE:	09/30/2021	
ISSUED TO:	Clean Harbors Aragonite, LLC 11600 N APTUS RD PO BOX 1339 GRANTSVILLE UT 84029	
<small>REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)</small>		
7657561-1710 Pharmacy - Class C 7657561-8915 Limited Controlled Substance-Business		 <small>SIGNATURE OF HOLDER</small>
Reverse Distributor		



Utah Department of Commerce
Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

11/26/2019
5665129-016111262019-1847217

CERTIFICATE OF EXISTENCE

Registration Number: 5665129-0161
Business Name: CLEAN HARBORS ARAGONITE, LLC
Registered Date: June 09, 2004
Entity Type: LLC - Foreign
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer
Director
Division of Corporations and Commercial Code

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206
 Reno, NV 89521
 (775) 850-1440
 Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K15360914

Application/License No. NV20191984508

Clean Harbors Aragonite, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
11600 North Aptus Road, Dugway, UT 84022, as
Address of Applicant/Principal
 PRINCIPAL, and Westchester Fire 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
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 ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 26, 2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

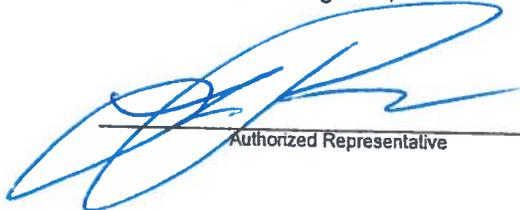
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of September, 2019.

APPLICANT/PRINCIPAL
Clean Harbors Aragonite, LLC

SURETY
Westchester Fire Insurance Company



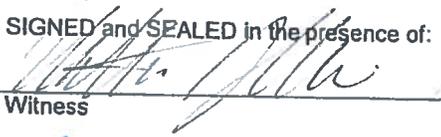
Authorized Representative



Surety Company's Representative

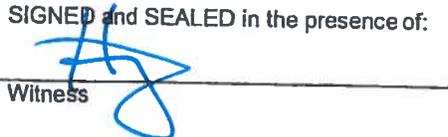
Joline L. Binette, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

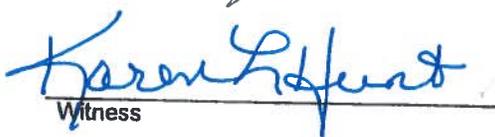


Witness

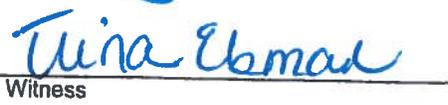
SIGNED and SEALED in the presence of:



Witness



Witness



Witness

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 **Joline L. Binette, Melanie A. Bonnevie, Nancy Castonguay, Heidi Rodzen and Robert Shaw, Jr. of Lewiston, Maine** –

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this 15th day of August, 2019.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

SS.

On this 15th day of August, 2019, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority, and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies, and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal



KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No 2316885
Commission Expires July 16, 2024

Katherine J. Adelaar

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006 ; ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 26th day of September, 2019



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

WILLIAM SIMMONS

E Carly Drive Grantsville , Utah 84029 - cell

OBJECTIVE

To be better than the best at whatever I do in life. My experience has told me that our employees are our #1 asset and must be respected and appreciated while being held accountable for their actions.

EXPERIENCE

1988–1991 Pilgrim's Pride Hatchery #2 Pittsburg, TX

Maintenance Mechanic

- Performed electrical and mechanical maintenance on all machinery and equipment from incubators, hatchers, and ventilation including a/c's. Chick Master102's
- Maintained maximum hatchability & quality from equipment.
- Performed all company breeder a/c repairs for 18 months.

1991–1992 Pilgrim's Pride Hatchery #2 Pittsburg, TX

Floor Lead (8 months)

- Supervised 52-56 partners during vaccination, debeaking & sexing.
- Supervised all vaccine mixing procedures to assure proper dosages as well as viability and stability of vaccine mixture.
- Performed all QC checks including vaccination accuracy, sexing accuracy, debeaking accuracy & speed requirements.
- Performed all maintenance on vaccinators, spray cabinet, debeakers & process equipment.

1992–1993 Pilgrim's Pride Hatchery #2 Pittsburg, TX

Assistant Manager (6 months)

- First 6 weeks was spent with Joe Walker in general hatchery training. There was no Hatchery Manager during my 6 months as assistant.
- Managed all hatchery partners from hiring to corrective action (excluding egg p/u & chick delivery).
- Managed all aspects of the hatchery from maintenance, sanitation, QC control. Inventories/supplies ordering. Egg inventory and egg set scheduling etc.

July 11th 2008 – april 1st 2009**Facility Operations Supervisor (clean harbors enviro service)****El Dorado AR**

Supervising of 37 partners (chemist, lab techs and fork lift drivers)

From unloading trucks through chemical receiving and proper storage.

42,000 pieces a month.

April 1st 2009 till March 2015 (clean harbors enviro service)**El Dorado AR**

Maintenance Manager II

1 direct report manager

7 direct report supervisors

34 mechanics and E & I techs plus 4 to 9 yards and grounds crew

On a 46,000 piece per month haz waste incineration facility.

Manage daily PM functions & corrections, Future planning, SOP's, all safety aspects for maintenance, Capital, E and I, Rolling stock repairs and Yards / grounds maintenance

\$12,000,000 to \$15,000,000 per year in expenses

Sheriffs deputy (reserve) to part time in future.

March 2015 until October 2018

Newark CA and Fallon Nevada

Re Refinery Manager

42-48 direct/indirect reports including Managers

Rebuilt and stabilized both plants

Fallon – staffed entire plant from 6 to 43 employees including managers

Opened, inspected and repaired 2 distillation units and 1 Hydro treater (8 million \$)

Instituted a complete safety program, mechanical program, production program. PSM covered facility.

Each facility consumed average of 22 million usg of used motor oil and produced in excess of 15 million usg of finished lube.

October 29th till present

Facility GM III of HazardouseWaste Incinerations Aragonite and TTT hub Clive - UTAH

165 employees – 8 direct report managers and a safety & compliaice manager.

Process >118 million pounds of HW on an annual basis

>3400 trucks in and out of facilities emptied or loaded

Safety and all compliance / regulatory involved in process

REFERENCES

Dan Roblec

General Manager III

870-814-3644

Scot Shoemaker

VP Maintenance engineer director

870-310-9583

Scott Miller

SVP Refineries

219-381-7744

Andy Hudson

SVP Incinerations US and Canada

781-792-5162



**Service of Process
Transmittal**

01/30/2019

CT Log Number 534826342

TO: Michael McDonald
Clean Harbors, Inc.
42 Longwater Dr
Norwell, MA 02061-1612

RE: Process Served in Utah

FOR: Clean Harbors Aragonite, LLC (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: RE: U.S. Department of Justice // To: Clean Harbors Aragonite
Name discrepancy noted.

DOCUMENT(S) SERVED: Letter

COURT/AGENCY: None Specified
Case # None Specified

NATURE OF ACTION: Letter of Intent - Letter Requested resolving this investigation outside of formal litigation

ON WHOM PROCESS WAS SERVED: C T Corporation System, Midvale, UT

DATE AND HOUR OF SERVICE: By Certified Mail on 01/30/2019 postmarked on 01/28/2019

JURISDICTION SERVED : Utah

APPEARANCE OR ANSWER DUE: Within 30 days of the date of this letter

ATTORNEY(S) / SENDER(S): JOHN W. HUBER
U.S. Department of Justice
111 South Main Street, Suite 1800
Salt Lake City, UT 84111
(801) 524-5682

ACTION ITEMS: CT has retained the current log, Retain Date: 01/30/2019, Expected Purge Date: 02/04/2019

Image SOP

Email Notification, Michael McDonald mcdonaldm@cleanharbors.com

Email Notification, Brad Carl carl.brad@cleanharbors.com

Email Notification, Monica Murphy-Rodgers MURPHYMO@CLEANHARBORS.COM

Email Notification, Ilinca Butnariu butnariu.ilinca@cleanharbors.com

Email Notification, KATRINA SCARSCIOTTI scarsciotti.katrina@cleanharbors.com

SIGNED: C T Corporation System
ADDRESS: 1108 East South Union Avenue
Midvale, UT 84047

CERTIFIED MAIL

SALT LAKE CITY

UT 840
28 JAN '19
PM 11

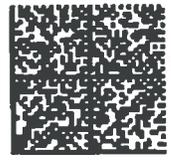


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U.S. Department of Justice
United States Attorneys Office
District of Utah
111 South Main Street, Suite 1800
Salt Lake City, Utah 84111-2176

OFFICIAL BUSINESS

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R2305P150389

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Clean Harbors Aragonite
C/O CT-Corporation System
Registered Agent
1108 E. South Union Ave.
Midvale, Utah 84047



84047-290408

Clean Harbors Aragonite
Page Two
January 28, 2019

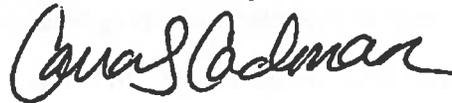
- Failure to record beginning of business/close of business on the biennial inventory as required by 21 U.S.C. § 827(a)(1) and 21 C.F.R. § 1304.11(a), a violation of 21 U.S.C. § 842(a)(5). (1 Count)

This matter has been referred to the United States Attorney's Office for potential civil prosecution. If you are interested in resolving this investigation outside of formal litigation, please contact me within 30 days of the date of this letter. If I do not receive a response within that time, I will file a complaint and proceed with litigation.

Thank you for your consideration of these issues. I look forward to hearing from you.

Sincerely,

JOHN W. HUBER
United States Attorney



Carra S. Cadman
Assistant United States Attorney

cc: Sandra L. Steinvoort, AUSA
Eric Welch, Diversion Investigator, DEA

SETTLEMENT AGREEMENT

This Settlement Agreement (Agreement) is entered into among the United States of America, acting through the United States Department of Justice and on behalf of the Drug Enforcement Administration (collectively the "United States") and Clean Harbors Aragonite, LLC ("Clean Harbors") (hereafter collectively referred to as "the Parties"), through their authorized representatives.

RECITALS

A. Clean Harbors operates a pharmaceutical waste management facility with a reverse distributor DEA registration doing business in the State of Utah.

B. The United States contends that it has certain civil claims against Clean Harbors arising from an audit conducted by the Drug Enforcement Administration for the accountability period of beginning of business May 11, 2017 through close of business September 4, 2018. The audit revealed the following violations:

- Failure to file the ARCOS Year End Inventory for 2017 as required by 21 U.S.C. § 827(d) and 21 C.F.R. § 1304.33(b), a violation of 21 U.S.C. § 842(a)(5);
- Failure to file on time the quarterly ARCOS reports for the 1st, 2nd, 3rd, and 4th quarters for 2017, and for the 2nd quarter for 2018, as required by 21 U.S.C. § 827(a)(1) and 21 C.F.R. § 1304.33(b), a violation of 21 U.S.C. § 842(a)(5);
- Failure to maintain separately a biennial inventory of controlled substances listed in Schedules I and II as required by 21 U.S.C. § 827(a)(1) and 21 C.F.R. § 1304.04 (f)(1), a violation of 21 U.S.C. § 842(a)(5); and
- Failure to record beginning of business/close of business on the biennial inventory as required by 21 U.S.C. § § 827(a)(1) and 21 C.F.R. § 1304.11(a), a violation of 21 U.S.C. § 842(a)(5).

That conduct is referred to below as the Covered Conduct.

C. This Settlement Agreement is neither an admission of liability by Clean Harbors nor a concession by the United States that its claims are not well founded.

e. Any liability based upon obligations created by this Agreement.

4. Clean Harbors waives and shall not assert any defenses Clean Harbors may have to any criminal prosecution or administrative action relating to the Covered Conduct that may be based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Agreement bars a remedy sought in such criminal prosecution or administrative action.

5. Clean Harbors fully and finally releases the United States, its agencies, officers, agents, employees, and servants, from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) that Clean Harbors has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, agents, employees, and servants, related to the Covered Conduct and the United States' investigation and prosecution thereof.

6. This Agreement is intended to be for the benefit of the Parties only.

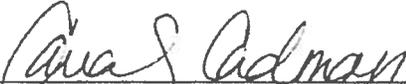
7. Each Party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

8. Each party and signatory to this Agreement represents that it freely and voluntarily enters in to this Agreement without any degree of duress or compulsion.

9. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Agreement is the United States District Court for the District of Utah. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

THE UNITED STATES OF AMERICA

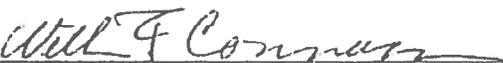
JOHN W. HUBER
United States Attorney
District of Utah

DATED: 4/23/2019 BY: 
Carra S. Cadman
Assistant United States Attorney

DRUG ENFORCEMENT ADMINISTRATION

DATED: 04/23/2019 BY: 
Brian S. Besser
Assistant Special Agent in Charge
Denver Field Division

CLEAN HARBORS ARAGONITE, LLC

DATED: 4/22/2019 BY: 
William F. Connors
Senior Vice President of Compliance
Clean Harbors



Clean Harbors Aragonite, LLC
11600 North Aptus Road
Aragonite, UT 84029

435.884.8100
www.cleanharbors.com

November 26, 2019

RE: Clean Harbors Aragonite Corrective Actions taken in Response to DEA Inspection

To Whom It May Concern:

On September 4, 2018 the United States Drug Enforcement Administration (DEA) conducted an inspection of Clean Harbors Aragonite. During the inspection several violations were discovered. Clean Harbors Aragonite was notified of these violations on January 28, 2019. The violations were reported as the following:

- Failure to file the ARCOS Year End Inventory for 2017 as required by 21 United States Code (USC) 827(d) and 21 Code of Federal Regulations (CFR) 1304.33(b), a violation of 21 U.S.C 842(a)(5). (1 Count)
- Delinquent filing of quarterly ARCOS reports for the 1st, 2nd, 3rd, and 4th quarters for 2017 and for the 2nd quarter for 2018, as required by 21 U.S.C. 827(a)(1) and 21 CFR 1304.33(b), a violation of 21 USC 842(a)(5). (5 Counts)
- Failure to maintain separately a biennial inventory of controlled substances listed in Schedules I and II as required by 21 U.S.C. 827(a)(1) and 21 CFR 1304.04 (f)(1), a violation of 21 USC 842(a)(5). (1 Count)
- Failure to record beginning of business/close of business on the biennial inventory as required by 21 U.S.C. 827(a)(1) and 21 CFR 1304.11 (a), a violation of 21 USC 842(a)(5). (1 Count)

In response to these violations, Clean Harbors Aragonite settled with the U.S. Department of Justice and paid a \$96,000 fine. Clean Harbors Aragonite also took the following corrective actions to correct violations:

- Filed Year End Inventory for 2017 with the DEA and put internal procedures in place to ensure yearend inventory reporting is submitted on time.



Clean Harbors Aragonite, LLC
11600 North Aptus Road
Aragonite, UT 84029

435.884.8100
www.cleanharbors.com

October 10, 2019

Sent Via FedEx #7766 7435 6139

ATTN: Citation Coordinator
Division of Occupational and Professional Licensing
Department of Commerce
160 East 300 South
P.O. Box 146741
Salt Lake City, UT 84114-46741

**RE: Notice of Response for Citation #100550
Clean Harbors Aragonite, LLC**

To Whom it Concerns:

Clean Harbors Aragonite, LLC received Citation #100550 on October 1, 2019 from the State of Utah Department of Commerce, Division of Occupational and Professional Licensing (DOPL). This citation indicated that CHA was in offense of Utah Code 58-1-501(2)(a) and 58-17b-502(1)(l).

The citation was issued because on August 14, 2019 DOPL received an application for pharmacy licensure renewal from CHA and upon reviewing the renewal application it was found that CHA didn't inform DOPL within ten days of disciplinary action taken against CHA's pharmacy license by the Drug Enforcement Agency (DEA) on April 23, 2019. This notice is required by Utah Code of Pharmacy 58-17b-614(1).

At the time disciplinary action was taken against CHA by the DEA, the CHA's compliance manager position, who would have been responsible for reporting to DOPL, was in transition. No other individual at CHA was aware of the ten day reporting requirement until CHA received notice of the citation from DOPL. CHA has chosen to pay the citation and enclosed is the signed notice of response.

Should you have any questions regarding this matter, please contact me at the number listed below.



State of Utah
 Department of Commerce
 Division of Occupational and Professional Licensing
 ATTN: Citation Coordinator
 160 East 300 South
 P.O. Box 146741
 Salt Lake City, Utah 84114-6741

Telephone: (801) 530-6628
 Fax: (801) 530-6511
 Website: www.dopl.utah.gov

100550

CITATION

ISSUED TO: Clean Harbors Aragonite, LLC		CASE #: 112781	
PROFESSION: Pharmacy	LICENSE #: 7657561-1710		
DOB: / / n/a	DL #: n/a	SSN/EIN #: 02-0646449	
BUSINESS ADDRESS: 11600 N Aptus Rd		CITY: Grantsville	STATE: UT ZIP: 84029
BUSINESS PHONE: 435-884-8100		BUSINESS EMAIL: sullivan.bridget@cleanharbors.com	
HOME ADDRESS: n/a		CITY: n/a	STATE: n/a ZIP: n/a
HOME PHONE: n/a		HOME EMAIL: n/a	
LOCATION OF OFFENSE: Clean Harbors Aragonite, LLC			
OFFENSE CODE	DATE OF OFFENSE: 08 / 14 / 2019	DATE ISSUED: 9 / 26 / 2019	
	DESCRIPTION		
58-1-501(2)(a)	violating, or aiding or abetting any other person to violate, any statute, rule, or order regulating an occupation or profession under this title;		
58-17b-502(1)(I)	failing to report to the division any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency, or court for conduct that in substance would be considered unprofessional conduct under this section;		
REMARKS: On 08/14/2019, the Division received an application for licensure renewal from Clean Harbors Aragonite, LLC. Upon reviewing the renewal application, it was found that the pharmacy had disciplinary action taken against their license by the DEA on 04/23/2019. Respondent failed to report the disciplinary action to the Division within 10 days of the action. Pursuant to U.C.A. 58-17b-614, a pharmacy shall report in writing to the Division any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency or court.			
*Fine pursuant to R156-17b-402(25)			
PERSON SERVED: Sent by mail		SERVED BY: T. Drebing	
<input checked="" type="checkbox"/> FINE \$ 300.00	<input checked="" type="checkbox"/> CEASE AND DESIST ORDER		
I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE. <i>William Simon</i> RECIPIENT'S SIGNATURE		I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. <i>T. Drebing</i> INVESTIGATOR'S SIGNATURE	
10/10/19		DATE	

READ CAREFULLY

1. If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63 G, Chapter 4.
2. If you do not contest the citation within 20 calendar days of receipt, the citation will become a final order of the Division and is not subject to further agency review.
3. Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.

RECIPIENT COPY

23B

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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Fresenius Kabi, LLC

Physical Address: 402 Apple Valley Road, Suite A

City: Duncan State: SC Zip Code: 29334 Telephone _____

Number: (864) 485-8002 Fax Number: 614-652-0674

Toll Free Number: (864) 485-8050

E-mail: licensure@cardinalhealth.com Website: www.fresenius-kabi.com/us

Facility Manager: John Randle Pass

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies
 Practitioners
 Hospitals
 Wholesalers
 Other: US Government

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices
 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)

Note: The company's Bensenville, IL facility is VAWD accredited. Copy of certificate attached.

Licensed as Manufacturer by the FDA?

Yes No

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

Fresenius Kabi, LLC NVBOP #WH02616 and Fenwal, Inc. NVBOP #WH02617

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A - facility's expected opening date is 11/1/2019

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: E0023532018-4

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes No

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes No

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No

See attached description of actions against predecessor, Fresenius Kabi USA, LLC.

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

Jack C. Silhavy

Print Name of Authorized Person

10/7/19
Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
 Parent Company if any: Parent Company: Fresenius Kabi Pharmaceuticals Holding, LLC
 Mailing Address: 7000 Cardinal Place, Attn: QRA
 City: Dublin State: OH Zip: 43017
 Telephone: 614-553-3076 Fax: 614-652-0674
 Contact Person: Cynthia Rhodes

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) N/A - no shares issued by limited liability company

Name	Business Address
------	------------------
 - b) _____

Name	Business Address
------	------------------
 - c) _____

Name	Business Address
------	------------------
 - d) _____

Name	Business Address
------	------------------
- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Fresenius Kabi, LLC

Description of Past Disciplinary Actions of Predecessor, Fresenius Kabi USA, LLC **(formerly known as APP Pharmaceuticals, LLC)**

Fresenius Kabi, LLC provides this summary of actions taken by other states against licenses held in the name of its predecessor APP Pharmaceuticals, LLC ("APP"). The actions described below were made against the **Bensenville, Illinois distribution facility only** and resulted from late filing of various documents in the state licensing process and were not due to misconduct by APP. The delay in filing resulted from the 2007 reorganization and name change of APP, a complex corporate transaction of which each state was notified. None of the actions involved controlled substances or resulted in harm to any patient.

Please note that the Bensenville, Illinois facility that was the subject of these actions is no longer operated by Fresenius Kabi USA, LLC effective January 1, 2018. The facility is operated by Fresenius Kabi, LLC and currently maintains a valid license and is good standing in each state, as required. No disciplinary actions are pending.

Colorado License Denial and Subsequent Issuance*

Action: Although a license renewal and change of name were timely filed by APP in Colorado, the State of Illinois failed to provide a verification document in the required format. During the period between APP's filing and discovery of the inadequacy of the Illinois document, APP made a single shipment of prescription drugs to a Colorado pharmacy on or around December 17, 2007. As a result of that shipment, Colorado issued a Cease and Desist Order, effective September 7, 2008, at which time APP immediately ceased shipping prescription drugs into Colorado. At its next regular meeting on November 20, 2008, the Colorado Board of Pharmacy denied APP's Wholesaler application.

Outcome: On December 19, 2008, APP and the Colorado Board of Pharmacy entered into a Stipulation and Agreed Agency Order whereby APP was granted an Out-of-State Wholesaler License (#7467). The license is currently in the name of Fresenius Kabi, LLC.

Montana Disciplinary Action*

Action: After accepting APP's renewal application and issuing a Wholesale Drug Distributor License (#1187) effective as of March 8, 2008, the Montana Board of Pharmacy issued a board-generated complaint against APP dated May 19, 2008 alleging (a) the late renewal of a Wholesale Drug Distributor license and (b) unlicensed practice by APP in Montana that occurred between January 16 and March 7, 2008. The delay in filing the renewal application resulted from delays by the State of Illinois in processing the name change so that APP could file the required verification documents showing the APP name. It is important to note that during the period of alleged unlicensed practice, APP became the sole U.S. supplier of heparin products causing APP to ship heparin products into Montana on an emergency basis.

Outcome: On January 9, 2009, APP entered a Stipulation and a Final Order was executed by the Montana Board of Pharmacy under which APP's Wholesale Drug Distributor License (#1187) was affirmed. The license remained in effect until it was closed on May 7, 2018.

* These disciplinary actions occurred while operating under the name of APP Pharmaceuticals, LLC. On August 1, 2012, the company changed its name to Fresenius Kabi USA, LLC.

Page Two

Michigan Administrative Action

Action: An Administrative Complaint was issued by the State of Michigan Dept. of Licensing and Regulatory Affairs on April 10, 2014, which alleged that Fresenius Kabi USA violated Michigan's Public Health Code based solely on disciplinary actions taken against Fresenius Kabi USA by the Colorado and Montana Boards of Pharmacy in 2008 and 2009, respectively. Importantly, under the Board's Complaint, Fresenius Kabi USA did not commit any violations of Michigan law that impacted the safety or healthcare needs of Michigan's citizens.

Outcome: On September 8, 2014 the Michigan Dept. of Licensing and Regulatory Affairs executed a Consent citing the Stipulation of Fresenius Kabi USA and imposing a monetary fine of \$1,000.00 in resolution of the matter.

*The foregoing is a true and accurate description of
Actions taken against Fresenius Kabi USA, LLC.*



*Jack C. Silhavy
Executive Vice President & General Counsel*

Dated: 10/7/19

October 7, 2019



402 Apple Valley Rd
Suite A
Duncan, South Carolina 29334

Officer Name	Title	Company	Business Address
Steven J. Adams	Exec. VP and CFO	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047
John Robert Ducker	President and CEO	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047
Jack C. Silhavy	Exec. VP, General Counsel and Secretary	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

Fresenius Kabi, LLC
Duncan, SC
Employees Who Handle Drugs on a Daily Basis

John Randle Pass
Kevin Pugh

10-7-2019



The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Fresenius Kabi, LLC

located at

600 Supreme Dr, Bensenville, IL 60106

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

August 6, 2018 - August 5, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy



PRC 1037460

PERMIT NO. 19143
DATE ISSUED: 10/15/2019

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy
Non-Dispensing Drug Outlet Permit

2019-2020
Expires 06/30/2020

FRESENIUS KABI, LLC
Permit Holder: JACK SILHAVY
402 APPLE VALLEY RD, SUITE A
DUNCAN SC 29334

Eric Strauss
Eric Strauss, Chairman

J. Addison Livingston
J. Addison Livingston, Vice Chairman

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

South Carolina Department of Labor, Licensing and Regulation
BOARD OF PHARMACY
Post Office Box 11927
Columbia, SC 29211-1927

PERMIT ENCLOSED

RECEIVED
OCT 21 2019
Board of Pharmacy

60
FRESENIUS KABI, LLC
THREE CORPORATE DRIVE
LAKE ZURICH IL 60047

Controlled Substances Registration Verification

Welcome to the SC DHEC Bureau of Drug Control Verification page. All fields are not required.

Enter search criteria.

Registration Number

4019143

City

Enter city...

Name (last, first)

Enter name...

County

Select county...

Company Name

Fresenius

State

Select state...

Search

Clear Form

Print Listing

Registration Number

4019143

Name/Address

FRESENIUS KABI LLC
402 APPLE VALLEY RD
STE A
DUNCAN, SC 29334

County

SPARTANBURG

Issuance Date

10/16/2019

Showing 1 to 1 of 1 entries

The maximum number of results is limited to 25. If you are unable to view the data you are looking for, please refine your search.
Verification Disclaimer: This is to attest to the accuracy of the information contained on the website and to verify that the information is updated at least daily.

The information on this site is primary source verification, and is non-modifiable by outside entities.

For additional information, contact: (803) 896-0636 Fax (803) 896-0627

© 2019 South Carolina Department of Health and Environmental Control. All Rights Reserved. 2600 Bull Street, Columbia, SC 29201 (803) 898-DHEC (3432)
www.scdhec.gov (<https://www.scdhec.gov>)

This site is protected by reCAPTCHA and the Google Privacy Policy (<https://policies.google.com/privacy>) and Terms of Service (<https://policies.google.com/terms>) apply.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS KABI USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESENIUS KABI USA, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4373141 8300

SR# 20198019800

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203978440

Date: 11-11-19

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS KABI, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESENIUS KABI, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6556485 8300

SR# 20191198104

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202294141

Date: 02-20-19

JOHN RANDLE PASS

Ludwell Court • Johns Creek GA 30022-6083 • () •

at

Operations Management Professional with experience working with an \$80 Billion Fortune 25 pharmaceutical wholesale company. Skilled in audit compliance with DEA, FDA, state BOP, PDMA, cGMP, HazMat, cold chain, and other regulatory areas. Established track record of building teams and significantly improving the work climate of business units. Adept at managing assets, controlling expenses, and improving metrics performance.

EMPLOYMENT

April 2019 – Present: Fresenius Kabi Senior Manager, Warehouse Operations, Greenville, SC

Manage the build out, start up, and continuing operations of a 235,000 SF fully validated pharmaceutical distribution center. Responsible for organization, leadership, compliance, and direction of personnel for the inbound, outbound, and inventory control functions for the facility.

- Oversees the inbound functions of all finished products from production plants and contract manufacturers.
- Oversees the inventory control activities for all finished products. This includes oversight of the cycle count program, accuracy levels, internal and external replenishment, and discrepancy reconciliation and reporting.
- Coordinates the activities of the warehouse personnel involved in all operations. This includes overseeing workflows and levels of activity to ensure product is delivered (parcel, LTL, and TL) in a timely, cost effective manner.
- Responsible for the creation of annual financial budgets, various financial re-forecasts, and variance reporting to plan.
- Recruiting and retaining talent.
- Promotes, plans, initiates, and implements continuous improvement projects.
- Ensure all employees are properly trained for the functions they are performing and ensures compliance with all regulatory agency requirements are met.
- Supports the initiation and maintenance of Standard Operating Procedures to ensure cGMP compliance associated with all warehouse activities.
- Collaborates with a variety of functions including, but not limited to, quality assurance, finance, customer service, procurement, suppliers, and organizations providing finished products to the facility.
- Coordinates the warehouse safety program in conjunction with all OSHA, local, and state regulations.
- Oversees employee relations including the handling of inquiries, issue resolution, performance appraisals, and employee counseling.
- Analyzes performance metrics to ensure desired results are achieved, the facility is operating efficiently, and corrective and preventative actions are created and implemented when necessary.
- Represent the Company as the Designated Representative for the distribution facility.
- Ensure supervisors effectively mentor, train, coach, and monitor the development of their subordinates to ensure they are acquiring the skills and abilities necessary to achieve success and career advancement if desired.

**April 2013 – March 2019: XPO Logistics
Operations Manager, Atlanta, GA**

Managed the build out, start up and continuing operations of an aerospace client's Supply Chain production operation. Responsible for Order Fulfillment, Shipping/Receiving, Inventory and Returns functions. Ensured compliance with contract metrics related to order fulfillment, inventory accuracy, and quality as required by the client's SOW.

- Managed all warehouse operations functions.
- Ensured inventory accuracy is maintained at 99.95% or higher.
- Managed the Cycle Count program.
- Maintained Quality Assurance Program, including NCI resolution.
- Prepared and maintained financial budgets.
- Managed the Returns process.
- Produced and maintained all Operational reports.
- Maintained production and quality levels to ensure 100% compliance of all performance metrics as required by the client's Statement of Work.
- Ensured 100% compliance with ITAR and EAR regulations.
- Oversaw all Human Resource activities.
- Ensured that all Associate training was completed and documented.

**August 2011 – March 2013: LifeScience Logistics
Facility Manager, Atlanta, GA**

Managed the build out and operation of a 255,000 SF Greenfield distribution/warehouse facility for a cutting-edge Third-Party Logistics services provider operating in the healthcare industry. LifeScience Logistics provides a full range of standard and specialized logistics services scalable to the changing needs of the customer in a fully validated cGMP storage environment.

- Responsible for 38,000 pallet spaces and \$750 million pharmaceutical inventory.
- Managed/maintained Key Performance Indicators: 100% on-time shipping, 100% on-time receiving, and 99.99% inventory accuracy.
- Maintained excellence in Customer Relations and Communication with clients, vendors, and regulatory agencies.
- Maintained full regulatory compliance with all federal, state and local agencies.
- Developed staff by building a strong, positive team environment. Hold staff accountable for all productivity measures.
- Maintained departmental budget in full compliance with financial plan.
- Maintained all Operational Reports at 100% accuracy.
- Administered physical plant and campus maintenance.
- Designated Representative for state of California.

**September 1983 - October 2010: AmerisourceBergen Drug Company
Vice President, Distribution Center Manager II, Atlanta, GA**

- Managed the distribution services and operational functions within the Atlanta distribution center, a fully functional PkMS WMS RF-enabled environment with annual volume of \$1.3 Billion.
- Led all associate-related functions, including hiring, performance discussions, development, and training.
- Prepared and managed the distribution center's financial plan to meet goals and objectives. Reviewed reports to monitor performance in all functional areas within the distribution center (P & L, Operations, A/R, Inventory, Data Processing).
- Implemented and supported Customer CARE. Monitored all Customer CARE KPI's to ensure that all Metrics aligned with company targets. Reviewed quarterly customer survey results with the Lead Team and continuously refined customer satisfaction improvement strategies.
- Interacted with customers to solve problems and handled all other operational issues to increase overall customer satisfaction.
- Implemented and supported Diversity and Inclusion Program.
- Ensured compliance with all Federal, state and local government regulations. Acted as key contact for all regulatory agencies - DEA, FDA, OSHA, DOT, state BOP, and others.
- Negotiated contracts for local vendors and approved expenditures within budgetary guidelines.
- Developed, implemented, and monitored Operational KPI's to promote efficiency, accuracy, faster service, and lower costs. Ensured that all functional departments were 100% SOP compliant.
- Administered physical plant and campus maintenance.
- Performed special projects as assigned.

1998–2006: Vice President/Distribution Center Manager I, Meridian, MS

- Managed the distribution services and operational functions within the Meridian distribution center.
- Led all associate-related functions, including hiring, performance discussions, development, and training.
- Prepared and managed the distribution center's financial plan to meet goals and objectives. Reviewed reports to monitor performance in all functional areas within the distribution center (P & L, Operations, A/R, Inventory, Data Processing).
- Implemented and supported the Customer CARE program.
- Interacted with customers to solve problems and handled all other operational issues to increase overall customer satisfaction.
- Ensured compliance with all Federal, state and local government regulations. Acted as key contact for all regulatory agencies - DEA, FDA, OSHA, DOT, state BOP, and others.
- Negotiated contracts for local vendors and approved expenditures within budgetary guidelines.
- Developed, implemented, and monitored Operational KPI's to promote efficiency, accuracy, faster service, and lower costs. Ensured that all functional departments were 100% SOP compliant.
- Administered physical plant and campus maintenance.
- Performed special projects as assigned.

1989-1998: Operations Manager, Raleigh, NC

Managed the overall operation of the dual-shift distribution function, including receiving, shipping, order filling, stocking, inventory, and data processing.

- Directed the annual Operating Expense budget of \$6.1MM.
- Functioned as contact with local and regional DEA offices and ensured that each department followed proper DEA procedures.
- Administered physical plant and campus maintenance.
- Implemented and maintained Critical Success Measurements for judging customer satisfaction and associate performance.
- Supervised the Customer Service department.

1983-1989: Dr. T. C. Smith Company, Asheville, NC
Sales Professional

- Responsible for sales and territory management and specified accounts.
- Called on Health Systems, Retail, and Alternate Care accounts.
- Responsible for sales of company programs and ancillary products.
- Increased territory volume by 257% during this period.

1980-1983: McKesson Drug Company, Columbia, SC
Retail Account Manager

- Responsible for sales and territory management and specified accounts.
- Called on Retail, Health Systems, and Alternate Care accounts.
- Responsible for sales of the McKesson portfolio of ancillary programs and services.
- Increased territory volume by 107% during this period.
- Named one of the Top 5 Retail Account Managers in the Mid-Atlantic Region in 1982.

EDUCATION

Bachelor of Business Administration, Management - University of Mississippi

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 14th day of November, 2019.

APPLICANT/PRINCIPAL

[Signature]
Fresenius Kabi, LLC
Authorized Representative

SURETY COMPANY

[Signature]
RLI Insurance Company
Surety Company's Representative

Rebecca J Hobbs, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness Bonnie Rice

[Signature]
Witness Andrea Allman

Countersigned by:

[Signature]
Nevada Resident Agent Rebecca Hobbs
Non-Resident License #3159519



[Handwritten signature]

[Faint handwritten text]

[Faint handwritten text]

POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Bond No. CMS0336703

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company and Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Rebecca J Hobbs in the City of Knoxville, State of Tennessee, it's true and lawful Agent and Attorney in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars (\$25,000,000) for any single obligation, and specifically for the following described bond.

Principal: Fresenius Kabi, LLC
Obligee: Nevada State Board of Pharmacy

RLI Insurance Company and Contractors Bonding and Insurance Company, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 14th day of November, 2019.



**RLI Insurance Company
Contractors Bonding and Insurance Company**

B. W. Davis

Barton W. Davis Vice President

State of Illinois
County of Peoria

} SS

CERTIFICATE

On this 14th day of November, 2019, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, and acknowledged said instrument to be the voluntary act and deed of said corporation.

I, the undersigned officer of **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company** this 14th day of November, 2019.

By: Gretchen L. Johnigk
Gretchen L. Johnigk Notary Public

**RLI Insurance Company
Contractors Bonding and Insurance Company**

By: Jean M. Stephenson
Jean M. Stephenson Corporate Secretary





23C

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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____)	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: JANUS TRADE GROUP LLC

Physical Address: 556 Industrial Way West

City: Eatontown State: NEW JERSEY Zip Code: 07724

Telephone Number: 732-730-6815 Fax Number: _____

Toll Free Number: _____

E-mail: steve@janustrade.com Website: _____

Facility Manager: STEVE TAWL

Professional qualifications and experience of facility manager: 30 YEARS EXPERIENCE AS WHOLESALER WAREHOUSE AND OPERATION MANAGER

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
- Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices 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: United Ostomy & Surgical Supplies.

Address: 7 Boumar Pl., Elmwood Park, NJ 07407

Name: POWER LINES WHOLESAL

Address: 601 N. CONGRESS AVENUEE, SUITE 502, DELRAY BEACH FL 33445

Name: JJ SudAmericana

Address: 151 South Country Club Blvd, Boca Raton, FL 33487

Name: Genisis Diagnostics

Address: 88 Cresthill Ave., Clifton, NJ 07012

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No

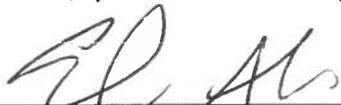
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

ELI ABISROR
Print Name of Authorized Person

Oct 30 19
Date

Board Use Only	Date Processed: _____	Amount: _____
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.Type of Partnership: General _____ Limited X _____

List names of 4 largest partners and percentage of ownership:

Name: ELI ABISROR %: 33.33%Name: STUART HUSNEY %: 33.33%Name: MICHAEL ANTAR %: 33.33%

Name: _____ %: _____

Partnership Name: JANUS TRADE GROUP LLCMailing Address: 556 Industrial Way WestCity, State Zip Code: Eatontown, New Jersey 07724Telephone Number: 732-730-6815 Fax Number: _____Contact Person: STEVE TAWIL

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Fingerprint Submission Instructions<http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>Submit a list containing each employee(s) who handle the drugs on a daily basis.Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**JANUS TRADE GROUP, LLC
0600398623**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 24, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*ELI ABISROR
556 INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
8th day of October, 2019*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6101354125

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

LIST OF EMPLOYEES:

WHO HANDELS THE DRUGS ON DAILY
BASIS

None- Our company does not deal/handle drugs, we are wholesaler of supplies/devices only.



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369
DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION**

0733557

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 accompany such notification."

Registered as: manufacturer wholesaler which conducts business at the following locations in this State:

556 INDUSTRIAL WAY WEST EATONTOWN, NJ 07724-

Reg. No.
5004388

JANUS TRADE GROUP
ATTN: NATHAN HEINEY
556 INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2020

Establishment Copy

A handwritten signature in blue ink, appearing to be "CW".



MERCANTILE
Eatontown Borough
2019 License
Business Class

ML-19-0207
EXPIRATION
DECEMBER 31, 2019

ISSUED TO
JANUS TRADE GROUP
556 INDUSTRIAL WAY WEST
EATONTOWN NJ 07724

OWNER
ELI ABISOR
1139 LINCOLN SQ
LONG BRANCH NJ 07740

BY AUTHORITY OF ORDINANCE 22-2010 OF THE BOROUGH OF EATONTOWN, THIS LICENSE IS HEREBY GRANTED TO THE ABOVE OWNER WITHIN THE LIMITS OF THE BOROUGH OF EATONTOWN, HAVING PAID THE LICENSE FEE.

THIS LICENSE MUST BE POSTED IN PUBLIC VIEW
AND IS NON TRANSFERABLE

Date: DECEMBER 24, 2018
Fee: \$75.00

Linda Montagna
Mercantile Licensing



State of Tennessee
Department of Health

11631831

26407

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
JANUS TRADE GROUP, LLC
556 INDUSTRIAL WAY WEST
EATONTOWN NJ 07724

*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 0000003062

EXPIRATION DATE: 06/30/2021

John W Sidwell

DIRECTOR, HEALTH RELATED BOARDS

Risa J. Ferguson

COMMISSIONER

LOUISIANA BOARD OF DRUG AND DEVICE DISTRIBUTORS



DISTRIBUTOR OF LEGEND DRUGS OR LEGEND DEVICES

SUB-TYPE: Standard Distributor

JANUS TRADE GROUP LLC dba Mission Medical Supplies LLC

License No. 7678 effective 01/01/2019 (Original issue date: 05/30/2013), Expiring 12/31/2019
distributing from 556 Industrial Way West, Eatontown, NJ, 07724

BUSINESS ADDRESS: 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ, 08701

is duly licensed in the State of Louisiana with this Board under the provisions of Act 852 of 1988 (as amended).

This license is subject to regulation in the state of Louisiana

in accordance with La. R.S. 37:3461 through 3482 and LAC 46:XXXIV.101 through 1503.

Additional Third-Party Logistics Providers:
NA

Board Secretary

ORIGINAL LICENSE — DISTRIBUTOR

This License is NOT TRANSFERABLE and must be Conspicuously Displayed. This license must be renewed annually

Louisiana Board of Drug and Device Distributors
12091 Bricksome Avenue, Suite B
Baton Rouge, LA 70816

Phone: 225-295-8567
Fax: 225-295-8568

www.lsbwdd.org
Email: admin@lsbwdd.org

SUB-TYPES:

Standard Distributor: Any entity that sales or facilitates the delivery of legend drugs or legend devices to persons other than the consumer or patient; including, but not limited to, manufacturers, repackagers, own-label distributors, jobbers, retail pharmacy warehouses, pharmacies, brokers, agents, freight forwarders, ship chandlers, reverse distributors, compounders/503b, and nuclear pharmacies.

Wholesale Distributor: Any entity that sales or facilitates the delivery of drug product (as defined by FDA) to persons other than the consumer or patient; not to include (not limited to) manufacturers, repackagers, third-party logistic providers, distributors of devices, medical gases, intravenous drugs for replenishment or irrigation, blood or blood components; radioactive drugs or biologicals, imaging drugs, homeopathic drugs, and compounded drugs.

Third-party Logistics Provider: Any entity that provides or coordinates warehousing, facilitates the delivery of, or other logistic services for a legend drug or legend device interstate and intrastate commerce on behalf of a manufacturer, distributor, or dispenser of a legend drug or legend device but does not take ownership of the legend drug or legend device nor have responsibility to direct the sale or disposition of the legend drug or legend device.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41420408

Application/License No. _____

Janus Trade Group LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
P. O. Box 290109, Brooklyn, NY 11229, as
Address of Applicant/Principal

PRINCIPAL, and Platte River Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Nebraska
State of Incorporation

and authorized to transact a general surety business in the State of
 Nevada, whose address for purposes of service is
2121 N. California Blvd., #300, Walnut Creek, CA 94596 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 30, 2019
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that
 the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy
 (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of
 Pharmacy and this bond is executed and tendered in accordance therewith. This
 bond secures payment of any administrative fines imposed by the Board pursuant to
 NRS 639.255 and any costs incurred by the Board regarding the license of
 Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the
 Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30th day of October, 2019.

APPLICANT/PRINCIPAL

Janus Trade Group LLC

[Signature]
Authorized Representative

SURETY COMPANY

Plate River Insurance Company

[Signature]
Surety Company's Representative

Erin Brown, Attorney-in-fact
print name



SIGNED and SEALED in the presence of:

[Signature]
Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness

Sameer Kerman
Witness

Jeanne Raymond
Witness

Countersigned by
[Signature]
Nevada Resident Agent Erin Brown, Licens #1005693

**PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY**

41420406

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

MICHAEL D LAPRE; DEBORAH M MCGUCKIN; RYAN ROGERS; KEVIN P SHINE; JAREN MARX

YVONNE WEATHERFORD; PHILLIP SIMONS; ERIN BROWN; COLLEEN E. WATSON; ARTYCE JOHNSON

its true and lawful Attorney(s)-in fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$2,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest:

John E. Rzepinski

John E. Rzepinski
Vice President, Treasurer & CFO

Suzanne M. Broadbent

Suzanne M. Broadbent
Assistant Secretary

STATE OF WISCONSIN } s.s.
COUNTY OF DANE



PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills

Stephen J. Sills
CEO & President

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.

VOID



David J. Regele

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN } s.s.
COUNTY OF DANE

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 30th day of October, 2019.



Antonio Celii

Antonio Celii
General Counsel, Vice President & Secretary

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/11/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for WHOLESALE LICENSE
Nature of License
JANUS TRADE GROUP LLC, 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ 07724
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	Abisor	First Name	Eli	Middle Name	Bernard
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
Present Residence Address-Street or RFD	Lincoln Square	City	LongBranch	State/Zip	NJ 07740
<small>Dates</small>					
Present Business Address	556 Industrial Way West	City	Eatontown	State/Zip	NJ 07724
<small>Dates</small>					
Occupation				Phone: Residence	
Member				Business	732-730-6815
Date of Birth	Place of Birth (City, County, State)				
	Neptune, Monmouth, NJ				
Age	Social Security Number			Sex	
37				M	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	MEDIUM	185 lbs	MEDIUM	5" 9

Scars, tattoos or distinguishing marks and/or characteristics _____

Are you a citizen of the United States? Yes No If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial 

MARITAL INFORMATION-Continued

A. **Current Marriage** 04/11/2005 Brooklyn, NY
Date City, County and State
 Spouse's full name (Maiden) Sherly Mandil S.S. No.
 Date of Birth Place of Birth Brooklyn, NY
 Resident address Lincoln Square Long Branch NJ 07740
Street City State Zip
 Telephone: Residence Business Homemaker
 Spouse's employer N/A Occupation
 Address of employer
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

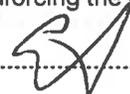
List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Marcus Abisoror		Brooklyn, NY	lincoln square, Long Branch, NJ 07740
Joshua Abisoror		Brooklyn NY	lincoln square, Long Branch, NJ 07740
Suri Joelle Abisoror		Long Branch NJ	lincoln square, Long Branch, NJ 07740

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial 

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Hanania Abisror		Turnberry Way, Aventura Florida	Rabbi
Mother			
Ella Weiner		Same	Homemaker
Father-in-Law			
Joshua Mandil		Hutchinson Ct, Brooklyn NY	Customs Broker
Mother-in-Law			
Mireille Mandil		Same	Homemaker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Joseph Abisror		2 Turnberry Way, Aventura Florida	Unemployed
Spouse N/A			
Michelle Ouzer		Bowyer Ave, Long Branch NJ 07740	Homemaker
Spouse Yishay Ouzer			
Baruch Abisror		Vasser Dr, Anchorage AK 99508	Telecom
Spouse Beth Savit			
Yeshua Abisror		Ocean Pkwy, Brooklyn NY 11235	Medical Supplies
Spouse Jouli Malakh			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Deal Yeshiva	Deal, NJ	Sept 1986 - June 1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Yeshiva Gedolah Zichron Moshe	South Fallsburg, NY	Sept 1995 - Jan 1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Brookdale Community College	Middletown, NJ	Jan 1998 - June 1998	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any N/A

College or university where obtained

Applicant's initial 

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County 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 

Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes No (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
defendent	approx- 1998	n/a	Monmouth county , NJ	car accident

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
see attached sheet		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
Dec 1981- Sept 1995	1139 Lincoln Square	Long Branch	NJ
Sept 1995 - Jan 1998	84 Laurel Park Rd	South Fallburg	NY
Jan 1998 - Sept 2002	1139 Lincoln Square	Long Branch	NJ
Sept 2002 - March 2005	23 Clovelly St	Pikesville	MD
April 2005 - May 2007	2214 East 5th St	Brooklyn	NY
May 2007 - April 2008	869 Norwood Ave	Long Branch	NJ
May 2008 - Present	1139 Lincoln Square	Long Branch	NJ

Applicant's initial



8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/ 2007 - Present	Janus Trade Group 556 Industrial Way West, Eatontown NJ	N/A
Title	Description of Duties	Name of Supervisor
Owner	Magaing Director	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 - 8/2007	Aeromax Dental Supplies 2212 McDonald Ave Brooklyn NY	Closed Business
Title	Description of Duties	Name of Supervisor
Owner	Executive Buyer	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2002 - 9/2004	DC Dental Supplies 1133 Greenwood Rd, Baltimore MD	Pursue Self Employment
Title	Description of Duties	Name of Supervisor
Sales Manger	Overseeing Sales team	David Chamowitz
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  Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Morris Sarway	Home	3333 Henry Hudson PKWY	Bronx, NY	10463		30 years
Employer Westechester Partners LLC	Business	3333 Henry Hudson PKWY	Bronx, NY	10463	347-443-8090	
Name Ike Levy	Home	Park Terrace	Long Branch, NJ	07740		12 years
Employer Monmouth Custom Builders	Business	259 Mounmouth Rd, Deal NJ	07723		732-517-0400	
Name Alex Paskie	Home	East 7th St Brokklyn NY	11230			8 years
Employer blueswitch.com	Business	29 Broadway, NY, NY	10006		212-742-2770	
Name Mordechai Dabbah	Home	Jersey Ave Long Branch, NJ	07740			25 years
Employer Keter Torah	Business	5 Meridian Rd, Eatontown NJ,	07724		732-935-1111	
Name Eli Kopciel	Home	711a Ln, Wesley Hills, NY	10952			20 years
Employer Extell Inc	Business	805 3rd Ave			212-712-6000	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
 Liquor Lawyer Race horse/race dog owner Securities dealer Insurance
 Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming
 Accountant Pilot Sports promoter Trainer or manager Educator
 Yes No
 If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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.....

Applicant's initial *CE* Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 10/28/2019

Applicant's initial [Signature]

STATE OF New Jersey

ss.

COUNTY OF Monmouth

I, Eli Abisror, 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 or 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.

Eli Abisror

Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of October, 2019

Jade B. Walden

Jade B. Walden
Notary Public

JADE B. WALDEN
Notary Public, State of New Jersey
My Commission Expires
September 09, 2020
(seal)

Applicant's initial EA

ADDITIONAL INFORMATION

Additional Siblings:

Orli Shukran North Country Club Drive APT 105, Aventura FL 33180

Spouse of Orli : Alberto Shukran North Country Club Drive APT 105, Aventura FL 33180

Yisrael Abisor Gainesborough Ct, Orlando FL 32826

Spouse of Yisrael : Tamar Devorah Kemerman Gainesborough Ct, Orlando FL 32826

Children and Dependents :

Miireille Abisor born on 1 Long Branch, NJ resides in lincoln square, Long Branch, NJ 07740

Joel Murray Abisor born on 2 Long Branch NJ resides in lincoln square, Long Branch, NJ 07740

Maximus Leo Abisor born on , Long Branch NJ resides in 1 lincoln square, Long Branch, NJ 07740

Isaac Asher Abisor born on F 7 , long branch NJ resides in 9 lincoln square, Long Branch, NJ 07740.

List of Companies Associated with Me:

JANUS TARDE GROUP LLC

MISSION MEDICAL SUPPLIES LLC

BLAZE TRADE GROUP LLC

EMS IMPORTS LLC

VALSTAR DENTAL LLC

ARROW MERCHANTS

INTELLIGENT DESIGNS

TECH GIANT LLC

MJS IMPORTS LLC

Abisor Properties LLC

STONEWATER EQUITIES LLC

CHASING SPARKS, INC

Applicant's initial

Sheet attached

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes

No

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, <i>et al.</i> Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
Janus Trade Group, LLC, Mission Medical Supplies, LLC, Blaze Trade Group, LLC	1/19/16	Dr Haushka Skin Care v. Janus Trade Group, <i>et al.</i> , Dkt # 1:16-cv-00262	Brooklyn, NY (US Dist Ct., EDNY)	Settlement 8/16/16
Janus Trade Group, LLC, MJS Imports, LLC,	8/28/19	Janus Trade Group and MJS Imports v. Coface North America Insurance Co. Dkt # MON-L-003081-19	Freehold, NJ (Monmouth County)	Still pending

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/23/19

GENERAL INSTRUCTIONS

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Application for WHOLESALE LICENSE
Nature of License
JANUS TRADE GROUP LLC, 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ 07724
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Antar	First Name Michael	Middle Name
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Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD North Lincoln Ave	Dates 06/2015 - Present	City Long Branch	State/Zip NJ 07740
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Present Business Address 556 Industrial Way West	Dates 02/2013 - Present	City Eatontown	State/Zip NJ 07724
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Occupation **Medical Supplies Wholesaler**

Phone:
 Residence _____
 Business **732-662-3150 ext 239**

Date of Birth C	Place of Birth (City, County, State) Brooklyn, Kings, New York
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Age 49	Social Security Number	Sex M
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Color of Eyes Brown	Color of Hair Brown	Complexion Dark	Weight 205lbs	Build Muscular	Height 5'11"
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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 MA

MARITAL INFORMATION-Continued

A. **Current Marriage** 6/11/1991 Brooklyn, Kings, NY
Date
 Spouse's full name (Maiden) Emily Lankry City, County and State
S.S. No.
 Date of Birth ε Place of Birth Brooklyn, NY
 Resident address North Lincoln Ave Long Branch NJ 07740
Street City State Zip
 Telephone: Residence{ Business
 Spouse's employer Occupation Homemaker
 Address of employer
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Frieda Antar	05/17/1988	Long Branch NJ	5 E.65th St. Apt 3B NY NY 10065
Max Antar		Brooklyn, NY	5 North Lincoln Ave Long Branch NJ 07740
Zahava Antar		Manhattan, NY	North Lincoln Ave Long Branch NJ 07740

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial EMA

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....
 Address.....
 Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Nessim E. Antar		1 E.23rd Street Brooklyn, NY 11229	Retired
Mother			
Gloria Haber		1070 E.23rd Street Brooklyn, NY 11229	Retired
Father-in-Law			
Solomon Lankry		3 E.7th Street Brooklyn, NY 11223	Retired
Mother-in-Law			
Zahava Abisoror 1		3 E.7th Street Brooklyn, NY 11223	Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Ezra Antar	1/7	E.12th Street Brooklyn, NY 11229	Office Manager
Spouse			
Aliza Soffer	3	2 E.12th Street Brooklyn, NY 11229	Homemaker
Morris Antar	4	1 Ave T Brooklyn, NY 11229	Shoe Importer
Spouse			
Giselle Cohen		1 Ave T Brooklyn, NY 11229	Homemaker
David Antar		E.17th Street Brooklyn, NY 11229	General Contractor
Spouse			
Ramona Ozeri	1/4	9 E.17th Street Brooklyn, NY 11229	Office manager
Sara Antar	7	E.19th Street Brooklyn, NY 11229	Homemaker
Spouse			
Marty Chera		0 E.19th Street Brooklyn, NY 11229	Loan Officer

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Magen David Yeshiva	Brooklyn NY	1979 - 1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Shaare Torah High School	Brooklyn NY	1984 - 1988	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any.....

College or university where obtained.....

Applicant's initial MA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County Kings State NY Date registered 5/5/1988

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? city, county and state
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? city, county and state
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial ama Page 4

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2007 - Present	Janus Trade Group, LLC 556 Industrial Way West Eatontown NJ 07724	
Title	Description of Duties	Name of Supervisor
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 - 9/2007	Aeromax Dental Supplies Inc 2212 McDonald Ave Brooklyn NY 11230	Closed Business
Title	Description of Duties	Name of Supervisor
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1996 - 9/2001	MASH Apparel Enterprise 10 West 33rd ST NY NY 10001	Closed Business
Title	Description of Duties	Name of Supervisor
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1994	Intimate Resources 180 Madison Ave NY NY 10016	Pursue Self Employment
Title	Description of Duties	Name of Supervisor
Salesman	Selling Close Out Apparel	Mike Sutton

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial OMA.....
Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>David Balassiano</u>	Home	<u>E.7th Street Brooklyn, NY 11223</u>				<u>1980 - Present</u>
Employer <u>Kosher Media</u>	Business	<u>1724 E.12th Street Brooklyn, NY 11229</u>				
Name <u>David Hadeh</u>	Home	<u>1 E.7th Street Brooklyn, NY 11223</u>				<u>1980-Present</u>
Employer <u>Samsonic</u>	Business	<u>160 W.28th Street #1 New York, NY 10001</u>				
Name <u>Lawrence Dayan</u>	Home	<u>1 E.9th Street Brooklyn, NY 11223</u>				<u>1980-Present</u>
Employer <u>Gina Group</u>	Business	<u>10 West 33rd Street New York, NY 10001</u>				
Name <u>Ralph Dweck</u>	Home	<u>E.5th Street Brooklyn, NY 11223</u>				<u>1984-Present</u>
Employer <u>N/A</u>	Business	<u>N/A</u>				
Name <u>Danny Marcus</u>	Home	<u>1 Ave S Brooklyn, NY 11229</u>				<u>1998 - Present</u>
Employer <u>JM Legend</u>	Business	<u>2785 Coney Island Ave Brooklyn, NY 11235</u>				

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

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.....
.....

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 ma
Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

ATTACH PHOTOGRAPH



Date of photograph 10/23/2019

Applicant's initial *AMA*

STATE OF New Jersey

ss.

COUNTY OF Monmouth

I, Michael Antar

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 or 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.

Michael Antar
Original Signature of Applicant

Subscribed and Sworn to before me this 23rd day of October, 2019

EMAN M. RYAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Sept. 05, 2024

Eman M. Ryan

(seal)

Applicant's initial MA

Arrests, detentions, litigations and arbitrations – continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or a defendant or an arbitration as either a claimant or respondent?

Yes No

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Stuart Husney, and Michael Antar	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, <i>et al.</i> 503011/2018	Brooklyn, NY (Kings County)	Still pending

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes No

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, <i>et al.</i> Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
Janus Trade Group, LLC, Mission Medical Supplies, LLC, Blaze Trade Group, LLC	1/19/16	Dr Haushka Skin Care v. Janus Trade Group, <i>et al.</i> , Dkt # 1:16-cv-00262	Brooklyn, NY (US Dist Ct., EDNY)	Settlement 8/16/16
Aerogroup Enterprise	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, <i>et al.</i> , Dkt # 503011/2018	Brooklyn, NY (Kings County)	Still pending
Janus Trade Group, LLC, MJS Imports, LLC,	8/28/19	Janus Trade Group and MJS Imports v. Coface North America Insurance Co. Dkt # MON-L-003081-19	Freehold, NJ (Monmouth County)	Still pending

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/24/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for WHOLESALE LICENSE
Nature of License

JANUS TRADE GROUP LLC. 556 INDUSTRIAL WAY WEST. EATONTOWN NJ 07724
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name Husney First Name Stuart Middle Name Eliot

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD 45 East 21st Street City Brooklyn State/Zip NY 11229

Dates Jan 1997 to Present

Present Business Address 556 Industrial Way West City Eatontown State/Zip NJ 07724

Dates Nov 2012 till present

Occupation Phone: Residence _____ Business 718-705-3908

Date of Birth 5 Place of Birth (City, County, State) Brooklyn NY, Kings County

Age 52 Social Security Number _____ Sex M

Color of Eyes Brown Color of Hair Brown Complexion Fair Weight 193 Build Medium Height 5 Ft 8 Inch

Scars, tattoos or distinguishing marks and/or characteristics _____

Are you a citizen of the United States? Yes No If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial [Signature] Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** May 18 1993 Kings County NY
 Date City, County and State
 Spouse's full name (Maiden) Amy Husney S.S. No.
 Date of Birth Place of Birth Brooklyn NY
 Resident address East 21st Street Brooklyn NY 11229
 Street City State Zip
 Telephone: Residence Business NA
 Spouse's employer NA Occupation NA
 Address of employer NA NA NA NA
 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
Ezra Husney		New York NY	Church St. New Haven CT Apt 6G 06510
Abraham Husney		New York NY	1 Johnston Street Oakhurst NJ 07755
Joseph Husney		New York NY	Ave S Brooklyn NY 11229

See Page 10 Additional Children

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial 

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father Ezra Husney		East 9th Street Brooklyn NY 11223	Self Employed
Mother Rosa Husney		East 3rd Street Apt 4F, Brooklyn NY 11223	NA
Father-in-Law Abraham Dancour		BOWYER AVE Long Branch NJ 07740	NA
Mother-in-Law Sophia Dancour		BOWYER AVE Long Branch NJ 07740	NA

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Paulette Husney		East 22nd Street Brooklyn NY 11229	Teacher
Spouse Dr Jonathan Hirsch MD		East 22nd Street Brooklyn NY 11229	Physician
Sara Husney		Elizabeth Street Oakhurst NJ 07755	Teacher
Spouse Aaron Haleva		Elizabeth Street Oakhurst NJ 07755	Attorney
Janine Husney	1	East 24th Street Brooklyn NY 11229	Teacher
Spouse Barry Mizrahi		East 24th Street Brooklyn NY 11229	Usability Engineer
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Magen David Yeshiva	Brooklyn NY , Kings County	1972 till 1982	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Yeshiva Shhare Torah	Brooklyn NY , Kings County	1982 Till 1986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University NA			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other NA			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any.....^{NA}

College or university where obtained.....^{NA}

Applicant's initial.....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County kings State new york Date registered 5/22/1986

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial  Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes No (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
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SEE ATTACHED

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

SEE ATTACHED

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
March 1994 to March 1996	1936 East 13th Street	Brooklyn NY 11229	NY Kings County
April 1996 until Present	[redacted] East 21st Street	Brooklyn NY 11229	NY Kings County

Applicant's initial

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2007 Till present	Janus Trade Group, 556 Industrial way west Eatontown NJ 07724	NA
Title	Description of Duties	Name of Supervisor
Owner	CFO	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 Till 9/2007	Aeromax Dental Supplies Inc, 2212 Mcdonald Ave, Brooklyn NY 11230	Closed Business
Title	Description of Duties	Name of Supervisor
Owner	CFO	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2001 Till 1/2005	Aeromax Inc 2212 Mcdonald Ave Brooklyn NY 11230	Closed Business
Title	Description of Duties	Name of Supervisor
Owner	CFO	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1996 Till 9/2001	Mash Apparel Enterprise 10 West 33rd Street NY NY	Closed Business
Title	Description of Duties	Name of Supervisor
Owner	CFO	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1994 till 1/1996	Intimate Resources 155 Madison Ave NY NY	Persue Self Employment
Title	Description of Duties	Name of Supervisor
Salesman	Selling Close Out Apparel	Mike Sutton
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1993 Till 1/1994	Skiva Intl 1407 Broadway NY NY	To Persue career in Sales
Title	Description of Duties	Name of Supervisor
Collection Agent	Collect Receivables	Jack Tawil
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1991 till 1/1993	Misco Enterprises, 100 S. Washington, Dunellen NJ 08812	Persue career in collections
Title	Description of Duties	Name of Supervisor
Customer Service	Handled Customer Service Calls	Rachel Haber
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 1986 till 1/1991	Unemployed	NA
Title	Description of Duties	Name of Supervisor
NA	NA	NA

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial.....

Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Alex Paskie	Home	East 7th street 11230				18
Employer blueswitch.com	Business	29 Broadway NY NY 10006			(212) 742-2770	
Name Haim Cohen	Home	4 Hutchinson Court Brooklyn NY 11223				25
Employer Century Capital	Business	112 West 34th St NY NY 10120			(347)-564-5090	
Name Abie Levy	Home	4 East 21st Street Brooklyn NY 11229				20
Employer Foot Steps	Business	626 Kings Highway Brooklyn NY 11223			917-662-5554	
Name Morris Sarway	Home	Henry Hudson Parkway Bronx NY 10463				15
Employer Triple 5 Corp	Business	3333 henry hudson parkway bronx ny 10463			917-319-2949	
Name Alfred Sayeg	Home	East 24th Street Brooklyn NY 11210				10
Employer Freshwater Group LLC	Business	2564 Bedford Avenue , Brooklyn, New York 11226			(718) 676-1801	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes No
 If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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.....

Applicant's initial  Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph _____

Applicant's initial 

STATE OF NEW YORK

ss.

COUNTY OF KINGS

I, Stuart E Husney, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or 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.

[Handwritten Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 24 day of October, 2019

[Handwritten Signature]
Notary Public

MARK KHASKELZON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KH5710718
Qualified in Kings County
Commission Expires 6/1/2020

Applicant's initial [Signature]
Page 9

ADDITIONAL INFORMATION

Additional Children Daniel Husney Born in New York NY, Resides at 1 East 21st Street Brooklyn NY 11229

Rosa Husney Born On 8 in New York NY , Resides at 1 East 21st Street Brooklyn NY 11229

List Of Corporations associated with me Blaze Trade Group, EMS Imports, Double Down Trading, Valstar Trading, Valstar Dental, Jared Trading Lowestdeal Com LLC

Arrow Merchants, Intelligent Designs, Tech Giant LLC, Ace Toys, MJS Imports LLC.

Applicant's initial



Arrests, detentions, litigations and arbitrations – continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or a defendant or an arbitration as either a claimant or respondent?

Yes

No

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Stuart Husney, and Michael Antar	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, <i>et al.</i> 503011/2018	Brooklyn, NY (Kings County)	Still pending

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes

No

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, <i>et al.</i> Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
Janus Trade Group, LLC, Mission Medical Supplies, LLC, Blaze Trade Group, LLC	1/19/16	Dr Haushka Skin Care v. Janus Trade Group, <i>et al.</i> , Dkt # 1:16-cv-00262	Brooklyn, NY (US Dist Ct., EDNY)	Settlement 8/16/16
Aerogroup Enterprise	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, <i>et al.</i> , Dkt # 503011/2018	Brooklyn, NY (Kings County)	Still pending
Janus Trade Group, LLC, MJS Imports, LLC,	8/28/19	Janus Trade Group and MJS Imports v. Coface North America Insurance Co. Dkt # MON-L-003081-19	Freehold, NJ (Monmouth County)	Still pending

24

24A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440

WH02252

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.

Application type selection box: New Wholesaler, Ownership Change. (Please provide current license number if making changes: WH _____)

Ownership type selection box: Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner. Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Anutra Medical, Inc.

Physical Address: 1000 Perimeter Park Drive Ste E

Mailing Address: same

City: Morrisville State: NC Zip Code: 27560

Telephone: 844-268-8721 Fax: 844-268-8721

Toll Free Number:

E-mail: cameron@anutramedical.com Website: www.anutramedical.com

Facility Manager: Kevin Olcott

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

Outlet selection: Pharmacies, Practitioners, Hospitals, Wholesalers, Other:

Type of Products to be handled or wholesaled by firm:

Product selection: Legend Pharmaceuticals, Supplies or Devices, Poisons or Chemicals, Controlled Substances, Other, Hypodermic Devices, Veterinary Legend Drugs

91504

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

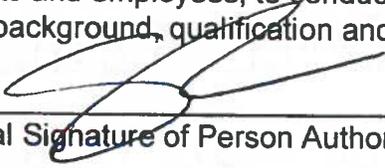
This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is yes , a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Cameron Perkins
Print Name of Authorized Person

8/27/2015
Date

Board Use Only	Received: <u>1-13-16</u>	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
 Parent Company if any: none
 Corporation Name: Anutra Medical, Inc.
 Mailing Address: 1000 Perimeter PK Dr. Ste E
 City: Morrisville State: NC Zip: 27560
 Telephone: 844-268-8721 Fax: same
 Contact Person: Cameron Perkins

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
 - a) Dan Davidian Ashland Mill Ct. Raleigh, NC 27607
Name Address
 - b) Cameron Perkins Huntsworth Pl, Cary, NC 27513
Name Address
 - c) Harbert Ventures E Cam St. 4th floor Richmond, VA 23219
Name Address
 - d) Research Triangle Investments Trellingwood br. Morrisville, NC 27560
Name Address
- 2) Provide the number of shares issued by the corporation. 20,000,000
- 3) What was the price paid per share? 0.001
- 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

OFFICER INFORMATION

Officer Name	Title	Residence Address & Phone*	Percentage Of Ownership	SSN* / DOB
Cameron L. Perkins	CEO	Huntwood Pl, Cary NC 27513 919-802-7429	4.72%	09-19-1975-#7816
Daniel Davidson DDS	CEO FOUNDER	ASHLAND MILL CT RALEIGH, NC 27617 919-666-5420	25.61%	03/31/1973 # 8724

*Please provide only the last 4 digits.



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ANUTRA MEDICAL, INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 25th day of November, 2013.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of October, 2015.

Elaine F. Marshall

Secretary of State



Scan to verify online.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41305807

Application/License No. _____

Anutra Medical Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1000 Perimeter Park Drive, as
Address of Applicant/Principal

PRINCIPAL, and PLATTE RIVER INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of NEBRASKA
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
POB 5900 MADISON WI 53705-0900 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 09/01/2016.
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.

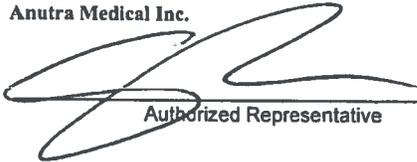
I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this

9th day of SEPTEMBER, 2016.

APPLICANT/PRINCIPAL

Anutra Medical Inc.


Authorized Representative

SURETY COMPANY

PLATTE RIVER INSURANCE COMPANY


Surety Company's Representative

MICHAEL K NESCHKE, Attorney-in-fact
print name

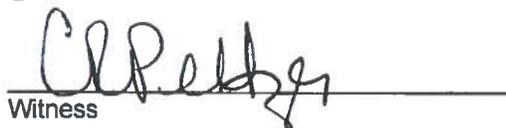
SIGNED and SEALED in the presence of:


Witness

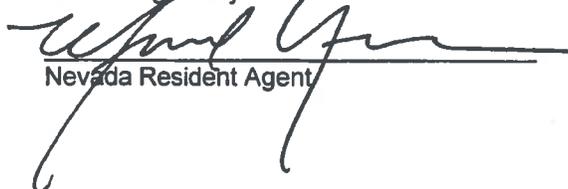
SIGNED and SEALED in the presence of:


Witness


Witness


Witness

Countersigned by:


Nevada Resident Agent

PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

41305828

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

MICHAEL NESCHKE

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the company; the signature of such officers and the seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time "

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation 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 8th day of January, 2014.

Attest:

Richard W. Allen III
Richard W Allen III
President
Surety & Fidelity Operations



PLATTE RIVER INSURANCE COMPANY
Stephen J. Sills
Stephen J Sills
CEO & President

STATE OF WISCONSIN } S.S.
COUNTY OF DANE

On the 8th day of January, 2014 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 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.



Daniel W. Krueger
Daniel W Krueger
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN } S.S.
COUNTY OF DANE

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 1 day of September, 2016.



Alan S. Ogilvie
Alan S. Ogilvie
Secretary



1000 Perimeter Park Drive, Suite E
Research Triangle Park, NC 27560

DETAILED DESCRIPTION OF OPERATIONS
Non-Resident Wholesale Drug Distributor

ANUTRA MEDICAL, INC.
1000 Perimeter Park Drive, STE E
Morrisville, NC 27560

North Carolina Wholesale Distributor License

Registration No: 451
Date First Registered: 11/6/14
Registered through: 12/31/15

BUSINESS STRUCTURE

Anutra Medical, Inc. distributes a device for use in dispensing anesthetic to dental and medical professionals. The device consists of 3 parts; the Dispenser, the Cassette and the Syringe (which is 510k Approved as of 1/2015). The dispenser is not obtained via a prescription. The cassette, syringes, Lidocaine and Sodium Bicarbonate are by prescription only.

The Dispenser, Cassette and Syringes are not packaged as a Convenience Kit (per the FDA definition of same), and can be purchased separately. However, as a courtesy to its customers, Anutra Medical, Inc. packages the vials of lidocaine and sodium bicarbonate for use in the Cassette *with* the Cassette when ordered & shipped to customers. Upon order, the Cassette, sealed in a plastic tray, and the lidocaine and the sodium bicarbonate placed in a small, separate box are then combined into one shipping container at the applicant address. All medication used in the Cassette is independent of the Cassette and must be physically inserted into the Cassette when received in the health care providers office.

Lidocaine and Sodium Bicarbonate for use in the Anutra Dispenser System are the only prescription drugs currently stored at, shipped from, or handled by Anutra Medical, Inc. and at this time, Anutra Medical, Inc. operates as a prescription drug/device distributor solely for the Cassette, Syringe, lidocaine and sodium bicarbonate (purchased from Hospira – see below) in units used in the Cassette.

Drug List {Anutra Medical, Inc. only warehouses Lidocaine and Sodium Bicarbonate as indicated above}

Lidocaine HCL 2% and Epinephrine 1:100,000 Injection, USP
Vial size: 50 mL
NDC: 0409-3182-03
Manufactured By: Hospira @ 275 N Field Dr, Lake Forest, IL 60045



1000 Perimeter Park Drive, Suite E
Research Triangle Park, NC 27560

8.4% Sodium Bicarbonate Injection, USP

Vial size: 10 mEq (1mEq/mL)

NDC: 0409-4916-34

Manufactured By: Hospira @ 275 N Field Dr, Lake Forest, IL 60045

	Name	License Status	License Number	City/State	Original Issue Date	Current Expiration Date	Ever Disciplined
Detail	HOSPIRA INC	ACTIVE	097001415	Lake Forest, IL	04/28/2004	12/31/2016	N
Detail	HOSPIRA INC	ACTIVE	004001961	Lake Forest, IL	09/08/2004	12/31/2016	N
Detail	HOSPIRA INC	ACTIVE	304006757	Lake Forest, IL	09/08/2004	12/31/2016	N

Security System

Guardian, 2 cameras in warehouse, motion sensors in main corporate office area, and door sensors on all doors. They system is monitored by 2 core management personnel via an iPhone app.

Facility photos:

24B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WH <u>01775</u> Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Broughton Pharmaceuticals, LLC

Physical Address: 413 West Montgomery Cross Rd. Suite 204

City: Savannah State: GA Zip Code: 31406

Telephone Number: 866-341-0315 Fax Number: 912-201-3775

Toll Free Number: 866-341-0315

E-mail: service@broughtonpharma.com Website: www.broughtonpharm.com

Facility Manager: John Dutch

Professional qualifications and experience of facility manager: BA in Finance & Management, MBA in Strategic Planning, 10+ years in pharmaceuticals managing position

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
- Other: VA's, Active Duty Military, infusion clinics, surgical facilities

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: McKesson Corporation
 Address: 1005 Satellite Blvd. Suwanee, GA 30024

Name: Harvard Drug Group
 Address: 17177 N. Laurel Park Ste. 233 Livonia, MI 48152

Name: HD Smith Wholesale Drug Co.
 Address: 4656 Industrial Dr. Springfield, IL 62703

Name: Priority Healthcare
 Address: 1231 East Beltline Ave. NE Grand Rapids, MI 49525

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

John Dutch

9/16/19

Print Name of Authorized Person

Date

Board Use Only	Date Processed: _____	Amount: _____
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Georgia

Parent Company if any: SL Group, LLC

Mailing Address: 413 West Montgomery Cross Rd Suite 204

City: Savannah State: GA Zip: 31406

Telephone: 866-341-0315 Fax: 912-201-3775

Contact Person: John Dutch

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Broughton Pharmaceuticals Holdings, LLC 413 W. Montgomery Crossroad Unit 204 Savannah GA 31406

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.

Broughton Pharmaceuticals:

Name: Broughton Pharmaceuticals, LLC

Name and Title of Each Member:

John Dutch – CEO

Bradley Allen – COO

Kenward Stone – Co-President

Nicholas Leibold – Co-President

Parent: SL Group, LLC

State of Inc.: Georgia



LIST OF EMPLOYEE'S WHO HANDLE DRUGS ON A DAILY BASIS

CAILTYN JOHNSON

LAUREN DEBOCKLER

MOLLY CURRY

Control Number : 0215055

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BROUGHTON PHARMACEUTICALS, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16278907
Date Inc/Auth/Filed: 03/21/2002
Jurisdiction : Georgia
Print Date : 11/07/2018
Form Number : 211



A handwritten signature in black ink, appearing to read "B. P. Kemp".

Brian P. Kemp
Secretary of State



**GEORGIA
CORPORATIONS
DIVISION**

GEORGIA SECRETARY OF STATE
**BRAD
RAFFENSPERGER**

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

BROUGHTON	
Business Name:	PHARMACEUTICALS, LLC
Control Number:	0215055
Business Type:	Domestic Limited Liability Company
Business Status:	Active/Compliance
Business Purpose:	NONE
Principal Office Address:	413 West Montgomery Crossroad, ste 204, Savannah, GA, 31406, USA
Date of Formation / Registration Date:	3/21/2002
State of Formation:	Georgia
Last Annual Registration Year:	2019

REGISTERED AGENT INFORMATION

Registered Agent Name: **Dutch Jr., John Franklin**

Physical Address: **4 Captain Jim Lane, Savannah, GA, 31411, USA**

County: **Chatham**

[Back](#)

[Filing History](#)

[Name History](#)

[Return to Business Search](#)



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

GEORGIA BOARD OF PHARMACY

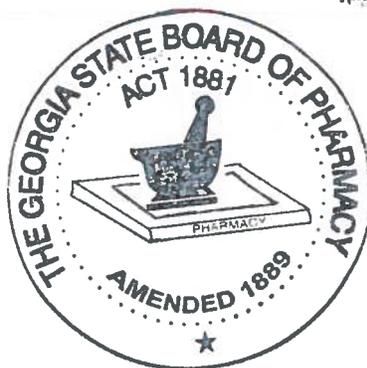
Date Mailed: September 27, 2019

Nevada State Board of Pharmacy
985 Demonte Ranch Pkwy #206
Reno NV 89521

Full Name: Broughton Pharmaceuticals LLC	Date Issued: 04/30/2002
Type of License: Wholesaler Pharmacy	License #: PHWH001676
Obtained By: Transfer	Expiration Date: 06/30/2021
License Status: Active	Highest Degree:
Public Board Orders: none	Profession: Pharmacy
Schools:	

VERIFICATION OF LICENSURE

The information above is the only licensure certification information provided by this Division. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information. If this verification indicates that a board order exists, please visit our website at <https://gadch.mylicense.com/verification/Search.aspx?facility=N> to obtain a copy of the board order.



Tanja D. Battle

**Tanja D. Battle
Executive Director
Georgia Board of Pharmacy**

SURETEC INSURANCE COMPANY3033 5th Avenue, Suite 300, San Diego, CA 92103**CONTINUATION CERTIFICATE**

Bond No. 5120440
Principal: Broughton Pharmaceuticals, LLC
Bond Amount: \$100,000
Bond Description: Wholesale Pharmaceutical Distributor Bond
Obligee: Nevada State Board of Pharmacy

Gentlemen:

You are hereby notified that the above Bond shall be continued in force for a period effective from

08/01/2019 until 08/01/2020

unless it is cancelled by the surety or otherwise terminated. All other terms and conditions remain unchanged.

The aggregate liability of the surety shall not exceed the amount of this Continuation Certificate. The liability of the surety shall not cumulate by reason of this certificate, any continuation certificate, change rider, endorsement, modification, new bond, reinstatement, reissue, renewal, replacement, or substitution issued in the future.

Signed this 23rd day of July, 2019.

SureTec Insurance Company, Surety

By: 
Michelle M. Herman, Attorney in Fact

24C

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

✓
WH02209

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Primary Pharmaceuticals, Inc

Physical Address: 1019 Government St. Suite E

Mailing Address: 1019 Government St. Suite E

City: Ocean Springs State: MS Zip Code: 39564

Telephone: 888.574.7366 Fax: 228.875.5596

Toll Free Number: 888.574.7366

E-mail: info@primarypharmaceuticals.com Website: www.primarypharmaceuticals.com

Facility Manager: Frank Stumbo

Professional qualifications and experience of facility manager: Employed since 2013
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: _____

92227



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 a Manufacturer by the FDA? Yes No (If yes, provide a copy of the FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

- 1) TopRx - Bartlett, Tennessee
Name Address

- 2) Gulf Coast Pharmaceuticals, Plus
Business Name Address
995A N Hatfield Rd, Ocean Springs, MS

- 3) Alvey Pharmaceuticals - Ocean Springs, MS
Business Name Address

- 4) _____
Business Name Address

- _____
Business

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

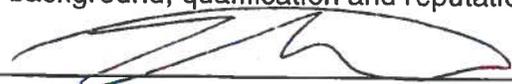
4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

FRANK Stumbo
Print Name of Authorized Person

3.11.16
Date

Board Use Only	Received: <u>3/28/16</u>	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Mississippi

Parent Company if any: N/A

Corporation Name: Primary Pharmaceuticals, Inc.

Mailing Address: 1019 Government St. Suite E

City: Ocean Springs State: MS Zip: 39564

Telephone: 228.872.1167 Fax: 228.872.1169

Contact Person: FRANK Stumbo - Operations Manager

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) Darrell Patchey 1019 Government St. Suite E, Ocean Springs, MS
 Name Address 39564

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? 0

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



1019 Government Street, Suite E, Ocean Springs, MS 39564
phone 877.337.0682 fax 877.337.0683 web primarypharmaceuticals.com

Primary Pharmaceuticals Organizational Chart

Darrell Ritchey – Owner & President (Sole Officer)

Frank Stumbo – Operations Manager

Darrell Ritchey
Incorporator

1019 Government Street, Suite E
Ocean Springs, MS 39564



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
 Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 20th day of November, 2015, the State of Mississippi issued a Charter/Certificate of Authority to

PRIMARY PHARMACEUTICALS, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said PRIMARY PHARMACEUTICALS, INC. is in good standing at this time.

Given under my hand and seal of office
 the 11th day of March, 2016

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN16021112

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

F0001**2015427961****Fee: \$ 50**

DELBERT HOSEMANN
Secretary of State

P.O. BOX 136
JACKSON, MS 39205-0136

Business ID: 1080076
Filed: 11/20/2015 08:56 AM
C. Delbert Hosemann, Jr.
Secretary of State

TELEPHONE: (601) 359-1633

Articles of Incorporation

Business Information

Business Type: Profit Corporation
Business Name: PRIMARY PHARMACEUTICALS, INC.
Business Email: primaryrx@cs.com
Period of Duration: Perpetual

NAICS Code/Nature of Business

424210 - Drugs and Druggists' Sundries Merchant Wholesalers

Registered Agent

Name: Business Filings International, Inc.
Address: 645 Lakeland East Drive, Suite 101
Flowood, MS 39232

Stock Information

Classes:	No. of Shares:	Shares Issued:
Common	2000	0

Signature

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **11/20/2015**.

Name:

Address:



1019 Government Street, Suite E, Ocean Springs, MS 39564
 phone 877.337.0682 fax 877.337.0683 web primarypharmaceuticals.com

PRESIDENT:

Darrell Ritchey

OPERATIONS MANAGER:

Frank Stumbo

BILLING/SHIPPING ADDRESS:

1019 Government St.
 Suite E
 Ocean Springs, MS 39564

PHONE:

(877) 337-0682

FAX:

(877) 337-0683

EMAIL:

info@primarypharmaceuticals.com

WEBSITE:www.primarypharmaceuticals.com**TAX ID:**

20-2613311

DUN & BRADSTREET:

06-612-6126

NAICS:

424210

CAGE CODE:

78JF1

HIN#:

J5VBXM00

DIBBS:

78JF101

SAM/CCR VENDOR NUMBER:

066126126

MS BOARD PF PHARMACY

11690/6.1

LICENSE NUMBER:**ISSUED:**

10/09/2012

EXPIRATION DATE:

12/31/2017

STATE OF INCORPORATION:

Mississippi

BANKING INFORMATION:

Wells Fargo Bank
 1702 Bienville Blvd.
 Ocean Springs, MS 39564
 228.872.2911

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB12289500020

Application/License No. _____

PRIMARY PHARMACEUTICALS, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1019 GOVERNMENT ST., OCEAN SPRINGS, MS 39564, 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
231 ST. ASAPH'S RD., SUITE 100, BALA CYNWYD, PA 19004 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 20, 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 20TH day of JANUARY, 2016.

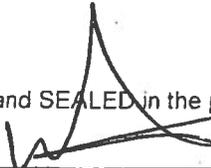
APPLICANT/PRINCIPAL
 PRIMARY PHARMACEUTICALS, INC.


 Authorized Representative

SURETY COMPANY
 PHILADELPHIA INDEMNITY INSURANCE COMPANY


 Surety Company's Representative

DAVID C. JOSEPH, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


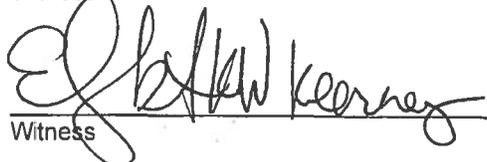
 Witness

SIGNED and SEALED in the presence of:


 Witness

Witness


 Witness

Witness


 Witness

Countersigned by:
N/A

 Nevada Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY
231 St Asaph's Rd., Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Clark Fitz-Hugh, Conway C Marshall, Elizabeth Schott, Linda C Sheffield, Darlene A Bornt, Catherine C Kehoe, Emily G Lapeyre, David C Joseph, Jessica Palmeri, Kristine Donovan, Stephen Beahm and Candice Gros of Global Surety, LLC, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$25,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY at a meeting duly called the 1st day of July, 2011.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company to: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: 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 the respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 10TH DAY OF JUNE 2013.



Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 10th day of June 2013, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY, that the seal affixed to said instrument is the Corporate seal of said Company, that the said Corporate Seal and his signature were duly affixed.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Kimberly A. Kocieski, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Dec. 18, 2016
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Notary Public

residing at: Bala Cynwyd, PA

My commission expires: December 18, 2016

(Notary Seal)

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto on this 10TH day of June 2013 true and correct and are still in full force and effect. I do further certify that Robert D O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY, .

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 20th day of January 2016



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

MISSISSIPPI Board of Pharmacy



This is to certify that Primary Pharmaceuticals, Inc *is duly permitted as a:*

Permit No.:
11690/6.1

Permit Holder:
Stumbo, Frank

1019E Government Street
Ocean Springs, Mississippi 39564

Wholesaler / Manufacturer of Human Prescriptions and/or Devices

This permit is not transferable or assignable.

Issued: 10/9/2012
Renewed: 1/1/2016
Expires: 12/31/2017

Frank Lamuel

Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

FRANK STUMBO
 7 Maple Drive
 Ocean Springs. MS 39564

Email: frank@primarypharmaceuticals.com

OBJECTIVE

I want a position that will allow me to expand my written and interpersonal communication skills through written and oral correspondence, as well as develop my leadership and managerial abilities in the business field.

EDUCATION

School of Communication, University of South Alabama, Mobile, AL
 B.A., Communication in a Print Journalism track W/ English minor
 GPA: 3.66

WORK EXPERIENCE

- *Primary Pharmaceuticals, Inc.*, Ocean Springs, MS - November 2013 to present
 Operations Manager: Manager the day-to-day operations of Primary Pharmaceuticals including, but not limited to, intake and inspection of product, QuickBooks bill entry and invoicing for outgoing product. Oversaw the company's move from Mobile, AL to Ocean Springs, MS in November 2013.
- *Gulf Coast Pharmaceuticals Plus, Inc.*, Ocean Springs, MS - November 2010 to October 2013
 Assistant Operations Manager: Assisted Operations Manager in the day-to-day operations of Gulf Coast Pharmaceuticals Plus including, but not limited to, intake and inspection of product, QuickBooks bill entry and invoicing for outgoing product. Created and managed Gulf Coast Pharmaceuticals Plus' call list and in-house past due invoice collection program.
- *The Gazette Newspaper*, Ocean Springs, MS – August 2009 to October 2010
 Managing Editor: Conducted all editorial and managerial duties for the Gazette weekly newspaper; including interviews, reporting, writing and editing. Developed lasting contacts in the political and business community in Ocean Springs and the surrounding area, and worked with the community to expand the readership of the paper to more than 1,200 subscribers in less than a year.

QUALIFICATIONS

- Excellent written and oral communication skills learned through on the job experience interviewing subject matter experts in their respected fields and relaying that to the layperson through the written word.
- Experience in obtaining sources, researching information and conducting interviews in person, over the phone and email.
- Fluent in numerous business and communication computer programs such as Microsoft office, Photoshop, Quark Express, NewsEdit Pro and other related programs.

MILITARY EXPERIENCE

Three years in the 1st Battalion, 75th Ranger Regiment (SOF) as an Airborne Ranger; held positions ranging from rifleman to team leader
 One year tour of duty with the 1st Battalion, 155th Infantry Division, Brigade Combat Team, in Iskandariyah, Iraq; held positions as an entry team leader and vehicle commander on combat patrols throughout 2005.
 Earned the Combat Infantry Badge for engaging enemy combatants.

24D

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

NH01904

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation - Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation - Pages 1,2,3,5a,5b Sole Owner - Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Abbott Laboratories Inc.
% Qualanex
5605 Centerpoint Court
Gurnee, IL 60031

Facility Name: _____

Physical Address: _____

Mailing Address: Abbott Laboratories Inc. 100 Abbott Park Rd, D-AH72, Bldg AP6C
Abbott Park, IL 60064

City: Abbott Park State: IL Zip Code: 60064

Telephone: 847-935-9197 Fax: 847-938-2741

Toll Free Number: N/A

E-mail: denise.stollenwerk@abbott.com Website: www.abbott.com

Facility Manager: Denise Stollenwerk

Professional qualifications and experience of facility manager: 8 yrs. experience

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: universities, vets

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:

* applied for inspected 12/18/12 will forward when recd

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 a Manufacturer by the FDA? Yes No
(If yes, provide a copy of the FDA registration)

applied for - inspected 1/28/12 will be resubmitted when rec'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 in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

- veterinary wholesalers*
- 1) *Novel*
 Name Address
 Business
 - 2) *Butler*
 Name Address
 Business
 - 3) *Webster*
 Name Address
 Business
 - 4) *Victor Medical*
 Name Address
 Business

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

APPLICATION FOR OUT-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Maureen Bryson

Original Signature of Person Authorized to Submit Application, no copies or stamps

Maureen Bryson

Print Name of Authorized Person

11-15-12

Date

Board Use Only	Received: <u>JAN 15 2013</u>	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: _____

Corporation Name: Abbott Laboratories Inc.
100 Abbott Park Rd

Mailing Address: D-AH72 Bldg. AP6C
Abbott Park, IL 60064

City: _____

Telephone: 847-935-9197 Fax: 847-938-2741

Contact Person: Denise Stollenwerk

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- 1. No person owns 5% or more %: _____
- 2. _____ %: _____
- 3. _____ %: _____
- 4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Include with the application for a publicly traded corporation

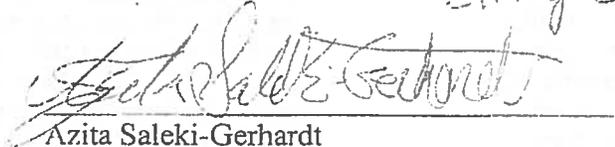
List of officers and directors. attached

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Abbott Laboratories Inc.

DELEGATION OF AUTHORITY

I, Azita Saleki-Gerhardt, authorize Maureen Bryson and Robert Nevens, Domestic Distribution Operations, to sign license applications for Abbott Laboratories Inc. Distribution Center in Abbott Park, Il, the Abbott Laboratories manufacturing locations in North Chicago, Il, and the public warehouses contracted by Abbott.

21 AUG 12

Azita Saleki-Gerhardt
Vice President
Pharmaceuticals Manufacturing & Supply

Abbott Laboratories Inc. Corporate Officers - May 2012

<u>Name</u>	<u>Title</u>
Miles D. White	Chairman of the Board and CEO
Richard W. Ashley	Executive Vice President, Corporate Development
Oliver Bohuon	Executive Vice President, Pharmaceuticals
John M. Capek	Executive Vice President, Medical Devices
Thomas C. Freyman	Executive Vice President, Finance & CFO
Holger A. Liepmann	Executive Vice President, Nutritional Products
Edward L. Michael	Executive Vice President, Diagnostic Products
Laura J. Schumacher	Executive Vice President, General Counsel and Secretary
Thomas F. Chen	Senior Vice President, International Nutrition
Carlos Alban	Senior Vice President, International Pharmaceuticals
Stephen R. Fussell	Senior Vice President, Human Resources
Robert B. Hance	Senior Vice President, Vascular
Azita Saleki-Gerhardt	Senior Vice President, Pharmaceuticals, Manufacturing and Supply
John M. Leonard	Senior Vice President, Pharmaceuticals, Research and Development
Heather L. Mason	Senior Vice President, Diabetes Care
James V. Mazzo	Senior Vice President, Abbott Medical Optics
Donald V. Patton Jr.	Senior Vice President, US Nutrition
Michael J. Warmuth	Senior Vice President, Diagnostics
Carols Alban	Vice President, Pharmaceuticals, Western Europe and Canada
Greg E. Arnsdorf	Vice President, Point of Care Diagnostics
Catherine V. Babington	Vice President, Public Affairs
Michael G. Beatrice	Vice President, Corporate Regulatory and Quality Science
William J. Chase	Vice President, Treasurer
Jaime Contreras	Vice President, Diagnostics, Global Commercial Operations
Thomas J. Dee	Vice President, Controller International Pharmaceuticals
Charles D. Foltz	Vice President, Vascular Products Operations
Robert B. Ford	Vice President, Diabetes Care, Commercial Operations
Robert E. Funck	Vice President, Internal Audit
John F. Ginascol	Vice President, Supply Chain, Nutrition
Honey Lynn Goldberg	Vice President, Associate General Counsel, Corporate Transactions
Cecilia L. Kimberlin	Vice President, Abbott Quality and Regulatory
Zahirali A. Lavji	Vice President, Pharmaceuticals, International Marketing
Elaine R. Leavenworth	Vice President, Government Affairs
Steven J. Lichter	Vice President, Pharmaceuticals, Manufacturing
Greg W. Linder	Vice President, Controller
Santiago Luque	Vice President, Pharmaceuticals, Latin America
Sean E. Murphy	Vice President, Licensing and Business Development
Corlis D. Murray	Vice President, Corporate Engineering Services
D. Stafford O'Kelly	Vice President, Molecular Diagnostics
Ramachandran Rajamanickam	Vice President, Nutrition, Pacific, Asia, and Africa
John R. Schilling	Vice President, Sales and Marketing, US Pharmaceutical Operations
AJ J. Shoultz	Vice President, Taxes
Preston T. Simmons	Vice President, Information Technology
James P. Sullivan	Vice President, Pharmaceuticals Discovery
Eugene Sun	Vice President, Pharmaceuticals Clinical Development
John B. Thomas	Vice President, Investor Relations
Glenn S. Warner	Vice President, Strategic Initiatives, Pharmaceutical Products Group
Jeffrey Ryan Stewart	Vice President, Proprietary Pharmaceuticals US
Benjamin Oosterbaan	Assistant Treasurer
John A. Berry	Assistant Secretary
Chadwick Munz	Assistant Secretary
Paul D. Yasger	Assistant Secretary

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

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.

LICENSE NO.
304.007348
004.003577

EXPIRES
12/31/2014

LICENSED
DRUG DISTRIBUTOR
CONTROLLED SUBSTANCE
F II III IIII IV V
ABBOTT LABORATORIES INC
C/O QUALANEX
5605 CENTERPOINT CT SUITE A
GURNEE, IL 60031



Manuel Flores
MANUEL FLORES
ACTING SECRETARY

Jay Stewart
JAY STEWART
DIRECTOR

The official status of this license can be verified at www.idfpr.com

7474476

Cut on Dotted Line

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ABBOTT LABORATORIES INC.**, as a corporation duly organized under the laws of Delaware and existing under and by virtue of the laws of the State of Nevada since December 8, 1997, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 20, 2012.

ROSS MILLER
Secretary of State



Electronic Certificate
Certificate Number: C20121220-3468
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

DGS06 AP5
100 Abbott Park Rd
Abbott Park, IL 60064-6214

Abbott Laboratories

January 7, 2013

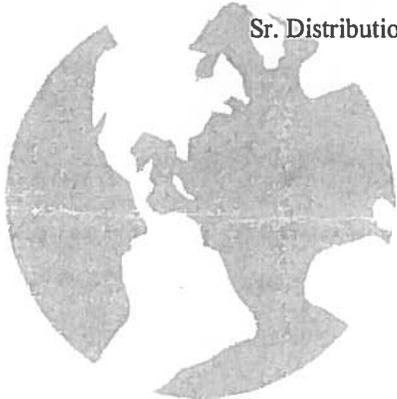
Enclosed in an application for a wholesaler license located in the State of Illinois. VAWD accreditation has been applied for. VAWD inspected this location on November 28, 2012. We are currently awaiting the issuance of the VAWD certificate. We will forward a copy of this certificate as soon as it is received.

If there are any questions, please call me at 847-935-9197.

Sincerely,



Denise Stollenwerk
Sr. Distribution Analyst



24E

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH01450)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Reliance Wholesale, Inc.

Physical Address: 9325 Cordova Park Road

Mailing Address: same

City: Cordova State: TN Zip Code: 38018

Telephone: 866 901-755-9761 Fax: 901-755-9973

Toll Free Number: 866-210-1591

E-mail: tres@reliancecmw.com Website: www.reliancecmw.com

Facility Manager: Amresh Narine

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: _____

37967

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes No

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes No

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) See Attached List

Name	Address
Business	

2)

Name	Address
Business	

3)

Name	Address
Business	

4)

Name	Address
Business	

Within the last five (5) years:

- Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes No
- Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

José Trespalacios
Print Name of Authorized Person

9/6/2013
Date

Board Use Only	Received: <u>9/19/13</u>	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: TN

Parent Company if any: NA

Corporation Name: Reliance Wholesale Inc.

Mailing Address: 13967 SW 119 Ave

City: Miami State: FL Zip: 33186

Telephone: 866-210-1591 Fax: 305 574 7775

Contact Person: Jose Trespacios Jr.

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

- a) See attached.

Name	Address
- b) _____

Name	Address
- c) _____

Name	Address
- d) _____

Name	Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? NA

4) What date did the corporation actually receive the cash assets? NA

5) Provide a copy of the corporation's stock register evidencing the above information



National Association of Boards of Pharmacy
Verified-Accredited Wholesale Distributors
1600 Feehanville Drive, Mount Prospect, IL 60056

The National Association of Boards of Pharmacy® hereby awards

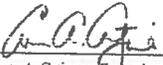
**Verified-Accredited Wholesale Distributors®
Accreditation**

to
Reliance Wholesale Inc

located at

894 N Germantown Pkwy, Ste #2, Cordova, TN 38018

This facility has met all the Verified-Accredited Wholesale Distributors criteria requirements set in place by the National Association of Boards of Pharmacy.


Carmen A. Catizone, Executive Director/Secretary

8446-31615
VAWD' Unique Identifier
10/29/2007
Date Accreditation Awarded



STATE OF TENNESSEE
Tre Hargett, Secretary of State
 Division of Business Services
 William R. Snodgrass Tower
 312 Rosa L. Parks AVE, 6th FL
 Nashville, TN 37243-1102

JOSE TRESPALACIOS
 13967 SW 119 AVE
 MIAMI, FL 33186

September 10, 2013

Request Type: Certificate of Existence/Authorization
 Request #: 0107905

Issuance Date: 09/10/2013
 Copies Requested: 1

Document Receipt

Receipt #: 1151168 Filing Fee: \$22.25
 Payment-Credit Card - State Payment Center - CC #: 152069317 \$22.25

Regarding: RELIANCE WHOLESAL, INC.
 Filing Type: Corporation For-Profit - Domestic Control #: 501651
 Formation/Qualification Date: 09/02/2005 Date Formed: 09/09/2005
 Status: Active Formation Locale: TENNESSEE
 Duration Term: Perpetual Inactive Date:
 Business County: SHELBY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RELIANCE WHOLESAL, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
 Secretary of State

Processed By: Cert Web User

Verification #: 004264426

Vendor Name / Manufacturers Highlighted	City	State	Zip Code
ABO Pharmaceuticals	San Diego	CA	92126
Advanced Medical Sales	San Clemente	CA	92672
Bell Medical Services, Inc.	Marlboro	NJ	07746
Biopharm Solutions Inc.	Vista	CA	92081
Carolina Pharmaceuticals, Inc.	Savannah	GA	31406
Central Pharmacy Supply	Springfield	KY	40069
Chirhoclin	Burtonsville	MD	20866
D & H Wholesale Medical, Inc.	Ruston	LA	71270
DTR Medical	Hanover	NJ	7936
Fagron US	St. Paul	MN	55120
Harford Health Services	Bel Air	MD	21014
Harrison Healthcare Inc.	Baltimore	MD	21218
Hope Pharmaceuticals	Scottsdale	AZ	85260
InSource	Bastian	VA	24314
Investigational Drug Delivery, LLC	Woodbridge	NC	07095
Kentucky Pharma Partners	Campbellsville	KY	42718
KY Meds, Inc	Louisville	KY	40243
LETCO	Chicago	IL	60686
Lifeline Pharmaceuticals LLC	Miami	FL	33126
Masters RX	Fairfield	OH	45011
McKesson	Cincinnati	OH	45263
MD Pharmaceutical Supply	Hanover	PA	17331
Medical Specialties Distributors	Stoughton	MA	02072
Mercer Medical	Kent	WA	98031
Merck Sharp & Dohme Corp.	West Point	PA	19486
Mr Unlimited	BRENHAM	TX	77833
Novartis Vaccines	Lincoln	NE	68517
Pharmacy Supply, Inc.	West Palm Beach	FL	33414
Premium Health Services	Columbia	MD	21045
PSS - FL	Orlando	FL	32824
PSS - TN	Memphis	TN	38141
Real Value Products Corp DBA Hospital Pharmacy	San Antonio	TX	78218
Sanofi Pasteur	Swiftwater	PA	18370
The Compounding Center	Scottsdale	AZ	85266
The Harvard Drug Group	Livonia	MI	48150
Top RX	Bartlett	TN	38133
Vital Healthcare LLC	Savannah	GA	31415
VRC Medical Services	Allentown	PA	18106
Wasatch RX LLC	South Jordan	UT	84095

To: Board of Pharmacy
 From: Reliance Wholesale Inc. a **Tennessee Corporation** EIN 20-3460248
 Private- Minority owned Small Business- No parent company.

Re: Shareholders and **Corporate officers**
Phone # - 866-210-1591 fax 305-574-7775

Effective Date: 10/01/2013

Officer/Director

Josue Navarro- 5

DOB- 6

Title- President / CEO

Home address / phone

sw 94 terr

Miami, FL 33176

7

Shareholder

Navarro Family Trust - EIN-90-6254760

Stock Ownership 60%

Trustee- John G. Admire

3 Ponce De Leon Blvd. # 320

Coral Gables, FL 33134

3 john.admire@sullivanadmire.com

Shareholder/ Officer /Director

Jose Trespalacios-

DOB-

Title – Vice President / Secretary

Stock ownership – 40%

Home address / phone

sw 104 st

Pinecrest, FL 33156

305-3198 tres@reliancemw.com

Business Address – Corporate Office

13967 SW 119 ave, Miami, FL 33186

866-210-1591

RELIANCE WHOLESALE, INC.
DIRECTORS AND SHAREHOLDERS' MEETING MINUTES
September 4, 2013

DIRECTORS PRESENT

Josue Navarro
Jose Trespalacios

OFFICERS PRESENT

Josue Navarro
Jose Trespalacios

QUORUM PRESENT

Pursuant to Reliance Wholesale, Inc.'s corporate documents, Mr. Jose Trespalacios, as officer, director and shareholder, confirmed that a quorum of directors and shareholders was present and that consideration of new business was appropriately noticed so that consideration of stock transfer between Pamela Navarro and the Navarro Family Trust could be properly considered and voted upon.

DISCUSSION AND REPORTS

Mr. Trespalacios and Mr. Navarro discussed the proposed transfer of stock ownership between Pamela Navarro and the Navarro Family Trust and all issues related thereto were considered. After due consideration of the proposed transfer of stock from Pamela Navarro to the Navarro Family Trust was discussed, a motion was proposed by Jose Trespalacios that the ownership transfer be approved. The motion passed unanimously and it was directed that a corporate Resolution be prepared delineating the transfer of ownership between Pamela Navarro and the Navarro Family Trust to take effect on October 1, 2013.

RESOLUTION UNANIMOUSLY APPROVED

The motion to approve transfer of stock was unanimously voted upon and accepted by all Directors and Shareholders.

The Corporate Books and Records will be appropriately amended to indicate that the resolution unanimously passed and that all appropriate documentation necessary to effectuate the transfer of ownership of stock between Pamela Navarro and the Navarro Family Trust will be properly prepared and accepted.

CERTIFICATION OF SECRETARY

The above minutes of Reliance Wholesale, Inc.'s of the meeting held on September 4, 2013 accurately reflect the contents of the meeting.



Jose Trespalacios
Dated: 9/4/13

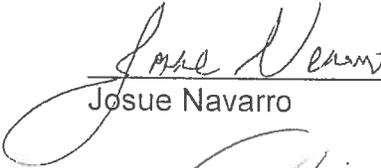
UNANIMOUS CONSENT RESOLUTION
OF DIRECTORS OF RELIANCE WHOLESALE, INC.

We, the undersigned, being all of the Directors of Reliance Wholesale, Inc., a Tennessee corporation (the "Corporation"), hereby consent to, approve and adopt the following resolution taken following a meeting of the Directors and Shareholders of the Corporation and in furtherance thereof hereby direct this Unanimous Written Consent to be filed with the Minute Book of the Corporation:

RESOLVED, that all shares of stock previously owned by Pamela Navarro (sixty (60) shares in total) previously standing in her name on the books and records of the Corporation and represented by Stock Certificates Number 2 and Number 4 are hereby approved as transferred to the Navarro Family Trust.

FURTHER RESOLVED, all rights, title, interests and powers previously held by Pamela Navarro are accepted, ratified and transferred to the Navarro Family Trust as of October 1, 2013 without any further requirement by the Corporation.

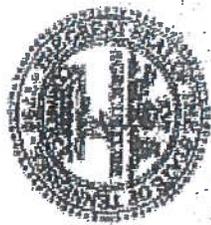
IN WITNESS WHEREOF, the undersigned Directors have hereto executed this Unanimous Written Consent effective as of the 1st day of October, 2013.



Josue Navarro



Jose Trespalacios



State of Tennessee

8199540

TENNESSEE BOARD OF PHARMACY
MANUFACTURER/WHOLESALE/DISTRIBUTOR

RELIANCE WHOLESALE INC.
9325 CORDOVA PARK ROAD
CORDOVA TN 38018

*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 0000002377

EXPIRATION DATE: 09/30/2014

Gregory
DIRECTOR, TENNESSEE BOARD OF PHARMACY

1771



California State Board of Pharmacy
 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
 www.pharmacy.ca.gov

STATE AND CONSUMER AFFAIRS AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN

LICENSE VERIFICATION

INSTRUCTIONS: This form is to be completed by the licensing authority in each state where you are licensed. The form must be completed even if the license is no longer current or active. Please return the state verified form with your application.

TO BE COMPLETED BY APPLICANT

(Please print or type)

Name of Applicant		Telephone Number	
Reliance Wholesale Inc.		(866) 210 1591	
Address (Street and Number)	City	State	Zip Code
9325 CORDOVA PARK ROAD	CORDOVA	TN	38018
Title of License	License Number	Issue Date	Exp. Date
Wholesaler/Distributor	2377	2005	9/30/2014

TO BE COMPLETED BY STATE BOARD OFFICE VERIFYING LICENSURE

The person listed above has applied for a wholesale license in California. Before further consideration is given this application, we would appreciate your assistance in completing the information requested below. Upon completion of this form, please return it to the applicant for submission with the application.

LICENSURE VERIFICATION PROVIDED BY THE STATE OF Tennessee

Name	License Number
Reliance Wholesale, Inc.	2377
Type of License Issued:	Date License Issued
Manufacturer/Wholesale/Distributor	11/28/2005
Exp. Date of License	
	9/30/2014
License Status:	
Active <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Other <input type="checkbox"/> If other, please explain: _____	

Has the licensee been found guilty of any violation for which disciplinary action was taken? Yes No

If disciplinary action has been taken against this licensee, please provide this office with all the available documentation regarding the action.

Sheela W Bush
 Signature
Adm. mgr
 Title
4/9/13
 Date





PHONE: 1 866 210 1591
9325 Cordova Park Road
Cordova, TN 38018
www.reliancemw.com

9/6/13

To: Nevada Board of Pharmacy

From: Reliance Wholesale Inc.

Re: **Change of Ownership Notification for Permit # WH01450**

Dear Board,

Please see attached documentation updating the ownership of one 60% shareholder of Reliance Wholesale Inc. effective 10/1/13. No other changes will occur to the ongoing business structure of corporation or licensed facility.

Please do not hesitate to contact us for any additional information. (866-210-1591)

Sincerely,

Jose Trespalacios VP

LAW OFFICES
McLUSKEY & McDONALD
PROFESSIONAL ASSOCIATION

THE BARRISTER BUILDING
8821 S.W. 69th COURT
MIAMI, FLORIDA 33156

John W. McLuskey
Writer's Ext: 228
Email: jmcl@mmlawmiami.com

TELEPHONE (305) 662-6160
FACSIMILE (305) 662-6164

February 28, 2013

Nevada State Board of Pharmacy
431 W Plumb Ln.
Reno, NV 89509
Via Federal Express

Re: Licensing Requirement due to pending transfer of stock ownership in
Reliance Wholesale, Inc.
License No: WHO1450
Our File No: 9600-0003

To Whom It May Concern:

Please allow this letter to formally advise that due to a divorce proceeding involving two of the principals of Reliance Wholesale, Inc., a pending change in the company's stock ownership will be occurring in the future.

Please note that Mr & Mrs. Navarro have sought a dissolution of their marriage and Mrs. Pamela Navarro's ownership interest in the company, Reliance Wholesale, Inc., is pending transfer to Mr. Josue Navarro, who currently serves as President and CEO of Reliance Wholesale Inc. Please advise if the letter is sufficient for the Board to delete Mrs. Pamela Navarro's name as an owner and include Mr. Josue Navarro as the sole registered owner of the Navarro stock. As such, Reliance Wholesale, Inc.'s new formal ownership percentages will be as follows:

40% **JOSE TRESPALACIOS (No Change)**
60% **JOSUE NAVARRO (formerly this stock was owned by Pam Navarro)**

Should you require additional information, please contact me. If not, please accept this letter as the company's formal notice of the pending change in ownership.

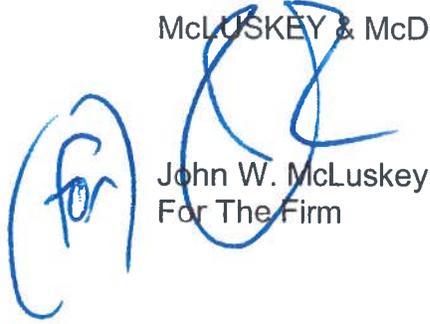


Nevada State Board of Pharmacy
February 28, 2013
Page 2

Thank you.

Very truly yours,

McLUSKEY & McDONALD, P.A.



John W. McLuskey
For The Firm

JWM/mr
Via Federal Express



Fidelity and Deposit Company of Maryland

1600 McConnor Parkway, 10th Floor, Surety Intake Center, Schaumburg, IL 60173

Bond No. LPM8891607

NOTICE OF CANCELLATION

Date: MAY 4, 2011

NV State Board of Pharmacy
555 Double Eagle Court #1100
Reno NV 89521

The undersigned Surety upon a certain Bond in your favor as follows:

Principal: Reliance Wholesale, Inc.

Bond No: LPM8891607

License No:

Amount of Coverage: \$ 100,000

Effective Date: 07/15/2007

hereby notifies you that it desires to cancel and does hereby cancel said bond as an entirety. Such cancellation to become effective at Thirty (30) days from receipt of this letter. It shall be presumed that you receive this letter within five (5) days of this notice. Please send written confirmation of this notice to the address below.

This notice is given to you in accordance with the cancellation provision contained in said bond.

By:

Pamela D. Washington

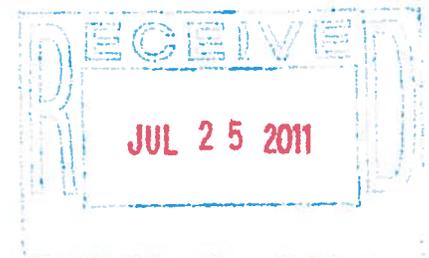
, Attorney-in-Fact

Fidelity and Deposit Company of Maryland
trading as Zurich North America Surety
Attn: Surety Service Center
1600 McConnor Parkway
10th Floor, Surety Intake Center
Schaumburg IL 60173

CC: INSOURCE, INC.
PO BOX 561567
MIAMI FL 332561567

Reliance Wholesale, Inc.
894 N. Germantown Pkwy. #2
Cordova TN 38018

VASD





NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 5111001

Application/License No. WH01450

Reliance Wholesale, Inc., doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 9325 Cordova Park Road Cordova, TN 33186, as PRINCIPAL, and SureTec Insurance Company, a corporation organized under the laws of the state of Texas and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is 952 Echo Lane, Suite 450 Houston, TX 77024, 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 July 15, 2011.

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

Bond No. 5111001

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 27th day of April, 2011.

APPLICANT/PRINCIPAL
Rellance Wholesale Inc.

Authorized Representative

SURETY COMPANY
SureTec Insurance Company

Ileana M. Bauza
Surety Company's Representative

Ileana M. Bauza, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness

Countersigned by:

[Signature]
Nevada Resident Agent Non Resident Agent
William L. Parker

POA #: 5111001

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Ileana M. Bauza

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Reliance Wholesale, Inc.
Obligee: Nevada State Board of Pharmacy
Amount: \$ 100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:
Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.
Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 3rd day of September, A.D. 2010.

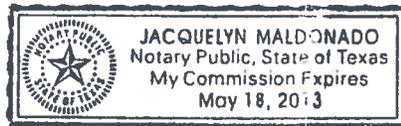
SURETEC INSURANCE COMPANY

By: 
John Knox Jr., President

State of Texas ss:
County of Harris



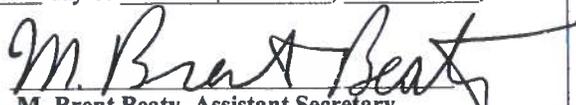
On this 3rd day of September, A.D. 2010 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.




Jacquelyn Maldonado, Notary Public
My commission expires May 18, 2013

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 27th day of April, 2011, A.D.


M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.



PHONE: 1 866 210 1591
9325 Cordova Park Road
Cordova, TN 38018
www.reliancemw.com

11/10/2010

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509
P# 775-850-1440
F# 775-850-1444

RE: Reliance Wholesale, Inc. Registration No. WH01450
Change of Location/Address

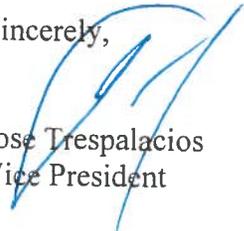
To Whom It May Concern:

Please be advised that Reliance Wholesale, Inc will be relocating from 894 North Germantown Parkway Suite# 2 Cordova, TN 38018 to 9325 Cordova Park Road Cordova, TN 38018, move will take place by November 15, 2010.

Please accept this letter as official notification to the Nevada State Board of Pharmacy of our move. Please update our Registration No. WH01450 expiration 10/31/2012.

If you should have any questions or concerns, please give us a call at 866-210-1591.

Sincerely,



Jose Trespalacios
Vice President

cc: Nevada State Board of Pharmacy
Jose Trespalacios
Danna Hammac

Nevada State Board of Pharmacy



131 W. Piomb Lane
Hend, Nevada 89309
(775) 850-1440 - FAX (775) 850-1441
DOI# 09.007

If any information is not correct, notify the Nevada State Board of Pharmacy at (775) 850-1440 or FAX (775) 850-1441.

RELIANCE WHOLESAL INC
694 N GERMANTOWN PKWY #2
CORDOVA, TN 38018

WHOLESALE CERTIFICATE OF REGISTRATION

This registration is not transferable

Post in a conspicuous place

RELIANCE WHOLESAL INC

DEA # Schedules, none

Registration Number: WH01450

Registration Status: Active

Registration Expires: October 31, 2012

Fee Paid: \$ 500.00

24F

WH62487

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____)	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Salus Medical, LLC

Physical Address: 2202 West Lone Cactus Drive

City: Phoenix State: Arizona Zip Code: 85027

Telephone Number: 888-566-3778 Fax Number: _____

Toll Free Number: _____

E-mail: compliance.salusmedical@gmail.com Website: _____

Facility Manager: Hernan Alvarez

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: _____

101519

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes No

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes No

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes 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: Ace packaging
Address: 777 Schwab Rd, Hatfield, PA 19440

Name: Blu Pharmaceuticals
Address: 301 Robey St, Franklin, KY 42134

Name: Capital Wholesale Drug - Co.
Address: 873 Williams Ave, Columbus, OH 43212

Name: MHC Medical Products
Address: 1930 Kemper Springs Dr Cincinnati, OH 45240

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes 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

Herman Alvarez
Print Name of Authorized Person

4-25-2018
Date

Board Use Only	Date Processed: _____	Amount: <u>\$ 500.00</u>
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Arizona

Parent Company if any: N/A

Mailing Address: 2202 West Lone Cactus Drive, Suite 15

City: Phoenix State: AZ Zip: 85027

Telephone: 888-566-3778 Fax: N/A

Contact Person: Hernan Alvarez

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Hernan Alvarez 2202 W. Lone Cactus Drive, Suite 15, Phoenix, AZ 85027
Name Business Address

b) Joel Cline 2202 W. Lone Cactus Drive Suite 15, Phoenix, AZ 85027
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.

10/20/2017

https://azbop.igovsolution.com/Items/PersonLicensing/Main_Info.aspx?pid=104482

ARIZONA STATE BOARD OF PHARMACY
 P.O. Box 18520
 Phoenix, AZ 85005
<http://www.azpharmacy.gov>

602-771-ASBP (2727)
 FAX: 602-771-2749

Wholesaler/Full Service

PERMIT NO
 W002679
 Issued to : HERNAN H. ALVAREZ
 2202 W LONE CACTUS DRIVE
 15
 PHOENIX, AZ 85027

EXPIRES
 10/31/2019
 SALUS MEDICAL, LLC.
 2202 W LONE CACTUS DRIVE
 15
 PHOENIX, AZ 85027

Receipt Date: 10/04/2017
 Receipt Number: 201711384
 Receipt Amount \$: 1000.00

Kam Gandhi
 EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
 P.O. Box 18520
 Phoenix, AZ 85005
 602-771-ASBP (2727)
 FAX: 602-771-2749



WALLET CARD

NAME : HERNAN H. ALVAREZ
 LICENSE NUMBER : W002679
 EXPIRES : 10/31/2019

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****SALUS MEDICAL, LLC*****

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 21st day of May 2012.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 19th day of April, 2016, A. D.



Jodi A. Jerich
Jodi A. Jerich, Executive Director

By: _____ 1414960

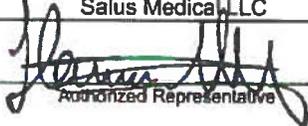
THIS BOND is subject to the following conditions:

- (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 15th day of May, 2018.

APPLICANT/PRINCIPAL

Salus Medical, LC

Authorized Representative

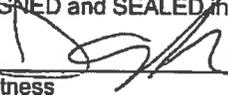
SURETY COMPANY

Washington International Insurance Company

Surety Company's Representative

John D. Weisbrot, 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
Non



WASHINGTON INTERNATIONAL INSURANCE COMPANY
 1480 American Lane, Suite 1100, Schaumburg, IL 60173
 847/273-1231, FAX: 847-273-8408, 800/238-0783

WASHINGTON INTERNATIONAL INSURANCE COMPANY
 A New Hampshire Corporation

BALANCE SHEET AS OF DECEMBER 31, 2017
 (Statutory Basis)

Valuation of securities on National Association of Insurance Commissioner Basis

ASSETS

LIABILITIES

Cash	7,082,886	Reserve for Unearned Premiums	5,310
Bonds	91,872,903	Reserve for Losses and Loss Adjustment Expenses	2,890,478
Other Invested Assets	0	Funds Withheld	7,508,012
Other Admitted Assets	5,076,373	Taxes and Other Liabilities	11,171,489
TOTAL ADMITTED ASSETS	103,812,252	Surplus	82,438,953
		TOTAL LIABILITIES & POLICYHOLDERS' SURPLUS	103,812,252

The undersigned, being duly sworn, says: That he is Senior Vice President of Washington International Insurance Company, Overland Park, Kansas that said company is a corporation duly organized, existing by virtue of the Laws of the State of New Hampshire and that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress approved; July 1947 8 U.S.C. sec. 8-13; and that to the best of his knowledge and belief the above statement is a full, true and correct statement of the financial condition of the said Company on the 31st day of December, 2017.

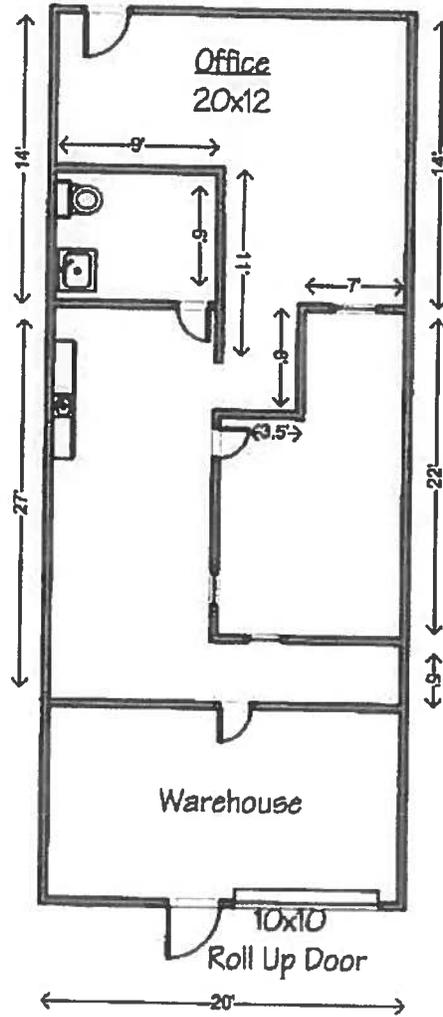

 Michael A. Ito, Senior Vice President
 WASHINGTON INTERNATIONAL INSURANCE COMPANY

Subscribed and sworn before me,
 this 30th day of March, 2018


 Notary Public



2501 WEST BEHREND
Suite F75
+/-1,400 SF



DISCLAIMER (FLOOR PLAN):

*Note: All scale, characteristics, dimensions and square footages indicated are approximate. Actual dimensions are to be field-verified.



Hernan Alvarez

Business address: 2501 Behrend Drive Suite 75, Phoenix, AZ, 85027

Home address: 3 1 W. Kings Ave, Phoenix, AZ 85053

Business phone number: 888-566-3778

Residence phone number: 6

Social Security Number: 1

Date of birth:

Joel Cline

Business address: 2501 Behrend Drive Suite 75, Phoenix, AZ, 85027

Home address: 1 Leland Way Apt : Los Angeles, CA 90028

Business phone number: 888-566-3778

Residence phone number: :

Social Security Number:

Date of birth:

Customer List

NAME	CITY	STATE
BAMMEL MED RX	HOUSTON	TX
BIG TEX PHARMACY LLC	HOUSTON	TX
COCHRAN WHOLESALE	MONROE	GA
DE'ANGELO PHARMACY	LAPORTE	GT
EMPIRICAL PHARMACY LLC	HOUSTON	TX
FALCON PHARMACY OF TEXAS, INC.	HOUSTON	TX
FARMACIA MORENO	PONCE	PR
FIRST CHOICE PHARMACY	HOUSTON	TX
GILLTOP PHARMACY LLC	HOUSTON	TX
GOLDEN USA PHARMACY	HOUSTON	TX
GULFBANK PHARMACY	HOUSTON	TX
HEALTH AND WELLNESS PHARMACY	HOUSTON	TX
JOHN E. HENSLER MD	PHOENIX	AZ
KASE RX PHARMACY	HOUSTON	TX
KEYSTONE PHARMACY	HOUSTON	TX
KHARISMA PHARMACY	HOUSTON	TX
KPLAN PHARMACY LLC	HOUSTON	TX
LINCOLN PHARMACY INC	HOUSTON	TX
LLC WHOLESALE SUPPLY, LLC	TEMPE	AZ
MAINSTREAM PHARMACY	HOUSTON	TX
MARTIN SURGICAL SUPPLY COMPANY	HOUSTON	TX
MR UNLIMITED LLC	BRENHAM	TX
OENIE DRUG EMPORIUM	HOUSTON	TX
PROFESSIONAL OFFICE & MEDICAL SUPPLY, INC	HUNTINGDON VALLEY	PA
PROPHARMA DISTRIBUTION	WESTMINSTER	CO
RALLY, INC	HOUSTON	TX
RED OAK PHARMACY	HOUSTON	TX
RX INFINITY MEDICAL LLC	HOUSTON	TX
S.A. HALE JR., M.D.	LUBBOCK	TX
SILVERIDGE PHARMACY, INC.	HOUSTON	TX
SPG PHARMACY CARE	HOUSTON	TX
THE COMPOUNDING CENTER, INC.	SCOTTSDALE	AZ
TRICARE PHARMACY	HOUSTON	TX
TRUECARE ALLIED PHARMACY	HOUSTON	TX
VITA RX CORPORATION	COLUMBUS	GA
VITAL HEALTHCARE LLC	SAVANNAH	GA
WESLEY PHARMACAL CO	IVYLAND	PA
YOUR PHARMACY, INC.	HOUSTON	TX

Vendor List

NAME	CITY	STATE
AK MEDICAL	MEMPHIS	TN
ANDA, INC.	WESTON	FL
BLU PHARMACEUTICALS	FRANKLIN	KY
BLUPAX PHARMACEUTICALS, LLC	EDISON	NJ
CAPITAL WHOLESALE DRUG & CO.	COLUMBUS	OH
EMED MEDICAL PRODUCTS	MARYLAND HEIGHTS	MO
HARRIS PHARMACEUTICALS	FORT MYERS	FL
INDEPENDENT PHARMACEUTICALS	WEST CHESTER	OH
INSOURCE INC.	BASTIAN	VA
MAYNE PHARMACEUTICAL, INC.	CHARLOTTE	NC
MHC MEDICAL PRODUCTS	FAIRFIELD	OH
R&S NORTHEAST	PHILADELPHIA	PA
RICHIE PHARMACAL LLC	GLASGOW	KY
SOLCO HEALTHCARE US, LLC	CRANBURY	NJ
TIME-CAP LABS	FARMINGDALE	NY
TOP RX, LLC	BARTLETT	TN
X-GEN PHARMACEUTICAL, INC.	BIG FLATS	NY

24G

WH01459

NEVADA STATE BOARD OF PHARMACY
 555 Double Eagle Court #1100 • Reno, NV 89521 • (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
 Application must be typed or printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler <input checked="" type="checkbox"/>	Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> <small>(Please provide current license number if making changes: WH _____)</small>
--	--

FACILITY INFORMATION

Facility Name: Strategic Pharmaceutical Solutions, Inc. d/b/a VetSource

Physical Address: 17044 NE Sandy Blvd. Portland, OR 97230

Mailing Address: 17044 NE Sandy Blvd.

City: Portland State: OR Zip Code: 97230

Telephone Number: 503-802-7400 Fax Number: 1-877-330-6337

E-mail: twest@spsmeds.com

Facility Manager: Thomas Earle West III

Professional qualifications and experience of facility manager: (see attached resume)

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
 Practitioners
 Hospitals
 Wholesalers
 Other Veterinarians

Type of Products to be handled or wholesaled by firm

- Legend Pharmaceuticals, Supplies or Devices
 Hypodermic Devices
 Poisons or Chemicals
 Veterinary Legend Drugs
 Controlled Substances (include copy of DEA certificate)
 Other Prepackaged/Repackaged medications & Ophthalmics

Board Use Only			
Received	<u>OCT 08 2007</u>	Check Number	<u>715</u>
		Amount	<u>500.⁰⁰</u>

FP in file

WH01459

OWNERSHIP IS A CORPORATION

State of Incorporation: Oregon

Parent Company if any: N/A

Corporation Name: Strategic Pharmaceutical Solutions, Inc. d/b/a VetSource

Mailing Address: 17044 NE Sandy Blvd.

City, State and Zip: Portland, OR 97230

Telephone Number: 503-802-7400 Fax Number: 1-877-330-6337

License Contact Person: Thomas Earle West III

Professional Compliance Contact Person: Thomas Earle West III

Name and title of each officer and director (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>David Charles Laurance/ President</u>	<u>Thomas Alan Friar/ Executive Vice President-Secretary</u>
<u>Thomas Earle West III/VP of Operations</u>	<u>Kurt Douglas Green/ VP Chief Information Officer</u>

Ownership Information – Complete Section 1 or 2
DO NOT USE N/A IN THIS SECTION. SECTION 1 or 2 MUST BE COMPLETED.

Section 1: List the corporations four largest shareholders:

(Name, professional degree, occupation, address, city, state, zip and percentage of ownership)

<u>Name</u>	<u>Percentage</u>
a) <u>David Charles Laurance, President</u> <u>17044 NE Sandy Blvd. Portland, OR 97230</u>	<u>51%</u> <u>-</u>
b) <u>Thomas Alan Friar, Certified Public Accountant, Executive VP - Secretary</u> <u>17044 NE Sandy Blvd. Portland, OR 97230</u>	<u>21%</u>
c) _____	_____
d) _____	_____

Section 2: If any corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the Securities and Exchange Commission, the registration number issued, and the exchange at which the stock is being traded.

Date of Incorporation: N/A

Registration Number Issued: N/A

Stock Exchange: N/A

If the publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes No If yes, list the persons, their address and their business names.

a) See attached officer list

Name	Address
Business	

b)

Name	Address
Business	

c)

Name	Address
Business	

d)

Name	Address
Business	

Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were administered, prescribed, dispensed or distributed? Yes No If yes, list the persons, their address and their business names.

a) See attached resumes

Name	Address
Business	

b)

Name	Address
Business	

c)

Name	Address
Business	

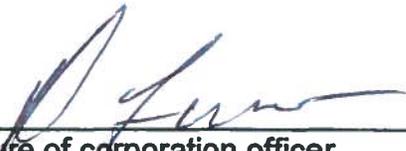
Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

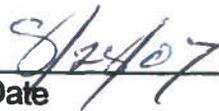
If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Signature of corporation officer



Date

David Charles Laurance/ President

Print or Type name and title

9 SW 32nd Ave
Portland, Oregon 97219

(
tomw@spsmeds.com

Thomas E. West

- Current** 2007-Present Vetsource Portland,OR
Vice President of Pharmacy Operations
- Experience** 2002-2007 Preferred Pharmaceutical Services Portland,OR
General Manager
Founded and led a \$22 million national company of 32 employees from inception to sale to a large public company. Full responsibility for P & L , personnel and operations with accountability to Board. Continued as General Manager through successful consolidation.
- 2000–2002 Evergreen Pharmacy, Inc Portland, OR
Manager of Pharmacy Operations
Operational leadership of \$25 million company with over 100 employees and regional services. Reorganized, reduced costs, stabilized payroll, implemented modern operations, installed new computer and operating system, reorganized delivery, initiated quality improvement program
- 1997–2000 Evergreen Pharmacy, Inc Portland, OR
Pharmacy Consultant
Clinical services and consulting for over 1400 residents in seventeen facilities. Establish services for 15 new accounts including disease state management, formulary management, quality improvement, program development and clinical education.
- 1992–1997 Legacy Infusion Service Portland, OR
Clinical Pharmacist
Coordinate all aspects of home infusion/hospice pharmaceutical care, consultation with prescribers, case management, operations leadership, scheduling, clean room operations.
- 1981–1989 Oregon Health Sciences Univ. Portland, OR
Assistant Pharmacy Director
Develop clinical services program, plan and implement decentral drug distribution program at University Hospital, establish accredited residency, implement quality management, develop and coordinate clinical pharmacy education program.
- 1979–1991 Oregon State Univ. Corvallis, OR
Assistant Professor of Pharmacy
Establish and staff decentral education program with medical university, adult medicine clinical practice, curriculum design, education and training grants, clinical services development, chief investigator of clinical research, program administration.

- Education**
- 1990–1995 Portland State University Portland, OR
Doctoral candidate in systems science with medical sociology major.
- 1991 University of Michigan Ann Arbor, MI
Summer post-graduate program in epidemiology and clinical research.
- 1966–1972 Purdue University W. Lafayette, IN
Clinical degree (M.S.) in pharmacy practice. Accredited residency in Hospital
Pharmacy. Pharmacy adult medicine and patient education pioneer.
- Interests** Teaching, Sports, Photography, adventure travel, technology.
- References** Available upon request.

Corporate Officer Listing (Strategic Pharmaceutical Solutions Inc).xls

Corporate Officer Information	
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First Officer	
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Name:	David Charles Laurance
Title:	President
Business Address:	17044 NE Sandy Blvd. Portland, OR 97230
Stock Ownership %:	51.00%

Second Officer	
----------------	--

Name:	Thomas Alan Friar
Title:	Executive Vice President-Secretary
Business Address:	17044 NE Sandy Blvd. Portland, OR 97230
Stock Ownership %:	21.00%

Third Officer	
---------------	--

Name:	Mark Gregory Colvin
Title:	
Business Address:	17044 NE Sandy Blvd. Portland, OR 97230
Stock Ownership %:	16.50%

Fourth Officer	
----------------	--

Name:	Kurt Douglas Green
Title:	Vice President-Chief Information Officer
Business Address:	17044 NE Sandy Blvd. Portland, OR 97230
Stock Ownership %:	0.00%

Fifth Officer	
---------------	--

Name:	Thomas Earle West III
Title:	Vice President of Operations
Business Address:	17044 NE Sandy Blvd. Portland, OR 97230
Stock Ownership %:	0.00%



Oregon

Theodore R. Kulongoski, Governor

Oregon Board of Pharmacy

Portland State Office Building
800 NE Oregon Street, Suite 150
Portland, OR 97232
Phone: (971) 673-0001
Fax: (971) 673-0002

E-Mail: pharmacy.board@state.or.us

Web: www.oregon.gov/Pharmacy

October 1, 2007

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

I hereby certify that **Strategic Pharmaceutical Solutions Inc dba: Vetsource**, located at **17044 NE Sandy Blvd Portland, OR 97230** was issued an Oregon Wholesalers With Prescription Registration, license number **W1-0003046** on **08/16/2007**. This license expires on **09/30/2008** and has an **Active** status.

There are no Board Orders against this licensee unless there is a certified copy of the Board Order accompanying this letter.

Sincerely,



Courtney Frank
Licensing Representative

Board Orders: **NONE**

ORS 676.175(1) A health professional regulatory board shall keep confidential and not disclose to the public any information obtained by the board as part of an investigation of a licensee or applicant, including complainants concerning licensees or applicants.

(A notice of proposed disciplinary action or final order issued by the Board is a matter of public record.)



24H

WH01559

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane • Reno, NV 89509 • (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

FEE \$500.00 (non-refundable and not transferable) Application must be typed or printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler [checked] Ownership Change [] Name Change [] (Please provide current license number if making changes: WH _____)

FACILITY INFORMATION

Facility Name: Victor Instruments Inc. DBA Victor Medical Company

Physical Address: 50 Bunsen

Mailing Address:

City: Irvine State: CA Zip Code: 92618

Telephone Number: 949-788-0330 Fax Number: 949-585-9146

E-mail: dknea@victormedical.com

Facility Manager: Dennis Knea

Professional qualifications and experience of facility manager: I have been an employee of Victor Medical for 29 years. I became General Manager in 1993. I am licensed by the CA Board of Pharmacy as the Designated Representative-In-Charge for Victor Medical Company.

Types of licensed outlets or authorized persons firm will serve:

- [] Pharmacies [] Practitioners [] Hospitals [] Wholesalers [checked] Other Veterinary Clinics and Hospitals

Type of Products to be handled or wholesaled by firm

- [checked] Legend Pharmaceuticals, Supplies or Devices [checked] Hypodermic Devices [] Poisons or Chemicals [checked] Veterinary Legend Drugs [checked] Controlled Substances (include copy of DEA certificate) [] Other

Board Use Only Received 5-26-09 Check Number 50064 Amount 500.00 JP 65 135- 50448 796

OWNERSHIP IS A CORPORATION

State of Incorporation: CALIFORNIA
 Parent Company if any: _____
 Corporation Name: VICTOR Instruments, Inc
 Mailing Address: P.O. Box 1150
 City, State and Zip: LAKE FOREST, CA 92609
 Telephone Number: (949) 788-0330 Fax Number: (949) 585-9146
 License Contact Person: Dennis Knea
 Professional Compliance Contact Person: (same)

Name and title of each officer and director (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Donald Louchios</u>	<u>President</u>
<u>John S. Liscomb</u>	<u>V. President</u>
<u>FRANCES S. LOUCHIOS</u>	<u>SECRETARY - TREASURER</u>

Ownership Information – Complete Section 1 or 2
DO NOT USE N/A IN THIS SECTION. SECTION 1 or 2 MUST BE COMPLETED.

Section 1: List the corporations four largest shareholders:

(Name, professional degree, occupation, address, city, state, zip and percentage of ownership)

<u>Name</u>	<u>Percentage</u>
a) <u>Donald Louchios, President</u> <u>Asilimar Rd, Laguna Niguel, CA 92677</u>	<u>40%</u>
b) <u>Christopher Louchios - self employed</u> <u>1 Via de la Plata, Oceanside, CA 92057</u>	<u>20%</u>
c) <u>FRANCES S. LOUCHIOS</u> <u>Sleeping Indian Rd, Oceanside CA 92057</u>	<u>10%</u>
d) <u>Victor Instruments, Inc</u> <u>Bunson, Irvine, CA 92618</u>	<u>30%</u>

Section 2: If any corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the Securities and Exchange Commission, the registration number issued, and the exchange at which the stock is being traded.

Date of Incorporation: 1974
 Registration Number Issued: _____
 Stock Exchange: _____

If the publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes No If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were administered, prescribed, dispensed or distributed? Yes No If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

Within the last five (5) years.

- 1) Has the firm or any owner(s), shareholder(s) any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Frances Louettios
Signature of corporation officer

1/30/2009
Date

FRANCES S. LOUETTIOS - Secretary Treasurer
Print or Type name and title

NEVADA STATE BOARD OF PHARMACY

656 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. MS3834841

Application/License No. _____

Victor Instruments, Inc, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
50 Bunsen, Irvine, CA 92618, as
Address of 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
950 Tower Lane, Ste. 340, Foster City, CA 94404 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 June 27, 2008.
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 imposed 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

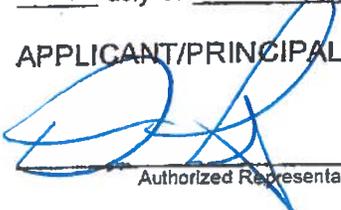
may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

- (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 27th day of June, 2008.

APPLICANT/PRINCIPAL



 Authorized Representative

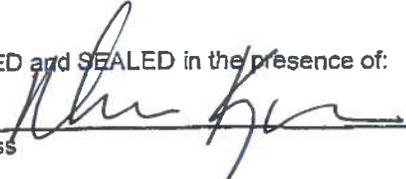
SURETY COMPANY



 Surety Company's Representative
Greg Kappahn, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

Witness



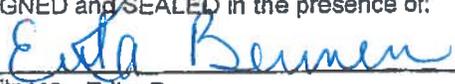
 Witness



 Witness

SIGNED and SEALED in the presence of:

Witness Erika Berumen



 Witness Erika Berumen



 Witness Jackie Williams

Countersigned by:

Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 580 WALNUT STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than TWO

No. 0 13844

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 in behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
GREGORY C. KAPPAHN MIKE HERNANDEZ	BOTH OF LOS ALTOS, CALIFORNIA	BOTH \$75,000,000.00

This Power of Attorney revokes all previous powers issued in behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 26th day of, FEBRUARY, 2008.

Attest

GREAT AMERICAN INSURANCE COMPANY

STATE OF OHIO, COUNTY OF HAMILTON - ss:

DAVID C. KITCHIN (513-369-3811)

On this 26th day of FEBRUARY, 2008, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is the Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated March 1, 1993.

RESOLVED: That the Division President, the several Division Vice Presidents and Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract or suretyship, or other written obligation in the nature thereof; such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, RONALD C. HAYES, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of March 1, 1993 have not been revoked and are now in full force and effect.

Signed and sealed this 8th day of, July, 2008

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

VICTOR INSTRUMENTS, INC.

FILE NUMBER: C0721512
FORMATION DATE: 08/30/1974
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 06, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State

241

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler or Ownership Change (Provide current license number if making changes: **WH 01618**)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
 Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,7
 Non Publicly Traded Corporation – Pages 1,2,3,5,6 Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: X-GEN Pharmaceuticals, Inc.

Physical Address: 300 Daniel Zenker Drive

City: Horseheads State: NY Zip Code: 14845

Telephone Number: 607-562-2700 Fax Number: 607-562-2760

Toll Free Number: N/A

E-mail: XGP@slny.com Website: www.x-gen.us

Facility Manager: James Baileys

Professional qualifications and experience of facility manager: _____
Director of Operations at X-GEN Pharmaceuticals. Please see attached Resume for experience.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Manufacturers and 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?
(If yes, provide a copy of the certificate)

Yes No

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes No

FDA Establishment Number: 3005548067

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes 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 (NLC)

Address: 5595 Commerce Center Dr., Groveport, OH 43125

Name: AmerisourceBergen

Address: 227 Washington St, Conshohocken, PA 19428

Name: McKesson

Address: 10 Hudson Crossing, Montgomery, NY 12549

Name: Morris & Dickson Co., LLC

Address: 1776 Woodstead Ct. #125, The Woodlands, TX 77380

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

Christine Cannon

Print Name of Authorized Person

3/6/18

Date

Board Use Only	Date Processed: _____	Amount: <u>\$500.00</u>
----------------	-----------------------	-------------------------

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

N/A

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.

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.

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.

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".



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 *

03/05/2018

Type : MANUFACTURER**Legal Name :** X-GEN PHARMACEUTICALS INC.**Trade Name :****Street Address :**300 DANIEL ZENKER DR
HORSEHEADS, NY 14845-0000**Registration No :** 027525**Date First Registered :** 01/23/06**Registration Begins :** 01/01/18**Registered through :** 12/31/20**Supervisor :** PARK RICHARD C**Establishment Status :** ACTIVE**Successor :** NONE

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may [search](#) to see if there has been recent disciplinary action against this registered establishment.



Hlasih

From: **Christine Cannon** christinec@slny.com
 Subject: **X-GEN Pharmaceuticals, Inc. - Notice of Change of Designated Representative and Share Distribution**
 Date: **January 26, 2018 at 3:58 PM**
 To: pharmacy@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: January 26, 2018
 To: Nevada State Board of Pharmacy
 Re: X-GEN Pharmaceuticals, Inc., 300 Daniel Zenker Drive, Horseheads, NY 14845, Permit #: WH01618

Dear Licensing Authority:

State License Servicing, Inc. represents X-GEN Pharmaceuticals, Inc. in the servicing of their state licenses. This letter shall serve as notice that effective immediately, R.C. Park will be removed as the Designated Representative at the Horseheads, NY facility located at 300 Daniel Zenker Drive, Horseheads, NY 14845 and replaced by James Baileys. Please see James Bailey's contact information is as follows:

Phone: (607) 562-2700
 E-mail: jbaileys@x-gen.us

As well, please let your files reflect that there will be a shift of share ownership between the licensee owners on or about January 15, 2108. **There has been no change in control or tax identification numbers with this recent change.** Since the control has not changed and you should already have each owner's individual information on file, please advise if the board considers this a change of ownership and will require any filings or additional documentation with the change of shares between the existing owners.

The revised Ownership listing for X-GEN Pharmaceuticals, Inc. is as follows:

Susan Badia – President and CEO: Old % - 33.3%, New % - 60%
 J. Robin Liles - Chief Operating Officer: Old % - 33.3%, New % - 25%
 Catherine Liles - Chief Administrative Officer and Treasurer: Old % - 33.3%, New % - 15%

If you need any additional information, please feel free to call or e-mail me at the address below.

Kind Regards,

Jennifer Schneider
 V.P. Client Services
 (845) 544-2482 ext 207
jennifers@slny.com

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[Click Here to Respond to this Email](#)



Nevada State Board of Pharmacy

HOME

Logon

License Details

Press "Search Results" to return to the Search Results list.

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

License Number: WH01618

Current Date: 10/27/2016 10:18 AM

Name: **X-GEN PHARMACEUTICALS, INC.**
 License Type: **WH**
 License Status: **Active**
 Expiry Date: **10/31/2018**
 1st License Date: **03/08/2010**
 Disciplinary Status: **None**

Addresses

Main Address	Address	300 DANIEL ZENKER DR HORSEHEADS , NY CHEMUNG 14845
	Phone Number:	607-562-2700

If the information indicates that the person or business has 'Yes' and you would like additional information regarding the disciplinary action, please contact Shirley at shunting@pharmacy.nv.gov or at (800) 364-2081.

[Search Results](#)

[New Search Criteria](#)

[New Search](#)

[View PDF License Details](#)





X-GEN Pharmaceuticals, Inc.



Corporate Address: 300 Daniel Zenker Drive, Horseheads, NY 14845 USA
Description: Own Label Manufacturer and Distributor of Legend and OTC Drugs
FEIN: 81-0602472
www.x-gen.us

Drug Labeler Code: 39822
Incorporation State: NY
Incorporation Date: 3/12/2003

FACILITY INFORMATION Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
HHN	300 Daniel Zenker Drive Horseheads, NY 14845 County: Chemung	3005548067	N/A	790169531	No	(607) 562-2700	(607) 562-2760

FACILITY DESIGNATED REPRESENTATIVES Name	Address	Title	Prescribing Authority
James Baileys	Jewett Hill Road Apalachin, NY 13732	Director of Operations	

OWNERSHIP Name	Address	Title	Percent of Ownership	Prescribing Authority
Susan E. Badia	York Court Northport, NY 11768	President and CEO	60	
J. Robin Liles	Woodland Way Painted Post, NY 14870	Vice President	25	
Catherine A. Liles	Woodland Way Painted Post, NY 14870	Corporate Treasurer	15	

LIST OF OFFICERS Name	Address	Title	Prescribing Authority
Susan E. Badia	York Court Northport, NY 11768	President and CEO	
J. Robin Liles	Woodland Way Painted Post, NY 14870	Vice President	
Catherine A. Liles	Woodland Way Painted Post, NY 14870	Corporate Treasurer	

REGISTERED AGENT IN ALL APPLICABLE STATES

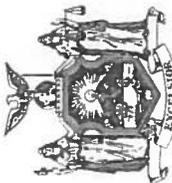
REGISTERED AGENT Name	Incorp Services, Inc.

Disciplinary History: AL 2013, CO 2009, AL 2015, MD 2013, ME 2011, MI 2014, MT 2012, IL 2011, OH 2017

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2018-20



NAME OF SUPERVISOR
RICHARD C. PARK

THIS IS TO CERTIFY

X-GEN PHARMACEUTICALS INC.
300 DANIEL ZENKER DR
HORSEHEADS, NY 14845

is duly recorded as a

REGISTERED MANUFACTURER
OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JANUARY, 2018.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF DECEMBER, 2020.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

027525



STATE BOARD OF
PHARMACY

FDA establishment number

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](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm))

t TWEET ([HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM](https://twitter.com/intent/tweet/?text=Drug%20Establishments%20Current%20Registration%20Site&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm))

in 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](https://www.linkedin.com/sharearticle?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm&title=Drug%20Establishments%20Current%20Registration%20Site&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](https://www.pinterest.com/pin/create/button/?url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm&description=Drug%20Establishments%20Current%20Registration%20Site))

±

✉ EMAIL ([MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM](mailto:?subject=Drug%20Establishments%20Current%20Registration%20Site&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm))

🖨 PRINT

New Search (default.cfm)

Search Results for **x-gen**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
X-GEN Pharmaceuticals, Inc.	3005548067	790169531	ANALYSIS,	300 Daniel Zenker Drive, Horseheads, New York (NY) 14845, United States (USA)	12/31/2018

Showing 1 to 1 of 1 entries

[Previous](#) [Next](#)

Data Current through: Monday, Apr 23, 2018

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

Good Standing

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of X-GEN PHARMACEUTICALS, INC. was filed on 03/12/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of March two thousand and eighteen.

A handwritten signature in black ink, appearing to read "Brendan W. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*

org chart



ORGANIZATIONAL CHART

Catherine A. Liles
15% Owner

Jay Robin Liles
25% Owner

Susan Badia
60% Owner



X-GEN PHARMACEUTICALS, INC.

JAMES D. BAILEYS

Jewett Hill Rd
Apalachin, NY 13732

PROFESSIONAL SUMMARY

Highly motivated success driven professional

- Diverse experience in business administration, budget management, operations and personnel development.
- Finance Management and Program Performance Management expertise on high profile, dynamic programs.
- A proven record of driving increased efficiency, productivity and quality, while simultaneously managing diverse teams to business rhythm success.
- Outstanding organizational, interpersonal, motivational, training, and presentation skills.
- Analytical, Versatile, Articulate and Diligent.

CORE COMPETENCIES

- Financial Analysis and Earned Value Management
- Contract Management
- Risk and Customer Management
- Personnel training and development
- Program Manager Certification

PROFESSIONAL EXPERIENCE**X-GEN PHARMACEUTICALS - BIG FLATS, NEW YORK****Director of Operations****January 2010 –**

Responsible for strategic planning and oversight of all activities related to the production, distribution and marketing of X-GEN's products in compliance with quality and; ensuring operational efficiency, work quality, effective service and cost-effective management of resources.

- Responsible for development, implementation, management and evaluation of marketing strategies to achieve the business goals and objectives.
 - Responsible for development, evaluation, approval and directing implementation of manufacturing strategies to balance critical manufacturing resources with customer demand, to maintain optimal inventory levels to meet the business goals and objectives of the company.
 - Responsible for negotiating and managing pricing and supply terms with contract manufacturing partners and raw material suppliers.
 - Responsible for development, implementation, management and evaluation of distribution strategies to optimize supply chain inventories of wholesale trading partners.
 - Responsible for the functional performance and develops, recommends and implements adjustments to ensure strong operational efficiencies and achievement of performance related goals for the following operational functions: Contracts, Medicaid and State Licensing, Facilities Management, Information Technology -Network Administration, Logistics Management, Customer Service, and Reception.
-

JAMES D. BAILEYS

Jewett Hill Rd
Apalachin, NY 13732

LOCKHEED MARTIN SYSTEMS INTEGRATION - OWEGO, NEW YORK AUGUST 1999 - AUGUST 2009

Program Performance Management Manager

October 2008 – August 2009

Responsible for the management of the business office performance personnel across all Development and Production Programs within the Naval Helicopters Organization, including the \$1.1 billion MH-60R Multiyear Program. Established and implemented a standardized business rhythm across all programs, eliminating the need for specialized training. Implemented core earned value management, financial analysis and budget oversight allowing for cross program comparisons and metrics. A member of the Site Steering Committee for Financial tools reform.

- Responsible for financial analysis, program schedule analysis, Program budget oversight and audit.
- Earned Value implementation and oversight across the organization
- Responsible for training, mentoring and career development planning of personnel.
- MH-60R helicopter Platform Electronic Support Measures subsystem Program Manager.

Program Manager-Electronic Support Measures

May 2005 – October 2008

Integrated Product Team Lead for the integration Electronic Support Measures (ESM) subsystem onto the MH-60R helicopter.

- Primary customer interface for subsystem issue resolution and new business opportunities.
- Responsible as the financial analyst for overall cost and schedule accountability of the ESM subsystem.
- Program Manager for the integration of the Development improvements of the ESM into a Production ready solution for 254 MH-60R helicopters.
- Honors Night Award recipient in 2007, Building Customer Relationships.

Multi Functional Financial Analyst

August 1999 – May 2005

Program Financial analyst and Cost Proposal Manager on various Naval and Postal programs and proposals, including contract negotiations and settlement. Developed a tool for comparison of budget versus resource expenditure, now utilized site wide for resource planning and forecasting.

- Lead financial analyst and Cost Manager on the MH-60R Replan Program and proposal throughout negotiations and contract award, valued at \$153 million.
 - Deputy Program Manager in charge of performance management, budget and schedule analysis and cost containment.
 - Direct customer interface for cost and resource issue resolution.
 - Recipient of the Company Achievement Award for cost proposal management on the Integrated Data Systems proposal and \$15 million contract award.
-

JAMES D. BAILEYS

Jewett Hill Rd
Apalachin, NY 13732

ADDITIONAL EMPLOYMENT HISTORY**Avco Financial Services - ITHACA, NEW YORK****Senior Manager****October 1981 – August 1999**

Responsible for the management of a consumer loan office with a staff of four, servicing home loans, personal loans and retail financing, including collections, foreclosures and repossessions.

- Developed and managed a network of eleven retail business partners
- Increased receivable base twofold
- Reduced loan losses to .56% versus company standard of 2.0%
- Three-time Circle of Excellence Award Recipient

EDUCATION

Elmira College, Bachelor of Science, Business Administration

SECURITY CLEARANCE

US Department of Defense – Secret (expired)

REFERENCES

Available upon request

expedited for discipline

J. Robin Liles- Discipline 2011

IOWA BOARD OF PHARMACY

J. Robin Liles was convicted of DWI on November 10, 2011 in violation of New York State law section 1192.2. This is a misdemeanor violation under this section of law in the State of New York.

I have provided the Court Order of Suspension or Revocation and my Abstract of Driving Record from the NYS Department of Motor Vehicles as further information.

I completed all required conditions by the court.

J. Robin Liles

J. Robin Liles

ORDER OF SUSPENSION OR REVOCATION

PART 2

MOTORIST Name (Last, First, MI) LILES, JWB		<input type="checkbox"/> Male <input type="checkbox"/> Female
RESIDENT Street Address WOODLAND WAY		TICKET NUMBER (if unavailable, enter ticket #)
CITY PAINTED POST	State NY	Zip Code 14870
DRIVER LICENSE # 38874512		

COURT VIOLATION (Certificate of Conviction must be attached)

JUDGE Name ROBERT W CELI JR	Violation Date 08-23-2011	Conviction Date 11-10-2011	<input type="checkbox"/> Check if Youthful Offender
Court Code 3501	Article Class (Definitions are listed on the back of this form) DUI/DWI		

SUSPENSION/REVOCATION

According to Section 1193-2 of the Vehicle and Traffic Law, your driver license/privilege is:
 Suspended for 90 days (conviction of 1192-1 first offense only if not operating a CMV or Special Vehicle).
 Revoked for at least six months.

Duration (Enter ONLY one of the options listed on the back of this form)

Sentence Date November 10, 2011. This order will be effective on November 10, 2011, because of your conviction of a violation of subdivision 2 of section 1193 of the Vehicle and Traffic Law.

PROBATION/CONDITIONAL DISCHARGE

A person convicted of a violation of VTL 1192.2 (a) or (b) committed on or after 11/18/78 must be sentenced to a conditional discharge or probation and the installation and use of the Interlock Device.
 A person convicted of a violation VTL-1192(2) or (3) committed on or after 11/18/89 and who is sentenced on or after 8/15/10 must be sentenced to a conditional discharge or probation and the installation and use of the Interlock Device.

Is motorist sentenced to:
 Probation - If sentenced to probation how long is the sentence? 3 years 6 years
 Conditional Discharge - If sentenced to conditional discharge, how long is the sentence? 1 year 3 years

Must the motorist obtain permission before applying for a license (only applies if sentenced to probation)? Yes No
 If yes do they need permission from Court Probation Department Both

Must the motorist install an Ignition Interlock Device? Yes No

LICENSE SURRENDER - Has the motorist surrendered his/her license
 Yes No -- If you have not turned in your driver license to the court, you must turn it in to the Dept of Motor Vehicles, if you turn in a temporary license, you must also turn in your photo license when you receive it.

Motorist Signature: *J. Robin Liles* Signature of Judge or Clerk of Court: *[Signature]*

Copy 1: Motorist Copy 2: DMV Copy 3: Defense Attorney Copy 4: Court File

State of New York DEPARTMENT OF MOTOR VEHICLES Empire State Plaza Albany New York 12228
ABSTRACT OF DRIVING RECORD

Document # LMSB0794
PRINT DATE: 10/10/2017 TIME: 12:35:49 OPERATOR: WEB OFFICE: DAB

LILES, J.ROBIN PCB I DOR: 988740619
WOODLAND WAY C SEX: M
PAINTED POST NY 14870 HEIGHT: 6-7 EYE COLOR: BLUE
CONV: 80PH MI #: L2943; 12483 513597-60

NAME ON LICENSE/ID: LILES
J,ROBIN

LICENSE CLASS: *D* STATUS: VALID EXPIRATION: 05/30/2024
PROBATION START: 02/17/2012 END: 08/17/2012

***** ACTIVITY *****
CLASS CHANGE: 05/23/1991 NEW: *D* OLD: *E*
CLASS CHANGE: 01/17/2012 NEW: *D* OLD: *D*

***** CONVICTIONS BAIL FORFEITURES *****
CONVICTION: DRUG WITH ORK MICH
VIOLATION: 09/13/2011 CONVICTED ON: 11/10/2011
LOCATION: STEUBEN COUNTY, CITY OF CORNING
PENALTY: FINE- 4750 DISCHARGE: C DDP BY IL
COMM VEN: NO BACHAT: NO

*** END OF RECORD ***



To Whom It May Concern

X-Gen Pharmaceuticals inadvertently overlooked its obligation to register as an out-of-state wholesale distributor of prescription drugs in Colorado after that duty was imposed in June of 2006, as did approximately 100 other out of state wholesalers. When advised of this error, X-Gen promptly registered and paid the assessed fine. As of February 26, 2009, X-Gen Pharmaceuticals has been registered in Colorado, wholesale license W110-7499. On February 26, 2009, discipline was both imposed and completed. As of February 26, 2009, X-Gen holds an "Active" license registration without limitations in Colorado. See attached webpage: "Company information All Licensing Types", X-Gen Pharmaceuticals, Inc., Colorado Board of Pharmacy.

This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles Albany, New York. This record was made in regular course of New York State Department of Motor Vehicles daily business in the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

[Signature]
EXECUTIVE DEPUTY COMMISSIONER OF MOTOR VEHICLES

Illinois-2011

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION)
of the State of Illinois, Complainant)
v.) 201107604
X-GEN PHARMACEUTICALS, INC. Respondent)

STATE OF ILLINOIS)
COUNTY OF SANGAMON) 551

NOTICE

TO: X-GEN PHARMACEUTICALS, INC.
300 DANIEL ZENKER DRIVE
HORSEHEADS, NY 14845

PLEASE TAKE NOTICE that the Director of the Division of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Division of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

BY: Mari Sorduy
Clerk for the Department

All inquiries should be
Directed to:
Chicago Office - 312-814-4504
Springfield Office - 217-785-0820

UNDER PENALTY of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned Certifies that I caused copies of the attached NOTICE AND CONSENT OR ORDER, to be deposited in the United States mail, by certified mail at 320 W. Washington, Springfield, Illinois 62786, before 5:00 p.m. with proper postage prepaid on the 29th day of November, 2011 to all parties at the addresses listed on the attached documents.

Mari Sorduy
AFFIANT

STATE OF ILLINOIS

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL AND FINANCIAL)
REGULATION, DIVISION OF PROFESSIONAL REGULATION)
of the State of Illinois, Complainant)
v.) No. 2011-07604
X-Gen Pharmaceuticals, Inc.)
License No 004 002948, Respondent)

CONSENT ORDER

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (hereinafter "the Department") by Mary H. Skoglund, its attorney, and X-Gen Pharmaceuticals, Inc., Respondent, agree to the following:

STIPULATIONS

X-Gen Pharmaceuticals, Inc. is licensed as a Drug Distributor in the State of Illinois, holding license No. 004 002948. At all times material to the matter set forth in this Consent Order, the Illinois Department of Financial and Professional Regulation or its predecessor, the Department of Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties to this Consent Order.

The Respondent self-reported that it was Reprimanded the State of Maine for operating a wholesale drug distribution business without an active license.

It is stipulated that the Department of Professional Regulation of the State of Illinois has jurisdiction over the subject matter and of the parties in this case.

CONDITIONS

WHEREFORE, the Department, through Mary H. Skoglund, its attorney, and X-Gen Pharmaceuticals, Inc., Respondent, agree:

A. The Department, through Mary H. Skoglund, its attorney, and the Pharmacy Board of the Department of Professional Regulation of the State of Illinois, recommends to the Director of

the Department of Professional Regulation, that the Certificate of Registration, License No. 004 002948 of X-Gen Pharmaceuticals, Inc. be Reprimanded.

B. This Consent Order shall become effective immediately upon signing and approval by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

11-5-11
DATE

Mary H. Skoglund
Mary H. Skoglund
Attorney for the Department

10-31-11
DATE

[Signature]
X-Gen Pharmaceuticals, Inc.
Respondent's Representative

11-9-11
DATE

[Signature]
Member
Illinois Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL

DATED THIS 29th DAY OF November, 2011

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS, BRANT F. ADAMS,
SECRETARY

DIVISION OF PROFESSIONAL REGULATION

[Signature]
Director

Case No. 2011-07604

License No. 004 002948



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
BOARD OF PHARMACY
COMPLAINTS AND INVESTIGATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0015

Maine-2011

Anna L. Head, Esq.
Commissioner
Gerald L. Betts
Assistant

STATE OF MAINE
BOARD OF PHARMACY

In re:)
X-Gen Pharmaceuticals Inc.) CONSENT
Complaint No. 2011-PHA-7245) AGREEMENT

PARTIES

This document is a Consent Agreement ("the Consent Agreement") regarding the pending Wholesale Pharmacy license for X-Gen Pharmaceuticals Inc. ("X-Gen"). The parties to the Consent Agreement are: X-Gen, the Maine Board of Pharmacy ("the Board"), and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S. § 8001(5-A)(C).

STATEMENT OF FACTS

1. On July 13, 2010, Board staff received an application from X-Gen to become licensed as a Manufacturer.
2. On October 18, 2010, X-Gen amended its application for licensure from Manufacturer to Wholesale Pharmacy.
2. X-Gen was not previously licensed by the Board in the State of Maine.
3. On April 12, 2010, X-Gen submitted information to the Board staff indicating that in the years 2006 through 2009, it had shipped 81 prescriptions into the State of Maine without being licensed.
4. At its meeting on April 7, 2011, the Board reviewed the above-mentioned information. The information revealed that in the years 2006-2009, X-Gen had been operating as a Wholesale Pharmacy in the State of Maine without being properly licensed. Based on this information, the Board voted to preliminarily deny X-Gen's application to become licensed as a Wholesale Pharmacy.
5. In lieu of the license denial, the Board also voted to offer X-Gen this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Board Clerk, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by July 27, 2011, the preliminary denial of X-Gen's application for licensure as a Mail Order Pharmacy will become final.

July 15, 2011

X-Gen Pharmaceuticals, Inc
Attn: Jay Liles
300 Daniel Zenker Drive
Horseheads NY 14845

RE: 2011-PHA-7245 Pending License # W7170001817

Dear Mr. Liles:

Please find enclosed a copy of the fully-executed consent agreement made by you, the Board of Pharmacy, and the Department of Attorney General in this matter.

At this time the \$1580.00 fine payment has not been received. Upon receipt of fine payment the pending license will be issued. Please send payment or the required documents directly to me. Please include in your correspondence the complaint number that appears above.

If you have any questions, please feel free to contact this office.

Sincerely,

Kelly L. McLaughlin, Esq. Consumer Assistant Specialist
(email kelly.l.mclaughlin@maine.gov)

Enclosure

Carrie Carney, Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Chief Field Investigator
Jeffrey Frankel, OLR Staff Attorney

Licensing (207)684-8278
Via e-mail: opra@maine.gov
Hearing Impaired: TTY: 800 377 6642

PRINTED ON RECYCLED PAPER
RECYCLED PAPER/50% POST CONSUMER WASTE
OFFICE LOCATION: DANIEL ZENKER AVENUE
IN NORTHERN AVENUE, AUGUSTA, MAINE

Geraldine L. Betts, Board Administrator
Docket # 2011-PHA-7245
Fax: (207)684-8822

COVENANTS

6. X-Gen admits to practicing as a Wholesale Pharmacy in Maine without being licensed by the Board, in violation of 12 M.R.S. § 1371(1), and that this violation is a ground for the denial of the application for Wholesale Pharmacy licensure pursuant to 10 M.R.S. § 8001(5-A)(A)(4).
7. As a condition of licensure and for conduct admitted in paragraph 6 above and as a sanction for the violation, X-Gen agrees to do the following:
 - A. Accept a REPRIMAND from the Board.
 - B. Upon execution of this Consent Agreement, pay a CIVIL PENALTY in the amount of one thousand five hundred eighty dollars (\$1,580.00) calculated at \$1,500.00 for the first violation and \$100.00 for each additional violation; and
 - C. CEASE performing services for which licensure as a Wholesale Pharmacy is required until the Board has approved the X-Gen's application for licensure as a Wholesale Pharmacy and the above CIVIL PENALTY is paid in full.
8. Upon receipt of this executed Consent Agreement, the Board will not deny X-Gen's application on the basis of the conduct admitted in paragraph 6 and will approve the application consistent with the provisions of Board Rules chapter 11.
9. The Attorney General and the Board agree that no further agency or legal action will be taken against X-Gen's license based on the specific violations admitted to herein, except in the event that X-Gen does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.
10. The Consent Agreement is not subject to appeal.
11. The Consent Agreement is not subject to amendment except by written agreement of all parties.
12. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

13. X-Gen understands that the execution of the Consent Agreement is completely voluntary and that she has the right to consult with an attorney before signing the Consent Agreement.
14. X-Gen acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For X-Gen Pharmaceuticals Inc.

Dated: 7-15-2011

Signature of Authorized Representative
SUSAN E. BODREAU, PRESIDENT
Print Name and Title

Dated: 7/13/11

DANA J. HUNTER, JR., R.Ph., VICE PRESIDENT
Board of Pharmacy

Dated: 7-13-11

CARRIE L. CARNEY
Assistant Attorney General

Anjelita J. Lindo
Special Assistant Attorney General
DEPARTMENT OF LABOR AND INDUSTRY
Business Standards Division
301 South Park
P.O. Box 200513
Helena, MT 59620-0513
(406) 841-2318

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

IN THE MATTER OF THE PROPOSED
DISCIPLINARY TREATMENT OF THE
LICENSEE OF
X-Gen Pharmaceuticals, Inc.,
Wholesale Drug Distributor,
License No. 2732

) Case No. 2012 PHA LIC-4
)
) **NOTICE OF PROPOSED**
) **BOARD ACTION AND**
) **OPPORTUNITY FOR HEARING**

TO J. Robin Liles
Person In-Charge
X-Gen Pharmaceuticals Inc.
300 Daniel Zenker Drive
Horseheads NY 14845

PLEASE TAKE NOTICE

- 1 The State of Montana Board of Pharmacy (Board) has considered the complaint filed against X-Gen Pharmaceuticals, Inc. (Licensee) and has voted to initiate disciplinary action against X-Gen Pharmaceuticals, Inc. pursuant to its authority under §§37-1-131 and 37-1-136, Mont. Code Ann.
- 2 During a Screening Panel meeting on January 20, 2012 the Screening Panel of the Board reviewed all documentation regarding the above action and determined that

there is reasonable cause to believe that Licensee violated one or more of the statutes or rules relevant to wholesale drug distributors in Montana

3 Accordingly, the Screening Panel directed that this Notice be served upon Licensee pursuant to Montana Code Ann. §37-1-305

FACT ASSERTIONS

1 At all times relevant to these proceedings, Licensee was a licensed wholesale drug distributor holding license number 2732, issued by the Montana Board of Pharmacy on January 19, 2010

2 On July 27, 2011 a board-generated complaint was filed against the Licensee because their license had been disciplined by another state board for operating a wholesale drug distribution business without an active license

3 On October 28, 2011 a letter was sent to the Licensee at the Screening Panel's request asking whether or not shipments have been made into the state of Montana

4 On November 15, 2011 the Licensee responded that the following were shipped into Montana

2007	2 Units	\$34.50	Nystat-Rx 50mu/bottle
2008	3 units	\$372.00	Streptomycin for Injection USP 1gm/vial x 10
2009	1 unit	\$17.25	Nystat Rx 50mu/bottle
	20 units	\$560.00	Colistimethate for Injection USP 150mg/vial
	4 units	\$104.00	Progesterone Wettable 25gm/bottle
	50 units	\$562.50	Polymyxin B for Injection USP

5 The Board received a response to the complaint from Jennifer Schneider, VP Client Services explaining that in 2009 the company was overwhelmed with the

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

ORIGINAL

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012 PHA LIC-4

increasing state licensing regulations. She states that X-Gen received disciplinary action from Colorado and at that time they were unaware that certain states into which they were shipping required licensing. They performed a gap analysis and immediately applied to all applicable states.

6 The actions referred to above directly relate to the propriety of the practice or fitness to practice as a Wholesale Drug Distributor in the state of Montana

CONCLUSIONS OF LAW

1 The information contained in the fact assertions herein indicates that X-Gen Pharmaceuticals, Inc. has committed unprofessional conduct.

2 The violations of law committed by Licensee are as follows:

A. Violation of Mont. Code Ann. §37-1-316 (1B):

It is unprofessional conduct for a licensee or license applicant governed by this chapter to engage in conduct that does not meet the generally accepted standards of practice.

B. Violation of Mont. Code Ann. §37-7-604(1):

A person or distribution outlet may not act as a wholesale drug distributor without first obtaining a license from the board and paying the license fee.

C. Violation of Mont. Code Ann. §37-7-605(1):

An out-of-state wholesale drug distributor may not conduct business in this state without first obtaining a license from the board and paying the license fee established by the board.

D. Violation of ARM 24.174.2301 (1)(a):

The board defines "unprofessional conduct" as including engaging in any

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

activity which violates state and federal statutes and rules governing the practice of pharmacy.

3 As a result of the above information, the Board's Screening Panel heard the above matter, determined that there is reasonable cause to believe that X-Gen Pharmaceuticals, Inc. has violated a statute or rule justifying disciplinary sanctions to be imposed against their Montana license and so moved to serve them with this formal Notice of Proposed Board Action and Opportunity for Hearing.

UNIFORM PROFESSIONAL LICENSING AND REGULATION PROCEDURE

You are advised that the law provides

37-1-309 Notice - request for hearing (1) If a reasonable cause determination is made pursuant to 37-1-307 that a violation of this part has occurred, a notice must be prepared by recruitment legal staff and served on the alleged violator. The notice may be served by certified mail to the current address on file with the board or by other means authorized by the Montana Rules of Civil Procedure. The notice may not allege a violation of a particular statute, rule, or standard unless the board or the board's screening panel, if one has been established, has made a written determination that there are reasonable grounds to believe that the particular statute, rule or standard has been violated.

(2) A licensee or license applicant shall give the board the licensee's or applicant's current address and any change of address within 30 days of the change.

(3) The notice must state that the licensee or license applicant may request a hearing to contest the charge or charges. **A request for a hearing must be in writing and**

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

received in the offices of the department within 20 days after the licensee's receipt of the notice. Failure to request a hearing constitutes a default on the charge or charges and the board may enter a decision on the basis of the facts available to it 37-1-312. Sanctions – stay –costs –stipulations. (1) Upon a decision that a licensee or license applicant has violated this part or is unable to practice with reasonable skill and safety due to a physical or mental condition or upon stipulation of the parties as provided in subsection (3) the board may issue an order providing for one or any combination of the following sanctions

- (a) revocation of the license
 - (b) suspension of the license for a fixed or indefinite term
 - (c) restriction or limitation of the practice
 - (d) satisfactory completion of a specific program of remedial education or treatment
 - (e) monitoring of the practice by a supervisor approved by the disciplining authority
 - (f) censure or reprimand, either public or private.
 - (g) compliance with conditions of probation for a designated period of time
 - (h) payment of a fine not to exceed \$1 000 for each violation. Fines must be deposited in the state general fund
 - (i) denial of a license application
 - (j) refund of costs and fees billed to and collected from a consumer
- (2) A sanction may be totally or partly stayed by the board. To determine which sanctions are appropriate, the board shall first consider the sanctions that are necessary to protect or compensate the public. Only after the determination has been made may

the board consider and include in the order any requirements designed to rehabilitate the licensee or license applicant

- (3) The licensee or license applicant may enter into a stipulated agreement resolving potential or pending charges that includes one or more of the sanctions in this section. The stipulation is an informal disposition for the purposes of 2-4-603
- (4) A licensee shall surrender a suspended or revoked license to the board within 24 hours after receiving notification of the suspension or revocation by mailing it or delivering it personally to the board

2-4-631(3). Licenses. Whenever notice is required, no revocation, suspension, annulment, withdrawal, or amendment of any license is lawful unless the agency gave notice by mail to the licensee of facts or conduct which warrant the intended action. If the agency finds that public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

STATEMENT OF RIGHTS

X Gen Pharmaceuticals, Inc. is entitled to a hearing on the proposed discipline against the license of X Gen Pharmaceuticals, Inc. before an impartial Hearing Examiner appointed by the Department of Labor and Industry as provided in the Montana Administrative Procedure Act Mont. Code Ann. §2-4-601 et seq. and §37-1-121. X Gen Pharmaceuticals, Inc. has a right to be represented by an attorney at such hearing and during related proceedings.

If X-Gen Pharmaceuticals, Inc. wants to have a hearing and the opportunity to contest the proposed action, a written request for hearing must be sent to Becky Carter, Compliance Supervisor, Business Standards Division, Department of Labor and Industry, 301 South Park, P.O. Box 200513, Helena, Montana 59620-0513. This request must be received in the offices of the Department within twenty (20) days after receipt of this notice.

DATED this 7th day of February, 2012

Anjeanette C. Lindle
Anjeanette C. Lindle
Department Counsel
Montana Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that on the 8th day of February, 2012, I served a true and accurate copy of the foregoing NOTICE OF PROPOSED BOARD ACTION AND OPPORTUNITY FOR HEARING by certified United States mail, certified number NC310C60007024116, postage prepaid, upon the licensee addressed as follows:

Robb Lies
Person-in-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

Anjeanette C. Lindle

Complete items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.

1. Addressee for: **J. Robin Liles, Person in Charge, X-Gen Pharmaceuticals, Inc., 300 Daniel Zanker Drive, Horseheads, NY 14845**

2. Art No: **7003 1030 0000 9239 1116**

3. Service Type: Certified Mail, Registered Mail, Insured Mail, Signature Required, Signature Restricted, Return Receipt for Merchandise, Restricted Delivery (Extra Fee)

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3811, February 2004

Anjeanette C. Lindle
 Special Assistant Attorney General
 DEPARTMENT OF LABOR & INDUSTRY
 Office of Legal Services
 301 South Park Avenue
 PO Box 200513
 Helena MT 59620-0513
 Telephone (406) 841-2318
 Fax (406) 541-2313

BEFORE THE BOARD OF PHARMACY
 DEPARTMENT OF LABOR AND INDUSTRY
 STATE OF MONTANA

In the Matter of the Proposed Disciplinary Treatment of the License of Case No. 2012-PHA-LIC-4

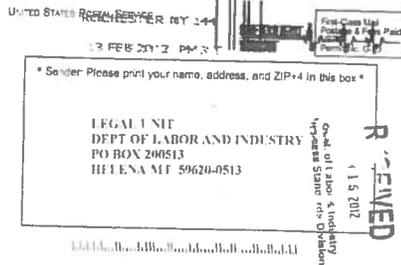
X-GEN PHARMACEUTICALS, INC. REQUEST FOR ENTRY OF DEFAULT
 Wholesale Drug Distributor License No. 2732

TO THE BOARD OF PHARMACY

Pursuant to Mont. Code Ann. § 37-1-309(3), please enter the Default of Respondent/Licensee X-Gen Pharmaceuticals, Inc. with respect to the Notice of Proposed Board Action and Opportunity for Hearing filed and served in the above entitled matter for failure to request a hearing within twenty days of service to request a hearing, as appears from the record and accompanying documentation.

DATED this 19th day of March 2012

Anjeanette C. Lindle
 Anjeanette C. Lindle
 Legal Counsel
 Department of Labor and Industry



Case #
 2012-PHA-LIC-4

BEFORE THE BOARD OF PHARMACY
 DEPARTMENT OF LABOR AND INDUSTRY
 STATE OF MONTANA

In the Matter of the Proposed Disciplinary Treatment of the License of Case No. 2012-PHA-LIC-4
 X-GEN PHARMACEUTICALS, INC.
 Wholesale Drug Distributor License No. 2732
 AFFIDAVIT OF SUSAN C. PETERS

State of Montana
 Lewis & Clark County

- I, Susan C. Peters, being first duly sworn, depose and say as follows:
 - I am a citizen of the United States, over the age of eighteen years, a resident of Lewis and Clark County, Montana, by profession an employee of the Montana Department of Labor and Industry, Department and Legal Secretary for the Office of Legal Services.
 - I am familiar with the procedural history of this case and have personal knowledge of the same.
 - On February 13, 2012, the Department duly served Respondent/Licensee X-Gen Pharmaceuticals, Inc. by Certified Mail, receipt # 7003 1030 0000 9239 1116, with a Notice of Proposed Board Action and Opportunity for Hearing, Case No. 2012-PHA-LIC-4. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy. More than twenty days have passed since service of the Notice and no request for hearing has been received.
 - Upon information and belief, I state that X-Gen Pharmaceuticals, Inc. is not now an incompetent person or minor and was not such when the instant action was commenced.

Affidavit of Susan C. Peters
 In re X-Gen Pharmaceuticals, Inc. Case No. 2012-PHA-LIC-4

further that X-Gen Pharmaceuticals, Inc. is not a member of the military or naval services of the United States, nor has it been a member thereof within six months preceding commencement of this action.

DATED this 19th day of March 2012

Susan C. Peters
 Susan C. Peters

State of Montana
 Lewis & Clark County

This Affidavit was signed and sworn to before me, a Notary Public for the state of Montana, on this 19th day of March 2012, by Susan C. Peters, known to me to be the person whose name is subscribed to within this instrument, and executed the same IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first written above.



Barbara A. Bessey
 Notary Public for the State of Montana,
 Lewis and Clark County

Affidavit of Susan C. Peters
 In re X-Gen Pharmaceuticals, Inc. Case No. 2012-PHA-LIC-4

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing *REQUEST FOR ENTRY OF DEFAULT* and *AFFIDAVIT OF SUSAN C. PETERS* by U.S. mail postage prepaid upon the following parties addressed as follows:

J. Robin Liles
 Person-In-Charge
 X-Gen Pharmaceuticals, Inc.
 300 Daniel Zenker Drive
 Horseheads, NY 14845

Board of Pharmacy
 301 South Park Avenue
 PO Box 200513
 Helena, MT 59620-0513

DATED this 14th day of March 2012

Susan C. Peters
 Department of Labor and Industry

Affidavit of Susan C. Peters
 in re X-Gen Pharmaceuticals, Inc. Case No. 2012-PHA-LIC-4

**BEFORE THE BOARD OF PHARMACY
 DEPARTMENT OF LABOR AND INDUSTRY
 STATE OF MONTANA**

In the Matter of the Proposed Disciplinary Treatment of the License of Case No. 2012-PHA-LIC-4
X-GEN PHARMACEUTICALS, INC.
 Wholesale Drug Distributor License No. 2732 **ENTRY OF DEFAULT**

On February 13, 2012, X-Gen Pharmaceuticals, Inc. Respondent/Licensee in the above-entitled action, was duly served with the *Notice of Proposed Board Action and Opportunity for Hearing*, Case No. 2012-PHA-LIC-4. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy. More than twenty days have passed since service of the Notice and no request for hearing has been received. The Department requested entry of default on March 19, 2012.

IT IS THEREFORE ORDERED that the default of the Respondent/Licensee is entered for failure to request a hearing. For purposes of this order, the fact assertions contained in the Notice issued in the above-entitled matter are hereby accepted as the findings of fact and the conclusions of said Notice are adopted as the conclusions of law.

A final order providing for disposition of this matter will be subsequently entered.
 DATED this 20th day of March 2012.

Becky Carter
 Becky Carter
 Compliance Unit Supervisor
 Department of Labor and Industry

Entry of Default
 in re X-Gen Pharmaceuticals, Inc. Case No. 2012-PHA-LIC-4

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing *ENTRY OF DEFAULT* by U.S. mail postage prepaid upon the Licensee at the following address:

J. Robin Liles
 Person-In-Charge
 X-Gen Pharmaceuticals, Inc.
 300 Daniel Zenker Drive
 Horseheads, NY 14845

And by hand delivery upon Department Counsel:

Arjeanette C. Lindie
 Special Assistant Attorney General
 DEPARTMENT OF LABOR AND INDUSTRY
 Office of Legal Services
 301 South Park Avenue
 PO Box 200513
 Helena, MT 59620-0513

DATED this 20th day of March 2012

Becky Carter
 Department of Labor and Industry

Entry of Default
 in re X-Gen Pharmaceuticals, Inc. Case No. 2012-PHA-LIC-4

**BEFORE THE BOARD OF PHARMACY
 DEPARTMENT OF LABOR AND INDUSTRY
 STATE OF MONTANA**

In the Matter of the Proposed Disciplinary Treatment of the License of Case No. 2012-PHA-LIC-4
X-GEN PHARMACEUTICALS, INC.
 Wholesale Drug Distributor License No. 2732 **FINAL ORDER OF DEFAULT**

On February 13, 2012, a *Notice of Proposed Board Action and Opportunity for Hearing* was served on X-Gen Pharmaceuticals, Inc. Respondent/Licensee in the above-entitled action by Certified Mail, receipt # 7003 1010 0200 9239 1116. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy.

More than twenty days have passed since service of the Notice and no request for hearing has been received. Accordingly, and upon the request of Department Counsel on March 19, 2012, a default was entered.

For purposes of this order, the fact assertions and conclusions contained in the *Notice of Proposed Board Action and Opportunity for Hearing* issued in the above-entitled matter are hereby accepted by the Board and fully incorporated into this final order as the findings of fact and the conclusions of law.

Based upon X-Gen Pharmaceuticals, Inc.'s default for failing to request a hearing and the information presently before the Board, including the aforementioned findings of fact and conclusions of law, the Board enters the following:

Final Order of Default
 in re X-Gen Pharmaceuticals, Inc. Case No. 2012-PHA-LIC-4

sanctions that are necessary to protect and compensate the public. Having considered the concerns of the public and the rehabilitation of the licensee.

THE BOARD ENTERS THE FOLLOWING ORDER

A Licensee shall pay an administrative fine in the amount of THREE THOUSAND DOLLARS (\$3,000.00). Licensee shall pay by certified check or money order, made payable to the Montana Board of Pharmacy, P.O. Box 200513, Helena, Montana 59620-0513, within 30 days of the date of the Final Order and not before to be deposited in the state special revenue fund pursuant to 37-7-324, MCA.

B Licensee shall ensure that in the future it will not operate as a wholesale drug distributor unless it has an active license.

C Licensee shall review and follow all Montana laws and rules regarding wholesale drug distributors.

DATED this 13 day of April 2012

[Signature]
Presiding Officer
Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing FINAL ORDER OF DEFAULT by U.S. mail, postage prepaid, upon the Licensee addressed as follows:

J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

And by hand delivery upon Department Counsel:

Anjeanette C. Lindsie
Special Assistant Attorney General
DEPARTMENT OF LABOR AND INDUSTRY
Office of Legal Services
301 South Park Avenue
PO Box 200513
Helena, MT 59620-0513

DATED this 17 day of April 2012

[Signature]
Department of Labor and Industry

Final Order of Default
In re: X-Gen Pharmaceuticals, Inc. Case No. 2012 PHA LIC-4

Final Order of Default
In re: X-Gen Pharmaceuticals, Inc. Case No. 2012 PHA LIC-4



Alabama 2013

April 17, 2012

J. ROBIN LILES
PERSON IN CHARGE
X-GEN PHARMACEUTICALS, INC.
300 DANIEL ZENKER DRIVE
HORSEHEADS, NY 14845

RE: Complaint #PHA-2012-LIC-4

Dear Mr. Liles:

The above-referenced complaint was recently reviewed by the Adjudication Panel of the Board of Pharmacy. The panel entered a Final Order, a copy of which is enclosed. This disciplinary action is a permanent matter of public record.

Be advised that you are responsible for understanding and complying with this order. As per MCA 37-1-316 (8), failure to comply with a term, condition, or limitation of a license by final order of a board is a violation of statute which may result in further disciplinary action.

If you have any questions, please contact me directly.

Sincerely,
[Signature]
Vicki Bair, Compliance Specialist
(406) 641-2357 phone
(406) 641-2363 fax
vbair@mt.gov

Enc: Final Order

IN THE MATTER OF:
X-GEN PHARMACEUTICALS, INC.
Manufacturer/Wholesaler/
Distributor
Permit No. 193818
BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against X-Gen Pharmaceuticals, Inc. (hereinafter referred to as "X-Gen") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as Exhibit "A."

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows.

- 1 The Board finds that X-Gen violated the provisions of law based on the conduct set forth in all Counts of the Statement.
2 X-Gen shall pay to the Board an administrative fine in the amount of Two Thousand Five Hundred dollars (\$2,500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and X-Gen shall not attempt to discharge the same in any bankruptcy proceeding.
3 X-Gen expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled

Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. X-Gen further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18

4. By execution of this Consent Order, X-Gen hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. X-Gen agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license

6. X-Gen acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. X-Gen acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney

DONE this the 27th day of November 2013.

X-Gen Pharmaceuticals, Inc.

By: Shawn C. Bedwin
its President

David Jamieson
David Jamieson, Attorney for X-Gen Pharmaceuticals, Inc.

DONE this the 3rd day of December 2013.

ALABAMA STATE BOARD OF PHARMACY

By: Kenny Sanders
Kenny Sanders, R.Ph., President

By: James S. Ward
its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham Alabama 35209
(205) 871-5404

Maryland-2013

IN THE MATTER OF * BEFORE THE
X-GEN PHARMACEUTICALS * MARYLAND STATE
Respondent/Distributor * BOARD OF PHARMACY
Permit Number: D02937 * Case Number: PI-13-059/13-459

CONSENT ORDER

On August 21, 2013, the Maryland State Board of Pharmacy (the "Board") charged X-GEN PHARMACEUTICALS (the "Respondent/Distributor") Permit Number D02937, under the Maryland Pharmacy Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.C.") §§ 12-101 et seq. (2009 Repl. Vol. & 2012 Supp.)

The pertinent provisions of the Act are as follow:

H.O. § 12-6C-03. Permit required.

(a) *Wholesale Distributor* - A wholesale distributor shall hold a permit issued by the Board before the wholesale distributor engages in wholesale distribution in the State.

H.O. § 12-6C-11. Violations; penalties.

(a) *Fine* - (1) If a person knowingly violates any provision of this subtitle or any regulation adopted under this subtitle, the Board may impose a fine not to exceed \$500,000.

The Board further charges the Respondent/Distributor with violating the following provision of the Board's regulations - Code Md. Regs. § 10, tit. 34.22.00 et seq. - Licensing of Wholesale Prescription Drug or Device Distributors.

10.34.22.05 - Violations and Penalties.

A. After a hearing held under Health Occupations Article, § 12-601, Annotated Code of Maryland, the Board may deny, suspend, revoke, or place on probation a permit holder, reprimand a permit holder, or impose a fine if the permit holder

(4) is disciplined by a licensing or disciplinary authority of any state or country or disciplined by a court of any state or country for an act that would constitute a ground for Board action against a wholesale distributor permit holder under § A or B of this regulation;[1]

FINDINGS OF FACT

1. The Respondent/Distributor is located in Horseheads, New York.
2. The Respondent/Distributor was initially licensed as a wholesale distributor in the State of Maryland on December 8, 2009. The Respondent/Distributor's permit is currently active and is scheduled to expire on May 31, 2015. The Board received information that prior to the issuance of the Respondent/Distributor's permit, the Respondent/Distributor operated as a wholesale distributor in Maryland.
3. The Board subsequently initiated an investigation.
4. The Board's investigation revealed that from January through December 2008, the Respondent/Distributor shipped drugs without a Maryland permit primarily to a wholesale distributor, but also to several hospitals and pharmacies located in Maryland. The drugs included, but were not limited to, antibiotics, anti-bacterials, anti-fungals and steroids.
5. In 2008, the value of the drugs the Respondent/Distributor sold to these entities is approximately \$1,674,816.
6. From January through November 2009, the Respondent/Distributor shipped drugs without a Maryland permit to a wholesale distributor, several hospitals and pharmacies located in Maryland. The drugs included but were not limited to antibiotics, anti-bacterials, anti-fungals and

¹ Section A of the regulation lists prohibited activities. Section B excepts one activity as prohibited.

steroids

7 In 2009, the value of the drugs the Respondent-Distributor sold to these entities is approximately \$1,456,312

8 The Respondent-Distributor has been disciplined by pharmacy boards in several other states for distributing prescription drugs in those states when not registered to do so

a Colorado - effective February 5, 2009, the Respondent-Distributor was issued a Cease and Desist Order for distributing prescription drugs in Colorado in December 2008 in the absence of registration. Effective February 24, 2009, the Respondent-Distributor entered into a Final Agency Order under the terms of which it agreed to pay a fine of \$5,750.

b Maine - Effective July 13, 2011, the Respondent-Distributor entered into a Consent Order in which it admitted that it had practiced as a wholesale pharmacy in Maine without being licensed by the Maine Board of Pharmacy. Specifically, from 2006 through 2009 the Respondent-Distributor had shipped 81 prescriptions into Maine without being licensed to do so. The Respondent-Distributor agreed to pay a civil penalty of \$1,500.

c Illinois - effective November 29, 2011, the Illinois Board reprimanded the Respondent-Distributor based on

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Maine's discipline for unlicensed wholesale drug distribution; d Montana - on February 7, 2012, the Montana Board filed a "Notice of Board Action and Opportunity for Hearing" against the Respondent-Distributor, alleging that in 2007, 2008 and 2009, the Respondent-Distributor had shipped several units of drugs to Montana prior to being licensed in that state. Effective April 17, 2012, the Montana Board issued a Final Order of Default in which it noted that the Respondent-Distributor had not requested a hearing in the matter and ordered the Respondent-Distributor to pay an administrative fine of \$3,000

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact the Board concludes that the Respondent-Distributor violated H O § 12-6C-03(a)

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is by a majority of the quorum of the Board considering this case

ORDERED that the Respondent-Distributor is reprimanded, and it is further

ORDERED that within 90 days of the effective date of the Consent Order, the Respondent-Distributor shall pay a monetary fine of \$30,000, to be paid in full to the Board by certified or bank guaranteed check made payable to the Maryland State Board of Pharmacy, and it is further

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ORDERED that the Respondent-Distributor shall comply with the Maryland Pharmacy Act and all laws, statutes and regulations pertaining to the practice of pharmacy, and it is further

ORDERED that the Respondent-Distributor's failure to comply with any of the conditions of this Consent Order shall be considered a violation of this Consent Order, and it is further

ORDERED that if the Respondent-Distributor violates any of the conditions of this Consent Order, the Board, in its discretion, after notice and an opportunity for a show cause hearing before the Board, may impose any other disciplinary sanction for which the Board may have imposed, including an additional monetary fine, and it is further

ORDERED that the effective date of this Consent Order is that date that it is signed by the Board, and it is further

ORDERED that this document constitutes a formal disciplinary action of the Maryland Board of Pharmacy and is therefore a public document for purposes of public disclosure, pursuant to Md. State Govt Code Ann. §§ 10-611 et seq. (Repl Vol 2009 & Supp 2012)

Date

Lenna Israbian-Jamgochian, Pharm.D.
President
Maryland Board of Pharmacy

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CONSENT OF SUSAN BADIA, PRESIDENT OF X-GEN PHARMACEUTICALS

I, Susan Badia, President of X-Gen Pharmaceuticals, acknowledge that I am represented by counsel and have consulted with counsel before entering this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that I might have filed after any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

04/16/12
Date

Susan Badia
Susan Badia, President
X-Gen Pharmaceuticals
Respondent-Distributor

Reviewed by

[Signature]
Attorney for Respondent-Distributor

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Ohio- 2014



OHIO STATE BOARD OF PHARMACY
77 South High Street, Room 1702; Columbus, OH 43215-6126

TEL: 614-466-4143 FAX: 614-752-4836
711 TDD: Use the Relay Service: 1-800-355-4750 URL: <http://www.pharmacy.ohio.gov>

STATE OF Ohio
CITY/COUNTY OF Columbus

NOTICE OF OPPORTUNITY FOR HEARING

June 25, 2014



I HEREBY CERTIFY that on this 16 day of June, 2013, before me, a Notary Public of the foregoing State and City/County personally appeared Susan Badia, President, X-Gen Pharmaceuticals and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSETH my hand and notarial seal

Richard C. Park
Notary Public

My Commission expires 6-15-15

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
300 Daniel Zenker Drive
Horseheads, NY 14845

Re. Ohio Wholesale Distributor of Dangerous Drugs License No. _____
Wholesaler of Controlled Substance License No. 01-2037200

Dear Mr. Park:

YOU ARE HEREBY NOTIFIED that, in accordance with the provisions of Chapters 119, and 4729 of the Ohio Revised Code, the Ohio State Board of Pharmacy will determine whether or not to take action against X-Gen Pharmaceuticals, Inc.'s license. Prior to any such action, Name is entitled to a hearing before the State Board of Pharmacy on the basis of the following allegations:

- (1) Records of the Board of Pharmacy indicate that you are the president and responsible person at X-Gen Pharmaceuticals, Inc., Ohio Wholesale Distributor of Dangerous Drugs License No. 01-2037200, pursuant to Sections 4729. of the Ohio Revised Code within the meaning of Section 4729.56 of the Ohio Revised Code.
- (2) On or about May 11, 2012, X-Gen Pharmaceuticals, Inc. ("X-Gen"), knowingly made a false statement with purpose to secure the issuance of a license or registration, to wit: On its 2012 renewal application filed with the Ohio State Board of Pharmacy for licensure as a Wholesale Distributor of Dangerous Drugs ("WDD"), X-Gen answered "yes" to the legal question: "Within the last 18 months, has the responsible person or owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?" X-Gen disclosed that the Montana Board of Pharmacy took disciplinary action against it on or about April 17, 2012, however, X-Gen failed to disclose that it also had been disciplined in the previous 18 months by the Maine Board of Pharmacy and the Illinois Board of Pharmacy. An investigation by Ohio State Board of Pharmacy Specialist revealed that the Montana Board of Pharmacy took disciplinary action against X-Gen based on the disciplinary action it received from the Colorado Board of Pharmacy in 2009. In the Matter of the Proposed Disciplinary Treatment of the License of X-Gen Pharmaceuticals, Inc., Montana Board of Pharmacy, Case No. 2012-PHA-LIC-4, Final Order of Default, April 13, 2012. See also In the Matter of the Unauthorized and Unlawful Distribution of Prescription Drugs in Colorado by X-Gen Specialty Division, Colorado Board of Pharmacy, Case No. 2009-2759, Stipulation and Final Agency Order, February 26, 2009. The Montana Board of Pharmacy fined X-

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
Page 2
Notice of Opportunity

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
Page 3
Notice of Opportunity

Gen \$3,000 for shipping drugs into Montana from 2007-2009 prior to becoming a licensed wholesaler in Montana in 2010. The Maine Board of Pharmacy took disciplinary action against X-Gen in July 2011 based on information X-Gen provided to the Maine Board of Pharmacy that revealed that between 2006 and 2009 X-Gen operated a wholesale drug distribution business and shipped prescriptions into Maine without being licensed to do so. In re X-Gen Pharmaceuticals, Inc., Maine Board of Pharmacy, Complaint No. 2011-PHA-7245, Consent Agreement, July 13, 2011. X-Gen was reprimanded by the Maine Board of Pharmacy and ordered to pay \$1,530. X-Gen self-reported its discipline in Maine to the Illinois Board of Pharmacy, which resulted in X-Gen being reprimanded by the Illinois Board of Pharmacy. Department of Financial and Professional Regulation Division of Professional Regulation v. X-Gen Pharmaceuticals, Inc., Department of Professional Regulation of the State of Illinois, Case No. 2011-07604, Consent Order, November 29, 2011. Such conduct, if proven, constitutes having been disciplined by a professional licensing board, and not being of good moral character and habits within the meaning of Rule 4729-9-19 of the Ohio Administrative Code, and further, if proven, constitutes making a false material statement in an application for registration as a Wholesale Distributor of Dangerous Drugs within the meaning of Section 4729.56 of the Ohio Revised Code.

violating any federal, state, or local drug law, any provision of Chapter 4729, or Chapter 2925, 3715, or 3719 of the Revised Code or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.

For these reasons, the State Board of Pharmacy will determine whether to take action pursuant to Section 4729.56 of the Ohio Revised Code.

YOU ARE HEREBY ADVISED that Section 4729.56 of the Ohio Revised Code provides the pertinent part:

(A) In accordance with Chapter 119 of the Ohio Revised Code, the board of pharmacy may suspend, revoke, or refuse to renew any registration certificate issued to a wholesale distributor of dangerous drugs pursuant to section 4729.52 of the Revised Code or may impose a monetary penalty of forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense or one thousand dollars if the acts committed are not classified as an offense by the Revised Code for any of the following causes:

- (1) Making any false material statements in an application for registration as a wholesale distributor of dangerous drugs;
- (2) Violating any federal, state, or local drug law, any provision of this chapter or Chapter 2925, 3715, or 3719, of the Revised Code, or any rule of the board;
- (3) A conviction of a felony;
- (4) Ceasing to satisfy the qualifications for registration under section 4729.53 of the Revised Code or the rules of the board.

YOU ARE FURTHER NOTIFIED that "Revoke", as used in Chapters 3719 and 4729 of the Revised Code, means to take action against a license rendering such license void and such license may not be reissued. "Revoke" is an action that is permanent against the license and license: Ohio Administrative Code, 4729-9-01(E)

YOU ARE FURTHER NOTIFIED in accordance with the provisions of Chapters 119 and 4729 of the Ohio Revised Code, that you are entitled to a hearing before the Ohio State Board of Pharmacy, if you request such a hearing within thirty (30) days of the time of the mailing of this notice.

IF YOU DESIRE A HEARING, such request shall be mailed to the State Board of Pharmacy, 77 South High Street, Room 1702, Columbus, Ohio 43215-6126. YOUR REQUEST MUST BE IN WRITING, AND MUST BE RECEIVED IN THE OFFICE OF THE OHIO STATE BOARD OF PHARMACY ON OR PRIOR TO THE THIRTIETH (30th) DAY FOLLOWING THE MAILING DATE OF THIS NOTICE. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you.

(3) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2007. Such conduct, if proven, constitutes violating any federal, state, or local drug law, any provision of Chapter 4729, or Chapter 2925, 3715, or 3719 of the Revised Code, or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.

(4) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2008. Such conduct, if proven, constitutes violating any federal, state, or local drug law, any provision of Chapter 4729, or Chapter 2925, 3715, or 3719 of the Revised Code, or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.

(5) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2009. Such conduct, if proven, constitutes

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
Page 4
Notice of Opportunity

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the thirtieth (30th) day following the mailing of this notice, the Ohio State Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing.

BY ORDER OF THE STATE BOARD OF PHARMACY

Kyle W. Parker

Kyle W. Parker, M.B.A., R.Ph.
Executive Director

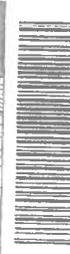
KWP/jsp (Case No. 2013-1974)

Registered Mail / Return Receipt
RL 946 607 750 US

c. Charissa D. Payer, Assistant Attorney General



REGISTERED MAIL™



RE 946 607 750 US

RETURN RECEIPT
REQUESTED

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
300 Daniel Zenker Drive
Horseheads NY 14845-1014

OHIO STATE BOARD OF PHARMACY
77 SOUTH HIGH STREET, ROOM 1702
COLUMBUS, OHIO 43215-6126
PHA 0090 (REV. 10/02)

06/27
MAILING
DATE

SUSAN ALVERSON, D.P.A.
R.Ph.
Executive Secretary
111 Village Street
Birmingham, AL 35242
(205) 861-2280
(205) 981-2330 Fax
www.abcp.com

ALABAMA
BOARD OF PHARMACY



May 27, 2015

MEMBERS 2015

- DAN MCCONAGHY, R.Ph.
President
- JIM MARTIN, Pharm.D.
Vice President
- BUDDY BUNCH, R.Ph.
Treasurer
- DAVID DARBY, R.Ph.
- DOHIA C. YEATMAN, R.Ph.

AL - 2015

IN THE MATTER OF	)	BEFORE THE ALABAMA STATE
X-GEN PHARMACEUTICALS, INC.	)	BOARD OF PHARMACY
Manufacturer/Wholesaler/)	
Distributor Permit Number 193818)	

FINAL ORDER

On May 12, 2015, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against X-Gen Pharmaceuticals, Inc. (hereinafter also referred to as the "Respondent"), and evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a manufacturer/wholesaler/distributor and was issued permit number 193818 by the Board.
2. The Respondent was notified of the charges as amended; the Respondent was represented by counsel, Mr. David C. Jamieson, Esq. and Mr. Alex R. Hirschfeld, Esq. at the hearing. (Board's Exhibit One)
3. The Respondent made no objection to the timeliness of the Notice of Hearing.
4. The Maryland State Board of Pharmacy issued a Consent Order in Case Number PI-13-059 13-459 whereby the Respondent was ordered to pay a monetary fine of Thirty Thousand (\$30,000.00) Dollars based on the Respondent shipping drugs into the state of Maryland without a permit to do so. (Board's Exhibit One)
5. On October 7, 2014 the State of Michigan Department of Licensing and Regulatory

X-GEN PHARMACEUTICALS, INC.
300 Daniel Zenker Drive
Horseheads, New York 14845

RE: BOARD ASSESSED PENALTY
May 27, 2015

To Whom It May Concern:

Enclosed you will find a **FINAL ORDER** resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth discipline and specifically the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the date of the Final Order and not the date of this letter.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, your file will be immediately sent to the Board's counsel for preparation of a **STATEMENT OF CHARGES** and the scheduling of another hearing before the Board.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY:

Susan P. Alverson

Susan P. Alverson
Secretary
Cc: Jim Ward, Attorney-at-Law

Affairs, Bureau of Health Care Services in Complaint Number 53-13-13130 issued a Consent Order with the Respondent whereby, among other things, the Respondent was fined in the amount of Six Thousand (\$6,000.00) Dollars. (Board's Exhibit One)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12) and § 41-22-12.
2. The Respondent was properly notified of the charges, the Respondent was represented by counsel.
3. The Respondent made no objection to the timeliness of the Notice of Hearing.
4. The Respondent made no objection to the specificity of the Statement of Charges.
5. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23-2 (k) (2) based upon the Consent Order entered by the Maryland State Board of Pharmacy on September 16, 2013.
6. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23-2 (k) (2) based upon the entry of the Consent Order by the Michigan Board of Pharmacy on December 10, 2014.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is also ORDERED to pay to the Board an administrative fine of Two Thousand (\$2,000.00) Dollars, said fine shall be paid within sixty (60) days of the date of this ORDER, and
2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED this 28th day of May 2015

Dan C. McConaghy
Mr. Dan C. McConaghy, R. Ph., President
Alabama State Board of Pharmacy

Copies to:
Mr. David C. Jamieson, Esq.
Mr. Alex R. Hirschfield, Esq.
Ms. Mitzi Ellenburg, Director of Operations
Ms. Patty Wright, Case Coordinator
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

VT - 2016

MI - 2017

State of Vermont
Office of the Secretary of State
Office of Professional Regulation
Investigative Division
89 Main Street, 3rd Floor
Montpelier, VT 05620-3402
March 11, 2015

[phone] 802.828.3555
[fax] 802.828.2369
www.sec.state.vt.us

James C. Condos, Secretary of State
Christopher D. Winters, Deputy Secretary
Culin R. Benjamin, Director

X-Gen Pharmaceuticals, Inc.
ATTENTION: R.C. Park
300 Daniel Zanker Drive
Honesdale, NY 14845-1014

Docket No 2016-148
Criminal No. 039 0058649
Non Resident Pharmacy

Dear Mr. Park:

The Board of Pharmacy has opened an investigation into your professional conduct based on the disciplinary actions reported on your renewal application. Please contact the state in which the discipline occurred and request a certified copy of the Board Order and have it sent to my attention within forty-five (45) days of the date of this letter.

The following investigative process will now take place:

- An Investigative Team will be assigned.
- You may be contacted by an investigator if additional information is deemed necessary.

The Investigative Team will meet to review the data and make one of the following recommendations:
• To close the case without disciplinary action; or
• To pursue disciplinary action.

This process typically takes a few months to complete. Once complete, the Board of Pharmacy will act on the Investigative Team's recommendation.

Complaint investigations focus on the issues described in the complaint, the laws governing the practice of the profession, and the fitness of the licensee to practice. Disciplinary actions, when warranted, range from warnings to revocation of licenses.

Formal charges, hearings and disciplinary actions are public. However, the investigative process is entirely confidential by law. All future reference to this matter will be by the docket number noted above. If this case is closed without charges, neither the complainant nor the investigation will be made public. If charges are filed, you must file an answer within 23 days. If you hire an attorney, the attorney must file a Notice of Appearance.

If you have any questions, please feel free to contact me at (802) 828-2875 or via email at carla.preston@sec.state.vt.us.

Sincerely,
Carla Preston
Case Manager

cc: Investigative Team



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERSON
DIRECTOR

November 9, 2017

X-Gen Pharmaceuticals Inc
300 Daniel Zanker Drive
Honesdale, NY 14845

Re: File No. 03-16-144053

Dear Licensee:

Enclosed is an Administrative Complaint (Complaint) charging you with violation(s) of the Public Health Code. You must respond to this Complaint **IN WRITING WITHIN 30 DAYS** from the date you received it. If you fail to do so, the Complaint will be sent to your Board's Disciplinary Subcommittee (DSC) to impose a sanction.

In your written response, please provide information demonstrating your compliance with the Public Health Code or explaining your conduct. Also, please select ONE of the following three options:

- **Request a settlement.** Your written response and a copy of the Complaint will be sent to a Board member who will recommend a proposed settlement.
- **Request a compliance conference.** This is an optional, informal opportunity to meet with me to present evidence or information not contained in your written response for purposes of settlement. Use the enclosed form to request a compliance conference.
- **Request a formal administrative hearing.** At a formal administrative hearing, an administrative law judge will receive evidence, take testimony, and issue a Proposal for Decision as to whether a violation of the Public Health Code has occurred. The hearing record will then be sent to the DSC for consideration in making the final decision.

To exercise any of these options, you must respond **IN WRITING WITHIN 30 DAYS**.

You may obtain legal representation at your expense. If you have any questions, please contact the Department during normal business hours at the direct line listed below.

Sincerely,

Shannon Wambaugh Analyst
Regulation Section
Bureau of Professional Licensing
Phone: (517) 335-1755 / Fax: (517) 241-9280
wambaugh1@michigan.gov

Enclosures

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

X-GEN PHARMACEUTICALS INC
License No. 53 06 002964,
Respondent.

File No. 53-16-144053

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Cheryl Wykoff Pezon, Acting Director, Bureau of Professional Licensing, complains against Respondent as follows:

1. The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.7311, MCL 333.15226 and MCL 333.17768, the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed as a manufacturer/wholesaler pharmacy in the state of Michigan. Respondent's address of record with the Department is Horseheads, New York.

3. On June 25, 2014, the State of Ohio Board of Pharmacy (Ohio Board) issued a Notice of Opportunity for Hearing (Complaint) against Respondent. The Complaint alleged, in part, that on or between 2007 and 2009, Respondent sold

Administrative Complaint
File No. 53-16-144053

Page 1 of 4

wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs. A copy of the Complaint, marked Exhibit A, is attached and incorporated.

4. On September 23, 2014, under file number 53-13-131300, a First Superseding Administrative Complaint was executed against Respondent based on Respondent having its license or federal registration limited, suspended, or revoked, or subjected to any other criminal, civil, or administrative penalty in the states of Colorado, Maine, Illinois, Montana, Maryland, and Alabama. In resolution on December 10, 2014, the Board's Disciplinary Subcommittee executed a Consent Order and Stipulation, which fined Respondent \$5,000.00. On February 8, 2015, Respondent paid the \$5,000.00 fine.

5. On January 9, 2017, in resolution of the June 25, 2014 Complaint, the Ohio Board executed a Settlement Agreement with the State of Ohio Board of Pharmacy (Settlement Agreement), which ordered Respondent to pay a \$4,000.00 monetary penalty. A copy of the Settlement Agreement, marked Exhibit B, is attached and incorporated.

6. Respondent failed to notify the Department of the June 25, 2014 Complaint in the state of Ohio alleging violations of Ohio's pharmacy laws within 33 days of knowledge of the Complaint.

Administrative Complaint
File No. 53-16-144053

Page 2 of 4

COUNT I

The actions, as set forth above, evidence a pharmacy, manufacturer or wholesale distributor that has had its license or federal registration limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty in violation of MCL 333.1776B(2)(d).

COUNT II

Respondent's conduct, as set forth above, evidences a failure to notify the Department of a complaint filed by another state in which the pharmacy is licensed for violations of that state's pharmacy laws, within 33 days of knowledge of the complaint, contrary to MCL 333.1774B(5) in violation of MCL 333.1776B(1).

This Complaint is based upon files and records maintained by the Department and the attached Affidavit of Terry Schrauben.

RESPONDENT IS NOTIFIED that pursuant to MCL 333.16231(8) Respondent has 30 days from the date of receipt of this Complaint to answer this Complaint in writing and to show compliance with all lawful requirements for licensure. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P. O. Box 30670, Lansing, MI 48909.

Administrative Complaint
File No. 53-16-144053

Page 3 of 4

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated 11/8/17 2017


Cheryl Wykoff Pezon, Acting Director
Bureau of Professional Licensing

Attachments

is

Administrative Complaint
File No. 53-16-144053

Page 4 of 4



OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, OH 43215-6126
Tel: 614-466-4143 Fax: 614-752-4836
E-Mail: exec@ohio.state.pharmacy.gov

X-Gen Pharmaceuticals, Inc
c/o Richard C. Park
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Notice of Opportunity

NOTICE OF OPPORTUNITY FOR HEARING

June 25, 2014



X-Gen Pharmaceuticals, Inc
c/o Richard C. Park
300 Daniel Zanker Drive
Horseheads, NY 14845

Re: Ohio Wholesale Distributor of Dangerous
Drugs License No
Wholesaler of Controlled Substance
License No 01-2037200

Dear Mr. Park

YOU ARE HEREBY NOTIFIED that, in accordance with the provisions of Chapters 119 and 4729 of the Ohio Revised Code, the Ohio State Board of Pharmacy will determine whether or not to take action against X-Gen Pharmaceuticals, Inc's license. Prior to any such action, Name is entitled to a hearing before the State Board of Pharmacy on the basis of the following allegations:

- (1) Records of the Board of Pharmacy indicate that you are the president and responsible person at X-Gen Pharmaceuticals, Inc. Ohio Wholesale Distributor of Dangerous Drugs License No. 01-2037200, pursuant to Sections 4729, of the Ohio Revised Code with in the meaning of Section 4729.56 of the Ohio Revised Code.
(2) On or about May 11, 2012, X-Gen Pharmaceuticals, Inc. ("X-Gen"), knowingly made a false statement with purpose to secure the issuance of a license or registration, to wit: On its 2012 renewal application filed with the Ohio State Board of Pharmacy for licensure as a Wholesale Distributor of Dangerous Drugs ("WDD"), X-Gen answered "yes" to the legal question "Within the last 18 months has the responsible person or owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?" X-Gen disclosed that the Montana Board of Pharmacy took disciplinary action against it on or about April 17, 2012, however, X-Gen failed to disclose that it also had been disciplined in the previous 18 months by the Maine Board of Pharmacy and the Illinois Board of Pharmacy. An investigation by Ohio State Board of Pharmacy Specialist revealed that the Montana Board of Pharmacy took disciplinary action against X-Gen based on the disciplinary action it received from the Colorado Board of Pharmacy in 2009. In the Matter of the Proposed Discipline, Department of the License of X-Gen Pharmaceuticals, Inc., Montana Board of Pharmacy, Case No. 2012-PHA-LIC-4, Final Order of Default, April 13, 2012; See also in the Matter of the Unauthorized and Unlawful Distribution of Prescription Drugs in Colorado by X-Gen Specialty Division, Colorado Board of Pharmacy, Case No. 2009-2759, Stipulation and Final Agency Order, February 26, 2009. The Montana Board of Pharmacy fined X-

EXHIBIT A page 1 of 4

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
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Notice of Opportunity

violating any federal, state, or local drug law, any provision of Chapter 4729, or Chapter 2925, 3715, or 3719, of the Revised Code, or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code

For these reasons, the State Board of Pharmacy will determine whether to take action pursuant to Section 4729.56 of the Ohio Revised Code

YOU ARE HEREBY ADVISED that Section 4729.56 of the Ohio Revised Code provides in pertinent part:

(A) In accordance with Chapter 119 of the Ohio Revised Code, the board of pharmacy may suspend, revoke, or refuse to renew any registration certificate issued to a wholesale distributor of dangerous drugs pursuant to section 4729.52 of the Revised Code or may impose a monetary penalty of forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense or one thousand dollars if the acts committed are not classified as an offense by the Revised Code for any of the following causes:

- (1) Making any false material statements in an application for registration as a wholesale distributor of dangerous drugs
(2) Violating any federal, state, or local drug law, any provision of chapter or Chapter 2925, 3715, or 3719, of the Revised Code, or any rule of the board,
(3) A conviction of a felony
(4) Ceasing to satisfy the qualifications for registration under section 4729.53 of the Revised Code or the rules of the board

YOU ARE FURTHER NOTIFIED that "Revoke", as used in Chapters 3719 and 4729 of the Revised Code, means to take action against a license rendering such license void and such license may not be reissued. "Revoke" is an action that is permanent against the license and licensee Ohio Administrative Code, 4729-9-01(E)

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 119 and 4729 of the Ohio Revised Code, that you are entitled to a hearing before the Ohio State Board of Pharmacy, if you request: such a hearing within thirty (30) days of the time of the mailing of this notice.

IF YOU DESIRE A HEARING, such request shall be mailed to the State Board of Pharmacy, 77 South High Street, Room 1702, Columbus, Ohio 43215-6126. YOUR REQUEST MUST BE IN WRITING, AND MUST BE RECEIVED IN THE OFFICE OF THE OHIO STATE BOARD OF PHARMACY ON OR PRIOR TO THE THIRTIETH (30) DAY FOLLOWING THE MAILING DATE OF THIS NOTICE. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing, and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you

EXHIBIT A page 3 of 4

Gen \$3,000 for shipping drugs into Montana from 2007-2009 prior to becoming a licensed wholesaler in Montana in 2010. The Maine Board of Pharmacy took disciplinary action against X-Gen in July 2011 based on information X-Gen provided to the Maine Board Pharmacy that revealed that between 2006 and 2009 X-Gen operated a wholesale drug distribution business and shipped prescriptions into Maine without being licensed to do so. In re X-Gen Pharmaceuticals, Inc., Maine Board of Pharmacy, Complaint No. 2011-PHA-7245, Consent Agreement, July 13, 2011. X-Gen was reprimanded by the Maine Board of Pharmacy and ordered to pay \$1,580. X-Gen self-reported its discipline in Maine to the Illinois Board of Pharmacy, which resulted in X-Gen being reprimanded by the Illinois Board of Pharmacy. Department of Financial and Professional Regulation Division of Professional Regulation v. X-Gen Pharmaceutical, Inc., Department of Professional Regulation of the State of Illinois, Case No. 2011-07604, Consent Order, November 29, 2011. Such conduct, if proven, constitutes having been disciplined by a professional licensing board, and not being of good moral character and habits, within the meaning of Rule 4729.9-19 of the Ohio Administrative Code, and further, if proven, constitutes making a false material statement in an application for registration as a Wholesale Distributor of Dangerous Drugs within the meaning of Section 4729.56 of the Ohio Revised Code.

- (3) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2007. Such conduct, if proven, constitutes violating any federal, state, or local drug law, any provision of Chapter 4729, or Chapter 2925, 3715, or 3719, of the Revised Code, or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.
(4) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2008. Such conduct, if proven, constitutes violating any federal, state, or local drug law, any provision of Chapter 4729, or Chapter 2925, 3715, or 3719, of the Revised Code, or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.
(5) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2009. Such conduct, if proven, constitutes

EXHIBIT A page 2 of 4

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
Page 4
Notice of Opportunity

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the thirtieth (30) day following the mailing of this notice, the Ohio State Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing.

BY ORDER OF THE STATE BOARD OF PHARMACY

Richard C. Park, M.B.A., R.Ph.
Executive Director

WPTD Case No. 2013-0724
Registered Mail Return Receipt
RE 946-207-729 US

Richard C. Park, Assistant Attorney General

EXHIBIT A page 4 of 4

Steven W. Schneider, Esq.
Executive Director

John R. Palko
Governor



STATE OF OHIO
BOARD OF PHARMACY

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

IN THE MATTER OF: X-Gen Pharmaceuticals, Inc.
300 Daniel Center Drive
Horseshoe, NY 14845

CASE NO. 2013-1974
WOOD License No. 01-7037200

By the action of the parties, the State of Ohio Board of Pharmacy (Board) and X-Gen Pharmaceuticals, Inc. (the parties) agree to the following amendments to the Board's Adjudication Order dated June 7, 2013 as part of the terms for X-Gen Pharmaceuticals' voluntary appeal in the Court of Common Pleas in Franklin County, Ohio Case No. 16-CV-5818.

Findings of Fact that are modified to read as follows:

Records of the Board of Pharmacy indicate that Susan Baska was the president of X-Gen Pharmaceuticals, Inc. Richard Palko was the recording secretary at X-Gen Pharmaceuticals, Inc., Ohio Wholesale Distributor of Dangerous Drugs License No. 01-2037200, pursuant to Sections 4729, 4729.01 and 4729.02 of the Ohio Revised Code within the meaning of Section 4729.06 of the Ohio Revised Code.

Finding of fact #2 is removed.

Conclusion of law #1 is removed.

Conclusion of law #2 is removed.

The Board's Adjudication Order dated with the settlement of this agreement is attached hereto and incorporated as though fully set forth herein as Attachment A.

Additional provisions of this Settlement Agreement:

- The Board shall require their modification of the Administrative Order to the National Practice Data System established by 19 W. Public Act 59-660, the Health Care Quality Improvement Act of 2008, as amended and its related, associated, subsequent, and other provisions, no matter the jurisdiction, as when the administrative Order was previously required.

77 South High Street, 17th Floor, Columbus, Ohio 43215

PH: (614) 466-4147 | F: (614) 752-4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov

- X-Gen Pharmaceuticals, Inc. agrees to dismiss its appeal in Case No. 16-CV-5818, in the Court of Common Pleas, Franklin County, Ohio.
- The parties waive any right and/or claim they might have to a award of attorney fees in this matter.
- The provisions of the Amended Order calling for a payment of \$4,000 monetary penalty are subject to the provisions of the Agreed Entry of Dismissal attached hereto as Attachment B.
- Upon proof of this Settlement Agreement having been fully executed, counsel for X-Gen Pharmaceuticals, Inc., Paul Giorganni, shall appear to the Court for signature and filing the Agreed Entry of Dismissal attached hereto as Attachment B.
- X-Gen Pharmaceuticals, Inc. waives any right to appeal the Amended Order as set forth in Section 119.32 of the Revised Code.

IN WITNESS WHEREOF, the parties to this Agreement have executed a valid case file to be recorded by the public authorities responsible for recording.

Approved by:

[Signature]
X-Gen Pharmaceuticals, Inc., Respondent

5/30/2017
Date of Signature

[Signature]
Alex Hirschfeld, Attorney for Respondent
#NY 5741-2016

1-4-2017
Date of Signature

[Signature]
Michael J. Lampko, Attorney
Ohio State Board of Pharmacy

11/21/2017
Date of Signature

[Signature]
Suzanne Schaeffer, Ohio Assistant Attorney General

1/9/2011
Date of Signature

Steven W. Schneider, Esq.
Executive Director

John R. Palko
Governor



STATE OF OHIO
BOARD OF PHARMACY



AMENDED ORDER OF THE STATE BOARD OF PHARMACY
(Case Number 2013-1974)

in the Matter of:

X-Gen Pharmaceuticals, Inc.
300 Daniel Center Drive
Horseshoe, NY 14845
WOOD License No. 01-7037200

[Signature]
Suzanne Schaeffer
Ohio Assistant Attorney General

INTRODUCTION

This Amended Order amends and supersedes the Order of this Board mailed June 7, 2016 in this matter.

The matter of X-Gen Pharmaceuticals, Inc. came before the Board on May 3, 2016 before the following members of the State of Ohio Board of Pharmacy (Board): Klaus S. Yarosh, R.Ph. (presiding), Edward T. Cain, Public Member, Joshua M. Cox, R.Ph., Megan B. Marshall, R.Ph., Curtis L. Passafiume, Jr., R.Ph., Jennifer M. Hudeil, R.Ph., Fred M. Walker, R.Ph., and Susan C. White, R.Ph.

Michael A. More, R.Ph. Recused

X-Gen Pharmaceuticals, Inc. was represented by Alex Hirschfeld. The State of Ohio was represented by Matthew J. Lampko, Assistant Attorney General.

SUMMARY OF EVIDENCE

State's Witnesses:
1. James Amend, State of Ohio Board of Pharmacy

Respondent's Witnesses:
None

State's Exhibits:

- 1. Notice of Opportunity for Hearing 06-25-2014
- 2. Request for Hearing 07-11-2014
- 3. Notice of Hearing Various
- 4. Credential Review Screen 03-30-2016
- 5. Application for Wholesale Distributor of Dangerous Drugs 07-03-2005
- 6. Notice of Mandatory Discipline 10-24-2013
- 7. 2013 Renewal Application 05-11-2013

Amended pursuant to Settlement Agreement in Dismissal of Appeal 16-CV-5818 in the Franklin County Court of Common Pleas.

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466-4147 | F: (614) 752-4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov

- 8. 2013 Renewal Application 04-16-2014
- 9. Maine Discipline 07-13-2011
- 10. Illinois Discipline 11-29-2001
- 11. Montana Discipline 05-07-2011
- 12. Colorado Discipline 02-05-2009
- 13. Unlicensed Sale Data 01-15-2014

Respondent's Exhibits:

- A. List of States Current Jurisdiction No Date
- B. State Licensing Exemptions Letter No Date
- C. Statement of Richard C. Palko 08-04-2011
- D. Statement of Jennifer Schneider 10-11-2014
- E. Injections Supplied by X-Gen Pharmaceuticals, Inc. No Date
- F. Notice of Discipline Action 12-03-2011
- G. Notice of Discipline Action 04-10-2011
- H. Self Report of Compliance 02-11-2014

FINDINGS OF FACT

The State of Ohio and respondent, by and through their respective attorneys, stipulate to the following findings of fact, which are accepted and adopted by the Board:

- Records of the State of Ohio Board of Pharmacy indicated that Susan Baska was the president of X-Gen Pharmaceuticals, Inc. and was the respondent in this matter. X-Gen Pharmaceuticals, Inc. was the respondent in this matter, Ohio Wholesale Distributor of Dangerous Drugs License No. 01-2037200, pursuant to Sections 4729, 4729.01 and 4729.02 of the Ohio Revised Code within the meaning of Section 4729.06 of the Ohio Revised Code.
- On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit, X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,753,566 to \$2,331,565 in calendar year 2007.
- On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit, X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2008.
- On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit, X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2009.

IN THE COURT OF COMMON PLEAS
FRANKLIN COUNTY, OHIO

X-GEN PHARMACEUTICALS, INC., Appellant,	Case No 16-CV-5818
v.	Judge Holbrook
STATE OF OHIO BOARD OF PHARMACY, Appellee	Magistrate Watters

AGREED ENTRY OF DISMISSAL

By stipulation of the parties and pursuant to their settlement agreement, the Court hereby orders as follows:

1 X-Gen Pharmaceuticals, Inc. having deposited \$4,000 with the clerk of court as security, the clerk of court is hereby ordered to release said security in said amount to the Board of Pharmacy in the form of a check made payable to "Treasurer, State of Ohio." The check may be mailed addressed to "Steven R. Kochheiser, Assistant Attorney General, 30 East Broad Street, 26th Floor, Columbus, OH 43215."

2 This Agreed Entry of Dismissal shall serve for all purposes as proof of payment by X-Gen Pharmaceuticals, Inc. of the \$4,000 penalty imposed by the State of Ohio Board of Pharmacy in this matter.

3 This case is dismissed with prejudice.

IT IS SO ORDERED

Franklin County Court of Common Pleas

Date: 01/23/2017

Case Title: X-GEN PHARMACEUTICALS INC VS OHIO STATE BOARD PHARMACY

Case Number: 16CV005818

Type: DISMISSAL - AGREED ORDER

It Is So Ordered.



s/ Judge Michael J. Holbrook

So stipulated and agreed:

COUNSEL FOR APPELLANT
X-GEN PHARMACEUTICALS, INC.:

/s/ Alex R. Hirschfield (PHV-5941-2016)
The Hirschfield Law Group, LLC
205 20th Street North, Suite 200
Birmingham, Alabama 35203
Phone: 205-536-7828
E-mail: Alex@HirschfieldLawGroup.com
Fax: 205-536-7827

/s/ Paul Giorgianni (0064806)
Giorgianni Law LLC
1538 Arlington Avenue
Columbus, Ohio 43212-2710
Phone: 614-205-5550
E-mail: Paul@GiorgianniLaw.com
Fax: 614-481-8242

COUNSEL FOR APPELLEE
OHIO STATE BOARD OF PHARMACY

/s/ Steven R. Kochheiser (0088058)
Assistant Attorney General
Michael DeWine
Ohio Attorney General
30 East Broad Street, 26th Floor
Columbus, Ohio 43215
Phone: 614-466-8600
E-mail: Steven.Kochheiser@OhioAttorneyGeneral.gov
Fax: 866-441-4738

2

Court Disposition

Case Number: 16CV005818

Case Style: X-GEN PHARMACEUTICALS INC -VS- OHIO STATE BOARD PHARMACY

Case Terminated: 07 - Settled/dissmised prior to Trial

Final Appealable Order: No

Rec'd CERT
MAIL 11/6/17

IL 2017

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, Complainant,)
v.) No. 2017-02629
X-GEN PHARMACEUTICALS INC, Respondent.)
License No. 004 002948

11-11-17 11:11 AM

NOTICE OF PRELIMINARY HEARING

TO X-GEN PHARMACEUTICALS INC
RICHARD C PARK
300 Daniel Zenker Dr
Horseheads, NY 14845-1014

PLEASE TAKE NOTICE that on 12/11, 2017, at 1:00 p.m., you are directed to appear before the Administrative Law Judge of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, located at 100 West Randolph Street, Suite 9-300, Chicago Illinois 60601, at which time a hearing date will be set. You are requested to then and there present any and all routine motions you may wish to have heard regarding the charges contained in the attached Complaint. Any motions presented on the above date should be served on the Adjudicative Services Unit of the Department of Financial and Professional Regulation, Division of Professional Regulation, 100 West Randolph Street, Suite 9-300, Chicago Illinois 60601 at least three (3) business days in advance of the scheduled hearing.

Your appearance on the scheduled date and time is mandatory and your failure to so appear may result in the selection of a hearing date in your absence, unless a continuance has been secured in advance. Your appearance may be made personally or through counsel.

It is required that you file a written ANSWER UNDER OATH AND UNDER PENALTY OF PERJURY to the attached Complaint under oath with the Department of Professional Regulation within (20) days of the date this Notice was mailed. The answer should address each numbered paragraph of the Complaint. The answer shall be signed under oath and your signature must be verified by a notary public who affixes the notary seal to the document. For each paragraph, the Answer should either:

- a) admit the allegation in the paragraph
- b) deny the allegation in the paragraph, or
- c) state under oath that you have insufficient information with which to admit or deny the allegation in the paragraph

PLEASE BE ADVISED that the failure to file a verified Answer may subject you to being held in default. If you are held in default, the Board will assume the allegation to be true and will issue a recommendation based upon those facts without a hearing being held. These

proceedings are held pursuant to the jurisdiction granted to the Department to investigate complaints and to bring this action pursuant to 20 Ill. Comp. Stat. 2105-15(a)(5) and 225 Ill. Comp. Stat. 60/36 (2006 as amended).

RULES OF PRACTICE IN ADMINISTRATIVE HEARINGS IN THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION AND BEFORE COMMITTEES OR BOARDS OF SAID DEPARTMENT AS WELL AS PRACTICE ACTS AND RULES MAY BE FOUND AT <http://www.idfpr.com/dpr/default.asp>.

PLEASE BE ADVISED THAT YOU WILL HAVE TO SHOW A STATE ISSUED PHOTO IDENTIFICATION AND GO THROUGH A METAL DETECTOR IN ORDER TO GAIN ACCESS TO THE BUILDING

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
DIVISION OF PROFESSIONAL REGULATION

By: 
Frank Lamas
Chief of Health-Related Prosecutions

Brandon R. Thern
Department of Financial and Professional Regulation
Division of Professional Regulation
100 W. Randolph St., Suite 9-300
Chicago, IL 60601
312-314-1691
brandon.thern@illinois.gov
Inf ID: 2017-02629
Respondent: X-Gen Pharmaceuticals Inc. 004 002948

STATE OF ILLINOIS)
COUNTY OF COOK) SS: 2017-02629

UNDER PENALTY OF PERJURY, as provided by law, Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that I caused the attached Notice Preliminary Hearing and Complaint to be deposited in the United States mailbox located at 100 West Randolph Street, Chicago, Illinois 60601, and by mailing same by certified mail at 100 West Randolph Street, Chicago, Illinois, 60601, with proper postage prepaid to the parties at the addresses listed above, prior to 5:00 p.m. on the 11 day of November, 2017.


AFFIANT

Cert. Mail No. 7011 3500 0003 4923 7604

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, Complainant,)
v.) No. 2017-02629
X-GEN PHARMACEUTICALS INC, Respondent.)
License No. 004 002948

COMPLAINT

NOW COMES THE DIVISION OF PROFESSIONAL REGULATION of the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois ("Department"), by its Chief of Health-Related Prosecutions, Frank Lamas, and as its Complaint against X-GEN PHARMACEUTICALS INC., Respondent, complains as follows:

COUNT 1

SINCE STATE DISCIPLINE IN OHIO

1. X-Gen Pharmaceuticals Inc. (hereinafter "Respondent") is presently the holder of a wholesale drug distributor license in the State of Illinois, License Number 004 002948, issued by the Department. Respondent's license is currently ACTIVE.
2. At all times herein relevant to this Complaint, the Department of Financial and Professional Regulation had the legal authority and jurisdiction to investigate complaints and to bring this action pursuant to the Illinois Wholesale Drug Distribution Licensing Act, 225 ILCS 120/1 et seq. (hereinafter "Act") and the Rules adopted by the Department in furtherance thereof, 65 Ill. Admin. Code § 1510.10 et seq.
3. Respondent was previously disciplined in the State of Illinois in Illinois Department of Financial and Professional Regulation Consent Order 2011-07604. Respondent's Illinois Wholesale Drug Distribution License, license number 004 002948, was reinstated due to a sister state discipline.

in the State of Maine Respondent's discipline in the State of Maine was a reprimand for operating a wholesale drug distribution business without an active license

- 4 Respondent is the holder of a Wholesale Distributor of Dangerous Drugs License in the State of Ohio, License Number 01-2037200
- 5 On or about January 17, 2017, Respondent was disciplined in the State of Ohio, Ohio Board of Pharmacy case number 2013-1974.
- 6 On or about January 17, 2017, Respondent's discipline in Ohio Board of Pharmacy case number 2013-1974 imposed a monetary penalty of four thousand dollars (\$4,000.00).
- 7 On or about January 17, 2017, Respondent's Wholesale Distributor of Dangerous Drugs License in the State of Ohio was disciplined for engaging in the following acts
 - a On or between 2007 and 2009, Respondent sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit Respondent provided financial information to a specialist with the Ohio State Board of Pharmacy that revealed that although Respondent's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, Respondent sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,556 to \$2,331,565 in calendar year 2007
 - b On or between 2007 and 2009, Respondent sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit Respondent provided financial information to a specialist with the Ohio State Board of Pharmacy that revealed that although Respondent's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, Respondent sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,556 to \$2,331,565 in calendar year 2008
 - c On or between 2007 and 2009, Respondent sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit

Respondent provided financial information to a specialist with the Ohio State Board of Pharmacy that revealed that, although Respondent's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, Respondent sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,556 to \$2,331,565 in calendar year 2009.

- 8 Respondent has failed to comply with all applicable state and local regulations by failing to comply with all regulations in the State of Ohio
- 9 Respondent has engaged in the unlicensed practice of Wholesale Drug Distribution by distributing wholesale pharmaceuticals to customers in the State of Ohio without an Ohio Wholesale Distributor of Dangerous Drugs license
- 10 Respondent has received discipline by another U.S. Jurisdiction where at least one of the grounds for the discipline is the same to those set forth in the Act by receiving a discipline in the State of Ohio for engaging in unlicensed practice in the State of Ohio and failing to comply with all applicable regulations in the State of Ohio.
- 11 The foregoing acts or omissions are in violation of 68 Ill. Admin. Code 1510.50(i), 225 ILCS 120/26, and 225 ILCS 120-55(a)(1) and (5)
- 12 The foregoing acts or omissions are grounds for discipline pursuant to 225 ILCS 120-55(a)(1) and (5).

WHEREFORE, based on the foregoing allegations, the ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION, by Frank Lamas, Chief of Health-Related Prosecutions, prays that the Wholesale Drug Distributor license of Respondent X-Cen Pharmaceuticals Inc., No. 004 002948, be suspended, revoked, or otherwise disciplined and that Respondent be fined an amount of \$10,000 in accordance with the Wholesale Drug Distribution Act.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION, of the State of Illinois

By: 
Frank Lamas
Chief of Health-Related Prosecutions

Brandon R. Thom
Department of Financial and Professional Regulation
Division of Professional Regulation
100 W. Randolph St., Suite 9-300
Chicago, IL 60601
312-814-1693
bram.lamas@illinois.gov
Ref ID: 2017-02629
Respondent: X-Cen Pharmaceuticals Inc., 004 002948

POA

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that J. Robin Liles of X-Gen Pharmaceuticals, Inc. with principal offices at 300 Daniel Zenker Drive, Horseheads, NY 14845, in the capacity of COO, has made and appointed, and by these presents does make and appoint Christine Cannon of State License Servicing Inc., 1751 State Rte. 17A, Suite 3, Florida, NY 10921, true and lawful attorney-in-fact for her and in her name, place and stead, for the following specific and limited purposes only:

Application, servicing and renewals of all state licenses, permits, business licenses, foreign qualifications, and drug and device product registrations required for X-Gen Pharmaceuticals, Inc. to operate as a manufacturer and/or wholesale distributor in all states, as required. This Power of Attorney specifically precludes and limits State License Servicing Inc.'s power and authority from receiving, answering or defending any complaint or disciplinary action against X-Gen Pharmaceuticals, Inc. by any state or federal authority, but giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if I were personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney does does not name State License Servicing Inc as Representative Agent in Puerto Rico on behalf of X-Gen Pharmaceuticals, Inc. to act in the capacity of representative agent as defined by Puerto Rico law. State License Servicing will act as a liaison only in Puerto Rico, at no time will have possession of any drugs, and will file and process paperwork only.

IN WITNESS WHEREOF, I have hereunto set my hand and seal

this 29th day of NOVEMBER, 2017.

J. Robin Liles
State of NY
County of CHEMUNGE

The foregoing instrument subscribed and sworn to before me this 29th day of NOVEMBER, 2017, by J. ROBIN LILES who is personally known by me or who has produced _____ as identification.

J. BATTLEYS
Notary Public
State of NEW YORK
My Commission Expires 2-17-18
4852443

(SEAL)

Christine Cannon
Accepted: Christine Cannon, Attorney-in-Fact Date: 12/1/17

Mail

Calendar

Contacts

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Drafts

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AB128

Board Meeting Misc

LV Alerts

Larry Paul Dave

Las Vegas Office

Medical Board

State NV

Stuff for Larry

USN

Versa

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Reply Reply to All Forward Move Delete Junk Close

Notice of Discipline for X-GEN Pharmaceuticals-State of Alabama clopez@slny.com [clopez@slny.com]

Sent: Wednesday, July 08, 2015 9:59 AM

To: Pharmacy Board

Attachments:

IMPORTANT NOTICE



State License Servicing, Inc.

321 Route 94 S

Warwick, NY 10990

Tel. (845) 544-2482

Fax. (845) 544-2481

July 8, 2015

Re: Notice of Discipline between the Alabama Board of Pharmacy and X-Gen Pharmaceuticals, Inc.

X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

License/Permit No.: WH01618, MW00709

Dear Board Members,

This letter shall serve as notice that the above referenced licensee has received discipline from the Alabama Board of Pharmacy.

Enclosed please find attached the fully executed Consent Order dated May 28, 2015. Please feel free to contact me if you have any questions.

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](#)

ALABAMA
BOARD OF PHARMACY



May 27, 2015

SUSAN ALVERSON D.P.A.,
R.Ph.
Executive Secretary

111 Village Street
Birmingham, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com

MEMBERS 2015

DAN McCONAGHY R.Ph.
President

TIM MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

X-GEN PHARMACEUTICALS, INC.
300 Daniel Zenker Drive
Horseheads, New York 14845

RE: BOARD ASSESSED PENALTY
May 27, 2015

To Whom It May Concern:

Enclosed you will find a FINAL ORDER resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth discipline and specifically the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the date of the Final Order and not the date of this letter.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, your file will be immediately sent to the Board's counsel for preparation of a STATEMENT OF CHARGES and the scheduling of another hearing before the Board.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY:

Susan P. Alverson

Susan P. Alverson
Secretary

Cc: Jim Ward, Attorney-at-Law

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
)	
X-GEN PHARMACEUTICALS, INC.	)	BOARD OF PHARMACY
)	
Manufacturer/Wholesaler/)	
Distributor Permit Number 193818)	

FINAL ORDER

On May 12, 2015, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against X-Gen Pharmaceuticals, Inc. (hereinafter also referred to as the "Respondent"), and evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a manufacturer/wholesaler/distributor and was issued permit number 193818 by the Board.

2. The Respondent was notified of the charges as amended; the Respondent was represented by counsel, Mr. David C. Jamieson, Esq. and Mr. Alex R. Hirschfield, Esq. at the hearing. (Board's Exhibit One)

3. The Respondent made no objection to the timeliness of the Notice of Hearing.

4. The Maryland State Board of Pharmacy issued a Consent Order in Case Number PI-13-059/13-459 whereby the Respondent was ordered to pay a monetary fine of Thirty Thousand (\$30,000.00) Dollars based on the Respondent shipping drugs into the state of Maryland without a permit to do so. (Board's Exhibit One)

5. On October 7, 2014 the State of Michigan Department of Licensing and Regulatory

Affairs, Bureau of Health Care Services in Complaint Number 53-13-13130 issued a Consent Order with the Respondent whereby, among other things, the Respondent was fined in the amount of Six Thousand (\$6,000.00) Dollars. (Board's Exhibit One)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12) and § 41-22-12.
2. The Respondent was properly notified of the charges; the Respondent was represented by counsel.
3. The Respondent made no objection to the timeliness of the Notice of Hearing.
4. The Respondent made no objection to the specificity of the Statement of Charges.
5. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23-2 (k) (2) based upon the Consent Order entered by the Maryland State Board of Pharmacy on September 16, 2013.
6. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23-2 (k) (2) based upon the entry of the Consent Order by the Michigan Board of Pharmacy on December 10, 2014.

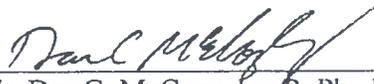
ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is also ORDERED to pay to the Board an administrative fine of Two Thousand (\$2,000.00) Dollars; said fine shall be paid within sixty (60) days of the date of this ORDER; and

2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 28th day of May 2015.



Mr. Dan C. McConaghy, R. Ph., President
Alabama State Board of Pharmacy

Copies to:
Mr. David C. Jamieson, Esq.
Mr. Alex R. Hirschfield, Esq.
Ms. Mitzi Ellenburg, Director of Operations
Ms. Patty Wright, Case Coordinator
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.



STATE LICENSE SERVICING, LLC
321 Route 94 South
Warwick, NY 10990
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

April 30, 2012

To:

Newada State BOP

Re: Licensee, X-Gen Pharmaceuticals, Inc.

License Number: WH01618

Dear Credentialing Board:

Further to our letter dated December 5, 2011, advising you that the licensee was reprimanded by Illinois as a result of a previous disciplinary actions in Maine and Colorado, please be advised that Montana has also imposed further discipline on X-Gen Pharmaceuticals.

Please find attached for your files a copy of the most recent action imposed by Montana. X-gen has agreed to pay a \$3000.00 administrative fine to close this matter. I am attaching a copy of the docket for your file.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jennifer Schneider', is written over a light blue grid background.

JENNIFER SCHNEIDER
VP, Client Services





STATE LICENSE SERVICING, LLC
 321 Route 94 South
 Warwick, NY 10990
 Tel. 845/544-2482
 Fax. 845/544-2481
 statelicensservicing.com

December 5, 2011

To: _____

Re: X-Gen Pharmaceuticals, Inc.

License Number: _____

Dear Credentialing Board:

We had previously noticed you of a final disciplinary order from the state of Maine for X-Gen Pharmaceuticals, Inc. In response to this action, Illinois has reprimanded X-Gen Pharmaceuticals. Please refer to the attached. This letter shall serve as notice.

X-GEN inadvertently overlooked its obligation to register as an out-of-state wholesale distributor of prescription drugs in Colorado after that duty was imposed in June of 2006, as did approximately 100 other out of state wholesalers. When advised of its error, X-GEN promptly registered and paid the assessed fine. As of February 26, 2009, X-GEN Pharmaceuticals has been registered in Colorado, wholesaler license WHO-7499. On February 26, 2009, discipline was both imposed and completed. As of February 26, 2009, X-GEN holds an "Active" license/registration without limitations in Colorado.

After receiving the sanction from Colorado, X-GEN sought out State License Servicing to complete its licensing portfolio and to reach full compliance in all states. When applying to Maine, X-GEN shared with Maine that it had shipped into their state before applying for licensure, as it was unaware that it needed a license to distribute into this state before the Colorado action and consulting with SLS. This resulted in a fine paid the State of Maine of \$1,500.00 plus one dollar for each shipment, totaling \$1,580.00.

X-GEN has been a model client of State License Servicing and has from our first conversation been fully committed to state compliance.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jennifer Schneider'.

JENNIFER SCHNEIDER
 VP, Client Services

Angeles, C. Lurie
 Special Assistant Attorney General
 DEPARTMENT OF LABOR AND INDUSTRY
 Business Standards Division
 301 South Park
 P.O. Box 200513
 Helena, MT 59620-0513
 (406) 841-2318

BEFORE THE BOARD OF PHARMACY
 DEPARTMENT OF LABOR AND INDUSTRY
 STATE OF MONTANA

IN THE MATTER OF THE PROPOSED
 DISCIPLINARY TREATMENT OF THE
 LICENSE OF:) Case No. 2012-PHA-LIC-4
 X-Gen Pharmaceuticals, Inc.,)
 Wholesale Drug Distributor,) NOTICE OF PROPOSED
 License No. 2732.) BOARD ACTION AND
) OPPORTUNITY FOR HEARING

TO: J. Robin Liles
 Person-In-Charge
 X-Gen Pharmaceuticals, Inc.
 300 Daniel Zenker Drive
 Horseheads, NY 14845

PLEASE TAKE NOTICE:

1. The State of Montana Board of Pharmacy (Board), has considered the complaint filed against X-Gen Pharmaceuticals, Inc. (Licensee) and has voted to initiate disciplinary action against X-Gen Pharmaceuticals, Inc. pursuant to its authority under §§37-1-131 and 37-1-136, Mont. Code Ann.

2. During a Screening Panel meeting on January 20, 2012, the Screening Panel of the Board reviewed all documentation regarding the above action and determined that

Notice of Proposed Board Action and Opportunity for Hearing
 X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 1

ORIGINAL

there is reasonable cause to believe that Licensee violated one or more of the statutes or rules relevant to wholesale drug distributors in Montana.

3. Accordingly, the Screening Panel directed that this Notice be served upon Licensee pursuant to Mont. Code Ann. §37-1-309

FACT ASSERTIONS

1. At all times relevant to these proceedings, Licensee was a licensed wholesale drug distributor holding license number 2732, issued by the Montana Board of Pharmacy on January 19, 2010.

2. On July 27, 2011 a board-generated complaint was filed against the Licensee because their license had been disciplined by another state board for operating a wholesale drug distribution business without an active license.

3. On October 28, 2011 a letter was sent to the Licensee at the Screening Panel's request asking whether or not shipments have been made into the state of Montana.

4. On November 15, 2011 the Licensee responded that the following were shipped into Montana:

2007	2 Units	\$34.50	Nystat-Rx 50mubottle
2008	3 units	\$372.00	Streptomycin for Injection USP 1gm/vial x 10
2009	1 unit	\$17.25	Nystat-Rx 50mubottle
	20 units	\$560.00	Colistimethate for Injection USP 150mg/vial
	4 units	\$104.00	Progesterone Wettable 25gm/bottle
	50 units	\$562.50	Polymyxin B for Injection USP

5. The Board received a response to the complaint from Jennifer Schneider, VP, Client Services explaining that in 2009 the company was overwhelmed with the

Notice of Proposed Board Action and Opportunity for Hearing
 X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 2

increasing state licensing regulations. She states that X-Gen received disciplinary action from Colorado and at that time they were unaware that certain states into which they were shipping required licensing. They performed a gap analysis and immediately applied to all applicable states.

6. The actions referred to above directly relate to the propriety of the practice or fitness to practice as a Wholesale Drug Distributor in the state of Montana.

CONCLUSIONS OF LAW

1. The information contained in the fact assertions herein indicates that X-Gen Pharmaceuticals, Inc. has committed unprofessional conduct.

2. The violations of law committed by Licensee are as follows:

A. Violation of Mont. Code Ann. §37-1-316 (1B):

It is unprofessional conduct for a licensee or license applicant governed by this chapter to engage in conduct that does not meet the generally accepted standards of practice.

B. Violation of Mont. Code Ann. §37-7-604(1):

A person or distribution outlet may not act as a wholesale drug distributor without first obtaining a license from the board and paying the license fee.

C. Violation of Mont. Code Ann. §37-7-605(1):

An out-of-state wholesale drug distributor may not conduct business in this state without first obtaining a license from the board and paying the license fee established by the board.

D. Violation of ARM 24.174.2301 (1)(a):

The board defines "unprofessional conduct as including engaging in any

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 3

activity which violates state and federal statutes and rules governing the practice of pharmacy.

3. As a result of the above information, the Board's Screening Panel heard the above matter, determined that there is reasonable cause to believe that X-Gen Pharmaceuticals, Inc. has violated a statute or rule justifying disciplinary sanctions to be imposed against their Montana license and so moved to serve them with this formal *Notice of Proposed Board Action and Opportunity for Hearing*.

UNIFORM PROFESSIONAL LICENSING AND REGULATION PROCEDURE

You are advised that the law provides:

37-1-309. Notice – request for hearing. (1) If a reasonable cause determination is made pursuant to 37-1-307 that a violation of this part has occurred, a notice must be prepared by department legal staff and served on the alleged violator. The notice may be served by certified mail to the current address on file with the board or by other means authorized by the Montana Rules of Civil Procedure. The notice may not allege a violation of a particular statute, rule, or standard unless the board or the board's screening panel, if one has been established, has made a written determination that there are reasonable grounds to believe that the particular statute, rule or standard has been violated.

(2) A licensee or license applicant shall give the board the licensee's or applicant's current address and any change of address within 30 days of the change.

(3) The notice must state that the licensee or license applicant may request a hearing to contest the charge or charges. **A request for a hearing must be in writing and**

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 4

received in the offices of the department within 20 days after the licensee's receipt of the notice. Failure to request a hearing constitutes a default on the charge or charges, and the board may enter a decision on the basis of the facts available to it.

37-1-312. Sanctions – stay –costs –stipulations. (1) Upon a decision that a licensee or license applicant has violated this part or is unable to practice with reasonable skill and safety due to a physical or mental condition or upon stipulation of the parties as provided in subsection (3), the board may issue an order providing for one or any combination of the following sanctions:

- (a) revocation of the license;
- (b) suspension of the license for a fixed or indefinite term;
- (c) restriction or limitation of the practice;
- (d) satisfactory completion of a specific program of remedial education or treatment;
- (e) monitoring of the practice by a supervisor approved by the disciplining authority;
- (f) censure or reprimand, either public or private;
- (g) compliance with conditions of probation for a designated period of time;
- (h) payment of a fine not to exceed \$1,000 for each violation. Fines must be deposited in the state general fund.
- (i) denial of a license application;
- (j) refund of costs and fees billed to and collected from a consumer.

(2) A sanction may be totally or partly stayed by the board. To determine which sanctions are appropriate, the board shall first consider the sanctions that are necessary to protect or compensate the public. Only after the determination has been made may

the board consider and include in the order any requirements designed to rehabilitate the licensee or license applicant.

(3) The licensee or license applicant may enter into a stipulated agreement resolving potential or pending charges that includes one or more of the sanctions in this section. The stipulation is an informal disposition for the purposes of 2-4-603.

(4) A licensee shall surrender a suspended or revoked license to the board within 24 hours after receiving notification of the suspension or revocation by mailing it or delivering it personally to the board.

2-4-631(3). Licenses. Whenever notice is required, no revocation, suspension, annulment, withdrawal or amendment of any license is lawful unless the agency gave notice by mail to the licensee of facts or conduct which warrant the intended action. If the agency finds that public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

STATEMENT OF RIGHTS

X-Gen Pharmaceuticals, Inc. is entitled to a hearing on the proposed discipline against the license of X-Gen Pharmaceuticals, Inc. before an impartial Hearing Examiner appointed by the Department of Labor and Industry as provided in the Montana Administrative Procedure Act-Mont. Code Ann. §2-4-601, et seq., and §37-1-121. X-Gen Pharmaceuticals, Inc. has a right to be represented by an attorney at such hearing and during related proceedings.

If X-Gen Pharmaceuticals, Inc. wants to have a hearing and the opportunity to contest the proposed action, a written request for hearing must be sent to Becky Carter, Compliance Supervisor, Business Standards Division, Department of Labor and Industry, 301 South Park, P.O. Box 200513, Helena, Montana 59620-0513. This request must be received in the offices of the Department within twenty (20) days after receipt of this notice.

DATED this 7th day of February, 2012.

Stephanette C. Lindle
Stephanette C. Lindle
Department Counsel
Montana Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that on the 8th day of February, 2012, I served a true and accurate copy of the foregoing NOTICE OF PROPOSED BOARD ACTION AND OPPORTUNITY FOR HEARING by certified United States mail, certified number 7005 10100000 90339 1116, postage prepaid, upon the Licensee addressed as follows:

J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

Sharon C. Estler

2. Air 7003 1010 0000 7239 1116
 395 Pam 887R, Valley 2001 #151 (United Parcel Service) 7001 PTA
 1. Action Addressed to: complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If you are not the addressee, please advise us so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Action Addressed to: Agent Addressee Office of Delivery

2. Sender Type: Domestic Mail International Mail Registered Mail Restricted Product for Hazardous Materials ODD Yes No

3. Restricted Delivery/Extra Fee: Yes No

4. Signature: *Angie Lindle*
 Name of Person/Company: *Angie Lindle*
 If this card is being delivered to a business, please print the name of the business.

UNITED STATES POSTAL SERVICE® RT™ 1-800-374-8747
 13 FEB 2012 PM 3:30
 Sender: Please print your name, address, and ZIP+4 in this box.*

LEGAL UNIT
 DEPT OF LABOR AND INDUSTRY
 PO BOX 200513
 HELENA MT 59620-0513

15 2012
 RECEIVED
 Dept. of Labor & Industry
 P.O. Box 200513
 Helena, MT 59620-0513

Case #
 2012-PHA-LIC-4

Angie Lindle
 Special Assistant Attorney General
 DEPARTMENT OF LABOR & INDUSTRY
 Office of Legal Services
 301 South Park Avenue,
 PO Box 200513
 Helena, MT 59620-0513
 Telephone (406) 841-2318
 Fax: (406) 841-2313

BEFORE THE BOARD OF PHARMACY
 DEPARTMENT OF LABOR AND INDUSTRY
 STATE OF MONTANA

In the Matter of the Proposed Disciplinary Treatment of the Licensee of X-GEN PHARMACEUTICALS, INC. Wholesale Drug Distributor, License No. 2732	Case No. 2012-PHA-LIC-4 REQUEST FOR ENTRY OF DEFAULT
---	--

TO: THE BOARD OF PHARMACY

Pursuant to Mont. Code Ann. § 37-1-309(3), please enter the default of Respondent/Licensee, X-Gen Pharmaceuticals, Inc. with respect to the Notice of Proposed Board Action and Opportunity for Hearing filed and served in the above-entitled matter, for failure to request a hearing within twenty days of service to request in writing a hearing, as appears from the record and accompanying documentation.

DATED this 15th day of March, 2012

Angie Lindle
 Angie Lindle
 Legal Counsel
 Department of Labor and Industry

Request For Entry Of Default
 In re X-Gen Pharmaceuticals, Inc. Case No. 2012-PHA-LIC-4

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the Matter of the Proposed Disciplinary Treatment of the License of X-GEN PHARMACEUTICALS, INC., Wholesale Drug Distributor, License No. 2732	Case No. 2012-PHA-LIC-4 AFFIDAVIT OF SUSAN C. PETERS
---	--

State of Montana)
Lewis & Clark County) ss.

I, Susan C. Peters, being first duly sworn, depose and say as follows:

1. I am a citizen of the United States, over the age of eighteen years, a resident of Lewis and Clark County, Montana, by profession an employee of the Montana Department of Labor and Industry, (Department), and Legal Secretary for the Office of Legal Services

2. I am familiar with the procedural history of this case and have personal knowledge of the same.

3. On February 13, 2012, the Department duly served Respondent/Licensee X-Gen Pharmaceuticals, Inc. by Certified Mail receipt # 7003 1010 0000 9239 1116, with a Notice of Proposed Board Action and Opportunity for Hearing, Case No. 2012-PHA-LIC-4. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy. More than twenty days have passed since service of the Notice and no request for hearing has been received.

4. Upon information and belief, I state that X-Gen Pharmaceuticals, Inc. is not now an incompetent person or minor and was not such when the instant action was commenced.

Affidavit of Susan C. Peters
In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4

further, that X-Gen Pharmaceuticals, Inc. is not now a member of the military or naval services of the United States, nor has it been a member thereof within six months preceding commencement of this action

DATED this 19th day of March, 2012

Susan C. Peters
Susan C. Peters

State of Montana)
Lewis & Clark County) ss.

This Affidavit was signed and sworn to before me, a Notary Public for the state of Montana, on this 19th day of March, 2012, by Susan C. Peters, known to me to be the person whose name is subscribed to within this instrument, and executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first written above



Susan A. Berry
Notary Public for the state of Montana
Lewis and Clark County

Affidavit of Susan C. Peters
In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing REQUEST FOR

ENTRY OF DEFAULT and AFFIDAVIT OF SUSAN C. PETERS by U. S. mail, postage prepaid, upon the following parties addressed as follows:

J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horsesheds, NY 14845

Board of Pharmacy
301 South Park Avenue
PO Box 200513
Helena, MT 59620-0513

DATED this 19th day of March, 2012

Susan C. Peters
Department of Labor and Industry

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the Matter of the Proposed Disciplinary Treatment of the Licensee of X-GEN PHARMACEUTICALS, INC., Wholesale Drug Distributor, License No. 2732.	Case No. 2012-PHA-LIC-4 ENTRY OF DEFAULT
---	--

On February 13, 2012, X-Gen Pharmaceuticals, Inc., Respondent/Licensee in the above-entitled action, was duly served with the *Notice of Proposed Board Action and Opportunity for Hearing*, Case No. 2012-PHA-LIC-4. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy. More than twenty days have passed since service of the Notice and no request for hearing has been received. The Department requested entry of default on March 19, 2012

IT IS THEREFORE ORDERED that the default of the Respondent/Licensee is entered for failure to request a hearing. For purposes of this order, the fact assertions contained in the Notice issued in the above-entitled matter are hereby adopted as the findings of fact and the conclusions of said Notice are adopted as the conclusions of law.

A final order providing for disposition of this matter will be subsequently entered.
DATED this 20th day of March, 2012

Becky Carter
Becky Carter
Compliance Unit Supervisor
Department of Labor and Industry

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing **ENTRY OF DEFAULT** by U.S. mail, postage prepaid, upon the licensee at the following address:

J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zerkler Drive
Horseheads, NY 14845

And by hand delivery upon Department Counsel:

Anjaneta C. Lindle
Special Assistant Attorney General
DEPARTMENT OF LABOR AND INDUSTRY
Office of Legal Services
301 South Park Avenue
PO Box 200513
Helena, MT 59620-0513

DATED this 20TH day of March, 2012.

Barbara Carter
Department of Labor and Industry

**BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA**

In the Matter of the Proposed Disciplinary
Treatment of the Licensee of
X-GEN PHARMACEUTICALS, INC.
Wholesale Drug Distributor, License No. 2732

Case No. 2012-PHA-LIC-4
FINAL ORDER OF DEFAULT

On February 13, 2012, a *Notice of Proposed Board Action and Opportunity for Hearing* was served on X-Gen Pharmaceuticals, Inc., Respondent/Licensee in the above-entitled action, by Certified Mail receipt # 7003 1010 0000 9239 1116. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy.

More than twenty days have passed since service of the Notice and no request for hearing has been received. Accordingly, and upon the request of Department counsel on March 19, 2012, a default was entered.

For purposes of this order, the fact assertions and conclusions contained in the *Notice of Proposed Board Action and Opportunity for Hearing* issued in the above-entitled matter are hereby adopted by the Board and fully incorporated into this final order as the findings of fact and the conclusions of law.

Based upon X-Gen Pharmaceuticals, Inc.'s default for failing to request a hearing and the information presently before the Board, including the aforementioned findings of fact and conclusions of law, the Board enters the following:

As required by Mont. Code Ann. §37-1-312(2), the Board has first considered the sanctions that are necessary to protect and compensate the public. Having considered the concerns of the public, and the rehabilitation of the licensee,

THE BOARD ENTERS THE FOLLOWING ORDER

- A. Licensee shall pay an administrative fine in the amount of THREE THOUSAND DOLLARS (\$3,000.00). Licensee shall pay by certified check or money order, made payable to the Montana Board of Pharmacy, P.O. Box 200513, Helena, Montana, 59620-0513, within 30 days of the date of the Final Order, and not before, to be deposited in the state special revenue fund pursuant to 37-7-324, MCA.
- B. Licensee shall ensure that in the future it will not operate as a wholesale drug distributor unless it has an active license.
- C. Licensee shall review and follow all Montana laws and rules regarding wholesale drug distributors.

DATED this 13 day of April, 2012.


Presiding Officer
Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing FINAL ORDER OF DEFAULT by U.S. mail, postage prepaid, upon the licensee addressed as follows:

J. Robin Lies
Person-in-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

And by hand delivery upon Department Counsel:

Angenette C. Lundie
Special Assistant Attorney General
DEPARTMENT OF LABOR AND INDUSTRY
Office of Legal Services
301 South Park Avenue
PO Box 200513
Helena, MT 59620-0513

DATED this 17 day of April, 2012.


Yvonne S. Bois
Department of Labor and Industry



April 17, 2012

J. ROBIN LILES
 PERSON IN CHARGE
 X-GEN PHARMACEUTICALS INC
 300 DANIEL ZENKER DRIVE
 HORSEHEADS NY 14845

RE: Complaint #PHA-2012-LIC-4

Dear Mr. Liles:

The above-referenced complaint was recently reviewed by the Adjudication Panel of the Board of Pharmacy. The panel entered a Final Order, a copy of which is enclosed. This disciplinary action is a permanent matter of public record.

Be advised that you are responsible for understanding and complying with this order. As per MCA 37-1-316 (8), failure to comply with a term, condition, or limitation of a license by final order of a board is a violation of statute which may result in further disciplinary action.

If you have any questions, please contact me directly.

Sincerely,
J. Blair
 Vicki Blair, Compliance Specialist
 (406) 841-2357 phone
 (406) 841-2363 fax
 vblair@mt.gov

Enc: Final Order

301 SOUTH PARK • P.O. BOX 201513 • HELENA MT 59621-0513
 FAX (406) 841-2363
 TDD (406) 444-0512
 "AN EQUAL OPPORTUNITY EMPLOYER"



July 21, 2011

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: X-Gen Pharmaceuticals, Inc.

License #: WH01618 / MW00709

Dear Board Members,

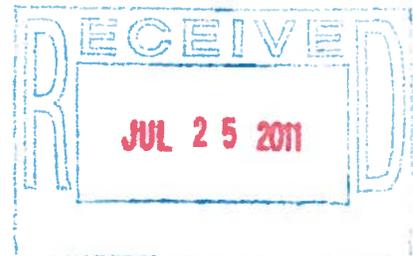
Please be advised that the above referenced Licensee recently entered into a consent agreement with The Maine Board of Pharmacy.

X-Gen Pharmaceuticals, Inc. came to us in 2009 as they were overwhelmed with the state licensing regulations. They were unaware that certain states into which they were shipping required licensing, we immediately applied to all applicable states. We had disclosed to Maine that shipments had been made from 2006-2009. This disciplinary action results from this unlicensed shipping activity.

If you have any questions please do not hesitate to contact me. I thank you for your prompt attention to this matter.

Kind Regards,

Angela Morrison





Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
BOARD OF PHARMACY
COMPLAINTS AND INVESTIGATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head, Esq.
Commissioner

Geraldine L. Betts
Administrator

July 15, 2011

X-Gen Pharmaceuticals, Inc.
Attn: Jay Liles
300 Daniel Zenker Drive
Horseheads NY 14845

RE: 2011-PHA-7245 Pending License #: WH70001817

Dear Mr. Liles:

Please find enclosed a copy of the fully-executed consent agreement made by you, the Board of Pharmacy, and the Department of Attorney General in this matter.

At this time the \$1580.00 fine payment has not been received. Upon receipt of fine payment the pending license will be issued. Please send payment or the required documents directly to me. Please include in your correspondence the complaint number that appears above.

If you have any questions, please feel free to contact this office.

Sincerely,

Kelly L. McLaughlin, Sr. Consumer Assistant Specialist
(email: kelly.l.mclaughlin@maine.gov)

Enclosure

c: Carrie Carney, Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Chief Field Investigator
Jeffrey Frankel, OLR Staff Attorney

Licensing (207)624-8579
Main Receptionist (207)624-8603
Hearing Impaired/TTY 1-888-577-6690

PRINTED ON RECYCLED PAPER
www.maine.gov/professionallicensing

Geraldine.L.Betts@maine.gov
Direct Line: (207)624-8625
Fax: (207)624-8637

OFFICE LOCATION: GARDINER ANNEX
76 NORTHERN AVENUE, GARDINER, MAINE

STATE OF MAINE
BOARD OF PHARMACY

In re:	)	CONSENT
X-Gen Pharmaceuticals Inc.	)	AGREEMENT
Complaint No. 2011-PHA-7245)	

PARTIES

This document is a Consent Agreement ("the Consent Agreement") regarding the pending Wholesale Pharmacy license for X-Gen Pharmaceuticals Inc. ("X-Gen"). The parties to the Consent Agreement are: X-Gen; the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S § 8003(5-A)(C).

STATEMENT OF FACTS

1. On July 13, 2010, Board staff received an application from X-Gen to become licensed as a Manufacturer.
2. On October 18, 2010, X-Gen amended its application for licensure from Manufacturer to Wholesale Pharmacy.
2. X-Gen was not previously licensed by the Board in the State of Maine.
3. On April 12, 2010, X-Gen submitted information to the Board staff indicating that in the years 2006 through 2009, it had shipped 81 prescriptions into the State of Maine without being licensed.
4. At its meeting on April 7, 2011, the Board reviewed the above-mentioned information. The information revealed that in the years 2006-2009, X-Gen had been operating as a Wholesale Pharmacy in the State of Maine without being properly licensed. Based on this information, the Board voted to preliminarily deny X-Gen's application to become licensed as a Wholesale Pharmacy.
5. In lieu of the license denial, the Board also voted to offer X-Gen this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Board Clerk, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by **July 27, 2011**, the preliminary denial of X-Gen's application for licensure as a Mail Order Pharmacy will become final.

COVENANTS

6. X-Gen admits to practicing as a Wholesale Pharmacy in Maine without being licensed by the Board, in violation of 32 M.R.S. § 13731(1), and that this violation is a ground for the denial of the application for Wholesale Pharmacy licensure pursuant to 10 M.R.S. § 8003(5-A)(A)(4).

7. As a condition of licensure and for conduct admitted in paragraph 6 above and as a sanction for the violation, X-Gen agrees to do the following:

- A. Accept a REPRIMAND from the Board;
- B. Upon execution of this Consent Agreement, pay a CIVIL PENALTY in the amount of one thousand five hundred eighty dollars (\$1,580.00) calculated at \$1,500.00 for the first violation and \$1.00 for each additional violation; and
- C. CEASE performing services for which licensure as a Wholesale Pharmacy is required until the Board has approved the X-Gen's application for licensure as a Wholesale Pharmacy and the above CIVIL PENALTY is paid in full.

8. Upon receipt of this executed Consent Agreement, the Board will not deny X-Gen's application on the basis of the conduct admitted to in paragraph 6 and will approve the application consistent with the provisions of Board Rules chapter 11.

9. The Attorney General and the Board agree that no further agency or legal action will be taken against X-Gen's license based on the specific violations admitted to herein, except in the event that X-Gen does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

10. The Consent Agreement is not subject to appeal.

11. The Consent Agreement is not subject to amendment except by written agreement of all parties.

12. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

13. X-Gen understands that the execution of the Consent Agreement is completely voluntary and that she has the right to consult with an attorney before signing the Consent Agreement.

14. X-Gen acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For X-Gen Pharmaceuticals Inc.:

Dated: 7-1-2011

Susan E. Badia
Signature of Authorized Representative

SUSAN E. BADIA / PRESIDENT
Print Name and Title

Dated: 7/13/11

DANA J. HUNTER JR., R.Ph., VICE PRESIDENT
Board of Pharmacy

Dated: 7-13-11

Carrie L. Carney
CARRIE L. CARNEY
Assistant Attorney General

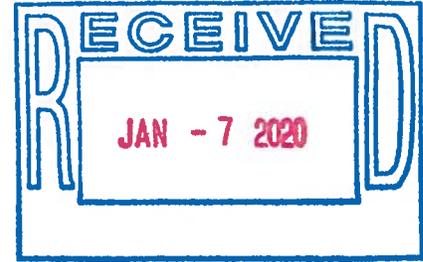
25



B&B Pharmaceuticals Inc.

January 6, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521



RE: Petition to Reduce the Bond Amount for B&B Pharmaceuticals, Inc.
License Number: WHO1747

To Whom It May Concern:

B&B Pharmaceuticals, Inc. has been licensed as an Out-of-State Wholesaler with the Nevada State Board of Pharmacy for over 8 years consecutively since July 18, 2011.

B&B is hereby petitioning that the Board reduce the surety bond amount to \$5,000 pursuant to NAC 639.5937, which states in relevant parts that "[t]he Board will reduce the bond or other security to the amount of \$5,000 if any wholesaler described in subsection 1 has been licensed with the Board for 5 consecutive years or more."

Thank you for your time and consideration.

Sincerely yours,

Matthew Johnson
President

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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: EUCYT Laboratories, LLC

Physical Address: 5670 Wynn Road. Suite D

City: Las Vegas State: NV Zip Code: 89118

Telephone: 702-776-4114 Fax: 702-909-3757

Toll Free Number: 866-272-5111 E-mail: TRAVIS.BIRD@EUCYT.COM

Website: WWW.EUCYT.COM

Managing Pharmacist: Don Le License Number: 12751

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/>	Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/>	Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral
<input type="checkbox"/> <input checked="" type="checkbox"/>	Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/>	Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/>	Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/>	Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> 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.

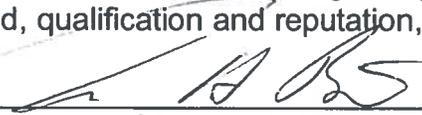
Within the last five (5) years:

- 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

Travis H. Bird
Print Name of Authorized Person

2-14-2020
Date

Board Use Only	Date Processed: <u>FEB 20 2020</u>	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: EUCYT Holdings, LLC

Mailing Address: 5670 Wynn Road Suite D

City: Las Vegas State: NV Zip: 89118

Telephone: 833-693-8298 Fax: 702-909-3757 Contact Person: Travis Bird

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 – 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. N/A – Sole Owner

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7 am 4 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: NV20171827519

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: TRAVIS BIRD

Business Name: EUCYT Laboratories, LLC

Current Business Address: 5670 Wynn Road, Suite D

City: Las Vegas State: NV Zip Code: 89118

Telephone: 702-776-4114 Fax: 702-909-3757

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>7:00</u> am	<u>4:00</u> pm	Saturday	<u>N/A</u> am	<u>N/A</u> pm
Sunday	<u>N/A</u> am	<u>N/A</u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20171827519

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Travis Bird

Responsible Person of EUCYT Laboratories, 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

Travis Bird

Print Name of Authorized Person

02-14-2020

Date

Managing Pharmacist

Pharmacist Name: Don Le

License #: 12751

Pharmacy Name: EUCYT Laboratories, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____		
County _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.



Signature



Date

State Of Delaware

Entity Details

2/14/2020 12:52:07PM

File Number: 6430133

Incorporation Date / Formation Date: 5/31/2017

Entity Name: EUCYT LABORATORIES, LLC

Entity Kind: Limited Liability Company

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/9/2019

Registered Agent Information

Name: NATIONAL REGISTERED AGENTS, INC.

Address: 160 GREENTREE DR STE 101

City: DOVER

Country:

State: DE

Postal Code: 19904

Phone: 302-674-4089

Tax Information

Last Annual Report Filed: 0

Tax Due: \$ 0

Annual Tax Assessment: \$300

Total Authorized Shares:

Filing History (Last 5 Filings)

Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	Amendment Name EUCYT, LLC	1	7/17/2017	6:12 PM	7/17/2017
2	LLC	1	5/31/2017	2:49 PM	5/31/2017

Order Summary

Order Details for your Transaction



Service Request Number: 20201129635
 Confirmation Number (Order Number): 43134-1345-XYIQOQWTX-20200214
 Date Submitted: 02/14/20 01:13:45 PM
 Payment Method: Credit Card ending in 6167

Document Filing Request - Certification Memo Request

Your request has been successfully submitted and assigned request number: 20201129635

Your method of payment will be charged at the time the request is processed. If there are any issues with the request during processing, you will be contacted by our Customer Service Section.

Document Submission Date: 02/14/20
 Submitter Name: EuCyt Laboratories, LLC
 Priority Level: 24 Hour Service
 Document Request Type: Certificate Request
 Email: aaron.coats@eucyt.com
 Return Method: FedEx

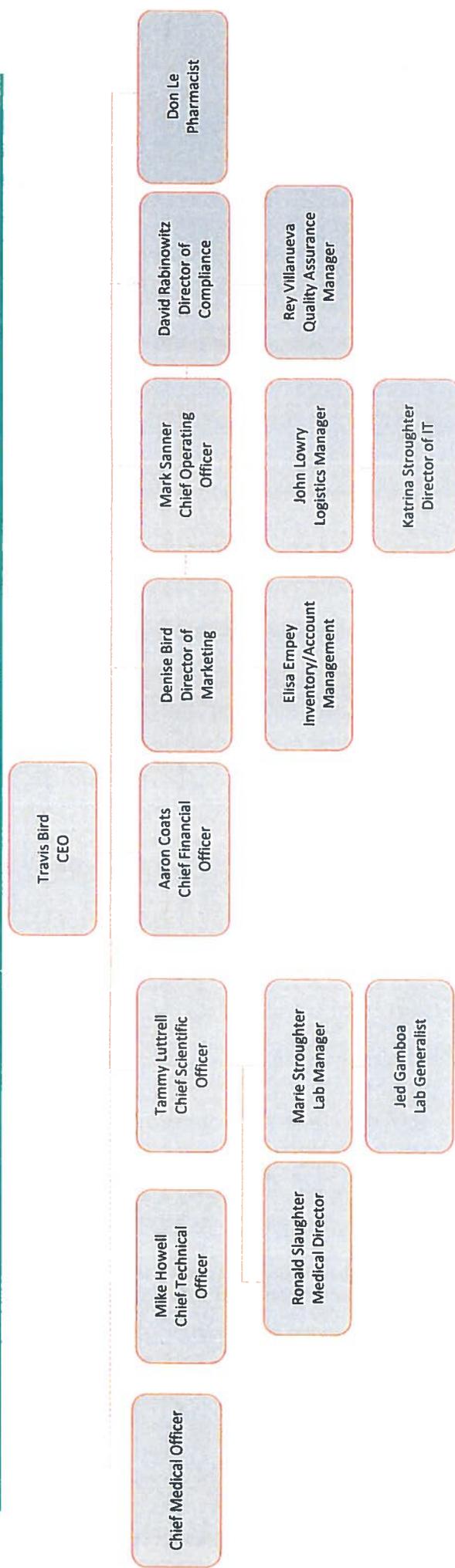
For inquiries regarding a submitted order, please contact: 302-739-3073.
 For Technical Assistance regarding submitting your request, please contact:
 DOSDOC_TECH_SUPPORT@state.de.us

We appreciate your feedback. Take the survey and let us know how we are doing! [Click Here](#)

02/14/20 01:14:04 PM



EUCYT™ Organization Chart





BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

DESIGNATION OF AUTHORIZED REPRESENTATIVE

Case Name: _____ Case ID: _____

Applicants and beneficiaries can designate an individual or organization to act responsibly on their behalf. This includes assisting with the individual's application for assistance, renewals of eligibility and other ongoing communications with the agency. This designation must include the applicant's signature, either electronically, telephonically or handwritten.

A designated authorized representative agrees to act responsibly on behalf of the applicant/recipient by providing all necessary information to determine eligibility for assistance. The rights and obligations of an authorized representative are the same as if they were the applicant/recipient to the extent of the applicant/recipient's financial ability to pay.

I. DESIGNATION OF AUTHORIZED REPRESENTATIVE BY APPLICANT/RECIPIENT

I, Travis H. Bird, request the following person/agency:
Print Name of Applicant/Recipient
Denise G. Bird to be my authorized representative.
Print Name of Person or Agency

I understand that I or the designated authorized representative may terminate this designation in writing at any time.

[Signature] 2-14-2020
Signature of Applicant Date of Birth Date
2-14-2020
Relationship to Applicant if Signature Is Not Applicant (Must be a Family Member) Date

STATEMENT OF DESIGNATED REPRESENTATIVE

I believe the above-named applicant/recipient understands the nature and consequences of his/her acts and is able to exercise his/her own will. I certify the above-named applicant/recipient made the decision to designate me as his/her representative under no threat or duress of any kind.

I certify under penalty of perjury, the information I provide is correct and complete to the best of my knowledge.

[Signature] Spouse Denise Bird 2-14-2020
Signature of Representative Position/Relationship Print Name Date
Olympia Ridge Dr., Las Vegas NV 89141
Address Telephone Number

Hospital, Nursing Home or County Agency

II. DESIGNATION OF AUTHORIZED REPRESENTATIVE BY OTHER

I, _____, have made a good faith effort to contact family members and/or any legal guardian of the applicant/recipient. My efforts to find a family member to act as authorized representative/provide information or a legal guardian have been unsuccessful. I therefore request to be designated as an authorized representative for the above mentioned applicant/beneficiary.

I certify under penalty of perjury, the information I provide is correct and complete to the best of my knowledge.

Signature of Representative Relationship Print Name Date
4 Olympia Ridge Dr., Las Vegas NV 89141
Address Telephone Number

Hospital, Nursing Home or County Agency



Date 2/14/2020

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 Nevada State Pharmacy License

EUCYT Laboratories, LLC Nature of License 5670 Wynn RD Suite D Las Vegas NV 89118

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Bird Last Name Travis First Name Henry Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Olympia Ridge Dr Present Residence Address-Street or RFD Las Vegas City NV 89141 State/Zip

5670 Wynn RD Suite D Present Business Address Las Vegas City NV 89118 State/Zip

Dates Dates Dates

CEO of EUCYT Laboratories, LLC Occupation

Dates

Phone: Residence Business 833-693-8298

Luverne MN Date of Birth Place of Birth (City, County, State)

44 Age Social Security Number Male Sex

Green Color of Eyes Brown Color of Hair Fair Complexion 215lbs Weight 6'1 Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No If alien, 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

A. Current Marriage 05/25/2012 Los Angeles, Los Angeles, CA
 Date City, County and State
 Spouse's full name (Maiden) Denise Gabriel Bird (Aoun) S.S. No. _____
 Date of Birth _____ Place of Birth Tarzana, CA
 Resident address Olympia Ridge Dr Las Vegas NV 89141
 Street City State Zip
 Telephone: Residence _____ Business 833-693-8298
 Spouse's employer EUCYT Laboratories, LLC Occupation Marketing
 Address of employer 5670 Wynn RD Suite D Las Vegas NV 89118
 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
Alexander Henry Bird		Frisco, TX	Olympia Ridge Dr. Las Vegas NV 89141
Gabriel Lee Bird		Frisco, TX	Olympia Ridge Dr. Las Vegas NV 89141

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 TB

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 Ronald Bird		180th Kenneth, MN56147	Farmer
Mother Sandra Lee Bird (Deckert)		180th Kenneth, MN56147	Retired
Father-in-Law Gabriel Akl Aoun		Deceased	
Mother-in-Law Afaf Aoun (Bejjani)		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
Jason Bird Spouse	1	Kingsly, IA	Self-employed
Lisa Albers Spouse		Ledger, NC	Sales Manager
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Magnolia Elementary	Magnolia, MN	1981-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Luverne High	Luverne, MN	1990-1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University University of Mary	Bizmarck, ND	1999-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Science

College or university where obtained University of Mary

Applicant's initial TB Page 3

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
November 2009	32	Wreckless Driving	Luverne, MN	N/A	Luverne, Police Department

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

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
September 2019-Current	Olympia Ridge Dr	Las Vegas	NV
August 2018-September 2019	10 Carolina Cherry Dr.	Las Vegas	NV
August 2012-August 2018	4604 Tour 18 Dr	Flower Mound	TX
July 2008-August 2012	3018 Carmel Street	Dallas	TX
June 2006-July 2008	1505 Elm st	Dallas	TX
August 2003-June 2006	3600 Austin Ct	Flower Mound	TX
June 2001 -September 2003	3912 Badgerbrook St	Las Vegas	NV
September 2000-September 2001	Unknown	Bismarck	ND
September 1996- September 2000	Unknown	Fargo	ND

Applicant's initial *JA* Page 5

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 2015	EUCYT Laboratories, LLC 5670 WYNN RD SUITE D	CURRENT
Title	Description of Duties	Name of Supervisor
OWNER	TISSUE DISTRIBUTION	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCTOBER 2006	AVEM HOLDINGS	CURRENT
Title	Description of Duties	Name of Supervisor
owner	HOLDING COMPANY	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCTOBER 2008	MEDISOURCE PARTNERS 1505 FEDERAL ST. SUITE D DALLAS TX	SOLD COMPANY
Title	Description of Duties	Name of Supervisor
owner	MANUFACTURING MEDICAL IMPLANTS	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCTOBER 2009	PANTHEON MEDICAL 1505 FEDERAL ST. SUITE D DALLAS TX	SOLD COMPANY
Title	Description of Duties	Name of Supervisor
OWNER	MANUFACTURING MEDICAL IMPLANTS	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SEPTEMBER 2006-2008	SURGICAL SCIENCES DALLAS TX	COMPANY SOLD
Title	Description of Duties	Name of Supervisor
OWNER	MEDICAL SALES	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
AUGUST 2003-2005	LANX MEDICAL	STARTED COMPANY
Title	Description of Duties	Name of Supervisor
SALES MANAGER	MEDICAL SALES	FRED MUNDON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SEPTEMBER 2001-2002	STYKER MEDICAL NEW JERSEY	STARTED ANOTHER COMPANY
Title	Description of Duties	Name of Supervisor
SALES MANAGER	MEDICAL SALES	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial.....*TB*.....

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	GAVIN RUBIN	Home	DALLAS	TX	75229	12 YEARS
Employer	BRIGHTHOUSE FINANCIAL	Business	FINANCE			
Name	TAYLOR ROBERTSON	Home	DALLAS	TX	75206	15 YEARS
Employer	TAYLOR N TAYLOR	Business	ATTORNEY			
Name	BRUCE HOWELL	Home	PORTLAND	OR	97205	12 YEARS
Employer	HOWELL HEALTH LAW	Business	ATTORNEY			
Name	BILL MCMURREY	Home	DALLAS	TX	75219	15 YEARS
Employer	LACKEY HERSHMAN LLP	Business	ATTORNEY			
Name	BLAIR CHOZEN	Home	CHICAGO	IL	60654	20 YEARS
Employer	FIDELITY	Business	FINANCIAL PLANNER			

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 *JB* Page 7

STATE OF NEVADA

SS.

COUNTY OF Las Vegas

I, TRAVIS BIRD, 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 or 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.

[Handwritten Signature]

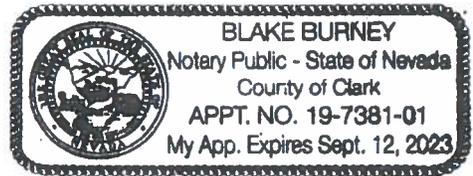
Original Signature of Applicant

Subscribed and Sworn to before me this 17th day of

February 2020

[Handwritten Signature]
Notary Public

(seal)



Applicant's initial TB Page 9

EUCYT Laboratories, LLC is focused on bringing safe, effective, leading-edge, advanced biologic cell-free technology to the citizenry of Nevada and the United States. The primary focus at this juncture is peri-natal tissue-based exosome recovery and the delivery of those exosomes to appropriate patients. EUCYT is concurrently filing the appropriate TRIP and IND applications with the FDA. As EUCYT's technology and product lines expand; EUCYT will continue to provide updates and seek additional regulatory guidance as appropriate.

Thank you for your consideration.

[Lined area for additional text]

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

EUCYT LABORATORIES, LLC

Nevada Business Identification # NV20171827519

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 12/26/2019.

Barbara K. Cegavske

Certificate Number: B20191226465734

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

27

27A

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: AMG Medical Supplies LLC

Physical Address: 1840 E. Calvada Blvd Ste 9 Pahrump, NV 89048
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4325 Dean Martin Drive Ste 340

City: Las Vegas State: NV Zip Code: 89130

Telephone: 702-908-5274 Fax: _____

E-mail: amadordonald86@gmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm

Fri: 9am to 5pm Sat: closed to _____ Sun: closed to _____ Holidays: closed to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Christina Danielle Guerrero

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Incontinence</u> |

**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:

<u>Donald Amador</u>	<u>Medicare & Medicaid pending</u>	_____
_____	_____	_____
_____	_____	_____

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.

- | | |
|---|-------------------|
| <input type="checkbox"/> Practitioner | Name: <u>none</u> |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> 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.

[Handwritten Signature]
Original Signature of Person Authorized to Submit Application, no copies or stamps

Donald Amador
Print Name of Authorized Person

11/4/19
Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.Owner's Name: Donald AmadorBusiness Name: AMG Medical Supplies LLCCurrent Business Address: 1840 E. Calvada Blvd Ste 9 #City: Pahrump State: NV Zip: 89088Telephone: 702-908-3274 Fax: _____**SOLE OWNER****Include with the application for a sole owner**

Complete personal history record. Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses.*

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 01/27/2020

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Administrator

AMG Medical Supply Nature of MDEG 1840 E Calvada Blvd #9, Pahrump, NV 89345

Name and Address of Business for Which MDEG Administrator Is Requested

AMG

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

McBride Last Name Steven First Name Anthony Middle Name

N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Olvera Way Present Residence Address-Street or RFD Las Vegas, NV City 89128 State/Zip

1840 E Calvada Blvd #9 Present Business Address Palump, NV - Present City 89048 State/Zip

Business Development Present Position with the MDEG D1/11/2019 - present Dates

Phone: _____ Fax: N/A

Email address: N/A

_____ Date of Birth Van Nuys, Los Angeles, CA Place of Birth (City, County, State)

33 Age _____ Social Security Number Male Sex

Brown Color of Eyes Brown Color of Hair 180 lbs Weight 5'5" Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

02/2017	Amador Medical LLC 4525 Dean Martin Dr. #740	40/WK (4,990)
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Business Development,	Customer Service	Donald Amador
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

- 1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
- 2. I have I have not been the subject of an administrative action whether completed or pending.
- 3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked 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: N/A
 b) Date: N/A
 Case Number: N/A

c) Criminal Action: State: Nevada
 Date: 03/08/2018
 Case Number: C1189026A
 County: Clark
 Court: Municipal

- 4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No
- 5 .Will you be employed fulltime with the MDEG? Yes No
- 6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....



Date of photograph 01/28/2020

I, Steven McBride, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause 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 or fraudulent, and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.



.....
Original Signature of Applicant



Written Explanation for page 4, question 1 on the Board
of Pharmacy Application To Be The MDEG Administrator
for AMG, LLC

Attention Board Members of the Nevada State Board of Pharmacy,

My name is Steven Anthony McBride and I am writing this letter as an explanation of my misdemeanor crime committed on 03/08/2018, a subsequent conviction of driving under the influence.

After having exited a failed relationship at the end of 2016, I began to drink alcohol more often than usual and this caught up with me in March of 2017 when I was arrested for a first DUI. This helped me to see that drinking was a problem, however the following March of 2018 after having a few drinks after work, I received another DUI.

I have since had no problems with alcohol and driving, and I intend to keep it that way, as I know that the work we do is important to the health and safety of others in receiving there medical equipment and supplies. If I consume any alcohol outside of home, I utilize ride sharing companies like Uber and Lyft as this is the only sane and proper solution.

I do hope that these revelations do not bar me from becoming the Administrator for the new office we are opening, and I ask that you please consider that I love my work very much and really look forward to taking it to the next step.


.....
Original Signature of Applicant



27B

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Pop Durable Medical Equipment

Physical Address: 501 S. Rancho Dr. #1-58

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 526 S. Tonopah Dr. #120 Las Vegas, NV 89106

City: Las Vegas State: NV Zip Code: 89106

Telephone: 702-243-7671

Fax: _____

E-mail: jimmy@popprosthetics.com

Website: www.popprosthetics.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: 0 to 0 Sun: 0 to 0 Holidays: 0 to 0

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Megan Weide

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Wheel Chairs</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Jimmy Colson Telephone: 702 743-5179

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>5503070002</u>	<u>100509314</u>	_____
<u>5503070001</u>	_____	_____
_____	_____	_____

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.

- | | |
|---|-------------|
| <input checked="" type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> 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.

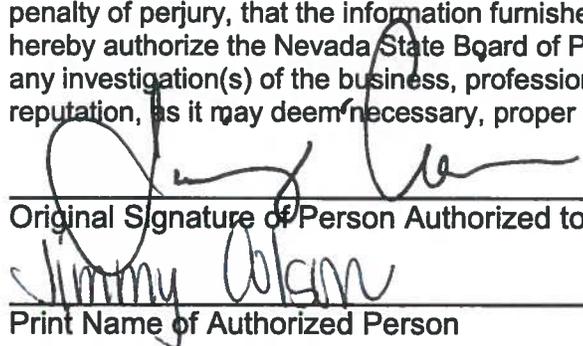
- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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


Print Name of Authorized Person

1/9/2020
Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Jimmy Colson

Business Name: Pop Durable Medical Equipment

Current Business Address: 501 S. Rancho Dr. # I -58

City: Las Vegas State: NV Zip: 89106

Telephone: 702-243-7671 Fax: 702-259-7671

SOLE OWNER**Include with the application for a sole owner**

Complete personal history record. Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 1/9/20

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Administrator
Nature of MDEG
POP Durable medical Equipment 501 S. Rancho
Name and Address of Business for Which MDEG Administrator Is Requested Suite I-58
LAS VEGAS, NV
89106

~~If applicable, Name Under Which It Is Now Operated~~

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.

September 2012 - current	POP Prosthetics	40 hours per week
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Office manager	over see office/employees	Sara Colson
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: NV

Date: 2007

Case Number: unknown

County: Clark

Court: Justice

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No

5 .Will you be employed fulltime with the MDEG? Yes No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....
.....
.....
.....
.....



I, ^{Jane} megan weide, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Megan Jane Weide
Original Signature of Applicant



Jurat Certificate

State of Nevada

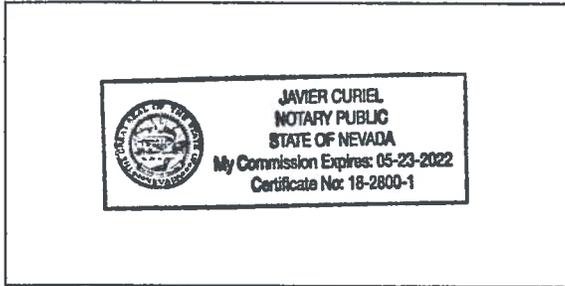
County of Clark

Subscribed and sworn to (or affirmed) before me on this Jan

day of 9th, 2020, by Megan J Weibe

Place Seal Here

Notary Signature _____



Description of Attached Document

Type or Title of Document Application to be the MDEG Administrator

Document Date 1-9-2020

Number of Pages 5 pages

Signer(s) Other Than Named Above NONE

BUSINESS LICENSE*

City of Las Vegas - Las Vegas, Nevada

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW.

LICENSE #: G68-00193

RENEWAL DATE: 1/24/2020

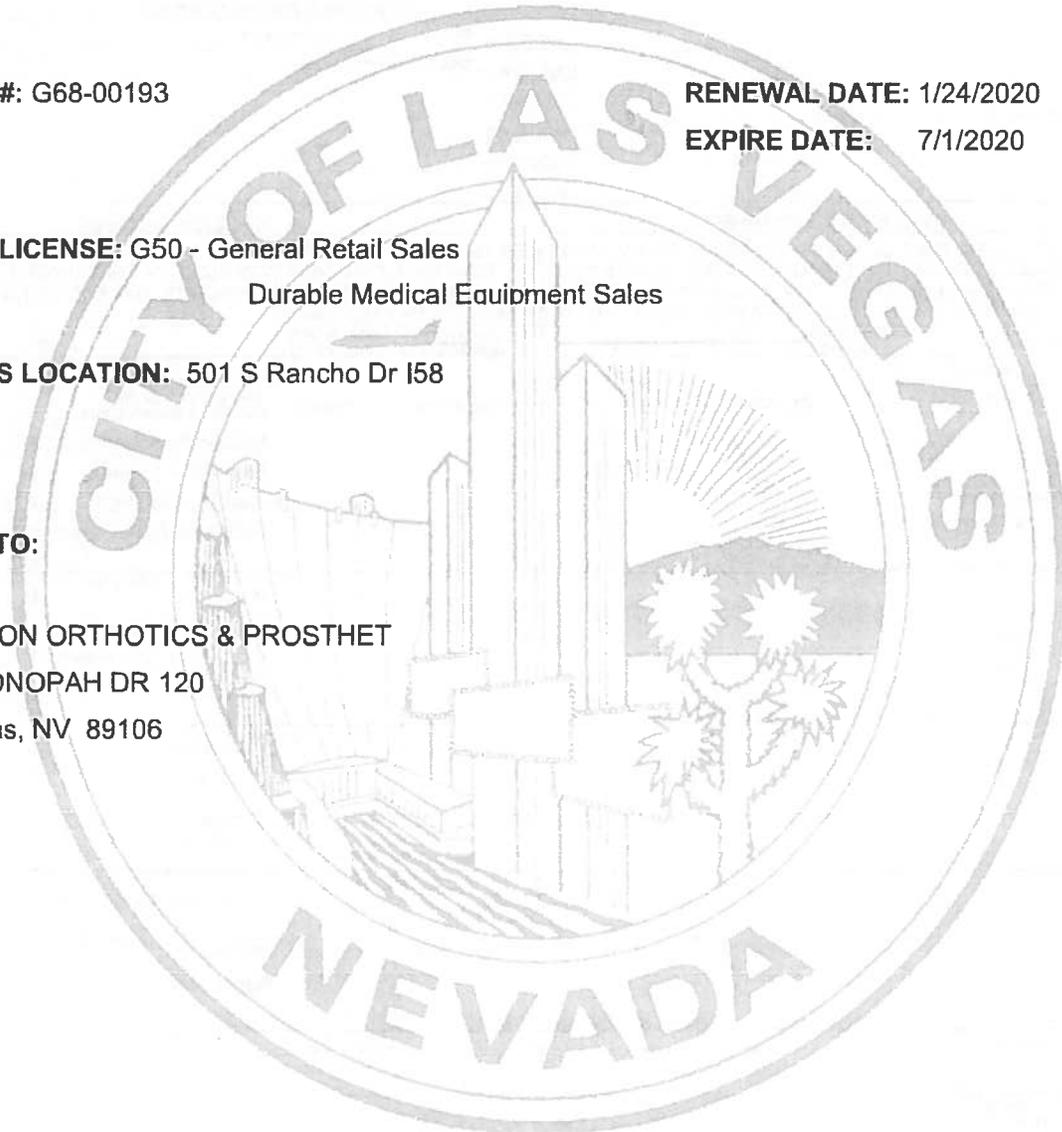
EXPIRE DATE: 7/1/2020

TYPE OF LICENSE: G50 - General Retail Sales
Durable Medical Equipment Sales

BUSINESS LOCATION: 501 S Rancho Dr I58

ISSUED TO:

PRECISION ORTHOTICS & PROSTHET
526 S TONOPAH DR 120
Las Vegas, NV 89106



Mary C McEwen
Deputy Director, Planning Department

Failure to maintain an active state license or a SNHD health permit, if required, renders this business license invalid.

Post in a conspicuous place.



PREC009

OP ID: HZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certification does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 800-544-2672 Affinity Insurance Services 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 Affinity Insurance Services	CONTACT NAME: PHONE (A/C, No, Ext): 800-544-2672 FAX (A/C, No): 847-953-4779 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: CNA - Valley Forge Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B: CNA - Columbia Casualty</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: CNA - Valley Forge Insurance Co		INSURER B: CNA - Columbia Casualty		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: CNA - Valley Forge Insurance Co															
INSURER B: CNA - Columbia Casualty															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Precision Orthotics & Prosthetics LLC dba POP Prosthetics Pop Durable Medical Equipment 526 S. Tonopah Dr #120 Las Vegas, NV 89106															

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			6024920453	08/20/2019	08/20/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N / A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liab.			658730101	08/20/2019	08/20/2020	Per Claim 1,000,000 Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Locations
 526 S Tonopah Drive Ste 120 Las Vegas, NV 89106
 8915 S Pecos Rd Ste 18A Henderson, NV 89074
 7350 W Cheyenne Ave Las Vegas, NV 89129

CERTIFICATE HOLDER

CANCELLATION

FYI0001 FOR INFORMATION PURPOSES ONLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Affinity Insurance Services
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Candy Nally

From: Raef Hamaed <raef@avriox.com>
Sent: Monday, November 04, 2019 2:04 PM
To: Candy Nally
Subject: Sterile compounding

Dear Candy,

My Name is Raef Hamaed. I am the pharmacist in charge at Avrio Pharmacy in Scottsdale Arizona. Our non-resident Pharmacy license in Nevada is PH03822.

We had our sterile lab certified by the Arizona Board of pharmacy and we would like to come before the Nevada Board of Pharmacy to get the approval for our pharmacy to ship sterile preparations to Nevada. We would like to come to the first available meeting if possible.

From:

Sent: Thank you

To:

Subj:

My
Raef Hamaed
 Avrio Pharmacy, President/CEO



Your Healthcare Partner

(480) 620-9062
 9015 E Pima Center Parkway unit 3
 Scottsdale, AZ 85258
<http://www.avriox.com>

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message

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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
<p>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?....</p>			
		<input type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		<input type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...		<input type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input type="checkbox"/>
<p>If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation:</p>			
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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
2. Are you a high school graduate or the equivalent?		Yes <input type="checkbox"/> No <input type="checkbox"/>
(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?		<input type="checkbox"/> <input type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		<input type="checkbox"/> <input type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		<input type="checkbox"/> <input type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		<input type="checkbox"/> <input type="checkbox"/>
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)		
Are you the subject of a court order for the support of a child?		Yes <input type="checkbox"/> No <input type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?		<input type="checkbox"/> <input type="checkbox"/>

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: _____
--



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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		Credit Card #: _____	
Expiration Date: ____ / ____ (MM/YY)		CVV (3 digits on back of card):	License Amount: \$ _____
Name on Card: _____			
Billing Address: _____ _____ _____			

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 reciprocity.

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 where 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 reciprocity.

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: _____

Degree Received: PharmD BS in Pharmacy Other (check one)
(mm/dd/yy)

Name of Pharmacy School: _____

Location of School: _____

If you are a **foreign graduate** you must attach a copy of your FPGE 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 <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and/or documentation:</p>					
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

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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		Credit Card #: _____	
Expiration Date: ____ / ____ (MM/YY)		CVV (3 digits on back of card):	License Amount: \$
Name on Card: _____			
Billing Address: _____ _____ _____			

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 where 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
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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 <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

**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: _____ Page 1 of 2

	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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	<input type="checkbox"/>	<input type="checkbox"/>
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	<input type="checkbox"/>	<input type="checkbox"/>

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

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(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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> 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 reciprocity (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 reciprocity 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 reciprocity, 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 complete the 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 FPGE 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 <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?	<input type="checkbox"/>	<input type="checkbox"/>
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	<input type="checkbox"/>	<input type="checkbox"/>

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



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• 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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		Credit Card #: _____	
Expiration Date: ____ / ____ (MM/YY)		CVV (3 digits on back of card):	License Amount: \$
Name on Card: _____			
Billing Address: _____ _____ _____			

30

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



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Emille Gonzalez
Pharmacy Technician Program Chair

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Our Core Purpose: We Educate Students for Success!

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FENNEMORE CRAIG
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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).

FENNEMORE CRAIG

Nevada State Board of Pharmacy

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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).

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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).

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- 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.

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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.

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“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.

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(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.

FENNEMORE CRAIG

Nevada State Board of Pharmacy

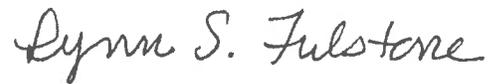
October 31, 2019

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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.

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Nevada State Board of Pharmacy

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January 30, 2020

Warren Lowman
 Administrator
 Division of Internal Audits
 Governor's Finance Office
 209 East Musser Street, Room 302
 Carson City, NV 89701

Re: Audit No. 20-05 - Board of Pharmacy Licensing Process

Dear Mr. Lowman:

This correspondence constitutes the Nevada State Board of Pharmacy (BOP) response and implementation plan to the audit of the BOP Licensing Process, Audit Report No. 20-05 (Audit).

RECOMMENDATION NO. 1 - Establish Management Oversight of Background Check Cycle

RESPONSE: The BOP shall, by regulation or internal policy as necessary, ensure enhanced oversight of the criminal background check cycle consistent with the audit recommendations, including establishing criteria under which the Executive Secretary can reject an application or use a civil name check, and developing a full-cycle tracking log for wholesaler license applications requiring background checks. The BOP will commence the statutory administrative rulemaking process within the 6-month time frame specified in NRS 353A.090.

RECOMMENDATION NO. 2 - Enforce Fingerprinting Authority More Stringently

RESPONSE: The BOP shall by regulation, consistent with the audit recommendations, define persons that "exercise significant influence over the operation" as used in NRS 639.500(2) and (4), and require applicants to submit a list of officers from their domicile business registration agency. The BOP will commence the statutory administrative rulemaking process within the 6-month time frame specified in NRS 353A.090.

RECOMMENDATION NO. 3 - Modify Fingerprinting Protocol for License Renewals

RESPONSE: The BOP shall by regulation, consistent with the audit recommendations, only require criminal background checks for initial wholesaler licensure and not for license renewal, and shall review all current reporting requirements for wholesalers set forth in regulation for revision as necessary. The BOP will commence the statutory administrative rulemaking process within the 6-month time frame specified in NRS 353A.090.

Warren Lowman
January 30, 2020
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RECOMMENDATION NO. 4 - Require Fingerprint Background Check for Other License Types

RESPONSE: The BOP notes that there are compelling policy justifications for requiring criminal background checks for other license categories and that this would require legislative action, which cannot occur prior to the 2021 Nevada Legislative Session.

RECOMMENDATION NO. 5 - Account for Fingerprint Fees Separately

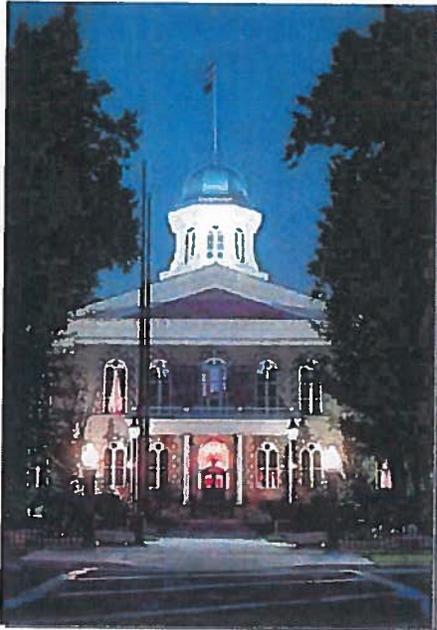
RESPONSE: Consistent with the audit recommendation, the BOP now maintains a separate account for fingerprint fees.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy



State of Nevada
Governor's Finance Office
Division of Internal Audits

Audit Report

**Board of Pharmacy
Licensing Process**

DIA Report No. 20-05
February 26, 2020

EXECUTIVE SUMMARY

Board of Pharmacy Licensing Process

Introduction..... page 1

Objective: Improve the Wholesale Background Check Process

Establish Management Oversight of Background Check Cycle..... page 2

Establishing management oversight of the background check cycle will allow the Board of Pharmacy (board) to quickly identify problematic background check requests. Although the board has developed tracking logs to enhance oversight of the background check process, the current logs do not track the full cycle including fees, invoices for background checks performed, and corresponding payment of invoices. The board can quickly identify and resolve problematic background checks if it segregates wholesale applications requiring fingerprint background checks onto a separate tracking log with full-cycle information and require a review of the process by the Executive Secretary or Deputy Executive Secretary on a monthly basis. In addition, to clarify procedures where a fingerprint card has been rejected twice, establishing criteria under which the Executive Secretary may reject an application or use a civil name check as an alternative would provide management oversight in a transparent and consistent manner.

Enforce Fingerprint Authority More Stringently..... page 9

Enforcing fingerprint authority more stringently will allow the board to thoroughly vet persons on each application for a wholesale pharmaceutical license. Currently, the board does not explicitly define "persons of influence" nor does it exercise its authority to fingerprint individuals they deem to have significant influence in the wholesale distribution process. Additionally, the board does not require all applicants to provide an official list of officers from the domicile business registration agency to verify the accuracy of the application information. Establishing criteria to define "persons of influence" and requiring applicants to provide an official list of officers would promote public safety by more thoroughly vetting wholesale license applicants.

Modify Fingerprint Protocol for License Renewals..... page 12

Modifying fingerprint protocols for license renewals would help reduce the biennial workload for the board. Current practice is dictated by statute and requires all licensees to provide fingerprints with renewal on a biennial basis. This practice is inconsistent with that of other Nevada boards. Statute also requires applicants to provide an updated list of stakeholders on an annual basis. This list should be used by the board to require fingerprints of those individuals deemed to have significant influence over the operation. Not requiring fingerprints during the renewal phase would help reduce the workload for the board while allowing them to use their resources more effectively.

Objective: Improve the Overall Licensing Process

Require Fingerprint Background Check for Other License Types..... page 15

Requiring fingerprint background checks for other license types will help the board enhance public health, safety, and welfare. Currently, the board only requires fingerprints from wholesalers among its 17 different license types. Other states licensing pharmacists, pharmacist technicians, and MDEGs (medical devices, equipment, and gases) require fingerprints during the licensure process. Additionally, other Nevada boards regulating healthcare professionals have taken a more widespread approach to fingerprinting applicants.

Account for Fingerprint Fees Separately.....page 18

Accounting for fees separately will provide greater transparency and more accurate fiscal information to the board. The amount of fees collected for fingerprint processing since the inception of the statutory requirement could not be determined through financial records and had to be queried through the board's case management system. The board is in the process of reimbursing dormant fees along with other disciplinary fees, which were comingled in the past. Additionally, the board will seek reimbursement from wholesale licensees for whom fingerprints were processed at the board's expense during the temporary moratorium.

Appendix A page 20
Scope and Methodology, Background, Acknowledgments

Appendix B page 22
Response and Implementation Plan

Appendix C..... page 24
Timetable for Implementing Audit Recommendations

Appendix D page 25
Nevada State Board of Pharmacy Licenses

Appendix E..... page 26
Nevada State Board of Pharmacy Action Plan

INTRODUCTION

At the request of the Executive Branch Audit Committee, the Division of Internal Audits conducted an audit of the Board of Pharmacy. Our audit focused on improving the wholesale background check process and improving the overall licensing process. The audit's scope and methodology, background, and acknowledgements are included in Appendix A.

Our audit objectives were to develop recommendations to:

- ✓ Improve the wholesale background check process; and
- ✓ Improve the overall licensing process.

Board of Pharmacy Response and Implementation Plan

We provided draft copies of this report to the board for review and comment. The board's comments have been considered in the preparation of this report and are included in Appendix B. In its response, the board accepted all our recommendations. Appendix C includes a timetable to implement the recommendations.

NRS 353A.090 requires within six months after the final report is issued to the Executive Branch Audit Committee, the Administrator of the Division of Internal Audits shall evaluate the steps that the board has taken to implement the recommendations and shall determine whether the steps are achieving the desired results. The administrator shall report the six-month follow-up results to the committee and board officials.

The following report (DIA Report No. 20-05) contains our *findings, conclusions, and recommendations*.

Respectfully,



Warren Lowman
Administrator

Improve Wholesale Background Check Process

The Board of Pharmacy can improve the wholesale background check process by:

- Establishing management oversight of the background check cycle;
- Enforcing fingerprinting authority more stringently; and
- Modifying fingerprinting protocol for license renewals.

Improving the wholesale background check process will protect public safety by identifying disqualifying behavior before issuing or renewing pharmaceutical licenses.

Establish Management Oversight of Background Check Cycle

The Board of Pharmacy should establish management oversight of the background check cycle. Lack of management oversight over the background check cycle contributed to the board's failure to implement fingerprint requirements for wholesale license applicants since 2005. Although the board developed tracking logs to enhance oversight of the background check process with guidance from the Department of Public Safety (DPS), the current logs do not track the full cycle including fees, invoices for background checks performed, and corresponding payment of invoices. Establishing management oversight of the background check cycle will ensure stalled background checks and process bottlenecks are recognized and resolved in a timely manner.

Statute Requires Fingerprint Background Checks

NRS 639.500 establishes fingerprint requirements for wholesale license applicants in response to reports of counterfeit drugs in the wholesale market in the early 2000's. The statute states:

"In addition to the requirements for an application set forth in NRS 639.100 each applicant for a license to engage in wholesale distribution shall submit with an application a complete set of fingerprints and written permission authorizing the [b]oard to forward the fingerprints to the Central Repository for Nevada Records of Criminal History (repository) for submission to the Federal Bureau of Investigation for its report."

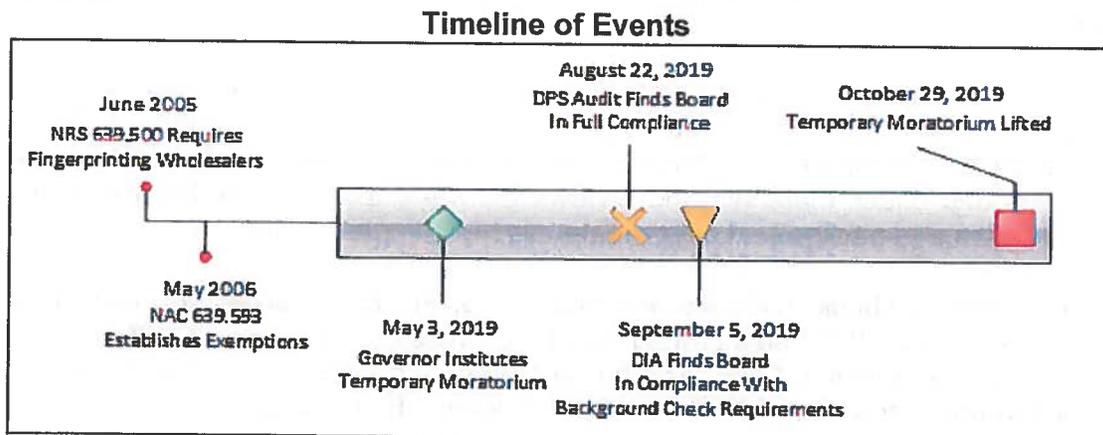
The board subsequently adopted regulations that created exemptions from the fingerprint requirement if the wholesale pharmaceutical license applicant is:

- Publicly traded and regulated by the Securities and Exchange Act of 1934;
- Owned by a corporation whose securities are publicly traded and regulated by the Act;
- Accredited by the National Association of Boards of Pharmacy under the Verified-Accredited Wholesale Distributors (VAWD) program;¹
- A manufacturer of prescription drugs; and/or
- A facility that distributes prescription drugs manufactured by a single manufacturer.²

Governor Imposed Wholesale Pharmaceutical License Moratorium

On May 3, 2019 Governor Sisolak issued a moratorium on wholesale license applications after becoming aware of the board's failure to implement background checks in accordance with NRS 639.500. The Governor directed DPS to investigate and the moratorium was to remain in effect until DPS informed that processes were implemented to ensure compliance with statutory requirements. On August 22, 2019 the repository found the board to be in full compliance with FBI and state policies and re-enrolled the board to submit fingerprints. On October 29, 2019 Governor Sisolak lifted the moratorium. See Exhibit I for the timeline of events.

Exhibit I



Source: Nevada Board of Pharmacy.

At the time of the moratorium, there were 1,138 active wholesale pharmaceutical licensees, from which \$53,000 in fingerprint fees had been collected since 2006. When lifting the moratorium, Governor Sisolak ordered that dormant fees be

¹ VAWD was established as a national program in 2004 to help protect the public from the threat of counterfeit drugs.

² NAC 639.593(7).

returned and fingerprint background checks be performed for existing licensees that were not exempt from the fingerprint requirement.

Board Developed Background Check Process

With guidance from DPS, board staff developed internal written procedures to achieve compliance with FBI and State policies. Specifically, the board developed a background check process to:

- Document and identify the purpose of fees collected;
- Segregate wholesale license applications for review by the background check specialist;
- Identify and segregate wholesale license applications exempt from the fingerprint requirements and those requiring fingerprint background checks;
- Track the progress of background check requests; and
- At the request of the board, segregate applicants by exemption category; and fingerprints required with and without potentially disqualifying events on board meeting agendas.

Updated Wholesale Background Check Process Increases Transparency

The updated background check process will increase transparency by documenting each step of the wholesale application. The board has segregated duties as a control mechanism to ensure that no steps are overlooked during the process.

The Administrative Assistant logs wholesaler application fees and ensures fingerprint cards are delivered to a safe located in the Background Check Specialist's (BCS) office. The BCS receives, processes, and maintains all background check materials and reviews the materials to verify the wholesaler application and background check materials are completed properly.

If background check materials are incomplete, the BCS sends the applicant a rejection notice. If the background check materials are complete, the BCS sends the fingerprint cards to DPS. The board created a new "Fingerprint and Criminal Background Report Log for Wholesaler Applicants" to document the following:

- Name of applicant who submitted the wholesale application;
- Name of individuals on the application who submitted background check materials;
- Date the application was received;
- Whether the application was completed properly;
- Whether background check materials were completely properly (if applicable);

- Date fingerprint cards were submitted to DPS for processing (if applicable);
- Date the rejection notice was sent to the applicant (if applicable) and reason or the date the BCS communicated with the applicant;
- Date fingerprint cards were rejected by DPS;
- Reason fingerprints were rejected;
- Date the rejection notice and instructions for executing and submitting a second fingerprint card was sent to the applicant;
- Date Criminal History Record Information (CHRI) was received;
- Whether there was a disqualifying event;
- Date Notice to Contact Board of Pharmacy was sent (if applicable);
- Date criminal background history report was destroyed (if applicable); and
- Name of person who destroyed the criminal background report (if applicable).

Fingerprint cards rejected by DPS are returned to the board. The Administrative Assistant delivers the sealed envelope to a safe located in the BCS's office. The BCS is responsible for mailing a rejection notice and providing instruction for submitting a second fingerprint card. If the second fingerprint card submitted by the applicant is rejected by DPS, the BCS will request a non-fingerprint-based background check with the approval of the Executive Secretary.³

Executive Secretary Discretion Lacks Criteria

On September 5, 2019 the Division of Internal Audits (DIA) issued a memorandum to the Governor that, in part, expressed concern regarding the Executive Secretary's discretion related to the handling of disqualifying events and rejected fingerprint cards. The memorandum noted it appeared the Executive Secretary had discretion to determine which potentially disqualifying events must appear before the board. Despite this apparent discretion, no such appearances were noted in board minutes dating back to 2006. NRS 639.210 assigns authority to determine disqualifying events solely to the board. Since the moratorium, the board modified background check procedures to require any subject of a report indicating a criminal conviction to appear before the board with a representative of the applicant. At the January 2020 meeting, subjects from seven wholesale pharmaceutical applications with potentially disqualifying events appeared before the board.⁴

DIA's memorandum expressed concern that an alternative background check method (civil name check) may not comply with the intent of the statute. Based upon advice from DPS, the board believes that civil name checks are an acceptable method of background check in cases where fingerprints are rejected

³ Per DPS, a non-fingerprint-based check of criminal files may be processed by the repository or the Federal Bureau of Investigation (FBI).

⁴ Wholesalers appearing pursuant to NRS 639.500.

twice.⁵ A letter provided to board staff from DPS outlined the process by which civil name checks may be requested. Although the Executive Secretary may choose to reject an application without pursuing a civil name check, board staff represented that prior to the moratorium fingerprints had never been rejected twice. However, the board has incorporated the DPS civil name check process into its background check fingerprint procedures. Since the moratorium was lifted and fingerprint processing resumed, 11 individuals have required a civil name check due to the rejection of two fingerprint cards.

The procedure established by the board to address civil name checks in cases where fingerprints have been rejected twice by the repository does not provide criteria for the Executive Secretary to reject an application or pursue a civil name check. Establishing criteria will provide transparency and consistency in discretion exercised by the Executive Secretary.

Limited Access Protects
Confidentiality of Criminal History

The board receives a DPS background check report containing Criminal History Record Information (CHRI) valid for six months. Only the Executive Secretary, Deputy Secretary, or General Counsel are allowed to discuss the results with the subject of the report.

The BCS receives, reviews, processes, and maintains all reports. Reports with no disqualifying event, by definition, contain no criminal history and are not retained. Reports must be destroyed per the Records Retention Schedule.⁷ If all required reports for an applicant are received with a "no disqualifying event" designation, the wholesaler application is processed.

Reports with a disqualifying event, by definition, contain criminal history as defined in NRS 179A.070 and require limited access to protect confidentiality. The BCS sends a Notice to Contact the Board of Pharmacy, notifies the Executive Secretary of receipt of the report pursuant to NRS 639.500, and will not process the application until authorized by the Executive Secretary, Deputy Secretary, or General Counsel. Reports are retained and destroyed upon final disposition of the wholesaler application per the Records Retention Schedule.⁸

⁵ This check is conducted by the DPS repository and is based on name, date of birth, numeric descriptors, and/or social security number provided at the time of the original submission of fingerprints.

⁷ Board Authorized Records Retention and Disposition Schedule mandates that complaint and discipline files shall be destroyed in accordance with NAC 239.722.

⁸ Destroyed means disposal by shredding, burning, or bonded recycling in a secure manner.

More Transparency Created on Board Agendas

As an effort to increase transparency, the board revised its agendas to provide greater levels of detail. The January 2020 board agenda segregates applications that require a background check from those exempt from a background check. Exempt applications are categorized by exemption type pursuant to NAC 639.593. Applications requiring a background check and containing a disqualifying event require the wholesaler to appear before the board. The board may convene in a closed session to consider the character, alleged misconduct, professional competence, or physical or mental health of these applicants.⁹

Tracking Log Does Not Track Fees Collected and Invoicing

The tracking log could be improved by separating all wholesale applications requiring fingerprint background checks into a separate worksheet. Currently, all applications are tracked together on the same worksheet, making it difficult to discern application status. Also, the tracking log does not indicate whether fingerprint fees were received or invoices from the repository have been received or paid. Segregating wholesale applications requiring fingerprint background checks onto a separate worksheet with full-cycle information would allow problem background check requests to be quickly identified and resolved.

Tracking Log Not Reviewed by Management

The background check process lacks management oversight. The tracking log for wholesale license applications is rightfully directed through the background check specialist for a determination of exemption eligibility and tracking of background checks, if appropriate. However, tracking logs are not being reviewed by management. Routine management oversight should be embedded in an established procedural manual. A full-cycle background check tracking log would facilitate a review by the Executive Secretary or Deputy Executive Secretary on a monthly basis to ensure that wholesale background checks are performed as statutorily required.

⁹ NRS 241.030(1)(a).

Conclusion

The board should establish management oversight of the background check cycle to ensure stalled background checks and process bottlenecks are recognized and resolved in a timely manner. This includes establishing criteria under which the Executive Secretary can reject an application or use a civil name check. Developing a full-cycle tracking log for wholesale license applications requiring background checks would facilitate a review of in-process applications. Establishing routine management oversight of the process in a procedural manual would ensure quick identification of problematic background check requests.

Recommendation

1. Establish management oversight of background check cycle.

Enforce Fingerprint Authority More Stringently

The Board of Pharmacy should enforce its fingerprint authority for wholesale applicants more stringently by thoroughly vetting persons on each application. The board should explicitly define persons of influence and require all applicants to provide an official list of officers from the domicile business registration agency to verify the accuracy of the information provided by the applicant.¹⁰ These measures will further promote public safety by identifying disqualifying behavior before issuing wholesale pharmaceutical licenses.

No Criteria for Persons of Significant Influence

NRS 639.500(2) authorizes background checks on those applicants the board deems to have "significant influence over the operation." In our review of pre-moratorium and post-moratorium files, we noted those required to submit background checks had done so, but no attempt was made to determine if others had significant influence. In some instances, individuals listed on the application with titles such as Director of Operations or Vice President of Operations were not fingerprinted despite such potentially influential positions. Further, according to staff, no criteria had been established to determine what roles would potentially be considered to have significant influence.

Following the Civil Name Check Audit in 2018 by Department of Public Safety (DPS), the board developed policies and procedures in collaboration with the repository to help guide its civil background check and fingerprint process.¹¹ Per wholesaler application and licensing procedures, the applicant has to provide the following information depending on the type of ownership:

- If the applicant is a publicly-traded corporation, it must provide a list of officers and directors.
- If the applicant is a privately-held corporation and not Verified-Accredited Wholesale Distributors (VAWD) or registered as a manufacturer by the FDA, it must provide a list of officers and directors.
- If the applicant is a partnership or sole proprietorship and not a VAWD or registered as a manufacturer by the FDA, it must provide detailed ownership information as requested in the application.

Additional licensing requirements are specified in NRS 639.500(2) stating:

"The applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The

¹⁰ The Secretary of State's office functions as the business registration agency in most states.

¹¹ The board adapted existing policies and procedures used by the Board of Nursing to process fingerprints through the repository.

[b]oard may require any person on the applicant's list to submit a complete set of fingerprints to the [b]oard if the [b]oard determined that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler."

The wholesale licensing process produces a comprehensive list of individuals who are potential candidates for fingerprinting. The statute gives the board the authority to exercise discretion as to who should submit to fingerprint background checks. However, a person of significant influence isn't explicitly defined by the board. While certain officers of the applicant are required to disclose criminal history and submit to fingerprint background checks, others who exercise significant influence are excluded.

Sampled Applications Showed Shortcomings in Fingerprinting

Since the moratorium, the board had not approved any wholesale licenses that required background checks. The December 2019 meeting marked the first time wholesale applications requiring fingerprints were presented to the board. A total of 62 licenses were presented to the board for approval, none of which had a disqualifying event. Exhibit II shows the breakdown of applications:

Exhibit II

Wholesale Applications December 2019 Meeting

Applications Pending Approval	Exempt Pursuant NAC 639.593(7)	Fingerprint Required Pursuant NRS 639.500
62	44	18

Source: Nevada Board of Pharmacy.

In our examination of the 62 applications, we found that the board exercised due diligence in determining exemptions based on regulation. The appropriate VAWD, SEC, and FDA documentation was provided in each application packet.

To ensure fingerprint background checks were conducted for non-exempt applications, we cross-referenced fingerprint fee payments to the list of officers provided by each applicant. In three instances we found applicants had provided a list of employees who handled drugs daily but were not fingerprinted. On another application, we found only the president was fingerprinted but not the vice president.

While statute gives the board authority to fingerprint anyone it deems to have significant influence, it does not exercise this authority. Statute was established to enhance public health, welfare, and safety, and the board can continue to do so by taking a proactive approach and performing a more thorough fingerprint process. Individuals who handle drugs daily or have a position of influence within the operation should be identified on every application and be required to submit

fingerprints to ensure public safety during the distribution of wholesale pharmaceuticals.

No Official List to Verify Officers

Per wholesale application and licensing procedures, "All out-of-state applicants must also provide documentation that the applicant is licensed and in good standing in the state in which the applicant has its principal place of business." Our review of applications confirmed that certificates of good standing were provided as required. However, applicants are not required to provide an official list of officers from their domicile business registration agency. Current procedures allow applicants to submit their own list of officers and the lists are not verified for accuracy. An official list from the domicile business registration agency would further allow the board to verify the accuracy of the officers listed on the application.

Conclusion

The board has taken measures to rectify the fingerprint background check process. Enforcing fingerprinting criteria more stringently by explicitly defining persons of influence and requiring applicants to submit a list of officers from their domicile business registration agency would promote public safety by more thoroughly vetting wholesale license applicants.

Recommendation

2. Enforce fingerprint authority more stringently.

Modify Fingerprint Protocols for License Renewals

The Board of Pharmacy should modify fingerprint protocols for wholesale license renewals. Modifying fingerprint protocol would reduce the biennial workload for staff while adopting similar practices used by other boards. Enforcing and reviewing an annual updated list by licensees would screen new officers and persons of influence.

Board Identified and Segregated Applicants

After the moratorium, the board identified and segregated active licensees at the time of the moratorium who required fingerprints but were not processed and those who were exempt per NRS 639.500.¹²

In compliance with NRS 639.505, the board adopted procedures for administrative action against licensees requiring background checks who did not comply with the annual requirement for updated fingerprints. The following procedures are effective at the next license renewal cycle:

- Staff serves written notice via mail to any wholesaler who fails to timely comply with NRS 639.505;
- Executive Secretary files and serves administrative charges pursuant to NRS 233B.127(3) against any wholesaler who doesn't comply;
- Board holds hearing pursuant to NRS 639.247 for any wholesaler licensee for failure to comply with NRS 639.505 and requires that an applicant comply within 20 days or be subject to order to show cause;
- Executive Secretary issues order to show cause pursuant to NAC 639.965 directing any wholesaler licensee to appear before the board; and
- Board holds a show cause hearing pursuant to NAC 639.965 for any wholesaler licensee and revokes or suspends license pursuant to NRS 639.255 and NAC 639.976.

Exhibit III shows a breakdown of the 122 wholesalers that required a fingerprint background check. The board requested new fingerprints from currently licensed wholesalers. During this process some of the wholesalers did not respond or comply with board requests. Of the 122 fingerprint background checks requested:

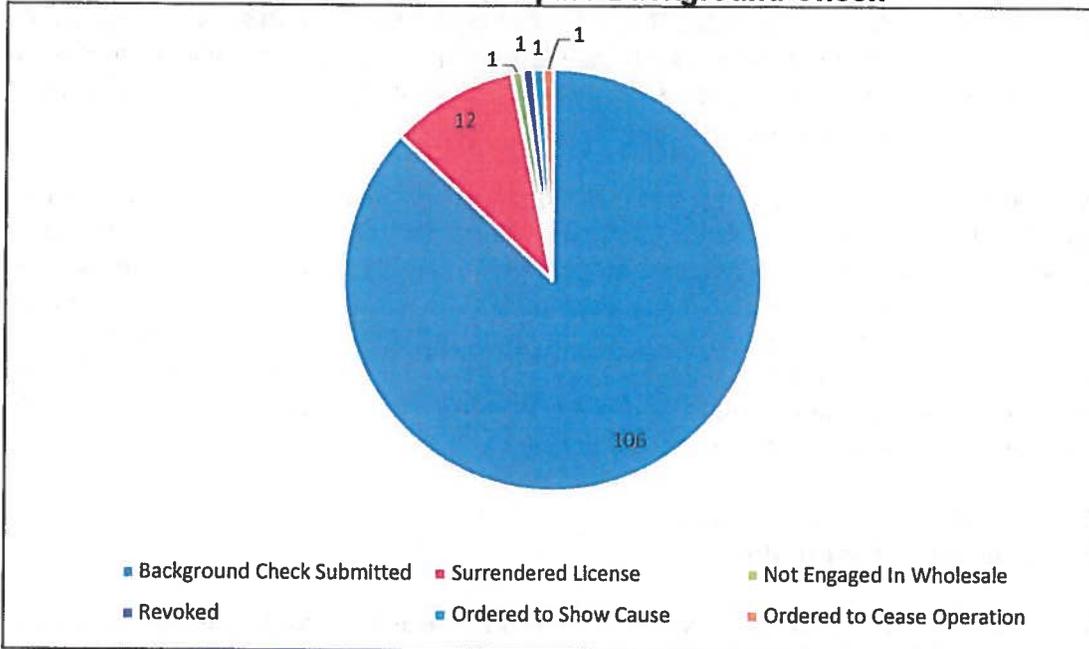
- 106 wholesalers submitted fingerprints and waivers;
- 12 surrendered their licenses;
- 1 license was revoked;
- 1 licensee was determined to not be engaged in wholesale distribution under NRS 639.0155(3)(a) and did not require a wholesale license; and
- 2 licensees had not complied.¹³

¹² At the time of the moratorium there were 1,138 wholesale licensees.

¹³ One was issued an order to show cause, and one was ordered to cease operation.

Exhibit III

Wholesalers That Require Background Check



Source: Nevada Board of Pharmacy.

Requiring Fingerprints Biennially May Be Cumbersome

Wholesale license renewals are conducted biennially pursuant to NRS 639.180 and are subject to the additional requirements specified in NRS 639.505. Statute states, "A certificate, license, or permit issued by the Board pursuant to this chapter expires on October 31 of each even-numbered year."¹⁴ The most recent biennial renewal date was October 31, 2018. Since the moratorium, the board has not yet approved wholesale renewals due by October 31, 2020. Nevada regulation requires that each wholesaler applying for a renewal of a license to engage in wholesale distribution of prescription drugs submit a complete set of fingerprints with written permission to authorize the board to forward prints to the repository.¹⁵ This will require the reprocessing of hundreds of duplicate fingerprints that were processed during the initial application and may be cumbersome.

Statute Requires Wholesalers to Submit Updated List of Stakeholders Annually

Per NRS 639.505, "On an annual basis, each licensed wholesaler shall submit to the [b]oard an updated list of each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the wholesaler who is employed by or otherwise contracts with the wholesaler for

¹⁴ NRS 639.180(1).

¹⁵ NAC 639.593(6).

the provision of services in connection with the operation of the licensee as a wholesaler.” If a person identified on an updated list of the wholesaler is employed after the board issues a license, that person may be required to submit fingerprints if the board determines the person has the power to exercise significant influence over the operation of the licensee as a wholesaler. Fingerprints are to be submitted within 30 days after being requested.

An updated annual list has not been enforced for wholesale licensees. The board asserts that applicants notify staff of personnel changes when necessary; however, no formal lists have been routinely submitted as proscribed in statute. Ensuring the submission of this documentation would be beneficial to the board as it ensures all new members of significant influence are fingerprinted. Additionally, enforcing the annual list update could offset the number of fingerprints that need to be processed if fingerprints are only required for changes on the applicant’s annual list of officers and persons of influence.

Other Boards Do Not Require Fingerprinting Biennially

We surveyed three other Nevada boards that regulate healthcare professions: Board of Medical Examiners, Board of Dental Examiners, and Board of Nursing. We found that almost all license types issued by these boards are renewed biennially.

While renewal standards are consistent with that of the Board of Pharmacy, these boards only require fingerprinting for initial licensure and not renewals.¹⁶ Adopting similar practices would reduce the workload for board staff and allow them to use resources more effectively.

Conclusion

Statute requires that each licensed wholesaler submit an updated list of employees annually. This list should be used by the board to determine which individuals have significant influence over the operation and require fingerprints. The board should consider adopting similar practices utilized by other boards by only requiring fingerprinting for initial licensure. Not requiring fingerprints during the renewal phase would help reduce the workload for the board while allowing them to use their resources more effectively.

Recommendation

3. Modify fingerprint protocol for license renewals.

¹⁶ Boards may require fingerprinting where formal disciplinary action is initiated against a licensee.

Improve Overall Licensing Process

The Board of Pharmacy can improve the overall licensing process by:

- Requiring fingerprint background checks for other license types; and
- Accounting for fingerprint fees separately.

Require Fingerprint Background Check for Other License Types

The Board of Pharmacy should require fingerprint background checks for other license types, such as pharmacists, pharmacy technicians, and MDEGs (medical devices, equipment, or gases). To protect the public, the board should license medical professionals and healthcare providers only after conducting a preliminary fingerprint check. Requiring fingerprint background checks will not only enhance public health, safety, and welfare but will help the board become consistent with the professional standards adopted by other Nevada healthcare boards.

Fingerprints Required Only for Wholesalers

The board only requires fingerprints from wholesalers among its 17 different license types, including pharmacists and prescribing individuals, per NRS 639.500. The board forwards fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for a background investigation. Appendix D shows a chart of license categories along with the number of active licenses.

In our review of the licensing procedures for pharmacists, pharmacy technicians, and MDEGs, we found that all applicants are required to disclose information regarding mental illness, substance abuse, and any history of criminal or administrative actions brought against the applicant with evidence of the outcome. However, aside from self-reporting, there is no process to verify criminal history with FBI records.

Other States Fingerprint Pharmacy and Prescribing Professionals

We surveyed other states to determine what license types were required to submit fingerprints. The following states require fingerprint background checks for pharmacy and prescribing professionals:

Arizona: pharmacists, pharmacy technician trainee, pharmacy technicians, interns;

Oregon: pharmacists, pharmacy technicians, certified pharmacy technicians, and pharmacy interns;

Utah: pharmacists, pharmacy technicians, prescribing nurses; and

Washington: pharmacists, interns, and pharmacy assistants.

Pharmacists and pharmacy technicians make up a large portion of active licenses issued by the Nevada Board of Pharmacy; however, none are subject to background checks as required by other states.

Other Nevada Boards Fingerprint Healthcare Professionals

We surveyed other Nevada boards that regulate healthcare professionals. Boards showed an aggressive approach to fingerprinting.

Board of Medical Examiners: all licensure category applicants are fingerprinted as part of the application process (NRS 630.167);

Board of Dental Examiners: every applicant applying for a license to practice dentistry or dental hygiene must submit a complete set of fingerprints (NRS 631.220);

Board of Nursing: an applicant for a license must submit to the board a complete set of fingerprints (NRS 632.344); and

Physical Therapy Board: application for a licensure as a physical therapist or a physical therapist assistant must submit to the board a complete set of fingerprints (NRS 640.090).

Other Nevada boards regulating healthcare professionals have taken a more widespread approach to fingerprinting applicants. The Board of Pharmacy statute limits fingerprint background checks to pharmaceutical wholesalers and neglects a large portion of pharmaceutical professionals dealing directly with the public.

Conclusion

The board should do its due diligence to confirm individuals do not have a criminal history or any disciplinary action that would exclude them from obtaining a license. Currently only wholesalers are subject to background checks. Professional standards developed by other states and boards suggest that the board request fingerprints from other licensures. Requiring fingerprint background checks for other license types would enhance public health, safety, and welfare.

Recommendation

4. Require fingerprint background checks for other license types.

Account for Fingerprint Fees Separately

The Board of Pharmacy should account for fingerprint fees separately. Accounting for fees separately will provide greater transparency and more accurate fiscal information to the board.

The amount of fees collected for fingerprint processing could not be determined through financial records and had to be queried through the board's case management system.

Board in Process of Returning Dormant Fees

The board has been collecting fees for background checks since 2006 without processing the associated fingerprint cards. These fees have remained dormant because fingerprint cards have not been processed. The failure to process fingerprint cards was first identified in August 2012 and again in August 2018 following the Civil Name Check Audits conducted by the Records, Communication, and Compliance Division (repository). In response to the most recent audit of the fingerprint process on August 22, 2019, DPS instructed the board to stop using the bank account to deposit fingerprint fees until it was audited and received direction from the Governor's Office.

The money from background check fees is currently in a non-interest-bearing account.¹⁸ These funds were moved from an interest-bearing account when the board was told to open a new account in August 2018. The board agrees with DPS' recommendation to return all fees and has reconciled fees with applicants who submitted them. A total of \$53,000 in dormant fees are being returned.

Board to Apply Interest to All Fees

The board is in the process of determining a method for calculating interest for reimbursements. Fees from different accounts were commingled prior to being moved to a non-interest-bearing account. The board believes that the best approach moving forward would be to apply interest to each refund amount. Fees for applicants that the board cannot locate will be transferred to the State Treasurer's Unclaimed Property Account in accordance with NRS 120A.500.

¹⁸ NRS 639.081 requires that all money coming in the possession of the Board must be kept or deposited in banks, credit unions, savings and loan associations or savings banks in the State of Nevada, or invested in United States treasury bills or notes.

Board Paid for Fingerprints

Following the issuance of the moratorium in May 2019, the board determined which licensees' fingerprints it had not processed and were still valid. At the direction of DPS the board processed these fingerprints at board expense using their operating budget, not fees, in the interest of expediency. Moreover, the board also paid to process fingerprints from those licensees for which new fingerprint cards were necessary. The board will seek reimbursement of the \$12,400 in fingerprint costs after refunds are completed.

Disciplinary Fingerprint Fees Commingled with Other Fees

Per NRS 622.360, "If a regulatory body initiates disciplinary proceedings against a licensee pursuant to this title, the regulatory body may require the licensee to submit to the regulatory body a complete set of fingerprints and written permission authorizing the regulatory body to forward the fingerprints to the Central Repository of Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report." The board collected \$2,200 in disciplinary fingerprint fees. These fees were not related to wholesalers but were deposited in the same account as wholesale fingerprint fees and other operating funds. These fees also need to be returned because the fingerprints were not processed.

Conclusion

The amount of fees collected for fingerprint processing since the inception of the statutory requirement was not readily determinable. The fingerprint fees should, at a minimum, be accounted for separately because NRS 639.081 does not require a separate account for fingerprint fees or specify whether such account would be interest or non-interest bearing. Accounting for fees separately will allow users to distinguish between fees types and promote greater transparency in the future.

Recommendation

5. Account for fingerprint fees separately.

Appendix A

Scope and Methodology, Background, Acknowledgements

Scope and Methodology

We began the audit in June 2019. In the course of our work, we interviewed management and discussed processes inherent to the Board of Pharmacy. We researched division records, policies and procedures, professional publications, applicable Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC), and other state and federal guidelines. Additionally, we reviewed applicable federal and independent reports and audits. We concluded fieldwork in December 2019.

We conducted our audit in conformance with the *International Standards for the Professional Practice of Internal Auditing*.

Background

The Nevada Board of Pharmacy is governed by NRS 639, which sets forth the general provisions of the board. The board concentrates on four areas of the practice of pharmacy to protect the public: proper credentialing and inspection of licenses; adoption of regulations as necessary to further legislative intent; providing timely access to accurate information in Nevada's Prescription Monitoring Database; and investigation of complaints filed by the public on activities within the board. The board currently has 40,000 licenses in 17 different license types including wholesalers, pharmacists, and proscribing individuals.

On May 3, 2019 a temporary moratorium was instituted on the award of any wholesale pharmacy licenses or renewal of such licenses. This action was the result of allegations that the board had failed to provide statutorily required fingerprints to the Records, Communication, and Compliance Division (repository). On August 22, 2019 the repository conducted an audit on the board's Civil Name Check process to ensure that adequate policies and procedures, controls, safeguards, documentation, and practices were in place which complied with federal and state guidelines. The board was found to be in full compliance with FBI and state policies.

As a complementary review of the board's practices, the Division of Internal Audits was instructed to conduct an emergency audit of the board in August. DIA found that the board was in full compliance with the law and requested that the Governor lift the temporary moratorium on eligible wholesale license applicants, return

dormant fingerprint card fees to applicants, and continue their review of the pharmacy board. All suggestions were accepted by the Governor, who lifted the moratorium on October 29, 2019.

Acknowledgments

We express appreciation to the Board of Pharmacy management and staff for their cooperation and assistance throughout the audit.

Contributors to this report included:

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Saranjeet Bains, MBA
Executive Branch Auditor

Appendix B

Board of Pharmacy
Response and Implementation Plan



Nevada State Board of Pharmacy

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January 30, 2020

Warren Lowman
Administrator
Division of Internal Audits
Governor's Finance Office
209 East Musser Street, Room 302
Carson City, NV 89701

Re: Audit No. 20-05 - Board of Pharmacy Licensing Process

Dear Mr. Lowman:

This correspondence constitutes the Nevada State Board of Pharmacy (BOP) response and implementation plan to the audit of the BOP Licensing Process, Audit Report No. 20-05 (Audit).

RECOMMENDATION NO. 1 - Establish Management Oversight of Background Check Cycle

RESPONSE: The BOP shall, by regulation or internal policy as necessary, ensure enhanced oversight of the criminal background check cycle consistent with the audit recommendations, including establishing criteria under which the Executive Secretary can reject an application or use a civil name check, and developing a full-cycle tracking log for wholesaler license applications requiring background checks. The BOP will commence the statutory administrative rulemaking process within the 6-month time frame specified in NRS 353A.090.

RECOMMENDATION NO. 2 - Enforce Fingerprinting Authority More Stringently

RESPONSE: The BOP shall by regulation, consistent with the audit recommendations, define persons that "exercise significant influence over the operation" as used in NRS 639.500(2) and (4), and require applicants to submit a list of officers from their domicile business registration agency. The BOP will commence the statutory administrative rulemaking process within the 6-month time frame specified in NRS 353A.090.

RECOMMENDATION NO. 3 - Modify Fingerprinting Protocol for License Renewals

RESPONSE: The BOP shall by regulation, consistent with the audit recommendations, only require criminal background checks for initial wholesaler licensure and not for license renewal, and shall review all current reporting requirements for wholesalers set forth in regulation for revision as necessary. The BOP will commence the statutory administrative rulemaking process within the 6-month time frame specified in NRS 353A.090.

Warren Lowman
January 30, 2020
Page 2

RECOMMENDATION NO. 4 - Require Fingerprint Background Check for Other License Types

RESPONSE: The BOP notes that there are compelling policy justifications for requiring criminal background checks for other license categories and that this would require legislative action, which cannot occur prior to the 2021 Nevada Legislative Session.

RECOMMENDATION NO. 5 - Account for Fingerprint Fees Separately

RESPONSE: Consistent with the audit recommendation, the BOP now maintains a separate account for fingerprint fees.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@plwrmucv.nv.gov.

Best regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Appendix C

Timetable for Implementing Audit Recommendations

In consultation with the Board of Pharmacy (board), the Division of Internal Audits categorized the recommendations contained within this report into two separate implementation time frames (i.e., *Category 1* – less than six months; *Category 2* – more than six months). The board should begin taking steps to implement all recommendations as soon as possible. The boards target completion dates are incorporated from Appendix B.

Category 1: Recommendations with an anticipated implementation period less than six months.

<u>Recommendation</u>	<u>Time Frame</u>
1. Establish management oversight of background check cycle. (page 2)	Aug 2020
2. Enforce fingerprint authority more stringently. (page 9)	Aug 2020
3. Modify fingerprint protocol for license renewals. (page 12)	Aug 2020
4. Account for fingerprint fees separately. (page 18)	Aug 2020

Category 2: Recommendations with an anticipated implementation period exceeding six months.

<u>Recommendations</u>	<u>Time Frame</u>
5. Require fingerprint background checks for other license types. (page 15)	Aug 2021

The Division of Internal Audits shall evaluate the action taken by the board concerning the report recommendations within six months from the issuance of this report. The Division of Internal Audits must report the results of its evaluation to the Executive Branch Audit Committee and the board.

Appendix D

Nevada State Board of Pharmacy Licenses

LICENSE CATEGORY	NUMBER OF ACTIVE LICENSES
APRN [NRS 639.1375: Prescribe NAC 639.850 and .854/Dispensing NAC 639.870 and .879*]	213 (prescribe)
Controlled Substance [NRS 453.226]	13011
Dispensing Practitioner [NRS 639.0727, NAC 639.742]	333
Dispensing Technician [NRS 639.0727, NAC 639.7425]	265
Dispensing Technician Trainee [NRS 639.0727, NAC 639.7425]	90
Dispensing Veterinarian [NRS 639.070, NAC 639.7423]	62
Intern Pharmacist [NRS 639.137, NAC 639.262]	646
Manufacturer [NRS 639.100, NRS 639.233]	2
Medical Devices, Equipment, Gas [NRS 639.233, NAC 639.6942]	699
Outsourcing Facility [NRS 639.100, NAC 639.6915 (manufacturer) and .6916 (pharmacy)]	17
Pharmaceutical Technician [NRS 639.1371, NAC 639.240]	4959
Pharmaceutical Technician Trainee [NRS 639.1371, NAC 639.240]	1331
Pharmacist [NRS 639.127, NAC 639.205]	8145
Pharmacy [NRS 639.230 and .231; NAC 639.214 and .215]	1654
Physician Assistant [NRS 639.1373: Prescribe NAC 639.272/Dispensing NAC 639.272*]	53 (prescribe)
Veterinary Drug Supplier [NRS 639.2345]	31
Warehouse [NRS 639.070, NAC 639.631]	7
Wholesaler [NRS 639.100, NRS 639.233, NAC 639.593]	1138

*APRNs and Physician Assistants are licensed to dispense as Dispensing Practitioners

Appendix E

Nevada State Board of Pharmacy Action Plan

NEVADA STATE BOARD OF PHARMACY (BOP) ACTION PLAN IN RESPONSE TO GOVERNOR'S 5-3-19 DIRECTIVE REGARDING WHOLESALE BACKGROUND CHECKS REQUIRED BY NRS 639.500

Action	Completion Date
Hold processing of all pending wholesaler license applications per Governor's 5-3-19 directive	5/6/19
Meet with DPS to formulate action plan	5/6/19
Locate and transfer all fingerprint cards in BOP possession to DPS	5/6/19
Identify number of wholesalers currently licensed, number currently licensed subject to NRS 639.500, number of wholesaler license applications pending, and number of pending applications subjects to NRS 639.500	5/7/19
Identify, segregate and account for all Background Check Fees previously collected and not remitted to DPS and identify each applicant/payee	5/8/19
Establish separate bank account for all newly-submitted all Background Check Fees	5/9/19
AT DPS HQ perform review of all fingerprint cards not previously submitted to DPS and determine number of submitted cards now out-of-date and segregate; submit all fingerprint cards not out-of-date for background check reports [no additional fees assessed/DPS invoices paid out of BOP operating account]	5/9/19
Implement temporary policies and procedures and record retention schedule for fingerprint card submissions and background check report processing	5/9/19
Correct Background Check Fee on BOP website from \$45.00 to \$36.75	5/9/19
Implement use of DPS Fingerprint Background Waiver Form	5/9/19
Revise all other relevant BOP website information, instruction sheets, and forms as necessary	5/9/19
Execute Background Check User Agreement with DPS	5/9/19
Meet with DPS for status report, training of all personnel authorized to handle fingerprint card submissions and background check reports, and approval of BOP actions to date	5/9/19
Submit BOP Authorized Personnel List to DPS	5/10/19
Obtain DPS approval to return wholesaler applications submitted with overpayment of Background Check Fee and request resubmittal with correct fee	5/10/19
Designate Background Check Specialist to receive, review and process fingerprint card submissions and background check reports and designate secure facility for same	5/14/19

Appendix E (Continued)

Obtain DPS authorization to place pending wholesaler license applications that do not require background checks on BOP 6-6-19 meeting agenda for review and action	5/15/19
Resume processing wholesaler license applications per DPS authorization	5/15/19
Notify current wholesaler licensees who require background checks to submit fingerprint cards	5/24/19
Implement revised policies and procedures for fingerprint card submissions and background check report processing	5/28/19
Pending wholesaler license applications that do not require background checks approved by BOP	6/06/19
Submit updated BOP Authorized Personnel List to DPS	6/12/19
Commence submitting fingerprint cards from current wholesaler licensees to DPS [no additional fees assessed/DPS invoices paid out of BOP operating account]	6/13/19
Commence submitting fingerprint cards from new wholesaler licensee applicants to DPS	6/13/19
Obtain DPS approval to 1) refund overpayment of Background Check Fees previously accepted directly to applicants; 2) correct and process Fingerprint Background Waiver Forms submitted by applicants that reference an incorrect state agency; and 3) accept and process Fingerprint Background Waiver Forms submitted with a stamped signature	6/14/2019
Refund pending wholesaler license applications submitted with incorrect fee	6/14/19
Increase Background Check Fee from \$36.75 to \$40.25 in conformance with DPS all-agency directive and revise Fingerprint Submission Instructions and BOP website as necessary	7/1/19
Contact current wholesaler licensees regarding background checks with disqualifying events that failed to self-disclose on application	7/8/19
Provide DPS updated information on 1) number of current wholesaler licensees subject to NRS 639.500 with subsequent background checks performed; 2) number of current wholesaler licensees whose subsequent background checks revealed disqualifying event; 3) accounting of fingerprints fees collected; 4) timeline for completing all background checks for current wholesaler licensees subject to NRS 639.500	7/19/19
Second notification to any current wholesaler licensees who have not responded 5-24-19 BOP request to submit fingerprint cards for background checks	7/23/19
Reinstitute moratorium of processing of all pending wholesaler license applications until further directed	7/26/19
Notice appearances on BOP 9-4-19 meeting agenda for any current wholesaler licensees whose subsequent background checks reveal undisclosed disqualifying event resulting in conviction	8/14/19
Review background checks for current wholesaler licensees returned with disqualifying events and reconcile self-disclosures on previously-submitted applications	8/30/19
Notice revocation hearings for any current wholesaler licensees who have not responded 7-23-19 BOP request to submit fingerprint cards for background checks	8/30/19
Direction from Governor on disposition of previously collected Background Check Fees not submitted to DPS/no background check performed	PENDING
Resume processing wholesaler license applications per Governor's authorization	PENDING

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TEMPORARY LICENSES
(Issued since last board meeting)

CVS

Steven Ohata

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		
453.510 – Schedule I - Etizolam	10/10/19	10/18/19	R093-19	11/29/19	01/29/20	03/19/20		
639.NEW - Petition for review of criminal history	12/05/19 01/16/20	02/13/20	– On hold due to Nevada Department of Public Safety notice.					
639.NEW – Treatment of Partners	01/16/20	01/21/20	R008-20					
639.NEW – Delivery of a Prescription to Practitioner	01/16/20	01/21/20	R009-20					
453.520: Schedule II - 4-ANPP; despropionyl fentanyl	03/19/20							
639.NEW – Licensing/regulating wholesalers.	03/19/20							
639.NEW - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health	03/19/20							



NEVADA STATE BOARD OF PHARMACY

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JANUARY 15-16, 2020 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the January 2020 Board meeting.

Licensing Activity:

- 12 licenses were granted for Out-of-State pharmacies.
- 8 licenses were granted for Out-of-State Compounding pharmacies.
- 13 licenses were granted for Out-of-State Medical Devices, Equipment and Gases (MDEG) companies.
- 3 licenses were granted for Out-of-State Outsourcing Facility.
- 1 license was granted for Nevada MDEG companies.
- 3 licenses were granted for Nevada pharmacies.
- 1 license was granted for Nevada Ambulatory Surgery Centers.
- 11 licenses were granted for Out-of-State Wholesalers
- 1 license was granted for Nevada Wholesaler
- 2 licenses were granted for Pharmaceutical Technicians in Training
- 2 licenses were granted for Pharmaceutical Technicians
- 6 license renewals were granted for Pharmacists
- 1 license was granted for APRN Prescribe

Disciplinary Actions:

- Pharmacist CQ shall pay a \$250 fine, \$250 administrative fee and complete 2 additional CEU on error prevention for misbranding a partial fill of a medication for a patient.
- Walgreens #7032 shall pay a \$3,000 fine and a \$250 administrative fee as the pharmacy owner responsible for the errors of its employees.
- DS' pharmaceutical technician registration was revoked effective immediately for a minimum of one year for performing or in any way being party to any fraudulent or deceitful practice or transaction.
- MY's pharmaceutical technician registration was revoked effective immediately for a minimum of one year for performing or in any way being party to any fraudulent or deceitful practice or transaction.
- AN shall receive a Letter of Reprimand and shall pay a \$5,000 fine and \$950 administrative fee for failing to timely renew his controlled substance registration and for writing 33 prescriptions without a valid registration.
- Pharmacist SS shall voluntarily surrender his registration and shall pay a \$750 administrative fee. SS shall reappear before the Board if he chooses to apply for licensure for failure to maintain perpetual inventories of controlled substances and fail.
- Nellis Care Pharmacy shall pay a \$3,000 fine and \$750 administrative fee as the pharmacy owner responsible for error of its employees.
- Westminster Pharmaceutical's Wholesaler license was suspended. The suspension stayed to provide Board Staff time to receive and review a current list of officers/directors, fingerprint cards and authorization to submit the fingerprint cards to the Repository.
- DC's did not comply with the Board's Order and his Pharmacist Registration renewal application was denied.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- Licensing software update was provided.

Workshop:

1. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will add a new regulation for the Board to consider a petition for review of criminal history pursuant to AB 319.
2. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will authorize the treatment of partners for a shared communicable disease upon the diagnosis of one of the partners.
3. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will authorize the delivery of a prescription drug to a practitioner for administration to the ultimate user or patient if the FDA has made a determination that the drug is dangerous for the ultimate user or patient to possess.

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35A

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R093-19

November 20, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the controlled substances listed in schedule I; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations to add, delete or reschedule controlled substances listed in schedule I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) This regulation adds the substance known as Etizolam, which is not currently listed under the federal Controlled Substances Act (21 C.F.R. § 1308.11), to the list of controlled substances in schedule I of the Uniform Controlled Substances Act.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or “LAAM”);

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxidine;

Furethidine;

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacymorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidiny)]-N-phenylpropanamide);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidiny]]propanamide);

PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphane;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidiny]]-propanamide);

Tilidine; or

Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphanol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

***4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine
(some trade or other names: Etizolam);***

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N, N-dimethyltryptamine; 4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH-018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA);

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl

(2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-

phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-

pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-

cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TCPy; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one, β -keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxcathinone; N,N-dimethyl- β -keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxcathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

Fenethylline;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-(methylamino)propan-1-

one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypropylamphetamine (some trade or other names: 3,4-Methylenedioxypropylamphetamine, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxy-N-methylcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α -methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolypentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1
cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6
cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

35B

**PROPOSED REGULATION OF
THE STATE BOARD OF PHARMACY**

LCB File No. R094-19

November 20, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §1, NRS 639.070 and 639.180.

A REGULATION relating to pharmacists; requiring the holder of any certificate, license or permit issued by the State Board of Pharmacy to report certain convictions and administrative actions to the Board; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations: (1) as are necessary for the protection of the public, appertaining to the practice of pharmacy and the lawful performance of its duties; and (2) authorizing the Executive Secretary of the Board to issue certificates, licenses and permits required by law. (NRS 639.070) Existing law also authorizes the Board to refuse to renew a certificate, license or permit if the applicant has committed certain acts. (NRS 639.180, 639.210)

This regulation requires the holder of any certificate, license or permit issued by the Board to: (1) report the holder’s conviction of any crime, other than a misdemeanor traffic violation not involving the use of alcohol or a controlled substance, or any administrative action against the holder by any professional licensing board or agency of this or any other state or any federal agency to the Executive Secretary within 30 days after the conviction or the final disposition of the administrative action; and (2) provide any documentation of the conviction or administrative action requested by the Executive Secretary. This regulation also authorizes the Executive Secretary to require any such person who reports a conviction or an administrative action to appear personally before the Board before the renewal of his or her certificate, license or permit.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. The holder of any certificate, license or permit issued by the Board shall:

(a) Upon being convicted of any crime by any court of competent jurisdiction, other than a misdemeanor traffic violation not involving the use of alcohol or a controlled substance, report the conviction to the Executive Secretary within 30 days after the conviction and provide any documentation of the conviction requested by the Executive Secretary.

(b) Report any administrative action against the holder by any professional licensing board or agency of this or any other state or any federal agency to the Executive Secretary within 30 days after the final disposition of the administrative action and provide any documentation of the administrative action requested by the Executive Secretary.

2. The Executive Secretary, on behalf of the Board, may require the holder of any certificate, license or permit issued by the Board who reports a conviction or an administrative action pursuant to subsection 1 to appear personally before the Board before the renewal of the certificate, license or permit.

3. For the purposes of this section, the term "conviction" includes, without limitation:

(a) A final judgment of conviction;

(b) A plea of guilty or nolo contendere;

(c) A plea pursuant to North Carolina v. Alford, 400 U.S. 25 (1970); and

(d) A guilty verdict following a bench or jury trial, regardless of whether a sentence is suspended or deferred, a final judgment of conviction has been entered or there are any pending appeals.

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36A

Documentation for this agenda will be provided at a later date.

36B

Documentation for this agenda will be provided at a later date.

36C

Documentation for this agenda will be provided at a later date.

36D

Documentation for this agenda will be provided at a later date.

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