

NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

SEPTEMBER 5-6, 2018

HYATT PLACE
1790 E PLUMB LN
RENO, NEVADA



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

August 16, 2018

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, September 5, 2018 at 9:00 am. The meeting will continue, if necessary, on Thursday, September 6, 2018 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place
 1790 E Plumb Ln
 Reno, 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. 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.

2. Approval of July 18-19, 2018, Minutes **(For Possible Action)**
3. Applications for Out-of-State Pharmacy – Non Appearance **(For Possible Action)**
 - A. American Service and Product, Inc. – Orland Park, IL
 - B. Avera eCare Pharmacy – San Antonio, TX
 - C. Caremart Pharmacy LLC – South Richmond Hill, NY
 - D. Crestview Pharmacy Services LLC – Tempe, AZ
 - E. CTCA/Rx – Newnan, GA
 - F. CVS/pharmacy #10762 – Ashland, VA
 - G. Dolphin Health Pharmacy – Oakland, CA
 - H. Gaston Pharmacy #1 – Dallas, TX
 - I. Hudgins Pharmacy, Inc. – Mathews, VA
 - J. Metro Drugs Pharmacy Department – Hoboken, NJ
 - K. Midtown Express Pharmacy – Nashville, TN
 - L. Omnicare Clinical Intervention Center – Spartanburg, SC
 - M. Rainwood Rx LLC – Elkhorn, NE
 - N. RARx, LLC – Nashville, TN
 - O. Route 300 Pharmacy – Newburgh, NY
 - P. SRX Pharmacy – Tampa, FL
 - Q. Tarrytown Expocare, LLC – Austin, TX
 - R. Uptown Drugs Pharmacy – Allen Park, MI
 - S. Valencia Pharmacy, Inc. – Houston, TX
 - T. Walnut Creek Rx LLC – Omaha, NE

Applications for Out-of-State Compounding Pharmacy – Non Appearance
(For Possible Action)

- U. Lakeview Pharmacy of Racine Inc. – Racine, WI
- V. Phar-More Rx, LLC – Bala Cynwyd, PA
- W. Premier Pharmacy Services – Cliffside, NJ

Applications for Out-of-State Wholesaler – Non Appearance (**For Possible Action**)

- X. Alcon Laboratories, Inc. – Ft Worth, TX
- Y. Aquestive Therapeutics, Inc. – Warren, NJ
- Z. AveXis, Inc. – Libertyville, IL
- AA. Circassia Pharmaceuticals Inc. – Morrisville, NC
- BB. Crosstex International, Inc. – Hauppauge, NY
- CC. Direct Success Pharmacy Department – Farmingdale, NJ
- DD. Exelixis U.S., LLC – Alameda, CA
- EE. Horizon Medicines LLC – Lake Forest, IL
- FF. Innogenix, LLC. – Amityville, NY
- GG. Interchem Corporation – Allendale, NJ
- HH. JM Logistical Services LLC – Laredo, TX
- II. Medunik USA, Inc. – Rosemont, PA
- JJ. Melinta Therapeutics, Inc. – Lincolnshire, IL
- KK. Oak Drugs Inc. – Chestnut Ridge, NY
- LL. Pharma-C, Inc. – Paramus, NJ
- MM. Primus Pharmaceuticals, Inc. – Scottsdale, AZ
- NN. Quagen Pharmaceuticals LLC – West Caldwell, NJ
- OO. Salus Medical, LLC – Phoenix, AZ
- PP. Schnucks Pharmacy Distribution Center – Earth City, MO
- QQ. ScieGen Pharmaceuticals Inc. – Hauppauge, NY
- RR. Scripts Wholesale Inc. – Brooklyn, NY
- SS. Spectrum Chemical Mfg. Corp. – New Brunswick, NJ
- TT. Western Wellness Solutions, LLC – San Francisco, CA
- UU. World Gen, LLC – Paramus, NJ
- VV. WG Critical Care, LLC – Paramus, NJ
- WW. Xellia Pharmaceuticals USA, LLC – Bedford, OH
- XX. XPO Logistics Supply Chain, Inc. – Ft. Worth, TX

Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance (**For Possible Action**)

- YY. Aeroflow Urology, Inc. – Arden, NC
- ZZ. Avondale HME 3, Inc. – Temecula, CA
- AAA. Back Braces Plus, Inc. – Pinellas Park, FL
- BBB. B Braun Interventional Systems, Inc. – Breingsville, PA
- CCC. Butterfly Network – Guilford, CT
- DDD. C&E Medical, INC. – San Diego, CA
- EEE. Cardinal Health 200 LLC – Atlanta, GA
- FFF. Cardinal Health 200 LLC – Chicopee, MA
- GGG. Cardinal Health 200 LLC – Crystal Lake, FL
- HHH. Cardinal Health 200 LLC – Deland, FL
- III. Cardinal Health 200 LLC – Norfolk, NE
- JJJ. Cardinal Health 200 LLC – Wabasha, MN
- KKK. Clarify Medical, Inc. – San Diego, CA

LLL. Discovery Medical Supply – Largo, FL
 MMM. Essential HME 2, Inc. – El Cajon, CA
 NNN. Gemstar Inc. – Monsey, NY
 OOO. SD Orthotics, Inc. – National City, CA
 PPP. XPO Logistics Supply Chain, Inc. – New Jersey, NJ

Applications for Nevada Pharmacy – Non Appearance **(For Possible Action)**

QQQ. ER at Aliante, a Department of Mountain View Hospital – North Las Vegas, NV
 RRR. Sav-on Pharmacy #3489 – Las Vegas, NV

Application for Nevada Medical, Devices, Equipment and Gases – Non Appearance
(For Possible Action)

SSS. Lincare Inc. – Fallon, NV

◆ REGULAR AGENDA ◆

4. 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.	Anteekah McClelland, PT	(18-027-PT-S)
B.	Noah D. Silva, PT	(18-059-PT-N)
C.	Ivan Goldsmith, MD	(17-101-CS-S)

5. Request for Renewal of Pharmacist License: 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)

Esther Kim

6. Request for Pharmacist License by Reciprocity: 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)

Salem Mihalick

7. Application for Out-of-State Pharmacy – Appearance **(For Possible Action)**

Marian Pharmaceuticals – Daphne, AL

8. Application for Out-of-State Wholesaler – Appearance **(For Possible Action)**
Glasshouse Pharmaceuticals LLC – Mississauga, Ontario, Canada
9. Request to Engage in the Practice of Pharmacy at a Site Other Than a Licensed Pharmacy – Appearance **(For Possible Action)**
Rosemary Gonzalez, R.Ph
10. Applications for Out-of-State Compounding Pharmacy – Appearance **(For Possible Action)**
 - A. Metro Drugs 3rd Ave Corp – New York, NY
 - B. Talon Compounding Pharmacy – San Antonio, TX
 - C. TwelveStone Medical, Inc. – Murfreesboro, TN
11. Applications for Out-of-State Outsourcing Facility – Appearance **(For Possible Action)**
 - A. Cantrell Drug Company – Little Rock, AR
 - B. PharMEDium Services, LLC – Cleveland, MS
 - C. PharMEDium Services, LLC – Dayton, NJ
 - D. PharMEDium Services, LLC – Memphis, TN
 - E. PharMEDium Services, LLC – Sugar Land, TX
 - F. SCA Pharmaceuticals LLC – Winsor, CT
12. Request to Add Compounding and Shipping of Sterile Compounded Drugs to a Existing Out-of-State Pharmacy License – Appearance **(For Possible Action)**
Schraft's 2.0 – Cedar Knolls, NJ
13. Application for Nevada Wholesaler – Appearance **(For Possible Action)**
Forte Bio-Pharma, LLC – Las Vegas, NV
14. Applications for Nevada Pharmacy – Appearance **(For Possible Action)**
 - A. Sisu Healthcare Solutions, Inc. – Las Vegas, NV
 - B. SNNAC, LLC – Reno, NV
15. Request to Retake the Nevada MPJE Examination – Appearance **(For Possible Action)**
Nazanin Kazeminy
16. General Counsel Report

17. Approval of 2019 Board Meeting Dates
18. Executive Secretary Report:
 - A. Financial Report:
 1. Treasurer's Report
 - B. Temporary Licenses
 - C. Staff Activities:
 1. Meetings with other health care boards
 2. Treasurer training
 3. Governor's Opioid Accountability Meeting
 4. Critical Point Training, Yenh completed sterile training
 5. Yenh participated in the National Board of Pharmacy Steering Committee
 6. Annual Report, update
 7. Paul presented at the Rotary Club Reno
 8. Participation in the Nevada Healthcare Option Meetings
 9. Roseman student rotation started August 20th
 10. Organized Crime Drug Enforcement Task Force National Award
 11. NASCSA
 - D. Report to Board:
 1. Licensing software update
 - E. Board Related News
 1. District Meeting October 14-17 Kansas City
 2. NABP Member Forum November 28-29 2018
 3. NABP Executive Forum October 2-3 2018
 - F. Licensing Activities Report

◆ WORKSHOP ◆

Wednesday September 5, 2018 – 1:30 pm

19. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)
(For Possible Action):

The purpose of the workshop is to solicit comments from interested persons on the following general topic that may be addressed in the proposed regulation:

Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision. The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings.

◆ PUBLIC HEARING ◆

Wednesday September 5, 2018 – 1:30 pm

20. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2):
(For Possible Action)

Amendment of Nevada Administrative Code Chapter 639 to add a new section thereto providing for the prescribing or dispensing of controlled substances for the treatment of pain in conformance with Assembly Bill 474 from the 2017 Nevada Legislative Session. (LCB File No. R144-18)

The proposed amendments relate to controlled substances. They clarify the requirements a practitioner must follow when obtaining informed written consent to prescribe a controlled substance, entering into prescription medication agreements concerning a class of certain controlled substances and establishing a manner for obtaining an assessment of a patient's risk for abuse, dependency and addiction; and providing other matters properly relating thereto.

21. Date and Location of Next Scheduled Board Meeting:

October 10-11, 2018 – Las Vegas, NV

22. 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)

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, 431 W Plumb Lane, Reno, NV, 89509, 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 431 W Plumb Lane, Reno, Nevada.

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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• Web Page: bop.nv.gov

MINUTES

July 18 & 19, 2018

BOARD MEETING

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

Board Members Present:

Leo Basch	Kevin Desmond	Wayne Mitchell	Jason Penrod
Melissa Shake	Robert Sullivan	Kirk Wentworth	

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Brett Kandt	Ray Seidlinger	Joe Dodge	Kenneth Scheuber
Luis Curras	Dena McClish	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.

Mr. Pinson introduced and congratulated Wayne Mitchell as Governor Sandoval's newest appointment to the Nevada State Board of Pharmacy for the completion of a three-year term.

1. Public Comment July 18, 2018, 9:00 AM

There was no public comment.

2. Approval of June 6-7, 2018, Minutes

Kevin Desmond recused from participation in this matter due to his absence at the June 2018 Board Meeting.

President Basch requested a modification to p.1 regarding Wayne Mitchell's introduction.

President Basch requested a correction to p.12 that Farmakeio would be shipping sterile compounded products into Nevada.

Board Action:

Motion: Kirk Wentworth moved to approve the June 2018 Board Meeting Minutes with corrections as discussed.

Second: Melissa Shake

Action: Passed unanimously

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

- A. East Ridge Rx LLC – Draper, UT
- B. Haltom Pharmacy – Haltom City, TX
- C. LegacyRx Pharmacy – Addison, TX
- D. MP Pharmacy II – Los Alamitos, CA
- E. Preferred Pharmacy Inc. – Costa Mesa, CA
- F. Roman Health Pharmacy LLC – New York, NY

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

- G. Fresh Rx – Ignacio, CO
- H. Total Care Rx, Inc. – Flushing, NY

Applications for Out-of-State Wholesaler – Non Appearance

- I. Animal Health International, Inc. – Roanoke, TX
- J. Animal Health International, Inc. – Spanish Fork, UT
- K. Johnson & Johnson Health Care Systems Inc. – Monument, CO
- L. Jubilant HollisterStier LLC – Spokane, WA
- M. Novadoz Pharmaceuticals, LLC – Piscataway, NJ
- N. Remedy Rx Wholesale – Richardson, TX
- O. Sage Therapeutics, Inc. – Cambridge, MA
- P. Top Quality Manufacturing, Inc. – Santa Fe Springs, CA

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

- Q. CP Bracing Supply, Inc. – Largo, FL
- R. Custom Milling Center – Golden, CO
- S. Devotion Medical Supply, Inc. – Fayetteville, GA
- T. Elite Medical Supply – San Diego, CA
- U. FedEx Supply Chain, Inc. – Edwardsville, IL
- V. First Stop Medical Supply, Inc. – Pinellas Park, FL
- W. Halo Wound Solutions – Sussex, WI
- X. Healogics Wound Care Supply, LLC – Jacksonville, FL

- Y. Jackson Medical Supply, Inc. – Largo, FL
- Z. Layne Medical Supply, Inc. – Zephyrhills, FL
- AA. LJH Medical Solutions, Inc. – Largo, FL
- BB. Lucky Medical Supply, Inc. – Clearwater, FL
- CC. Medical Rehab Supply, Inc. – San Diego, CA
- DD. Tesla Medical LLC – Tampa, FL

Applications for Nevada Pharmacy – Non Appearance

- EE. CVS/pharmacy #8806 – Reno, NV
- FF. Medical and Dental Center of Nevada – Las Vegas, NV
- GG. Safe Pharmacy Corporation – Las Vegas, NV
- HH. Spring Valley Surgery Center – Las Vegas, NV

Board Action:

Motion: Melissa Shake moved to approve the Consent Agenda as presented.

Second: Kirk Wentworth

Action: Passed unanimously

4. Discipline

- A. Richard Anderson, R.Ph (16-077-RPH-A-S)
- B. Ned Monje Quadra, R.Ph (16-077-RPH-B-S)
- C. Walmart Pharmacy #10-1560 (16-077-PH-S)

Jason Penrod recused from participation in this matter due to his employment with Walmart.

Ned Quadra, Wes Campbell, Chad Leubke and Debbie Mack, Walmart representatives, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Hal Taylor was present as counsel representing Mr. Quadra and Walmart Pharmacy.

Mr. Pinson explained that pharmaceutical technician Brenda Alferos was present in the audience. Ms. Alferos was subpoenaed for her involvement in this case.

Mr. Edwards explained that Mr. Anderson was not present.

Mr. Edwards summarized the facts of the case where patient N.P. tendered seven prescriptions for herself and her daughters to Walmart Pharmacy. During data entry, all seven prescriptions were mistakenly entered under N.P.'s name and patient profile. The erred medication dispensed to N.P. was Naproxen 375 mg. with instructions to take one tablet by mouth every twelve hours as needed. N.P. ingested the medication for approximately two days. Mr. Anderson was the verifying and counseling pharmacist and

failed to detect the error. Mr. Quadra was the managing pharmacist of Walmart Pharmacy #10-1560.

Mr. Edwards presented a Stipulation and Order regarding Mr. Anderson for the Board's consideration.

Mr. Edwards explained that Mr. Anderson has retired and moved out of the state and has agreed to surrender his Nevada Pharmacist License.

Board Action:

Motion: Kevin Desmond moved to accept the Stipulation and Order regarding Mr. Anderson as presented by Board Staff.

Second: Melissa Shake

Action: Passed unanimously

Mr. Edwards stated that the same set of facts apply regarding Mr. Quadra and Walmart Pharmacy.

Mr. Edwards presented a Stipulation and Order regarding Mr. Quadra and Walmart Pharmacy #10-1560 for the Board's consideration.

Mr. Quadra shall receive a Letter of Reprimand, complete an additional 4 CEU on the topics of managing pharmacist responsibility and patient counseling. Mr. Quadra shall retrain all employees at Walmart Pharmacy #10-1650 using Walmart training modules on error prevention and patient counseling within 30 days.

Walmart Pharmacy #10-1560 shall pay an administrative fee of \$1,000.00.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order regarding Mr. Quadra and Walmart Pharmacy #10-1560 as presented by Board Staff.

Second: Kevin Desmond

Action: Passed unanimously

D. Ivan Goldsmith, MD (17-101-CS-S)

Mr. Kandt presented a letter from Dr. Goldsmith requesting a motion for continuance.

President Basch granted Dr. Goldsmith's motion for continuance.

E. David J. Adams, DO (17-095-CS-S)

Brigitte Kelly was present as counsel representing Dr. Adams.

Mr. Kandt stated that Dr. Adams is requesting a motion for continuance to allow for his pending criminal case to be resolved.

President Basch granted Dr. Adams' motion for continuance until the October 2018 Board meeting.

F. Robert Toledo, DO

(16-013-PD-S)

Robert Toledo appeared and was sworn by President Basch prior to answering questions or offering testimony.

John Cotton was present as counsel representing Dr. Toledo.

Mr. Kandt summarized the facts of the case where the Nevada State Board of Pharmacy and the Nevada State Board of Osteopathic Medicine conducted a joint investigation of Dr. Toledo's office. During the investigation it was discovered that Dr. Toledo's staff created prescriptions for patients when he was not present in the office. It was also discovered that his staff had accessed the inventory of controlled substances and dangerous drugs and dispensed Phentermine 37.5 mg. to patients without Dr. Toledo being present. Dr. Toledo established a system where he directed his staff to routinely possess, prescribe and dispense medication to patients on his behalf and in his absence without a bona fide relationship between Dr. Toledo and the patient.

Mr. Kandt moved to have Exhibits 1-3 admitted to the record.

Mr. Cotton had no objections.

President Basch admitted Exhibits 1-3 into the record.

Mr. Kandt presented Exhibits 1-3. Exhibit 1 was Dr. Toledo's Settlement Agreement and Order with the Nevada State Board of Osteopathic Medicine. Exhibit 2 was a Memorandum of Agreement between Dr. Toledo and the DEA. Exhibit 3 was an email between Mr. Cotton and Board Staff explaining how each issue was allowed to happen and how each issue will be corrected.

Mr. Cotton moved to have Exhibit A admitted to the record.

President Basch admitted Exhibit A into the record.

Mr. Cotton presented a policy and procedures manual. He explained that the manual was developed in response to the joint investigation.

Mr. Cotton called Dr. Toledo as a witness.

Dr. Toledo explained that he does not contest the factual allegations in this case and agrees that his behavior was inappropriate. He testified that has complied with both the settlement agreement with the Nevada State Board of Osteopathic Medicine and with the DEA.

Mr. Kandt questioned Dr. Toledo regarding his Settlement Agreements with the Nevada State Board of Osteopathic Medicine and the DEA and his practices.

Dr. Toledo acknowledged that allowing his staff to prescribe and dispense medications to patients without his presence could cause harm to the public.

The Board expressed concern that Dr. Toledo established a system to allow for the prescribing and dispensing of medication when he was not present in the office and that he was unable to account for discrepancies in his drug inventory.

Board Action:

Motion: Jason Penrod moved that the Board make findings of fact that the evidence and testimony provided support the factual allegations in the Notice of Intended Action and Accusation.

Second: Melissa Shake

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved that as a matter of law the Board has jurisdiction over this matter.

Second: Melissa Shake

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to find Robert Toledo guilty of the 1-14 Causes of Action.

Second: Kevin Desmond

Action: Passed unanimously

Mr. Kandt stated that Board Staff recommends revocation of Dr. Toledo's Controlled Substance Registrations for one year effective immediately.

Mr. Cotton requested the Board consider placing Dr. Toledo's Controlled Substance Registrations on probation to allow him to continue practicing. Mr. Cotton explained that Dr. Toledo has surrendered his two practitioner dispensing registrations, but still maintains four controlled substance registrations.

Board Action:

Motion: Jason Penrod moved to revoke Robert Toledo's Controlled Substance Registrations for one year effective immediately. Dr. Toledo shall reappear before the Board if he ever applies for a Practitioner Dispensing Registration.

Second: Kevin Desmond

Action: Passed unanimously

G. 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 stated that dispensing technicians Teresa Jaffer and Marecxy Rubio-Veronica were subpoenaed and present for their involvement in this case.

Mr. Edwards moved to have Exhibits 1, 3-19 admitted into the record.

Mr. Weiner had no objections.

President Basch admitted Exhibits 1, 3-19 into the record.

Mr. Edwards described the facts of the case where investigators from the Nevada State Board of Pharmacy, Nevada State Board of Medical Examiners and the DEA conducted a joint investigation at Dr. Weingrow's office. He explained that investigators found evidence of misconduct and violations involving prescription records and unlawful dispensing of controlled substances.

Mr. Weiner described Dr. Weingrow's practice and explained that since the investigation, Dr. Weingrow has surrendered his practitioner dispensing registration

Mr. Edwards explained that Dr. Weingrow has agreed to Stipulated Facts and requested the Board's permission to have Mr. Kandt read the facts into the record.

President Basch allowed Mr. Kandt to read the Stipulated Facts into the record.

Mr. Kandt read that on November 1, 2017, investigators from the Nevada State Board of Pharmacy, Nevada State Board of Medical Examiners and the DEA conducted a joint investigation and inspection at Dr. Weingrow's office. Investigators obtained approximately 580 computer-generated unsigned prescriptions for controlled substances and dangerous drugs written from October 14, 2017 to October 31, 2017. Dr. Weingrow's office had dispensed the medications in the 580 unsigned prescriptions at the time of inspection and were unable to provide signed copies of those 580 unsigned prescriptions at the time of the

inspection. Dr. Weingrow's office reported to the Nevada Prescription Monitoring Program that it dispensed approximately 248 controlled substance prescriptions between October 14, 2017 and October 31, 2017. Dr. Weingrow and Ms. Jaffer dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town. Dr. Weingrow's staff had dispensed to patients while Dr. Weingrow vacationed outside of the country in October 2016 and July 2017.

Mr. Kandt read that Dr. Weingrow and Ms. Jaffer signed statements admitting that Ms. Jaffer and Ms. Rubio-Veronica and office staff, signed Dr. Weingrow's name on prescriptions for controlled substances and dangerous drugs, falsely documented patient initials on consent forms, dispensed controlled substances and dangerous drugs to patients by U.S. Mail and Federal Express, and dispensed medications for controlled substances and dangerous drugs without Dr. Weingrow's signature or initial prescriptions.

Mr. Weiner had no objections to the Stipulated Facts.

Mr. Edwards presented Exhibits 1, 3-19 to the Board.

Exhibit 1 was a letter from the Nevada State Board of Medical Examiners referring a complaint for investigation regarding Dr. Weingrow. Exhibit 3 was a statement signed by Ms. Jaffer and Dr. Weingrow. Exhibit 4 was a letter from Mr. Weiner's firm to the Board of Medical Examiners. Exhibit 5 was a separate statement signed by Dr. Weingrow and Ms. Jaffer. Exhibits 6 and 7 were copies of prescriptions from Dr. Weingrow's office. Exhibit 8 was an inventory form from Dr. Weingrow's office. Exhibit 9 and 10 were Board of Pharmacy Inspection Notices. Exhibit 11 was copies of blank patient consent slips. Exhibits 12 and 13 were reports from the Prescription Monitoring Program. Exhibit 14 was shipping logs from Dr. Weingrow's office. Exhibit 15 was a letter from Mr. Weiner's firm to the Board of Medical Examiners. Exhibit 16 was copies of unsigned prescriptions. Exhibit 17 was a report from the Prescription Monitoring Program. Exhibits 18 and 19 were logs of dispensed prescriptions reported to the Prescription Monitoring Program.

Mr. Edwards called Teresa Jaffer as a witness.

Teresa Jaffer appeared and was sworn by President Basch prior to answering questions or offering testimony.

Ms. Jaffer answered questions regarding her work history at Dr. Weingrow's office and the joint investigation. Ms. Jaffer described her role at Dr. Weingrow's office and explained the office procedure for dispensing medications to patients.

Ms. Jaffer testified that she and Ms. Rubio-Veronica have surrendered the dispensing technician registrations.

Mr. Weiner had no questions for Ms. Jaffer.

Mr. Edwards called Joe Dodge, Inspector Nevada State Board of Pharmacy, as a witness.

Joe Dodge appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Dodge described his role during the joint investigation.

Mr. Dodge answered Mr. Weiner's questions regarding the information Mr. Dodge obtained from Dr. Weingrow's staff.

Mr. Edwards called Dr. Weingrow as a witness.

Dr. Weingrow answered Mr. Edwards' questions regarding his practice, the joint investigation and his responsibilities as a licensed prescriber and dispensing practitioner. Dr. Weingrow stated that he was unaware that prescriptions needed to have his signature before being dispensed.

Dr. Weingrow answered Mr. Weiner's questions regarding the joint investigation. Dr. Weingrow testified that he is no longer dispensing medications, and stated that he has switched to a new electronic medical records system.

Board Action:

Motion: Jason Penrod moved that as a matter of law the Board has jurisdiction over this matter.

Second: Melissa Shake

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved that the Board make findings of fact that the Stipulated Facts, evidence and testimony provided support the factual allegations in the Notice of Intended Action and Accusation.

Second: Melissa Shake

Aye: Desmond, Mitchell, Penrod, Sullivan, Wentworth

Nay: Shake

Action: Motion carries

Board Action:

Motion: Melissa Shake moved the applicable laws were adequately stated in the Notice of Intended Action and Accusation.

Second: Robert Sullivan

Action: Passed unanimously

Mr. Edwards moved to have Causes of Action 7 and 9 dismissed.

Board Action:

Motion: Melissa Shake moved to find Craig Weingrow guilty of the 1, 2, 3, 4, 5, 6, 8 and 10 Causes of Action.

Second: Jason Penrod

Action: Passed unanimously

Mr. Edwards stated that Board Staff recommends revocation of Dr. Weingrow's controlled substance and practitioner dispensing registrations.

Mr. Weiner request the Board consider having Dr. Weingrow complete continuing education programs and probation instead of revocation.

Board Action:

Motion: Kirk Wentworth moved to revoke Craig Weingrow's Controlled Substance Registration and Practitioner Dispensing Registration for one year effective immediately.

Second: Jason Penrod

Action: Passed unanimously

5. Request for Denied Pharmaceutical Technician in Training License:

Chelsea R. Flores

Mr. Pinson explained that Ms. Flores contacted Board Staff to withdraw her request to appear before the Board.

6. Request for Dispensing Technician in Training License:

Eugene T. Miller

Eugene Miller appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt read a statement written by Mr. Miller regarding his past discipline.

The Board questioned Mr. Miller regarding his past discipline and work history.

Mr. Miller described events where he had discharged a firearm into a structure. He apologized to the Board for his actions.

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

Board Action:

Motion: Jason Penrod moved to approve Eugene T. Miller's Application for Dispensing Technician in Training License pending Mr. Miller's completion of the correct application.

Second: Melissa Shake

Action: Passed unanimously

7. Request for Renewal of Pharmacist License:

Phi Lim

Phil Lim appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards provided background information. He explained that Mr. Lim disclosed discipline in California on his Nevada Pharmacist License renewal application. Mr. Edwards stated that Mr. Lim's California Pharmacist License was revoked, the revocation stayed and placed on probation for three years with conditions.

The Board questioned Mr. Lim regarding his discipline in California.

Mr. Lim provided documentation regarding his cases in California and stated that the cases involved excessive dispensing of controlled substances without due diligence and insurance fraud. He informed the Board that these cases are still pending in California.

After discussion, President Basch offered Mr. Lim the option to table his request while Board Staff reviews the new documentation provided at this meeting.

The Board table Mr. Lim's request at his request.

Public Comment July 18, 2018 5:00 PM

There was no public comment.

8. Applications for Out-of-State Compounding Pharmacy – Appearance

A. Axtells Rite Value Pharmacy Inc. – Whitesboro, TX

James Axtell and Patrick Hagan appeared and were sworn by President Basch prior to answering questions or offering testimony.

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

Mr. Wuest explained that the Board had approved Axtell's Rite Value Pharmacy Inc.'s (Axtell's) Out-of-State Compounding Pharmacy License with conditions at a prior meeting. Mr. Wuest explained that Board Staff had concerns regarding Axtell's' most recent inspection by the Texas State Board of Pharmacy (Texas Board).

Mr. Axtell and Mr. Hagan answered Mr. Wuest's questions to the Board's satisfaction regarding the findings from the Texas Board's inspection.

Board discussion ensued regarding sending inspectors from the Nevada State Board of Pharmacy to inspect Axtell Pharmacy.

Board Action:

Motion: Jason Penrod moved to approve Axtell's Rite Value Pharmacy Inc.'s Application for Out-of-State Compounding Pharmacy License pending a positive inspection by Board Staff at Axtell's expense. If Board Staff has any concerns Axtell's will reappear before the Board.

Second: Melissa Shake

Action: Passed unanimously

Public Comment July 19, 2018 9:00 AM

There was no public comment.

B. Braun Pharma, LLC – Chicago, IL

Brett Pine, co-owner, and Joe Dodge, Inspector Nevada State Board of Pharmacy, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Pine explained that Braun Pharma, LLC is seeking the Board's approval for an ownership change. He stated that Braun Pharma, LLC is a sterile and non-sterile compounding pharmacy that provides specialty fertility medications for veterinary use.

Mr. Dodge questioned Mr. Pine regarding Braun Pharma, LLC's sterile compounding procedures, product testing, staff training and shipping procedures.

Mr. Pine answered Mr. Dodge's questions to the Board's satisfaction.

The Board removed the affidavit not to ship sterile compounded products into Nevada from the record at Mr. Pine's request.

Board Action:

Motion: Jason Penrod moved to approve Braun Pharma, LLC's Application for Out-of-State Pharmacy License pending receipt by Board Staff of Braun Pharma, LLC's most recent NABP inspection. Board Staff is authorized to review and evaluate inspection results.

Second: Melissa Shake

Action: Passed unanimously

C. Diamondback Drugs – Scottsdale, AZ

Jason Penrod disclosed that he knows Michael Blair, Diamondback Drugs original owner, but stated that he could participate in this matter fairly and without bias.

Kory Muto, managing pharmacist, Anthony Grzib, President of Pharmacy Compliance, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Rachel Pontikes was present as counsel representing Diamondback Drugs.

Mr. Grzib and Ms. Muto presented a letter of authority allowing them to speak on behalf of the company.

Mr. Grzib stated that Diamondback Drugs is requesting the Board's approval for an ownership change.

Ms. Muto explained that Diamondback Drugs is a compounding pharmacy that will provide high-risk, medium-risk and non-sterile compounded products for veterinary use.

Mr. Dodge questioned Mr. Grzib and Ms. Muto regarding Diamondback Drugs high-risk sterile compounding procedures, product testing, sterilization techniques, clean room specification, staff training and past inspections.

Ms. Muto and Mr. Grzib answered Mr. Dodge's questions to the Board's satisfaction.

Ms. Pontikes answered questions to the Board's satisfaction regarding Diamondback Drug past discipline. She explained that Diamondback Drugs doesn't have any past discipline, but another pharmacy with the same ownership was disciplined for performing wholesaler activities without a proper license in other states.

Board Action:

Motion: Kevin Desmond moved to approve Diamondback Drugs' Ownership Change Application.

Second: Wayne Mitchell

Action: Passed unanimously

D. Premier Infusion Care – Torrance, CA

John Rice, managing pharmacist, and Sina Refua, pharmacist and part-owner, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Dave Wuest, Deputy Executive Secretary Nevada State Board of Pharmacy, and Joe Dodge, Inspector Nevada State Board of Pharmacy, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Rice and Mr. Refua explained that Premier Infusion Care is a home infusion specialty pharmacy. Premier Infusion Care will provide TPN, pain management and injectable antibiotic medications to patients in Nevada.

Mr. Rice and Mr. Refua answered Mr. Wuest and Mr. Dodge's questions to the Board's satisfaction regarding Premier Infusion Care's past inspection, shipping procedures, product testing and marketing.

Mr. Dodge requested a copy of Premier Infusion Care's latest ACHC accreditation inspection.

Board Action:

Motion: Kevin Desmond moved to approve Premier Infusion Care's Application for Out-of-State Compounding Pharmacy License pending Board Staff's receipt of Premier Infusion Care's latest ACHC inspection. Board Staff is authorized to review and evaluate inspection results.

Second: Wayne Mitchell

Action: Passed unanimously

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

A. JCB Laboratories, LLC – Wichita, KS

Tanis Flinkman, managing pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Ms. Flinkman presented a letter of authority allowing her to speak on behalf of the company.

Ms. Flinkman explained that JCB Laboratories, LLC is an outsourcing facility that provides sterile compounded medications.

Mr. Dodge questioned Ms. Flinkman regarding JCB Laboratories, LLC's policies and procedures, last FDA inspection and product recalls.

Ms. Flinkman described JCB Laboratory's responses to the FDA's inspection observations and answered questions to the Board's satisfaction.

Board Action:

Motion: Jason Penrod moved to approve JCB Laboratories, LLC's Application for Out-of-State Outsourcing Facility License. JCB Laboratories, LLC shall provide Board Staff with the results of their next FDA inspection and their response. Board Staff is authorized to evaluate the inspection documents. JCB Laboratories, LLC shall reappear before the Board if Board Staff has any concerns.

Second: Melissa Shake

Action: Passed unanimously

B. Wells Pharmacy Network, LLC – Dyersburg, TN

Melissa Sdefko, Quality Assurance, and Kris Fishman appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Dodge stated that Wells Pharmacy Network, LLC appeared before the Board at the last meeting. This matter was tabled at that time to allow Board Staff to review documentation regarding past FDA inspection observations, product recalls and Wells Pharmacy Network, LLC's policies and procedures.

The Board expressed concern regarding the number of observations the FDA discovered during their inspection.

Ms. Sdefko and Mr. Fishman described the FDA inspection and explained the changes Wells Pharmacy Network, LLC has made to address each observation from the inspection.

Ms. Sdefko and Mr. Fishman described the changes made to Wells Pharmacy Network, LLC's policies and procedures to improve quality assurance and answered the Board's questions regarding the company's past disciplinary history.

Ms. Sdefko and Mr. Fishman answered questions to the Board's satisfaction.

Board Action:

Motion: Jason Penrod moved to approve Wells Pharmacy Network, LLC's Application for Out-of-State Outsourcing Facility License pending Board Staff's receipt of Wells Pharmacy Network, LLC's most recent FDA inspection and response. Board Staff is authorized review and evaluate the inspection documentation.

Second: Kevin Desmond

Aye: Desmond, Mitchell, Penrod, Sullivan, Wentworth
Nay: Shake

Action: Motion carries

10. Application for Nevada Medical, Devices, Equipment and Gases – Appearance

TruMobility Inc. – Las Vegas, NV

Danny Lumpkin, part owner, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Lumpkin explained that TruMobility Inc. provides custom wheelchair accessories to patients.

Mr. Lumpkin answered questions to the Board's satisfaction regarding TruMobility Inc.'s products and services provided and business hours.

Board Action:

Motion: Jason Penrod moved to approve TruMobility Inc.'s Application for Nevada MDEG License pending a positive inspection by Board Staff and that the company hires a full time MDEG Administrator.

Second: Wayne Mitchell

Action: Passed unanimously

11. Applications for Nevada Pharmacy – Appearance

A. Ken's Professional Compounding Pharmacy – Las Vegas, NV

Kenneth Heaton, current owner, Eileen Kennedy, new owner, and Christopher Kennedy, new owner, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Kennedy and Ms. Kennedy explained that Ken's Professional Compounding Pharmacy is seeking Board approval for an ownership change. They explained that Ken's Professional Compounding Pharmacy services assisted care living facilities and provides non-sterile compounded products.

Mr. Kennedy stated that there are no plans to change the current business model.

Mr. Heaton, Mr. Kennedy and Ms. Kennedy answered questions to the Board's satisfaction regarding past inspections, employment history, compounding procedures, and pharmacy staff training.

Board Action:

Motion: Melissa Shake moved to approve Ken's Professional Compounding Pharmacy's Ownership Change Application pending a positive inspection by Board Staff.

Second: Jason Penrod

Jason Penrod offered a friendly amendment to have Ken's Professional Compounding Pharmacy notify Board Staff when the current compounding staff technician leaves. Board Staff is authorized to evaluate if the remaining staff at Ken's Professional Compounding Pharmacy has adequate compounding knowledge.

Melissa Shake accepted the friendly amendment.

Action: Passed unanimously

B. Vitality Pharmacy – Henderson, NV

Khoi Ha, owner and managing pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Ha explained that Vitality Pharmacy is an independent community pharmacy.

Mr. Ha answered questions to the Board's satisfaction regarding his past discipline, work history and pharmacy experience.

Board Action:

Motion: Jason Penrod moved to approve Vitality Pharmacy's Application for Nevada Pharmacy License pending a positive inspection by Board Staff.

Second: Melissa Shake

Action: Passed unanimously

12. Request to Engage in the Practice of Pharmacy at a Site Other Than a Licensed Pharmacy – Appearance:

Juliana Zschoche, R.Ph

Juliana Zschoche appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Wuest stated that Ms. Zschoche contacted Board Staff regarding her request to provide pharmacy services during Burning Man located in Nevada.

Mr. Pinson presented a handout provided by Ms. Zschoche describing CrowdRx, the company Ms. Zschoche is working for that provides medical services during events.

The Board questioned Ms. Zschoche regarding her past work history and information regarding CrowdRx.

Board Action:

Motion: Jason Penrod moved to approve Juliana Zschoche's request to engage in the practice of pharmacy at Burning Man for CrowdRx. Ms. Zschoche shall notify Board Staff if she intends to practice at other events in Nevada other than Burning Man. Board Staff is authorized to evaluate and approve future events.

Second: Kevin Desmond

Action: Passed unanimously

13. Request for Reinstatement of Nevada Pharmacist License:

Lisa Harris Baker

Lisa Baker appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt provided background information regarding Ms. Baker's disciplinary history. Mr. Kandt explained that part of the conditions for Ms. Baker to request reinstatement of her Nevada Pharmacist License is that she must pass NABP's PARE exam. He explained that Ms. Baker has not successfully passed the PARE exam at this time.

Mr. Pinson stated that NABP has discontinued the PARE exam.

Ms. Baker answered the Board's questions regarding her employment history.

After discussion, the Board directed Ms. Baker to submit a new application for a Nevada Pharmacist License and to retake the NAPLEX exam.

14. Request for Pharmaceutical Technician in Training License:

Maurice R. Lewis

Maurice Lewis appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt explained that Board Staff received notice that Mr. Lewis was placed on a leave of absence from Northwest Career College due to his drug screening test result being positive for THC.

Mr. Lewis answered the Board's questions regarding his marijuana use. Mr. Lewis explained that he is willing to stop using marijuana.

Board discussion ensued regarding having Mr. Lewis evaluated by PRN-PRN.

Board Action:

Motion: Jason Penrod moved to approve Maurice Lewis' Application for Nevada Pharmaceutical Technician in Training License pending Mr. Lewis obtains a positive evaluation from PRN-PRN. If Mr. Lewis does not receive a positive evaluation he must reappear before the Board.

Second: Melissa Shake

Aye: Desmond, Mitchell, Penrod, Shake, Sullivan
Nay: Wentworth

Action: Motion carries

15. Discussion and possible action on request from CVS Health to amend NAC 639.250 regarding the permitted ratio of pharmaceutical technicians to pharmacists.

Lauren Paul, CVS Health Senior Director of Pharmacy Affairs, appeared on behalf of CVS Health. She stated that CVS Health is requesting the Board consider increasing the number of pharmaceutical technicians a pharmacist may supervise at one time in a pharmacy that only performs prescription, patient, and prescriber data entry.

Board discussion ensued regarding the types of pharmacies that this proposed amendment would effect, and the option of modifying the permitted ratio of pharmaceutical technicians to pharmacists in other business models.

Board Action:

Motion: Jason Penrod motioned to have Board Staff move the proposed amendments to NAC 639.250 to Workshop.

Second: Melissa Shake

Action: Passed unanimously

16. Discussion and possible action on settlement in the matters of *Spring Valley Pharmacy, LLC, a Nevada limited liability company; and Jessica Nguyen, an individual vs. Nevada State Board of Pharmacy*, 8th J.D. Case No. A-17-763456-C, and *Nevada State Board of Pharmacy vs. Spring Valley Pharmacy, LLC, a Nevada limited liability company; and Jessica Nguyen, an individual*, Nevada Supreme Court Case No. 74974, including entry of an order amending findings of fact and conclusions of law in Case Nos. 16-015-RPH-A-S, 16-015-PH-S, 16-022-RPH-S, 16-022-PH-S, and dismissing Case No. 17-115-PH-S.

Wayne Mitchell recused from participation in the matter due to his absence during the cases involving Spring Valley Pharmacy and Ms. Nguyen.

Mr. Kandt provided background information regarding the past hearings and civil litigation regarding Spring Valley Pharmacy and Ms. Nguyen. Mr. Kandt explained that Spring Valley Pharmacy has closed and that Ms. Nguyen has surrendered her Nevada Pharmacist Registration.

Mr. Kandt read the proposed amended order regarding Spring Valley Pharmacy and Ms. Nguyen into the record for the Board's consideration.

Board Action:

Motion: Melissa Shake moved to approve the amended order with corrections as presented by Board Staff.

Second: Robert Sullivan

Action: Passed unanimously

17. Discussion and possible action on election of President and Treasurer pursuant to NRS 639.040(1).

Board Action:

Motion: Wayne Mitchell moved to nominate Robert Sullivan as Treasurer.

Second: Jason Penrod

Action: Passed unanimously

Leo Basch was elected to serve as the Board President.

Board Action:

Motion: Kirk Wentworth moved that Leo Basch would remain as President. If Leo Basch is not reappointed to the Board then Jason Penrod will become President for the remainder of the term.

Second: Robert Sullivan

Action: Passed unanimously

18. Discussion and possible action on approval of Nevada State Board of Pharmacy budget for FY18, including cost of living increase for Board employees based upon Consumer Price Index for All Urban Consumers (CPI-U) for the West Region.

Board Staff reviewed the budget for FY18 to the Board's satisfaction at the last Board Meeting.

Board Action:

Motion: Jason Penrod moved to approve the budget for the fiscal year 2018 to 2019 as presented.

Second: Kevin Desmond

Action: Passed unanimously

19. Discussion and possible action on authorization for Executive Secretary to enact a merit increase for Board employees not to exceed 4% per employee.

The Board conducted Board Staff's evaluations at the last Board meeting.

Board Action:

Motion: Kevin Desmond moved to approve a merit increase for Board employees not to exceed 4% per employee at the Executive Secretary's discretion.

Second: Jason Penrod

Action: Passed unanimously

20. General Counsel Report –
Litigation Update: *Ivan Goldsmith, M.D., an individual vs. Nevada State Board of Pharmacy*,
8th J.D. Case No. Case No. A-17-762877-W

There was no update on this matter.

21. Discussion and possible action on approval of new Policy Manual.

Mr. Kandt presented a handout regarding disciplinary hearings to be added to the new Policy Manual.

Mr. Kandt reviewed the revisions and new sections of the Policy Manual to the Board's satisfaction.

Board Action:

Motion: Jason Penrod moved to approve the new Policy Manual with corrections as discussed.

Second: Melissa Shake

Action: Passed unanimously

22. Executive Secretary Report:

A. Financial Report:

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

B. Temporary Licenses

Four temporary licenses were issued since the last meeting.

C. Staff Activities:

1. AG's Substance Abuse Committee

Mr. Pinson commended members of the industry on their efforts in combating opiate abuse issues.

2. Interim Health Committee

3. Legislative Commission on Regulations

4. Nevada Health Care Roundtable

D. Report to Board:

Mr. Wuest explained that Farmakeio has appeared at the last Board meeting. He explained that Board Staff had concerns regarding their inspection by the Texas Board of Pharmacy and will have them reappear at a future meeting.

E. Board Related News

F. Licensing Activities Report

23. Date and Location of Next Scheduled Board Meeting:

September 5-6, 2018 – Reno, Nevada

24. Public Comment July 19, 2018 3:00 PM

There was no public comment.

3

A

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: American Service and Product, Inc.

Physical Address: 14612 107th Court

Mailing Address: 14612 107th Court

City: Orland Park State: IL Zip Code: 60467

Telephone: 708-671-1200 Fax: 708-448-8598

Toll Free Number: 877-285-2127 (Required per NAC 639.708)

E-mail: jennifer@we care asap.com Website: www.wecareasap.com

Managing Pharmacist: Jennifer Otto License Number: 051291032 (IL)

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 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,**

101538

B

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 03856**)
 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: Avera e CARE Pharmacy

Physical Address: 4103 N. Loop 1604 W, Suite 202

Mailing Address: (same)

City: San Antonio State: TX Zip Code: 78249

Telephone: 210-610-0413 Fax: 210-549-4061

Toll Free Number: 855-283-7279 (Required per NAC 639.708)

E-mail: Jeremy.Mueller@Avera.org Website: www.averaecare.org

Managing Pharmacist: Jeremy Mueller License Number: 19546 ✓

TYPE OF PHARMACY AND

SERVICES PROVIDED

- Yes/No
- Retail
 - Hospital (# beds _____)
 - Internet
 - Nuclear
 - Ambulatory Surgery Center
 - Community
 - Other: Off-site Cognitive services

- 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,**

C

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: Caremart Pharmacy LLC

Physical Address: 9502 Van Wyck Express Way

Mailing Address: 9502 Van Wyck Express Way

City: South Richmond Hill State: NY Zip Code: 11419

Telephone: 718-683-5556 Fax: 718-683-5557

Toll Free Number: 833-208-5556 (Required per NAC 639.708)

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

Managing Pharmacist: Shazig Bhatti License Number: 049504

TYPE OF PHARMACY AND

SERVICES PROVIDED

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

- 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,**

D

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: **PH03698**)
 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 **LLC**
 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: Crestview Pharmacy Services LLC

Physical Address: 3225 South Hardy Drive Suite 100

Mailing Address: 3225 South Hardy Drive Suite 100

City: Tempe State: AZ Zip Code: 85282

Telephone: 480-485-1366 Fax: 480-718-7573

Toll Free Number: 877-842-6535 (Required per NAC 639.708)

E-mail: management@crestviewpharmacyservices.com Website: www.crestviewpharmacyservices.com (in progress)

Managing Pharmacist: Kathleen Craig License Number: S012633

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	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 type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet *See Enclosed Statement*		<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 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 checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Central Processing</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 type="checkbox"/> Other Services: <u>Central Processing</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,

E

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: CTCA/Rx

Physical Address: 610 Celebrate Life Parkway, Newnan GA 30265

Mailing Address: 1620 W. Northwest Highway, Suite 100

City: Grapevine State: TX Zip Code: 76051

Telephone: 678-552-2013 Fax: 678-552-2014

Toll Free Number: 1-833-570-4736 (Required per NAC 639.708)

E-mail: licensure@receptrx.com Website: _____

Managing Pharmacist: Valeana Domercant License Number: RPH026437

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,**

F

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.

<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: ProCare Pharmacy, L.L.C. dba CVS/pharmacy #10762

Physical Address: 9555 Kings Charter Dr., Suite D, Ashland, VA 23005

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 804-550-2028 Fax: 804-550-2078

Toll Free Number: 844-650-1637 (Required per NAC 639.708)

E-mail: statereply@cvscaremark.com Website: www.cvs.com/content/multidose

Managing Pharmacist: Regina Richardson License Number: 0202210708
 (Maiden Name: Bresson)

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 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 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,**

101535

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

40
G

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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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: Dolphin Health Pharmacy

Physical Address: 7400 MACARTHUR BLVD STE. A

Mailing Address: " " "

City: OAKLAND State: CA Zip Code: 94605

Telephone: 510 900-3131 Fax: 510-638-7590

Toll Free Number: 1844436-5744 (Required per NAC 639.708)

E-mail: nitalp@rxsend.com Website: dolphinhealth.com

Managing Pharmacist: Nhu Quynh Ngoc Pham Ng. License Number: 71138

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 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>specialty drugs</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,

H

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Gaston Pharmacy #1

Physical Address: 2600 N Stemmons Fwy #176

Mailing Address: same as above

City: Dallas State: Texas Zip Code: 75207

Telephone: 469-466-1242 Fax: 469-533-4515

Toll Free Number: 866-513-6157 (Required per NAC 639.708)

E-mail: info@gastonrx.com Website: none

Managing Pharmacist: Marvin Arnold License Number: 23152

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,**

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509



APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Hudgins Pharmacy, Inc.

Physical Address: 256 Main Street, PO Box 98

Mailing Address: 256 Main Street, PO Box 98

City: Mathews State: VA Zip Code: 23109

Telephone: 804-725-2222 Fax: 804-725-2783

Toll Free Number: 866-643-3292 (Required per NAC 639.708)

E-mail: LICENSING@HUDGINSPHARMACY.COM Website: N/A

Managing Pharmacist: Chiquita Loving License Number: 0202211347

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 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,**

J

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: METRO DRUGS PHARMACY DEPARTMENT

Physical Address: 79 HUDSON STREET SUITE 302

Mailing Address: 79 HUDSON STREET SUITE 302

City: HOBOKEN State: N.J. Zip Code: 07030

Telephone: 201-253-1100 Fax: 201-253-1101

Toll Free Number: 888-258-0106 (Required per NAC 639.708)

E-mail: MARKSC@metrodrugs.com Website: www.metrodrugs.pharmacy

Managing Pharmacist: MARK SCOVOTTI License Number: 28RI03542600

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

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,**

K

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Midtown Express Pharmacy

Physical Address: 300 20th Avenue N. #105

Mailing Address: same as above

City: Nashville State: TN Zip Code: 37203

Telephone: 615-320-8410 Fax: 615-284-3573

Toll Free Number: 844-320-8410 (Required per NAC 639.708)

E-mail: info@midtownexpresspharmacy.com Website: midtownexpresspharmacy.com

Managing Pharmacist: Henry J. Dunklau IV License Number: 29209-TN

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 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 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,**

101537

L

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Pharmacy Consultants, LLC dba Omnicare Clinical Intervention Center

Physical Address: 348-A East Blackstock Road

Mailing Address: One CVS Drive, Licensing Dept/MC 1160, Woonsocket, RI 02895

City: Spartanburg State: SC Zip Code: 29301

Telephone: 888-346-4158 Fax: 866-343-9895

Toll Free Number: 888-346-4158 (Required per NAC 639.708)

E-mail: statereply@cvscaremark.com Website: N/A

Managing Pharmacist: Janine Cleveland License Number: 19683 ✓

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	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 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 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 checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Call Center</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 type="checkbox"/> Other Services: <u>Clinical Pharmacy Services</u> <u>Non-Dispensing</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,

101536

M

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: **PH 03680**)
 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: Rainwood Rx LLC

Physical Address: 20513 Nicholas Circle Ste 3 Elkhorn NE 68022

Mailing Address: 20513 Nicholas Circle Ste 3

City: Elkhorn State: NE Zip Code: 68022

Telephone: 402-281-1919 Fax: 402-718-9421

Toll Free Number: 855-809-9717 (Required per NAC 639.708)

E-mail: pharmacist@rainwoodrx.com Website: www.rainwoodrx.com (In Progress)

Managing Pharmacist: Tanner Anderson License Number: 13586

TYPE OF PHARMACY AND SERVICES PROVIDED

<u>Yes/No</u>	<u>AND</u>	<u>Yes/No</u>
<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 See Statement		<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 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,**



20513 Nicholas Circle, Suite 3
Elkhorn, NE 68022

To whom it may concern,

We did not check "INTERNET" on "Type of Pharmacy" in regard to the internet question due to we do not consider the pharmacy to be conducting business on the Internet. While we are creating a pharmacy-specific website so that consumers can easily find a contact number or information about the pharmacy, we do not use the internet to obtain information from consumers to fill or refill prescriptions. We do utilize the internet to perform lead generation activities and communicate to consumers the availability of pharmacy services through a network of pharmacies to which we belong (specific pharmacies are not referenced in these communications), but we do not understand this to be "conducting business" on the internet.

Thank you,

Rainwood Rx LLC

N

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)

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH 03792)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 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: RARx, LLC

Physical Address: 1911 Church Street Ste 202

Mailing Address: same

City: Nashville State: TN Zip Code: 37203

Telephone: 844 319 2259 Fax: 844 319 2260

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

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

Managing Pharmacist: Branley Wescott License Number: 13021

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,



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: RAINIA RX LLC dba ROUTE 300 PHARMACY

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

Mailing Address: 1208 Route 300, Suite 103

City: Newburgh State: NY Zip Code: 12550

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

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

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

Managing Pharmacist: Amar Patel License Number: 053122 NY

TYPE OF PHARMACY AND SERVICES PROVIDED

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,**

P

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: SRX Pharmacy

Physical Address: 3500 East Fletcher Ave Suite 120 Tampa, FL 33613

Mailing Address: 3500 East Fletcher Ave Suite 120

City: Tampa State: FL Zip Code: 33613

Telephone: 813-632-9032 Fax: 813-632-9035

Toll Free Number: 833-336-3990 (Required per NAC 639.708)

E-mail: jack.diamond@srxsolutions.com Website: n/a

Managing Pharmacist: Jack Diamond License Number: PS24807

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,**

101767



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: Tarrytown Expocare, LLC

Physical Address: 8500 Shoal Creek Boulevard, Building 3, STE 200

Mailing Address: 8500 Shoal Creek Boulevard, Building 3, STE 200

City: Austin State: Texas Zip Code: 78757

Telephone: 512-617-7312 Fax: 512-617-7313

Toll Free Number: 855-887-9397 (Required per NAC 639.708)

E-mail: licensing@tarrytownexpocare.com Website: www.tarrytownexpocare.com

Managing Pharmacist: Zach Corbell License Number: 42510

<u>TYPE OF PHARMACY</u>	<u>AND</u>	<u>SERVICES PROVIDED</u>
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 type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input checked="" type="checkbox"/> <input 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,**

R

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: **PH03859**)
 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: Optown Drugs Pharmacy
 Physical Address: 14737 Champaign RD
 Mailing Address: SAME AS PHYSICAL
 City: ALLEN PARK State: MI Zip Code: 48101
 Telephone: 313-383-8300 Fax: 313-769-6889
 Toll Free Number: 866-250-2241 (Required per NAC 639.708)
 E-mail: pharmacy2@optown Drugs Pharmacy . com Website: N/A
 Managing Pharmacist: STEPHANIE COUCH License Number: 5302030936

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 checked="" 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 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,

S

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Valencia Pharmacy, Inc.

Physical Address: 7330 Southwest Freeway Suite A2 Houston TX 77074

Mailing Address: 7330 Southwest Freeway Suite A2

City: Houston State: TX Zip Code: 77074

Telephone: 713-995-1900 Fax: 713-995-1901

Toll Free Number: 1-866-287-1186 (Required per NAC 639.708)

E-mail: ValenciaTXRX@gmail.com Website: https://www.valenciapharma.com/

Managing Pharmacist: Alix Vincent License Number: 59990

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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> Other Services: <u>Non-Resident Pharmacy</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,

10/16/01

T

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)

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: **PH 03648**)
 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: Walnut Creek Rx LLC

Physical Address: 11020 Q Street Omaha, NE 68137

Mailing Address: 11020 Q Street

City: Omaha State: NE Zip Code: 68137

Telephone: 402-281-1958 Fax: 402-403-4149

Toll Free Number: 877-647-4455 (Required per NAC 639.708)

E-mail: pharmacist@walnutcreekrx.com Website: www.walnutcreekrx.com (In Progress)

Managing Pharmacist: Kristi Hurley License Number: 12388

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 See Statement *See Enclosed Statement		<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 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,**



11020 Q Street
Omaha, NE 68137

To whom it may concern,

We did not check "Internet" in regard to the internet question due to we do not consider the pharmacy to be conducting business on the Internet. While we are creating a pharmacy-specific website so that consumers can easily find a contact number or information about the pharmacy, we do not use the internet to obtain information from consumers to fill or refill prescriptions. We do utilize the internet to perform lead generation activities and communicate to consumers the availability of pharmacy services through a network of pharmacies to which we belong (specific pharmacies are not referenced in these communications), but we do not understand this to be "conducting business" on the internet.

Thank you,

Walnut Creek Rx LLC

U

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)

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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: Lakeview Pharmacy of Racine Inc

Physical Address: 516 Monument Square

Mailing Address: 516 Monument Square

City: Racine State: WI Zip Code: 53403

Telephone: 262.632.0520 Fax: 262.632.6777

Toll Free Number: 800.852.1445 (Required per NAC 639.708)

E-mail: melinda@lakeviewpharmacy.com Website: lakeviewpharmacy.com

Managing Pharmacist: Megan Haapanen License Number: 13307.40

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 type="checkbox"/> Other: _____	<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,**



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Phar - More Rx, LLC

Physical Address: 29 Bala Ave Ste 114

Mailing Address: 29 Bala Ave Ste 114

City: Bala Cynwyd State: PA Zip Code: 19004

Telephone: 484 278 4308 Fax: 610 206 3516

Toll Free Number: 866 790 9878 (Required per NAC 639.708)

E-mail: info@pharmorex.com Website: _____

Managing Pharmacist: Felicia Jones License Number: RP 445063

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,**

W

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Premier Pharmacy Services

Physical Address: 711 Anderson Ave, Cliffside Park, NJ 07010

Mailing Address: 410 Cloverleaf Dr, Baldwin Park, CA 91706

City: see above State: see above Zip Code: see above

Telephone: 201-313-9797 Fax: 201-313-9798

Toll Free Number: 866-295-3015 (Required per NAC 639.708)

E-mail: contracting@premierpharmacy.com Website: n/a

Managing Pharmacist: Yoon-Young Kim License Number: 28R103143700

TYPE OF PHARMACY AND SERVICES PROVIDED

<u>TYPE OF PHARMACY</u>	<u>AND</u>	<u>SERVICES PROVIDED</u>
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 checked="" type="checkbox"/> <input 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 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,**

101766

X

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

New Wholesaler or Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,7
 Non Publicly Traded Corporation – Pages 1,2,3,5,6 Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Alcon Laboratories, Inc.
 Physical Address: 6601 Oak Grove Rd., Suite 200
 City: Ft. Worth State: Tx Zip Code: 76134
 Telephone Number: 817-363-1371 Fax Number: 817-551-5079
 Toll Free Number: 817-363-1371
 E-mail: Stephani.prewitt@alcon.com Website: www.alcon.com
 Facility Manager: Stephani Prewitt
 Professional qualifications and experience of facility manager: 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: _____

101762

Y

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: Aquestive Therapeutics, Inc.

Physical Address: 30 Technology Drive

City: Warren State: NJ Zip Code: 07059

Telephone Number: (908) 941-1900 Fax Number: (908) 561-1209

Toll Free Number: N/A

E-mail: StateLicensing@aquestive.com Website: www.aquestive.com

Facility Manager: Robert Arnold

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

101520

Z

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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See Attachment A

<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WH 02394) 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: AveXis, Inc.

Physical Address: 1940 USG Drive

City: Libertyville State: IL Zip Code: 60048

Telephone Number: 847-572-8922 Fax Number: 847-510-0775

Toll Free Number: 844-428-3947

E-mail: Agharst031@avexis.com Website: www.avexis.com

Facility Manager: Amanda D. Gharst

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
- Other: Distributors and 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: _____

AA

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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<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: Circassia Pharmaceuticals Inc.

Physical Address: 5151 McCrimmon Parkway, Suite 260

City: Morrisville State: NC Zip Code: 27560

Telephone Number: 866-275-6469 Fax Number: 866-630-6469

Toll Free Number: 866-275-6469

E-mail: state.licensing@circassia.com Website: www.circassia.com

Facility Manager: David Acheson

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: _____

BB

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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(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: Crosstex International, Inc.

Physical Address: 10 Ranick Rd

City: Hauppauge State: NY Zip Code: 11788

Telephone Number: 888-276-7783 Fax Number: 631-582-1726

Toll Free Number: 888-276-7783

E-mail: pablom@crosstex.com Website: www.crosstex.com

Facility Manager: Pablo Martinez

Professional qualifications and experience of facility manager: Please see attached resume

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

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: class 1 and class 2 US-FDA regulated devices

101732

CC

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

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<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 be all types of ownership

Facility Name: Direct Success Inc. dba Direct Success Pharmacy Department

Physical Address: 1710 Highway 34

City: Farmingdale State: NJ Zip Code: 07727

Telephone Number: 732-919-1234 Fax Number: 732-280-1350

Toll Free Number: _____

E-mail: compliance@dsuccess.com Website: www.directsuccessinc.com

Facility Manager: Nick Cusanelli

Professional qualifications and experience of facility manager: Please see attached resume

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
- Other: 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)
- Other: _____

DD

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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<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 be all types of ownership

Facility Name: Exelixis U.S., LLC

Physical Address: 1851 Harbor Bay Parkway

City: Alameda State: CA Zip Code: 94502

Telephone Number: (650) 837-7000 Fax Number: (650) 837-8300

Toll Free Number: N/A

E-mail: exelixis_compliance@exelixis.com Website: https://www.exelixis.com/

Facility Manager: Jeffrey Hessekiel

Professional qualifications and experience of facility manager: _____
Executive Vice President, General Counsel

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: Specialty Pharmacies and Specialty Distributors

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____



NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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 Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<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 1,2,3,5a,5b	<input 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

Facility Name: Horizon Medicines LLC

Physical Address: 150 Saunders Rd. Suite 200, Lake Forest, IL 60045

Mailing Address: 150 Saunders Rd, Suite 200

City: Lake Forest State: IL Zip Code: 60045

Telephone: 224-383-3000 Fax: 224-383-3001

Toll Free Number: N/A

E-mail: statelicense@horizonpharma.com Website: www.horizonpharma.com

Facility Manager: George Hampton

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Nursing homes and Long Term Care 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: _____

101521

FF

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)
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<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: Innogenix, LLC.

Physical Address: 8200 New Horizons Blvd

City: Amityville State: NY Zip Code: 11701

Telephone Number: (631) 450-4704 Fax Number: (631) 450-4707

Toll Free Number: _____

E-mail: pgupta@innogenix.com Website: http://www.innogenix.com/

Facility Manager: Pankaj Gupta

Professional qualifications and experience of facility manager: CV 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: Over-the-Counter Drugs

101523



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

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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: INTERCHEM CORPORATION

Physical Address: 6 PEARL COURT, SUITE M

City: ALLENDALE State: NJ Zip Code: 07401

Telephone Number: (201) 261-7333 Fax Number: (201) 261-7333

Toll Free Number: N/A

E-mail: stephanie@interchem.com Website: www.interchem.com

Facility Manager: RONALD MANNINO, RPh., CHAIRMAN

Professional qualifications and experience of facility manager: 37+ years as Chairman and co-founder of Interchem Corporation, the nation's largest provider of pharmaceutical bulk active raw materials and fine chemicals to the pharmaceutical industry.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: API manufacturers

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, ^(APIs only, fine chemicals) ~~Supplies or Devices~~ Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

HH

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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<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 be all types of ownership

Facility Name: JM Logistical Services LLC

Physical Address: 14001 Mines Road, Suite B

City: Laredo State: Texas Zip Code: 78045

Telephone Number: (956) 625-6637 Fax Number: _____

Toll Free Number: _____

E-mail: Juan@RxLogistical.com Website: _____

Facility Manager: Juan Vasquez

Professional qualifications and experience of facility manager: _____
Warehouse Manager with 10 years career experience in transportation and distribution environments.

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: _____

101651

II

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

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New Wholesaler or Ownership Change (Provide current license number if making changes: WH _____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
 Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,7
 Non Publicly Traded Corporation – Pages 1,2,3,5,6 Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Medunik USA, Inc.
Physical Address: 919 Conestoga Drive, Building One, Suite 202
City: Rosemont State: PA Zip Code: 19010
Telephone Number: 844-633-8645 Fax Number: 267-428-1809
Toll Free Number: NA
E-mail: info@medunikusa.com Website: www.medunikusa.com
Facility Manager: Dennis Hopkins
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Specialty Pharmacies

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: _____

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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input 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 be all types of ownership

Facility Name: Melinta Therapeutics, Inc.

Physical Address: 300 Tri-State International, Suite 272

City: Lincolnshire State: IL Zip Code: 60069

Telephone Number: (312) 724-9400 Fax Number: (224) 377-8030

Toll Free Number: N/A

E-mail: statelicensing@melinta.com Website: http://melinta.com/

Facility Manager: Paul Estrem

Professional qualifications and experience of facility manager: Please see attached resume.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

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: _____

KK

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)
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<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 be all types of ownership

Facility Name: Oak Drugs Inc.

Physical Address: 80 Red Schoolhouse Road, Building 2, Suite 20

City: Chestnut Ridge State: NY Zip Code: 10977

Telephone Number: 845-600-1122 Fax Number: 877-824-0702

Toll Free Number: n/a

E-mail: compliance.oakdrugs@gmail.com Website: www.oakdrugs.com

Facility Manager: Edner Carl Narcisse

Professional qualifications and experience of facility manager: resume 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: _____

LL

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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(non-refundable and not transferable money order or cashier's check only)
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<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 be all types of ownership

Facility Name: PHARMA-C, INC.

Physical Address: 120 ROUTE 17 NORTH, SUITE 136

City: PARAMUS State: NJ Zip Code: 07652

Telephone Number: (201) 261-7333 Fax Number: (201) 857-8211

Toll Free Number: N/A

E-mail: vdurante@pharma-crx.com Website: www.pharma-crx.com

Facility Manager: VINCENT DURANTE, VICE PRESIDENT

Professional qualifications and experience of facility manager: 25+ years of progressive Pharmaceutical/ Health & Beauty Aid Managerial and Sales experience, with emphasis in manufacturing, international Trade and Marketing.

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: _____

MM

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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<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: Primus Pharmaceuticals, Inc

Physical Address: 7373 N. Scottsdale Rd STE B-200

City: Scottsdale State: AZ Zip Code: 85253

Telephone Number: 480-483-1410 Fax Number: 480-483-2604

Toll Free Number: _____

E-mail: mmartin@primusrx.com Website: www.primusrx.com

Facility Manager: Michael Martin

Professional qualifications and experience of facility manager: please see attached resume

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
- Other: _____

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: _____

NN

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

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<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: Quagen Pharmaceuticals LLC

Physical Address: 34 Fairfield Place

City: West Caldwell State: NJ Zip Code: 07006

Telephone Number: (973) 228-9600 Fax Number: (973) 228-9633

Toll Free Number: N/A

E-mail: ashish@quagenpharma.com Website: www.quagenpharma.com

Facility Manager: Ashish Shah

Professional qualifications and experience of facility manager: Please See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: Over-the-Counter Drugs

101650

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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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<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: 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: _____

101519

PP

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

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<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 be all types of ownership

Facility Name: Schnucks Pharmacy Distribution Center

Physical Address: 13188 Lakefront Dr.

City: Earth City State: MO Zip Code: 63045

Telephone Number: 314-344-9654 Fax Number: 314-344-9259

Toll Free Number: 314-994-4158

E-mail: licensing@Schnucks.com Website: Schnucks.com

Facility Manager: Jed E. Penney

Professional qualifications and experience of facility manager: _____
Jed has worked in legal and compliance for the last 16 years

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: _____

QQ

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
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<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 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 be all types of ownership

Facility Name: ScieGen Pharmaceuticals Inc.

Physical Address: 89, Arkay Drive

City: Hauppauge State: New York Zip Code: 11788

Telephone Number: 631-434-2723 Fax Number: 631-357-3178

Toll Free Number: 1-855-724-3436

E-mail: info@sciegenpharm.com Website: http://sciegenpharm.com

Facility Manager: Venkata Siva Reddy PALEMPALLI

Professional qualifications and experience of facility manager: Kindly refer attached resume.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: Licensed 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: _____

RR

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

New Wholesaler or Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,7
 Non Publicly Traded Corporation – Pages 1,2,3,5,6 Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Scripts Wholesale Inc.

Physical Address: 5006 166th Ave suite 3

City: Brooklyn State: ny Zip Code: 11204

Telephone Number: 347-663-2043 Fax Number: 347-685-1911

Toll Free Number: _____

E-mail: 1430steven@gmail.com Website: scriptswholesale.com

Facility Manager: Steven Diamantstein

Professional qualifications and experience of facility manager: Steven has 10 years of experience working for Scripts.

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: _____



NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

New Wholesaler or Ownership Change (Provide current license number if making changes: WH _____
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,7
 Non Publicly Traded Corporation – Pages 1,2,3,5,6 Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Spectrum Laboratory Products, Inc. D/B/A Spectrum Chemical Mfg. Corp.

Physical Address: 755-769-777 Jersey Ave

City: New Brunswick State: NJ Zip Code: 08901

Telephone Number: 732-214-1300 Fax Number: 310-516-2014

Toll Free Number: 1-800-772-8786

E-mail: itirmizi@spectrumchemical.com Website: WWW.SPECTRUMCHEMICAL.COM

Facility Manager: Ibad Tirmizi

Professional qualifications and experience of facility manager: over 10 years of experience in drug manufacturing and quality control/quality assurance

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Academic institutions and facilities for research & development.

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: **Spectrum does not manufacture / sell finished dosages, only Active and Inactive Pharmaceutical Ingredients, solvents, etc.

TT

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: vvh _____
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: Western Wellness Solutions, LLC

Physical Address: 391 Sutter St. Suite 515

City: San Francisco State: CA Zip Code: 94108

Telephone Number: (855) 977-0975 Fax Number: (888) 960-2829

Toll Free Number: N/A

E-mail: hannah@phil.us Website: N/A

Facility Manager: Hannah Simon

Professional qualifications and experience of facility manager: Registered Pharmacist

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: _____



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 be all types of ownership

Facility Name: WORLD GEN, LLC.

Physical Address: 120 ROUTE 17 NORTH, SUITE 127

City: PARAMUS State: NJ Zip Code: 07652

Telephone Number: (201) 261-7333 Fax Number: (201) 857-8211

Toll Free Number: (866) 513-9882

E-mail: vdurante@worldgenrx.com Website: www.worldgenrx.com

Facility Manager: VINCENT DURANTE

Professional qualifications and experience of facility manager: 25+ years of progressive Pharmaceutical/ Health and Beauty Aid Managerial and Sales experience, with emphasis in manufacturing, International Trade and Marketing.

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: _____

WV

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 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: WG CRITICAL CARE, LLC.

Physical Address: 120 ROUTE 17 NORTH, SUITE 130

City: PARAMUS State: NJ Zip Code: 07652

Telephone Number: (201) 261-7333 Fax Number: (201) 857-8211

Toll Free Number: (866) 513-9882

E-mail: vdurante@wgccah.com Website: www.wgcriticalcare.com

Facility Manager: VINCENT DURANTE

Professional qualifications and experience of facility manager: 25+ years of progressive Pharmaceutical/ Health and Beauty Aid Managerial and Sales experience, with emphasis in manufacturing, International Trade and Marketing.

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: _____

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: Xellia Pharmaceuticals USA, LLC

Physical Address: 200 Northfield Road

City: Bedford, State: Ohio Zip Code: 44146

Telephone Number: 440-359-2050 Fax Number: 440-359-2465

Toll Free Number: N/A

E-mail: nirav.chandarana@xellia.com Website: www.xellia.com

Facility Manager: Matthew J. Slaw

Professional qualifications and experience of facility manager: Please see attached resume

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: Manufacturers

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: Active Pharmaceutical Ingredients and Finished Dose Form

XX

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 be all types of ownership

Facility Name: XPO Logistics Supply Chain, Inc.

Physical Address: 3300 Eagle Parkway

City: Ft. Worth State: Texas Zip Code: 76177

Telephone Number: (336) 447-2652 Fax Number: (336) 217-1847

Toll Free Number: Not Applicable

E-mail: Andy.Wattleworth@xpo.com Website: http://www.xpo.com/

Facility Manager: Gary Brumbaugh

Professional qualifications and experience of facility manager: See resume attached hereto.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
- Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
- Poisons or Chemicals Veterinary Legend Drugs
- Controlled Substances (include copy of DEA)
- Other: OTC Non-prescription devices and products of customer

10-K

101652

Y4

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OOS MDEG LICENSE

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

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

<input checked="" type="checkbox"/> New MDEG or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: MD or MW _____) Check <u>box</u> below for type of ownership and complete all required forms.	
<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: Aeroflow Urology, Inc.

Physical Address: 65 Beale Rd #100, Arden, NC 28704

Mailing Address: 3165 Sweeten Creek Rd

City: Asheville State: NC Zip Code: 28803

Telephone Number: 844-276-5588 Fax Number: 866-420-7099

Toll Free Number: 844-276-5588

E-mail: audra.beauchamp@aeroflow.com Website: areoflowurology.com

MDEG Administrator Information (Person in charge on a daily basis.)

Name: Audra Beauchamp

Days and Hours that the Facility will be Regularly Operated:

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: 10 to 3 Sun: to Holidays: to

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 Prosethics |
| <input type="checkbox"/> 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 a telephone number of a Nevada contact.

Name: _____ Telephone: _____

ZZ

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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: Avondale HME 3, Inc.

Physical Address: 4108A Enterprise Circle North # 112
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Temecula State: CA Zip Code: 92590

Telephone: 1-877-353-1193 Fax: _____

E-mail: mmarcotti@avondalehme.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3:30 Tue: 9 to 3:30 Wed: 9 to 3:30 Thu: 9 to 3:30
Fri: 9 to 3:30 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Meagan Marcotti

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosethics
- Other: off the shelf orthotics

**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: _____

101530



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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	<input type="checkbox"/> Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,5	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.		

FACILITY INFORMATION

Facility Name: Back Braces Plus, Inc

Physical Address: 9365 US HWY 19N STE. A, PINELLAS PARK, FL 33782
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9365 US HWY 19N STE. A

City: Pinellas Park State: FL Zip Code: 33782

Telephone: 1-727-685-5904 Fax: 1-727-685-5953

E-mail: info@backbracesplus.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: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jimmy Darling III

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 Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Off the shelf orthotics</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: _____

BBB

NEVADA STATE BOARD OF PHARMACY 431 W
Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

<input type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u> N/A </u>)
<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: B. BRAUN INTERVENTIONAL SYSTEMS INC.

Physical Address: 200 BOULDER DRIVE. BREINIGSVILLE. PA 18031
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 824 TWELFTH AVENUE

City: BETHLEHEM State: PA Zip Code: 18018

Telephone: 610-997-4694 Fax: 610-997-4255

E-mail: PETER.FLOSDORF@BBRAUNINTERVENTIONAL.COM Website: WWW.BISUSA.ORG

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AM to 10PM Tue: 8AM to 10PM Wed: 8AM to 10PM Thu: 8AM to 10PM

Fri: 8AM to 10PM Sat: NONE Sun: NONE Holidays: 8AM to 10PM OR NONE

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: PETER FLOSDORF

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 type="checkbox"/> Diabetic Supplies | Other: <u>N/A</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: N/A

Telephone: N/A

101532

CCC

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

<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: Butterfly Network, Inc.

Physical Address: 530 Old Whitfield Street, Guilford, CT 06437
(This must be a business address, we can not issue a license to a home address)

Mailing Address: (same)

City: _____ State: _____ Zip Code: _____

Telephone: 203-204-6600 Fax: 203-458-2514

E-mail: bsawin@butterflynetwork.com Website: www.butterflynetwork.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00

Fri: 9:00 to 5:00 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brian Sawin, Senior Regulatory Affairs Manager

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- Other: Device Class 2 - diagnostic ultrasound imaging

**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: _____

DDO

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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: C&E Medical, INC

Physical Address: 3914 Murphy Canyon Road, Suite A212
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3914 Murphy Canyon Road, Suite A212

City: San Diego State: CA Zip Code: 921238

Telephone: 1-866-699-9661 Fax: 1-800-650-9641

E-mail: info@candemed.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 330 Tue: 9 to 330 Wed: 9 to 330 Thu: 9 to 330

Fri: 9 to 330 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Carolyn Tomaino

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 Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>off the shelf orthotics</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: _____

101692

EEE

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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"/> 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: Cardinal Health 200 LLC

Physical Address: 110 Kendall Park Lane Atlanta, GA 30336
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.cardinal.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 5am to 230am Tue: Same Wed: Same Thu: Same

Fri: Same Sat: Same Sun: Same Holidays: Same

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: James Rachal

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- Other: Perscription and OTC Devices

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

101524

FFF

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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"/> 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: Cardinal Health 200 LLC

Physical Address: 2 Ludlow Dr Chicopee, MA 01022
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.cardinal.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___ Thu: ___ to ___
Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Holidays: ___ to ___ M-F 24 hrs Closed S & S

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Anne Gagnon

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosethetics
- Other: Perscription and OTC Devices

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

101528



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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"/> 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: Cardinal Health 200 LLC

Physical Address: 815 Tek Dr Crystal Lake, IL 60014
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.cardinal.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: to Tue: to Wed: to Thu: to 7am - 11pm M-F

Fri: to Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dreanna Alston

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- Other: Perscription and OTC Devices

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

101527

HHH

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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"/> 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: Cardinal Health 200 LLC

Physical Address: 2010 E International Speedway Blvd Deland, FL 32724

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.cardinal.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 5am to 230am Tue: Same Wed: Same Thu: Same

Fri: Same Sat: Same Sun: Same Holidays: Same

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Barton Wiggans

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- Other: Prescription and OTC Devices

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____

Telephone: _____

101528

111

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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"/> 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: Cardinal Health 200 LLC

Physical Address: 1222 Sherwood Road Norfolk, NE 68701

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.cardinal.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: to Tue: to Wed: to Thu: to 7am - 4 pm M-F

Fri: to Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Gabe Hansen

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 Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Other: <u>Prescription and OTC Devices</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: _____

101526



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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"/> 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: Cardinal Health 200 LLC

Physical Address: 1313 W Grant Blvd Wabasha, MN 55981
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.cardinal.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____ 7am - 11 pm M-F

Fri: _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jeffery Breuer

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 type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Other: <u>Prescription and OTC Devices</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: _____

101525

KKK

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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<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: CLARIFY MEDICAL INC

Physical Address: 401 W A Street, Suite 950
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 401 W A Street, Suite 950

City: SAN DIEGO State: CA Zip Code: 92101

Telephone: (877) 520-5697 Fax: (844) 562-6896

E-mail: don@clarifymed.com Website: www.clarifymed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8a to 5p Wed: 8a to 5p Thu: 8a to 5p

Fri: 8a to 5p Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: DON CANAL

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 Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>home light therapy system</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: N/A Telephone: N/A

LLL

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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: Discovery Medical Supply

Physical Address: 1301 Seminole Blvd. # 117,
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Largo State: FL Zip Code: 33770

Telephone: 1-833-292-1581 Fax: _____

E-mail: info@discoverymedicalsupply Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3:30 Tue: 9 to 3:30 Wed: 9 to 3:30 Thu: 9 to 3:30

Fri: 9 to 3:30 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Meagan Marcolli

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** | - Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>off shelf orthotics</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: _____

101534



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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 type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<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.

FACILITY INFORMATION

Facility Name: Essential HME 2, Inc

Physical Address: 175 W. Lexington Ave. Ste. A El Cajon, CA 92020
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 175 W. Lexington Ave. Ste. A

City: El Cajon State: CA Zip Code: 92020

Telephone: 844-782-8440 Fax: 888-821-4251

E-mail: kpack@essentialhme.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: Text to 4 Thu: 9 to 4
Fri: 9 to 4 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Katie Pack

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 Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Off the shelf orthotics</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: _____

101654

NNN

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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 type="checkbox"/> Non Publicly Traded Corporation Pages 1,2,3,5	<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.

FACILITY INFORMATION

Facility Name: Gemstar Inc.

Physical Address: 27 Robert Pitt Drive Monsey NY 10952
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 27 Robert Pitt Drive

City: Monsey State: NY Zip Code: 10952

Telephone: 845-425-7676 Fax: 845-425-2620

E-mail: nmoeller@gemstarinc.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 1 Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Aron Grossman

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.

Name: _____ Telephone: _____

101533

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ☐ Reno, NV 89509 ☐ (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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: SD Orthotics, Inc.

Physical Address: 148 E. 30th St., Suite 104 National City, CA 91950
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 148 E. 30th St., Suite 104

City: National City State: CA Zip Code: 91950

Telephone: 1-866-387-5106 Fax: 619-789-4704

E-mail: info@sdorthotics.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: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Stan Young

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 checked="" type="checkbox"/> Orthotics and Prosthesis
Other: <u>Off the shelf Orthotics</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: _____

101888

PPP

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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"/> 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: XPO Logistics Supply Chain, Inc.

Physical Address: 2349 Route 130, South Brunswick, New Jersey 08902
(This must be a business address, we can not issue a license to a home address)

Mailing Address: XPOLogistics, Attn:Richard EF Valitutto, General Counsel, 4035 Piedmont Parkway

City: High Point State: NC Zip Code: 27265

Telephone: (336) 232-4128 Fax: (336) 217-1847

E-mail: Richard.Valitutto@xpo.com Website: www.xpo.xom

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7 to 9:30 Tue: 7 to 9:30 Wed: 7 to 9:30 Thu: 7 to 9:30
Fri: 7 to 9:30 Sat: NA to NA Sun: NA to NA Holidays: NA to NA

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Donovan Barnes

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 type="checkbox"/> Diabetic Supplies | Other: <u>Medical Devices - See Exhibit B</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: Charles A. Wattleworth Telephone: (336) 447-2652

10-K

101653

QQQ

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (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.

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH_____) Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	<input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b <input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ER at Aliante, a Department of MountainView Hospital

Physical Address: 7207 ALIANTE PARKWAY

City: NORTH LAS VEGAS State: NEVADA Zip Code: 89084

Telephone: 702-962-9000 Fax: 702-962-5508

Website: https://mountainview-hospital.com/service/er-at-aliante E-mail: francisca.akoh@hcahealthcare.com

Managing Pharmacist: FRANCISCA AKOH

License Number: 17829

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input checked="" type="checkbox"/> <input type="checkbox"/> Hospital (# beds <u>11</u>)		<input checked="" type="checkbox"/> <input 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 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 checked="" type="checkbox"/> <input 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 Administration of medications for patients in ER under the supervision of the medical providers.

All boxes must be checked
 For the application to be complete

RRR

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (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: Sav-On Pharmacy #3489

Physical Address: 6730 N Hualapai Way

City: Las Vegas State: NV Zip Code: 89149

Telephone: TBD Fax: TBD

Toll Free Number: NA E-mail: rxlicenses@albertsons.com

Website: www.albertsons.com

Managing Pharmacist: Eric VanMeter License Number: 17356

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 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 type="checkbox"/> Other: _____	<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 checked="" type="checkbox"/>	<input type="checkbox"/> Other Services: <u>Immunizations</u>
			<u>Pet meds w/prescriptions</u>

All boxes must be checked
For the application to be complete



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (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 checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input 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: LINCARE INC.

Physical Address: 280 A ST. UNIT 210, FALLON, NV 89406
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO BOX 9004 ATTN: LICENSING

City: CLEARWATER State: FL Zip Code: 33758

Telephone: 727-431-8416 Fax: 877-524-9504

E-mail: LICENSING@LINCARE.COM Website: WWW.LINCARE.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: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: DEBRA JOHNSON

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input checked="" type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics |
| <input 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. Name: DEBRA JOHNSON Telephone: 888-399-8895

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
Administrative fee	\$495.00	\$495.00	\$495.00
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 will be added costs 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 August 2014

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
<p>RPH HC during data entry selected propranol rather than Protonix as prescribed then unintentionally deleted the prescription. The patient ingested the wrong medication for 20 days with alleged adverse effects. RPH AD was PIC at the time of the violations.</p>	<p>Fatigue and lightheadedness.</p>	<p>HC: letter of reprimand; \$2,750 fine; 4 additional hours of CE on error prevention and patient counseling AD: letter of reprimand and 4 additional hours of CE on pharmacy management.</p>	<p>\$1,000 fine; \$1,500 administrative fee; create training module for all NV CVS pharmacy personnel on the proper procedure to cancel or inactivate and not delete a prescription returned because of an error.</p>
<p>RPH MT verified as accurate Adderall XR 25 mg. capsules rather than the prescribed Adderall ER 20 mg. capsules. She failed to act upon the DUR alert which indicated the potential for duplicate therapy and failed to counsel. The patient ingested the wrong medication for 30 days.</p>	<p>None reported.</p>	<p>Letter of reprimand; \$2,750 fine; and 4 additional hours of CE on error prevention and patient counseling.</p>	<p>\$1,500 administrative fee.</p>
<p>RPH DR entered 500 mg. vials for injection, rather than the ampicillin 500 mg. capsules as prescribed. RPH MG verified, labeled and dispensed ampicillin 500 mg. vials for injection, rather than the ampicillin 500 mg. capsules prescribed. RPH EB failed to adequately provide counseling.</p>	<p>Non-ingested.</p>	<p>RPH DR: registration is suspended; the suspension is stayed and RPH registration placed on probation for three months; four additional CEs on error prevention; \$3,000 fine. RPH MG: letter of reprimand: \$1,000 fine. RPH EB: letter of reprimand: \$750 fine; 2 additional CEs on patient counseling.</p>	<p>\$1,500 administrative fee; create training module for all NV CVS pharmacy personnel on the proper procedure to cancel or inactivate and to not delete a prescription returned because of an error.</p>
<p>RPH JF created multiple fraudulent prescriptions for himself, family members and for technicians TB and IK.</p>	<p>N/A</p>	<p>RPH JF, technicians TB and IK registrations revoked.</p>	<p>N/A</p>
<p>RPH RE committed multiple compounding violations.</p>	<p>Non-Ingested</p>	<p>RPH registration suspended; suspension stayed and registration placed on probation for 30 days; \$2,000 fine; \$1,500 administrative fee; no sterile</p>	<p>Develop policies and procedures.</p>

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		compounding; no non-sterile compounding until pharmacy staff complete a Board-approved compounding course.	
RPH DB verified as accurate Phenobarbital <i>15 mg.</i> tablets with instructions to take 1 tablet twice daily; rather than the Phenobarbital <i>60 mg.</i> tablets as prescribed. The patient ingested the wrong medication for 6 days.	Increased seizure activity.	Fined \$1,000; two additional hours of CE on error prevention; and public letter of reprimand.	\$1,500 administrative fee.
RPH NZ created a fraudulent prescription for a dangerous drug (Singulair) for herself and billed that prescription to an insurance provider. Respondent then furnished the dangerous drug to another person without a legal prescription.	N/A	Revoked	N/A
PT KY diverted 50-100 carisoprodol tablets monthly from her employing pharmacy beginning June 2015 until October 2017.	N/A	Revoked	N/A
TDs TJ and RVM dispensed controlled substances and dangerous drugs to patients without the prescriber's handwritten signature on each prescription; falsified the prescriber's signature on prescriptions for controlled substances and dangerous drugs; accessed the prescriber's inventory of controlled substances and dangerous drugs and dispensed them when the prescriber was not on-site at his medical office; dispensed controlled substances and dangerous drugs to patients who were not present at the prescriber's medical office,	N/A	Technician dispensing registrations revoked.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
including dispensing using the U.S. Mail and Federal Express; falsely documented patient initials and dates of service on patient informed consent labels.			
Action to parallel CA order which found RPH RD guilty of subverting or attempting to subvert an investigation of the CA board; aiding or abetting violations of pharmacy law; violation of the statutes regulating controlled substances.	N/A	Three year probation; cannot own NV pharmacy; notify Board Staff if he falls out of compliance with CA Order.	N/A
Action to parallel CA order which found PT CM guilty of engaging in the practice of pharmacy without being a registered pharmacist, (2) fraudulently holding herself out as a pharmacist when she is not, and (3) signing documents that falsely indicate that she is a pharmacist.	N/A	Revocation.	N/A
Physician RT aided and abetted his staff in the unlicensed practice of pharmacy by allowing them to use his authority to obtain and possess an inventory of controlled substances and dangerous drugs; issue prescriptions for controlled substances and/or dangerous drugs using pre-signed and copied prescription blanks or a stamp of his signature to patients with whom he had no bona fide therapeutic relationship; allowing his unlicensed staff access to his inventory of controlled substances and dangerous drugs when he was not on site at his facility; allowing his	N/A	Revocation	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
<p>unlicensed staff to dispense prescriptions for controlled substances and dangerous drugs without him first personally checking the medications and initialing them before they were dispensed.</p>			
<p>Physician CW allowed his staff to dispense and be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription; allowed 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; allowed 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; allowed office staff access to the room or cabinet in which controlled substances and/or dangerous drugs are stored when he was not on-site at the facility; allowed his staff to dispense controlled substances or dangerous drugs when he was not on-site at his facility; 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; allowed members of his office staff to falsely</p>	N/A	Revocation.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
document patient initials and dates of service on patient informed consent forms.			
Pharmacists RA and NQ were responsible for a prescription that was mislabeled and dispensed with the wrong patient name; counseling was not provided.	Patient alleged that she experienced stomach issues.	RA voluntary surrender. NQ letter of reprimand; four additional hours of CE and retraining of the pharmacy staff in effective processes, error prevention and counseling.	\$1,000 administrative fee.

4A

JUL 16 2018

NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-027-PT-S
)	
Petitioner,)	
v.)	
	)	NOTICE OF INTENDED ACTION
ANTEEKAH MCCLELLAND, PT	)	AND ACCUSATION
Certificate of Registration No. PT18976,)	
)	
Respondent.	/	

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.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Pharmacy Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Anteekah McClelland, PT (McClelland), held a Nevada Pharmaceutical Technician Registration, Certificate No. PT18976, issued by the Pharmacy Board.

FACTUAL ALLEGATIONS

II.

In April 2018, McClelland was terminated from her employment as a pharmaceutical technician at Walgreens Pharmacy #7164 (Walgreens) for diversion of controlled substances.

III.

McClelland admitted to diverting controlled substances from Walgreens Pharmacy #7164 in a written statement and verbally during an interview conducted by a Walgreens' asset protection manager.

IV.

McClelland admitted to diverting 800 oxycodone 10/325 mg. tablets, 800 alprazolam 2 mg. tablets, and 400 hydrocodone 10/325 mg. tablets between February 2018 and April 2018.

V.

Walgreens reported the theft to law enforcement and McClelland was placed under arrest.

FIRST CAUSE OF ACTION

VI.

NRS 453.331(d) states, in relevant part, that “[i]t is unlawful for a person knowingly or intentionally to . . . [a]cquire or obtain . . . possession of a controlled substance . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration.” NRS 639.210(12) states that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, McClelland violated NRS 453.331(1)(d), and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

SECOND CAUSE OF ACTION

VII.

NRS 453.336(1) states, in relevant part, that “a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a [lawful] prescription or order of a [practitioner]”. NRS 639.210(12) says that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration . . .” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, McClelland violated NRS 453.336(1) and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

THIRD CAUSE OF ACTION

VIII.

NAC 639.945(1)(g) states that “[s]upplying or diverting drugs . . . which are legally sold in pharmacies . . . so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, McClelland has engaged in unprofessional conduct in violation of NAC 639.945(1)(g), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

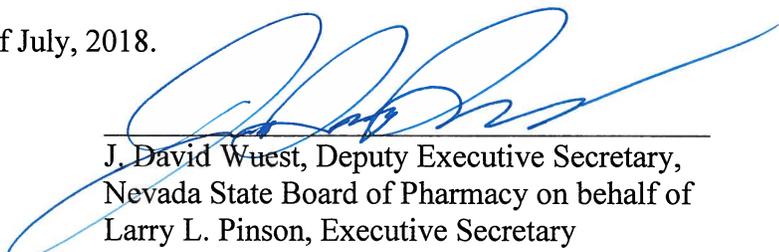
FOURTH CAUSE OF ACTION

IX.

NAC 639.945(1)(h) states that “[p]erforming 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.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, McClelland has engaged in unprofessional conduct in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

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 16th day of July, 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-027-PT-S
)	
Petitioner,)	
v.)	
)	
ANTEEKAH MCCLELLAND, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT18976,	)	OF DEFENSE
)	
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 July, 2018

ANTEEKAH MCCLELLAND, PT

4B

JUL 09 2018

NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-056-PT-N
)	
Petitioner,)	
)	
v.)	
	)	NOTICE OF INTENDED ACTION
NOAH DANIEL SILVA, PT	)	AND ACCUSATION
Certificate of Registration No. PT19453,)	
)	
Respondent.	/	

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.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Pharmacy Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Noah Daniel Silva, PT (Silva), held a Nevada Pharmaceutical Technician Registration, Certificate No. PT19453, issued by the Pharmacy Board.

FACTUAL ALLEGATIONS

II.

In March 2018, a lead coordinator from the CVS Drug Loss Program notified Board Staff that Silva was terminated from his employment as a pharmaceutical technician at CVS Pharmacy #08792 (CVS) for diversion of controlled substances.

III.

Silva admitted to diverting controlled substances from CVS Pharmacy #08792 in a written statement and verbally during an interview conducted by a CVS district asset protection leader.

IV.

Silva admitted that in December 2017, he diverted approximately sixty (60) Adderall 20 mg. tablets from CVS by removing a bottle located by the computer at the “pick-up” counter within the pharmacy, and placing the bottle of Adderall in the pocket of a sweater he wore under his scrubs.

V.

CVS reported the theft to law enforcement and Silva was placed under arrest.

FIRST CAUSE OF ACTION

VI.

NRS 453.331(d) states, in relevant part, that “[i]t is unlawful for a person knowingly or intentionally to . . . [a]cquire or obtain . . . possession of a controlled substance . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration.” NRS 639.210(12) states that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Silva violated NRS 453.331(1)(d), and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

SECOND CAUSE OF ACTION

VII.

NRS 453.336(1) states, in relevant part, that “a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a [lawful] prescription or order of a [practitioner]”. NRS 639.210(12) says that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration . . .” is grounds for suspension or revocation of any certificate, license or permit

licensed by the Board. By diverting controlled substances as alleged herein, Silva violated NRS 453.336(1), and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

THIRD CAUSE OF ACTION

VIII.

NAC 639.945(1)(g) states that “[s]upplying or diverting drugs . . . which are legally sold in pharmacies . . . so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Silva has engaged in unprofessional conduct in violation of NAC 639.945(1)(g), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

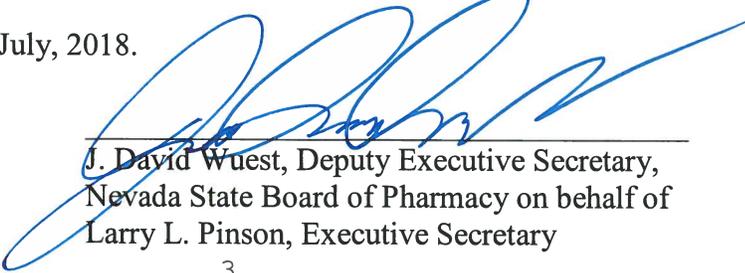
FOURTH CAUSE OF ACTION

IX.

NAC 639.945(1)(h) states that “[p]erforming 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.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Silva has engaged in unprofessional conduct in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

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 9th day of July, 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-056-PT-N
)	
Petitioner,)	
v.)	
)	
NOAH DANIEL SILVA, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT19453,	)	OF DEFENSE
)	
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 July, 2018.

NOAH DANIEL SILVA, PT

4C

MAY - 1 2018

NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-101-CS-S
)	
Petitioner,	)	NOTICE OF INTENDED ACTION
v.	)	AND ACCUSATION
)	
IVAN GOLDSMITH, M.D.,)	
Certificate of Registration No. CS20816, PD00413,)	
)	
Respondent.	/	

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.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Ivan Goldsmith, M.D. (Goldsmith), had both a Controlled Substance Registration, Certificate No. CS20816, and a Practitioner Dispensing Registration, Certificate No. PD00413, issued by the Board.

FACTUAL ALLEGATIONS

II.

On December 9, 2013, the Board granted Goldsmith an account for Internet access to the Nevada Prescription Monitoring Program (PMP) for purposes authorized under federal and state law.

III.

Before receiving access, Goldsmith signed a Practitioner Certification Statement on December 6, 2013, stating that he understood and agreed under penalty of perjury that he was responsible for all patient information transmitted from his account, that he would treat PMP information as confidential, that he would protect any PMP information in his possession or control in accordance with federal and state laws governing health care information, and that he

would safeguard his password and not share his login credentials with any other person.

IV.

Stephen Paddock (Paddock) was the perpetrator of the October 1, 2017, Las Vegas mass shooting, and committed suicide immediately after the incident sometime before midnight.

V.

On or about October 2, 2017, Goldsmith verified through his office electronic medical records system (EMR) that Paddock was never his patient.

VI.

From October 2, 2017 at 9:25 a.m. to October 3, 2017 at 2:20 p.m., Goldsmith's PMP account was used to query the PMP database five separate times using different search parameters for each query, to access Paddock's confidential patient information, and to obtain patient utilization reports detailing Paddock's prescription-controlled substance utilization history.

VII.

The fourth search, conducted on October 3, 2017 at 10:18 a.m., yielded specific prescription information regarding two prescriptions for Paddock filled at Evergreens Drugs in Henderson, Nevada in 2016, and at a Walgreens pharmacy in Reno, Nevada in 2017.

VIII.

On October 3, 2017 at 9:00 p.m., the Las Vegas Review-Journal published an article written by reporter Paul Harasim. That article purported to include Paddock's confidential patient information, including information about the two prescriptions, which the reporter attributed to and obtained from the Nevada Prescription Monitoring Program (PMP).

IX.

The Las Vegas Review-Journal updated the article on October 4, 2017 at 10:00 a.m. to reference specific prescription data and prescriber information related to Paddock from June 7, 2016 and June 21, 2017.

X.

On or about November 8, 2017, Goldsmith, through his counsel, filed an Amended Declaration with the Eighth Judicial District Court of Clark County Nevada in Case No. A-17-762877-W in which Goldsmith admits to directing his office staff to use his PMP account to query Paddock's confidential patient information and to obtain patient utilization reports on October 2, 2017, and again on October 3, 2017.

XI.

In his Amended Declaration Goldsmith also admits to routinely allowing his staff to use his PMP account to query the PMP on his behalf.

APPLICABLE LAW

XII.

The Board administers the Prescription Monitoring Program (PMP), which maintains a database of all transactions for schedule II, III, IV and V controlled substances prescribed and dispensed in Nevada. *See* NRS 453.162 through 453.165, *inclusive*.

XIII.

At the time of the events alleged herein, NRS 639.23507(1) authorized a practitioner to obtain a patient utilization report from the PMP before prescribing a controlled substance to his patients under certain circumstances, to assess whether the prescription is medically necessary.¹

XIV.

Patient utilization reports and data in the PMP database constitute Protected Health Information (PHI) as defined in 45 C.F.R. § 160.103. They are protected from unauthorized access, use and disclosure under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 45 C.F.R. Part 160 and Part 164, Subparts A and E (HIPPA Privacy Rule).

¹ Assembly Bill (AB) 474, 79th Legislative Session (2017), amended NRS 639.23507(1). Those amendments became effective January 1, 2018 and are therefore immaterial to this action.

XV.

Patient utilization reports and all data in the PMP database are also confidential and protected from unauthorized use or disclosure under state law. NRS 453.164(7).

XVI.

Unauthorized access, use or disclosure of PHI carries civil and criminal penalties under federal law. Pub.L. 104-191, 42 U.S.C. § 1320d-5 and 6.

XVII.

Unauthorized access, use or disclosure of information in the PMP database also constitutes a crime under state law. NRS 453.552(2).

FIRST CAUSE OF ACTION

XVIII.

By accessing or directing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient and by obtaining Paddock's patient utilization report, Goldsmith performed his duties as the holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i). Goldsmith's Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

SECOND CAUSE OF ACTION

XIX.

By accessing or directing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient and by obtaining Paddock's patient utilization report, Goldsmith violated the HIPAA Privacy Rule. His Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration,

Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

THIRD CAUSE OF ACTION

XX.

By accessing or directing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient and by obtaining Paddock's patient utilization report, Goldsmith violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7) and/or the HIPAA Privacy Rule. His Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

FOURTH CAUSE OF ACTION

XXI.

By disclosing or allowing to be disclosed to the press—Las Vegas Review Journal and/or writer Paul Harasim—Paddock's confidential PMP data and patient utilization report, which were accessed only by Goldsmith's PMP account on October 2 and October 3, 2017, Goldsmith violated state and federal law, including the HIPAAA Privacy Rule and NRS 639.164(7). His Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(4), (11) and (12) as well as NRS 639.255.

FIFTH CAUSE OF ACTION

XXII.

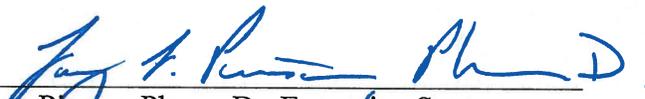
By accessing or directing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient and by obtaining Paddock's patient utilization report, Goldsmith committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest pursuant to NRS 453.231, and is

subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

XXIII.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the Controlled Substance Registration, Certificate No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413 of Respondent Goldsmith.

Signed this 1st day of May 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 twenty (20) days of your receipt of the Notice of Intended Action and Accusation a written statement showing your compliance.

1. The Respondent asserts his rights under the Fifth Amendment against self incrimination as to all allegations contained in the Notice of Intended Action and Accusation, Case No. 17-101-CS-S. Respondent will contest the presentation of evidence and testimony offered by the Nevada State Board of Pharmacy and may offer expert testimony regarding the Prescription Monitoring Program. No adverse inferences should be drawn from Dr. Goldsmith asserting his Fifth Amendment Rights.

This Answer and Notice of Defense is made under penalty of perjury of the laws of the State of Nevada.

Dated this 20th day of August, 2018.


E. BRENT BRYSON, ESQ

5

July 25, 2018

Nevada State Board of Pharmacy
Attn: Paul Edwards
431 W. Plumb Lane
Reno, NV 89509

Re: Esther Kim – Pharmacist License No. 14841

Dear Mr. Edwards:

I am writing to you regarding reinstatement of my application to renew the above-listed Nevada Pharmacist License. In 2015, I have entered into a stipulated settlement with the California State Board of Pharmacy in administrative case No. 4904, wherein I voluntarily surrendered my California Pharmacist License as I was unable to afford the costs associated with formal litigation of the matter on the merits. The surrender became effective on January 28, 2015. Pursuant to the terms of the disciplinary order, I became eligible for relicensing in California in January of 2018.

In January 2016, my Nevada Pharmacist License was placed on inactive status, pending resolution of the above-referenced California administrative case. The California matter is now concluded, and I would like to respectfully request reinstatement of my application to renew my Nevada Pharmacist License as I am considering relocation to the State of Nevada in the near future. I understand that I will be required to personally appear before the Board and I appreciate being given the opportunity to answer any questions the Board may have about my fitness to practice pharmacy.

I would like to provide some additional information for the Board's consideration in advance of my appearance before the Board. Although I was unable to practice pharmacy for the past three years, I maintained my professional knowledge and skills by seeking continuing education in various areas of practice, with particular focus on the areas that were deemed deficient by the California Board prior to my discipline. I have also sought additional education in the area of professional ethics to reaffirm my commitment to safe and responsible practice of pharmacy. Attached for your reference is a transcript from my most recent continuing education activities and pharmacy trainings.

The events that led to the surrender of my California license will be permanently seared in my memory. In an effort to help my patient, I allowed my professional judgment to lapse and I violated the law. I cannot, and will not, try to find an excuse for my misconduct. I was wrong, and I paid the price for it. However, I would like to respectfully request that the Board considers not only my past failures, but also my efforts to correct the mistakes I have made.

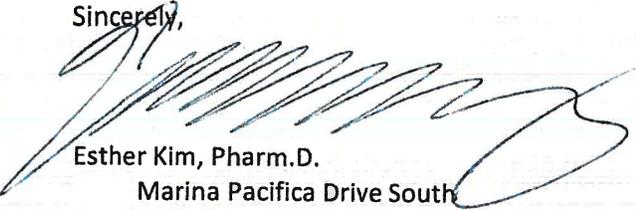
During the past three years, I have engaged in various community service efforts that were somewhat related to the profession of pharmacy that I am very passionate about. Even though I could not work as a pharmacist, I was able to find a way to improve lives of others by engaging in activities such as volunteering at my local Red Cross for blood drives, taking paralegal classes to better understand the pharmacy law and compliance, volunteering my time to assist a new pharmacy school graduate for nearly nine months in helping him pass the NAPLEX examination, giving clinical nutritional

seminar at various women's gatherings, and last volunteering teaching ballroom dancing to senior citizens.

While I understand that the Board may be hesitant to allow me to renew my Nevada license after being disciplined by another state, I would like to offer my unconditional commitment to uphold the highest professional and ethical standards of our profession. With regret, I must acknowledge my errors in judgment and I humbly ask for an opportunity to demonstrate to the Board that I am worthy of your trust and that I will serve the public as a pharmacist to the best of my abilities. Attached are nine letters of recommendation in support of reinstatement of my Nevada Pharmacist License.

Please feel free to contact me at your convenience with any questions or for additional information. Thank you for your kind consideration.

Sincerely,



Esther Kim, Pharm.D.
Marina Pacifica Drive South
Long Beach CA 90803

Enclosures

June 27, 2018

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

To whom it may concern,

Fortunately, I have been surrounded by great health care professionals through illness and surgeries. Most have been fabulous healing the cancer or replacing a joint but none of these doctors were able to provide for me the care or concern to listen how these treatments were affecting my personal well being. After being referred to Esther Kim almost fifteen years ago, I found such a health care advocate. Esther easily and readily gave of her vast knowledge to provide me with supplements to assist my body by lessening the ravages of extreme stress and hormonal imbalance. For many years I had gone to my physician complaining of fatigue, dry skin all that was done was blood tests with no resulting treatment. Esther, along with my primary care doctor's guidance, was able to place me on a regimen of bio-identical hormones and supplements to boost my adrenal system and balance my hormones. Honestly, I felt like a new woman ready to face life in a positive manner once again.

With Esther's help approximately five years ago, I was able to prepare my body for hip replacement surgery. The surgeon and my physical therapist were so amazed at how quickly I recovered from this huge surgery. I truly believe it was from the guidance I received from Esther at Heritage Compounding Pharmacy. Two years later, I was once again faced with replacement surgery, this time on my knee, so I turned to Heritage Compounding Pharmacy. To my dismay, Esther was no longer available to consult with me. The healing time from this surgery was much more painful and took substantially longer to heal. Truly, I feel my results would have been better if I had Esther to guide me. I learned that Esther had to surrender her California license due to pharmacy violations and could no longer work as a pharmacist.

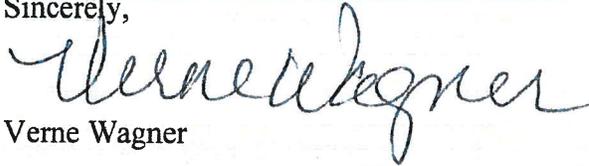
I am writing this letter in hopes to help her get her license back. I remember Esther as a trusted professional who was instrumental in my health recoveries. I fully endorse her reinstatement and I look forward receiving care from her. She is a great asset to the community and I really miss her care. Recently, she mentioned that she was considering moving to Nevada and I hope that she will be allowed to renew her Nevada pharmacist license and to provide her knowledgeable and compassionate care to patients there.

Esther is highly professional, kind, observant, compassionate and knowledgeable. It is sad that she is no longer able to assist so many aging women that so greatly depended about that

knowledge to live their best lives. It is important to age in a healthy manner and Esther was a huge part of that for so many. Knowing and working with Esther for so many years, I can honestly state that she is a professional with the highest moral and ethical standards. I would highly recommend Esther to my friends and I have in the past.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Sincerely,

A handwritten signature in black ink that reads "Verne Wagner". The signature is written in a cursive style with a large, prominent "V" at the beginning.

Verne Wagner

West Las Palmas Drive
Fullerton Ca 92835

July 26, 2018

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

To Whom It May Concern:

It is my pleasure to write this letter of recommendation for Esther Kim who has been a friend and partner in my overall health. When I met Esther over 10 years ago I was suffering from several health and hormonal issues due to diet pill abuse. My Dr. referred me to Esther and described her as one of the most knowledgeable and caring pharmacist in our community. After meeting with Esther it was clear that she was this and much more. Esther took over an hour with me to not only understand who I was as a person but to explain to me how the body was integrated and needed systemic support to thrive. She educated me in a way that nobody had ever done in the past. We worked together for three years on my recovery through hormone therapy and supplementation and eventually my body healed. This was not easy as by the time I got to see her I could barely walk into her office. I can honestly say that without her help and counsel, I would not be here today.

I am aware of the recent situation with Esther and the discipline on behalf of the Board of Pharmacy. As a CEO of my own business doing CEO level assessment and coaching I can tell you that most people in the world of business make some bad judgement calls from time to time. We tend to forget the one's made by multi-millionaires yet they may the same mistakes over and over and never repent of their mistakes. Esther is not this person. She understands what she has done and has invested three years in educating herself in the law to ensure she can rebound as a stronger pharmacist with more knowledge. Self-awareness and action is everything and she has proven through her actions that she is ready to return to her passion.

Below is a quote from my self published book: "Beautifully Broken" which I dedicated to Esther and my Mother.

"After meeting Esther for the first time, I left feeling amazed by this wonderful woman! Although she was small and petite in size, she possessed a mighty spirit. She also demonstrated a deep understanding of how women are wired, how we react to stress and how all of these factors relate to the endocrine system. Little did I know that meeting Esther would be my first real step toward my recovery."

Beautifully Broken, 2011

June 21, 2018

To the Board of Pharmacy,

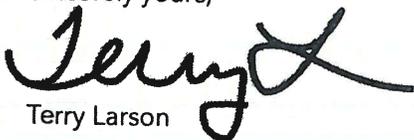
I have known Esther Kim for the past eleven years as a patient at Heritage Compounding Pharmacy. Ms. Kim was an outstanding pharmacist who went above and beyond for her clients. When I had questions, she completely answered them and was very helpful in educating me about the various compounded medicines I was prescribed. Ms. Kim's patience and sincere concern for any patient under her care was very evident when I was at her pharmacy. She took her time, was very knowledgeable, and most of all she was very compassionate and genuinely caring.

I have learned that Ms. Kim's license may be in jeopardy but have never witnessed or suspected any inconsistency in which she conducted her business. Ms. Kim was consistently professional and she was very conscientious on all levels of her practice. I chose to stay with Heritage Compounding Pharmacy for this reason even though I had a more local compounding pharmacy available to me. Customer service with care and integrity is hard to find these days, so it was very refreshing to meet and work with Ms. Kim!

Without reservation, Ms. Kim is an outstanding pharmacist and I am confident that she can practice pharmacy in a professional, responsible and most caring manner. Ms. Kim bridges true patient support and integrity with a very high level of competence. Our medical system needs this type of care more than ever and patients deserve to be treated with this degree of support and respect.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Sincerely yours,



Terry Larson

Lantana Drive

Yorba Linda, CA 92886

July 15, 2018

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

To the Board of Pharmacy,

It is my pleasure and utmost honor to write a letter of recommendation for Esther Kim who has been both a colleague and a friend for over 19 years. I am also a pharmacist and I am currently employed at Lakewood Regional Medical Center in Lakewood, California. I have been a pharmacist for over 33 years.

I have first met Esther Kim at Vencor Hospital (now known as Kindred) in Westminster, California in 1999. We both worked as a clinical pharmacist working with the medical team in providing pharmaceutical care. Working closely as a colleague allowed me to quickly assess her clinical knowledge, skills and work ethics. She is a hard worker, bright and dedicated pharmacist and a definite team player. She has demonstrated strong working ethics and dedicated desire to help others. What is remarkable about Esther is her resilience and continuous effort to learn and improve herself despite going through a horrendous divorce, pharmacy disciplinary issues, and taking care of her 2 boys by herself.

In 2005, Esther opened up Heritage Compounding Pharmacy in Brea, California. She always had passion for anti-aging and preventive integrative health. She was able to accomplish this through collaborative efforts with the doctors and patients by addressing the core issues of hormonal, adrenal and thyroid imbalance that arise from aging population. She helped countless number of patients with her passion and dedication. In fact on a personal note she was able to compound a special anti-wart liquid that helped me get rid of my warts in my hand that I had such a hard time getting rid of through conventional medicine for many years. I quickly learned the value of her compounding pharmacy service and how truly she is an asset to her patients and the community.

I am aware of recent California Board of Pharmacy disciplinary actions that has led to Esther's surrendering of her California pharmacist license. I am writing this letter in hopes that she is giving a second chance to resume her pharmacist career. Esther clearly understands her bad judgement and she has learned from her mistakes. In fact she has taken this opportunity to develop new skill in a paralegal degree so that she can understand and abide to the laws that govern our health care and regulations. She continues to give back to the community by education and presentation of her clinical knowledge about nutrition, supplements, and disease states to church groups and various community women's group.

I leave you with this quote from Oprah Winfrey. "There is no greater gift you can give or receive than to honor your calling. It's why you were born. And how you became most truly alive."

When you see Esther in action with patients or in her educational presentation she comes alive. You can truly see her passion. She has amazing intuitive gift to listen to her patients, understand and feel what they feel. This connection is the reason why she needs to continue her service to the community. I have no reservation whatsoever in giving Esther my highest recommendation in getting her pharmacy license back. I have no doubt in my mind she will uphold the highest professional and ethical standards to take care of her patients.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Sincerely,

Susan Abdou, Pharm. D.
Via Cadiz
Yorba Linda CA 92886

June 27, 2018

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

To whom it may concern,

I am writing this letter recommending the reinstatement of Esther Kim's pharmacy license. I am a Family Practice Physician who retired at the end of 2016 from the Federal Bureau of Prisons-Department of Justice after twenty two years (for full disclosure I have not maintained my Board Certification since retirement, but my California State Medical License remains active). My station was FCI-Terminal Island in San Pedro, California.

I have known Esther for over twenty years. I met her when she worked at Terminal Island as a Pharmacy Technician during the Summer of 1997. At that time, Esther was a Pharmacy student at USC and took the technician position during the Summer.

It was obvious by Esther's work ethic that she was dedicated to the pharmacy profession. I was deeply impressed by her fund of knowledge although she was still a student.

We kept in touch intermittently after her departure from Terminal Island. I attended her wedding and later was informed she started a compounding pharmacy. This came as no surprise as Esther was always fascinated by compounding and through hard work she found success in that field. So, it was with utter disappointment when I learned of Esther's pharmacy violations and subsequent surrender of her license. It was nearly unbelievable to me as Esther was so absolutely dedicated to the profession. In fact, she contacted me periodically in order to broaden her understanding of disease states.

I am delighted to learn that three years after the surrender of her pharmacy license, it is possible for Esther to recover her license. Despite the terrible nature of her violations, I believe Esther deserves a second chance to resume her career as a pharmacist.

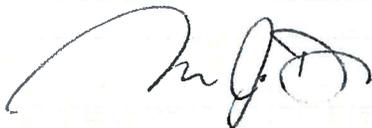
My understanding is Esther completed a paralegal degree and received courses in Ethics during her suspension. She also participates in community services and is now preparing to volunteer for the Red Cross. In addition, She will be educating pharmacy students on avoiding ethical lapses.

I know Esther has been under tremendous pressure the last few years. While a full time paralegal student and a single mother with two sons, she has been in the midst of a tortuous divorce which has not been resolved yet.

Remarkably, Esther has remained strong and completely dedicated to the pharmacy profession. She continues to remain current on pharmacy topics. Furthermore, I am certain she is fully contrite, has learned her lesson, and will be a productive member of the pharmacy profession if she is reinstated.

After twenty two years as a Federal Law Enforcement Officer charged with the care of federal inmates, I believe I have become a good judge of character. I have no reservations about Esther's character and wholeheartedly support her reinstatement in the pharmacy profession.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark J. Dag', with a stylized flourish at the end.

Mark J. Dag, M.D.
Medical Officer FCI Terminal Island retired
N. McPherrin ave.
Monterey Park, CA 91754

July 30, 2018

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

RE: Esther Kim's reinstatement of Pharmacist License

To Whom It May Concern,

It's my absolute pleasure to write this letter of recommendation on behalf of Esther Kim who is both a colleague and a friend. I first met Esther in 2007 when I started working at heritage compounding pharmacy as a Pharmacy Technician; where Esther was the owner / Pharmacist-in-charge.

Throughout the time that I worked with Esther in the pharmacy, she would always make sure that we technicians, would learn something new while working with her. Whether it was about calculations for new formulas or new nutritional supplements (from vendors such as Metagenics and Xymogen, etc) so that we would have a better understanding of nutritional supplements. I thoroughly enjoyed my time working with Esther, and came to know her as a truly valuable asset to the pharmacy. She is honest, dependable, kind-hearted and incredibly hard-working; despite the disciplinary action from the California State Board of Pharmacy, Esther clearly understood the reasons she had to surrender her pharmacist license back in 2015, and since then she has been studying and learning the new pharmacy laws and regulations, so that when her probation period is over she would be prepared should she be required to pass the State Board Exam to once again become a licensed pharmacist.

Beyond that, she is an impressive employer who cared for her employees and made sure we were happy and comfortable working in her pharmacy, she would treat us as part of her family. Along with her undeniable talent, Esther Kim has always been an absolute joy to work with. She is a true team player, and always managed to foster positive discussions and bring the best out of her employees.

Without a doubt, Esther Kim was always an excellent pharmacist that paid the price for her mistakes. It is evident to me and everyone that worked with her over the years that she continues to move her life forward in a positive and productive way, as a dedicated, knowledgeable and an all-around great person, I know that if she is able to obtain her pharmacist license it will be the next step in her progression.

Please feel free to contact me at (714)383-3038 should you like to discuss Esther Kim's qualifications and experience further. I'd be happy to expand on my recommendation.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda Ruelas", with a long, sweeping flourish extending to the right.

Melinda Ann Ruelas
Trask Ave., #C3
Garden Grove, CA 92844
Tel. #:

July 26, 2018

Nevada State Board of Pharmacy
431 W. Plumb Ln.
Reno, NV 89509
Re: Esther Kim

To Whom It May Concern:

I am writing this letter of recommendation pertaining to the reinstatement of Esther Kim's pharmacy license so that she can once again become a licensed and practicing pharmacist who is an asset to the community and patients she assisted.

I have known Esther Kim since July of 2017. During this time, she has become a close friend of mine and as I have gotten to know her, I can see the kindness and good nature in her character as an individual. First off, I can see that she is a very warm and trusting person who is willing to help those less fortunate. Many times, I have seen her provide small acts of kindness in helping others such as her family members and friends with financial support when they are in need. I can also see that she is a very loving mother to her two kids and has always tried to provide them love, attention and help in their journey to becoming adults and good members of society.

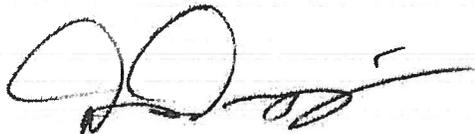
Esther clearly understands the issues and the reasons she had to forfeit her pharmacy license back in 2015. She has remorse for the mistakes she made. Despite her good intentions, she understands that her actions were not in line with the professional conduct, standards and responsibilities of being a pharmacist. She regrets those past actions and has fully complied with all the requirements of the pharmacy board over the past three years to become reinstated. Most importantly, she has learned from those mistakes to never be repeated.

She is a very intelligent pharmacist and only wishes to do good for the community and people that she can help once again with her skills. Many pharmacy owners have asked her to provide consultation to them in helping them become successful operators as Esther did with Heritage Compounding Pharmacy. However, Esther has turned offers down as she wants to be a fully licensed pharmacist again before she decides to take on such responsibilities because it is simply "The right thing to do" in her mind.

One characteristic that best defines Esther is her desire to always learn and educate herself. During her time away from being a pharmacist, she has gone back to school to study becoming a paralegal. Just to see how well she can do it and learn a different field of study. In the three years since relinquishing her license, Esther has not stopped trying to learn and keeping up with the latest in pharmaceutical techniques and keeping abreast of the industry. She is currently studying to obtain her license should she be required to pass the State Board exam to once again achieve certification.

In summary, I am very confident that Esther can safely and responsibly be trusted to practice being a pharmacist once again. As I mentioned, she would be an asset to the community and industry. She desires to become reinstated with the sole purpose of caring for people. I therefore ask if you can please give Esther the opportunity to prove how valuable she is to her chosen profession.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dennis Dominguez', with a stylized flourish extending to the right.

Dennis Dominguez
W. Ave. 32
Los Angeles, CA. 90065

July 22, 2018

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

To Whom It May Concern,

My name is Cody Adam Jobran. I graduated from Massachusetts College of Pharmacy and Health Science (MCPHS) in June of 2017. Ever since I graduated from pharmacy school I began efforts to study and pass the NAPLEX examination. After few attempts without passing, I was introduced to Esther Kim who became my mentor for almost 8 months by providing real life work experience in hospital, residency, sterile and nonsterile compounding, and most importantly in Pharmacy laws and compliance.

Although I had brief internship experience in my clinical rotation at school, I did not have work experience in a hospital or compounding pharmacy setting to understand the importance and adherence to the highest professional and ethical standards of becoming a pharmacists. Thus, meeting Esther Kim was a true benefit to my professional growth.

My first day of meeting Esther Kim was in October of 2017 and she disclosed her California disciplinary actions against her and how she stipulated with the Board of Pharmacy to surrender her license and to sell her compounding pharmacy. She actually had tears of pain and remorse from her mistake while she was sharing her tragic story. This had such an impact on me because when I started my freshman year in MCPHS the news was everywhere about New England Compounding Pharmacy (NECC) in Massachusetts and its ripple effects on up regulation of State Board of Pharmacy laws, regulations and inspections and to hear a real life story in person on a first day of meeting my new mentor was shocking and unexpected.

Looking back now I realized why Esther told me her story as candidly as she did. She used her story as a testimony to teach me the importance of the regulatory compliance and to know the pharmacy law and regulations inside and out. In fact, we went over her disciplinary actions and all the violations she has committed so that I understand the law and compliance of pharmacy regulation. She further explained she is attending Fullerton College Paralegal School to better understand the law so she can abide to pharmacy rules and regulations and to document everything I am doing in the pharmacy for compliance and adherence to the pharmacy law.

After our candid first day meeting the next 9 months were rigorous study plans of all disease state, pharmacy law and regulations, sterile and non-sterile compounding, Total Parenteral Nutrition, vitamin supplements and pharmaceutical calculation. Studying with Esther was truly an invaluable experience. Having a studying companion with real life experience

helped me tremendously to understand the concept so much more. I realized when you understand it you do not need to memorize it. I will never forget Esther in my life. Because of her intervention and coaching I passed my NAPLEX exam June 2018!!! I will be forever grateful to my friend and my mentor. She has taught me to persevere and never give up. She has taught me the importance of giving back to our community and paying forward.

I am very proud to write a letter of recommendation for my mentor and a friend. Please give her a chance to prove and demonstrate to the Board she is worthy of your trust. Please give her a chance to prove she is truly an asset to the pharmacy profession.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cody Jobran', with a long horizontal flourish extending to the right.

Cody Jobran, Pharm. D.
Galaxy Circle
Buena Park, CA 90620

July 31, 2018

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

To the Board of Pharmacy,

It is my absolute honor and pleasure to write a letter of recommendation on behalf of my good friend Esther Kim with whom I had the privilege of working together at the Clubhouse Ballroom Dance Center in Placentia, California. Esther Kim is a beautiful ballroom dancer who volunteered her time and talent assisting me in teaching ballroom dancing to senior citizens for a period of two years in 2015 to 2016. I have been a professional Ballroom & Latin dance instructor for over 25 years. Esther helped out on Friday ballroom classes as well as Saturday evening ballroom social dancing. We worked together in demonstrating steps and movement to the rhythm of music. She demonstrated women's steps and styling while working on flexibility and coordination with our senior students. As a healthcare provider she quickly understood the health, mind and body connection. She had a genuine love for her community and everyone enjoyed her participation in our classes. In addition, with her knowledge as a pharmacist she had genuine concerns about people's wellbeing, health and nutrition.

For example, although I have been a ballroom instructor for over 25 years my nutrition and lifestyle were far from being healthy. When I first met Esther she quickly learned of my poor eating habits and lifestyle which had led to many years of hypertension, diabetes, and obesity. Growing up I lived on Coca Cola's and other soft drinks as my main source of hydration. I knew nothing about nutrition. With Esther's education and counseling she helped me to start eating clean, wholesome, non-processed foods and encouraged me to join the gym. In fact she even worked out with me a few times to give moral support and motivation. In addition she helped me lower my blood sugar by recommending I take natural Alpha Lipoic Acid twice a day and taking a good probiotic. With better eating habits, working out and the two supplements she recommended I started to lose weight and my sugar level normalized to a point where I was reducing my blood pressure and diabetic medication. She extended this service not only to me but to other staff members as well as the senior citizens who had questions and concerns about health and medication.

It was an absolute joy to work with Esther Kim. I am aware of Esther's discipline with the California Board of Pharmacy. That is why I am writing this letter of recommendation in hopes she can practice her gift of giving back to the community. She deeply loves and cares about people and her community including myself. I am a healthier person today because of Esther's passion in teaching and educating about wellness. Please allow her to continue her profession so that she can continue her passion of changing and touching lives like she did with me. Thank you for giving me a chance to tell my story. Please do not hesitate to call me for more information. I thank you for your time and opportunity.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Sincerely,

John Lopez 7-31-2018

John Lopez
Professional Ballroom Instructor
E. Warner Ave
Santa Ana, CA 92705



Fullerton College

321 East Chapman Avenue • Fullerton, CA 92832-2095

Business and Computer Information Systems Division
Economic and Workforce Development

Ph: 714-992-7032 • Fax: 714-992-9910
www.fullcoll.edu

July 26, 2018

To Whom It May Concern:

Subject: Esther J. Kim

This letter is to certify that Esther J. Kim has successfully completed all core requirements Fullerton College has established for the ABA-approved Paralegal Studies Certificate on May 26, 2018.

As of this writing, Ms. Kim completed the following courses:

Introduction to Paralegal Studies	Introduction to Legal Research & Terminology
Introduction to Legal Writing	Computers in the Law Office I
Civil Litigation I & II	Computer-Assisted Legal Research
Family Law	Probate, Wills and Trusts
Contract Law	

If you have any questions, please contact me by phone at (714) 992-7033 or by e-mail at dbenoit@fullcoll.edu.

Sincerely,

A handwritten signature in cursive script that reads "Douglas R. Benoit".

Douglas R. Benoit, EdD, Dean
Business, Computer Information Systems, and
Workforce Development Division

Loretta Calvert, J.D.
Director of Paralegal Studies

DB/LC/ds

17.000 13.000 13.000 13.000 43.00 3.30

Unofficial Transcript

Term: Spring 2017

Term Comments: Dean's Honor List

Subject	Course	Campus	Level	Title	Grade	Credit Hours	Quality Points	Start and End Dates	R
MUSA	136 F	Fullerton College	2	Beginning Piano Sight-Reading	A	1.000	4.00		
PHIL	160 F	Fullerton College	2	Introduction to Ethics Grade Change	A	3.000	12.00		
PLEG	204 F	Fullerton College	2	Family Law	A	3.000	12.00		
PLEG	207 F	Fullerton College	2	Computer-Assisted Legal Resrch	A	3.000	12.00		
PLEG	214 F	Fullerton College	2	Contract Law Procedure	A	3.000	12.00		

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	13.000	13.000	13.000	13.000	52.00	4.00
Cumulative:	30.000	26.000	26.000	26.000	95.00	3.65

Unofficial Transcript

Term: Summer 2017

Subject	Course	Campus	Level	Title	Grade	Credit Hours	Quality Points	Start and End Dates	R
PLEG	105 F	Fullerton College	2	Intro to Legal Writing	A	3.000	12.00		

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	3.000	3.000	3.000	3.000	12.00	4.00
Cumulative:	33.000	29.000	29.000	29.000	107.00	3.68

Unofficial Transcript

Term: Fall 2017

Subject	Course	Campus	Level	Title	Grade	Credit Hours	Quality Points	Start and End Dates	R
PLEG	201 F	Fullerton College	2	Civil Litigation I	B	3.000	9.00		
PLEG	216 F	Fullerton College	2	Computers in the Law Office II	W	3.000	0.00		

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	6.000	3.000	3.000	3.000	9.00	3.00



CALIFORNIA STATE BOARD OF PHARMACY

BE AWARE AND TAKE CARE: Talk to your pharmacist!

Free Continuing Education for Pharmacists: CURES, Prescription Drug Abuse and Preventing Drug Diversion -- What a Pharmacist Needs to Know

*Training Hosted by the
California State Board of Pharmacy*

At

California Northstate University
9700 West Taron Drive, Elk Grove, CA 95757
School of Pharmacy
July 28, 2018
8:00am -5:00pm

*I attended
this meeting*



Registration Instructions: Space is limited; pre-registration is required. To register please **send an email** with your full name and license number (if applicable) to registration@dca.ca.gov. If you have questions please contact Laura Hendricks at laura.hendricks@dca.ca.gov or (916) 574-7918.

Pharmacists will be awarded 6 hours of CE credit for attending the session. An additional 1 hour of CE can be earned at the end of the day that meets the requirements of California's pharmacist protocol to provide naloxone (for a total of 7 hours CE).

Agenda: July 28, 2018

Space is Limited, Registration Is **Required** - See First Page for Registration Instructions

- 7:30-8:00 Registration
- 8:00-8:15 Welcoming Remarks
- 8:15-9:30 Drug Diversion Trends, Counterfeit/Stolen/Altered Prescriptions, Common Drugs of Abuse, Pharmacy Burglaries/Robberies Reporting – *Thomas Lenox, Chief of Enforcement, CA State Board of Pharmacy*
- 9:30-10:15 Loss Prevention in Pharmacies -- *Tony Ngondara, Supervising Inspector, CA State Board of Pharmacy*
- 10:15-10:30 Break
- 10:30-11:00 Corresponding Responsibility -- *Tony Ngondara, Supervising Inspector, CA State Board of Pharmacy*
- 11:00-12:00 Legal Update: Including Prescription Drug Take Back, Reconciliation, and Other Legal Topics--
Virginia Herold, Executive Officer, CA State Board of Pharmacy
- 12:00-1:00 Lunch Break (Lunch Will Not Be Provided)
- 1:00-1:30 How to Prepare for Pharmacy Inspections by the Board of Pharmacy – *Steven Kyle, Inspector, CA State Board of Pharmacy*
- 1:30-2:15 How to Prepare for a DEA Inspection -- *DEA Diversion Investigator*
- 2:15-2:30 Break
- 2:30- 3:30 California’s Prescription Drug Monitoring Program (CURES), Including a Q+A on the CURES Program – *CA Department of Justice, Bureau of Criminal Identification & Investigative Services, CURES/PDPM*
- 3:30-3:45 Break
- 3:45-4:45 Training for CA Pharmacists to Provide Naloxone Pursuant to CA’s Pharmacist Protocol – –
Dr. Jennifer Courtney, Adjunct Faculty California Northstate University College of Pharmacy
- 4:45-5:00 Evaluation/Wrap Up

Meeting location courtesy of CA Northstate University School of Pharmacy



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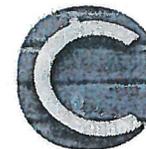
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← CURES 2.0 Webinars and Training Yahoo/Inbox

California State Board of Pharmacy 📧 Jul 30 at 9:49 AM ★
To:
 PHARM-RPH@DCALISTS.CA.GOV



California State Boar... pharmacy.subscriberlist@DCA.CA.G...

Note: This information is distributed at the request of the California Department of Justice. It is intended for pharmacists only. Pharmacists who have participated in the webinar report the training is very informative and helpful.

TO: ALL CURES USERS
RE: CURES 2.0 WEBINARS AND TRAINING

The California Department of Justice is pleased to provide webinars on the CURES 2.0 system for prescribers and dispensers. Attendees will learn about new system features, such as Patient Safety Alerts, Compacts, and Peer Messaging. Additionally, step-by-step instruction will be provided on how to access CURES Patient Activity Reports, as well as resetting user passwords.

Webinars are scheduled on the following dates and times (all times PDT):

★ *Registered* ←
 Wednesday, August 15, 2018, at 12:00-1:00 p.m.
 Register at
<https://attendee.gotowebinar.com/register/5444321277132979458>

Wednesday, August 29, 2018, at 12:00-1:00 p.m.
Register at
<https://attendee.gotowebinar.com/register/5446018923086316546>

Wednesday, September 12, 2018, at 12:00-1:00 p.m.
Register at
<https://attendee.gotowebinar.com/register/2501548774134793986>

Wednesday, September 26, 2018, at 12:00-1:00 p.m.
Register at
<https://attendee.gotowebinar.com/register/5862281930734563330>

Wednesday, October 10, 2018, at 12:00-1:00 p.m.
Register at
<https://attendee.gotowebinar.com/register/6879248822566931458>

After registering, you will receive a confirmation email containing information and instruction about joining the webinar.

For questions on webinar registration or to request in-person CURES training, please contact the CURES Help Desk at CURES@dca.ca.gov or (916) 210-3187.

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Drafts 356

Sent

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✂️ Coupons

🛒 Purchases

🎓 Tutorials

Folders Hide

+ New Folder

Daniel's Investment

Junk 281

Nick Cline and ... 6

Unwanted

Dear Esther,

Thank you for registering for "CURES P&D Webinar Training".

Prescriber & Dispenser Webinar Training on the CURES database.

Please send your questions, comments and feedback to: aitstraining@doj.ca.gov

How To Join The Webinar

Wed, Aug 15, 2018 12:00 PM - 1:00 PM PDT

Add to Calendar: Outlook® Calendar | Google Calendar™ | iCal®

1. Click the link to join the webinar at the specified time and date:

[Join Webinar](#)

Note: This link should not be shared with others; it is unique to you.

Before joining, be sure to check system requirements to avoid any connection issues.

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--OR--

TO USE YOUR TELEPHONE:

If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.

United States: +1 (631) 992-3221

Access Code: 366-585-006

Audio PIN: Shown after joining the webinar

Webinar ID: 899-910-147

To Cancel this Registration

If you can't attend this webinar, you may cancel your registration at any time.



California Department...

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Certificate of Participation

Esther kim

CPE Monitor ID: 200161

Pharmacy Law vs. Pharmacy Ethics

UAN Number: 0798-0000-17-167-H03-P

Activity Type: Knowledge

Date Completed: Tuesday, July 31, 2018

This activity has been approved for 1 contact hour(s) of continuing education for Pharmacists.

Kevin Hope, RPh
Continuing Education Administrator
Signed and Issued on: **7/31/2018**



**This Certificate of Participation is NOT valid proof of ACPE credits earned.
Official ACPE credit is only submitted through CPE Monitor.**



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PharmCon, Inc.

1404 Main Street, Suite A, Conway, South Carolina 29526

Phone: (843) 488-5550 Fax: (843) 488-5554



Certificate of Participation

Esther kim

CPE Monitor ID: 200161

Basic Legal Responsibilities in Pharmacy Practice

UAN Number: 0798-0000-17-169-H03-P

Activity Type: Knowledge

Date Completed: Tuesday, July 31, 2018

This activity has been approved for 1 contact hour(s) of continuing education for Pharmacists.

Kevin Hope, RPh
Continuing Education Administrator
Signed and Issued on: **7/31/2018**



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Certificate of Participation

Esther kim

CPE Monitor ID: 200161

Pharmacy Law Case Studies: Community Practice

UAN Number: 0798-0000-16-023-H03-P

Activity Type: Knowledge

Date Completed: Tuesday, July 31, 2018

This activity has been approved for 1 contact hour(s) of continuing education for Pharmacists.

Kevin Hope, RPh
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CPE Monitor ID: 200161

Pharmacy Law Case Studies: Institutional Pharmacy Practice

UAN Number: 0798-0000-16-022-H03-P

Activity Type: Knowledge

Date Completed: Tuesday, July 31, 2018

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Certificate of Participation

Esther kim

CPE Monitor ID: 200161

Avoiding Legal Conflict With The FDA

UAN Number: 0798-0000-17-163-H03-P

Activity Type: Knowledge

Date Completed: Tuesday, July 31, 2018

This activity has been approved for 1 contact hour(s) of continuing education for Pharmacists.

Kevin Hope, RPh
Continuing Education Administrator
Signed and Issued on: **7/31/2018**



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Certificate of Participation

Esther kim

CPE Monitor ID: 200161

A Discussion of Federal Law for Pharmacists

UAN Number: 0798-0000-17-018-H03-P

Activity Type: Knowledge

Date Completed: Tuesday, July 31, 2018

This activity has been approved for 1 contact hour(s) of continuing education for Pharmacists.

Kevin Hope, RPh
Continuing Education Administrator
Signed and Issued on: **7/31/2018**



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Certificate of Participation

Esther kim

CPE Monitor ID: 200161

Avoid Legal Conflict With The DEA

UAN Number: 0798-0000-17-153-H03-P

Activity Type: Knowledge

Date Completed: Tuesday, July 31, 2018

This activity has been approved for 1 contact hour(s) of continuing education for Pharmacists.

Kevin Hope, RPh
Continuing Education Administrator
Signed and Issued on: **7/31/2018**



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Certificate of Participation
Esther kim

CPE Monitor ID: 200161

Decoding the Drug Quality and Security Act Pertinent to Sterile and Non-Sterile Compounding

UAN Number: 0798-0000-16-137-H04-P

Activity Type: Knowledge

Date Completed: Tuesday, July 31, 2018

This activity has been approved for 2 contact hour(s) of continuing education for Pharmacists.

Kevin Hope, RPh
 Continuing Education Administrator
 Signed and Issued on: **7/31/2018**



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Certificate of Participation

Esther kim

CPE Monitor ID: 200161

The Compounding Side of Hormone Therapy for Men and Women

UAN Number: 0798-0000-16-090-H04-P

Activity Type: Knowledge

Date Completed: Tuesday, July 31, 2018

This activity has been approved for 1 contact hour(s) of continuing education for Pharmacists.

Kevin Hope, RPh
Continuing Education Administrator
Signed and Issued on: **7/31/2018**



**This Certificate of Participation is NOT valid proof of ACPE credits earned.
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CPE Monitor Activity Transcript

Participant Name Esther Kim
NABP e-Profile ID: 200161
CPE Activity Date Range 07/31/2013 to 07/31/2018
Total CPE Hours Earned: 67.75

Recorded CPE activity for the period of 07/31/2013 to 07/31/2018. Please allow 60 days for the CPE Provider to process your CPE and submit it through the CPE Monitor System. If it has been more than 60 days since you submitted the necessary information for CPE credit, please contact the CPE Provider.

Activity Date	ACPE UAN	Title	Provider	Format	Topic Designators	Contact Hours (CEU)	Live Hours	Home Hours	Activity Type
07/31/2018	0430-0000-17-060-H07-T	USP General Chapter <800>: A Pharmacy Professionals Guide to Handling and Compounding Hazardous Drugs	Postgraduate Healthcare Education, LLC	Home	Compounding	2.00 (0.200)	0.00	2.00	Knowledge-based
07/31/2018	0430-0000-17-041-H04-T	USP General Chapter <797>: A Guide to Sterile Compounding for Pharmacy Personnel	Postgraduate Healthcare Education, LLC	Home	General Pharmacy Topics	2.00 (0.200)	0.00	2.00	Knowledge-based
07/31/2018	0430-0000-16-085-H03-T	Current Topics in Sterile Compounding: The Drug Quality and Security Act	Postgraduate Healthcare Education, LLC	Home	Law (Related to Pharm)	2.00 (0.200)	0.00	2.00	Knowledge-based
07/31/2018	0798-0000-16-137-H04-P	Decoding the Drug Quality and Security Act Pertinent to Sterile and Non-Sterile Compounding	PharmCon, Inc.	Home	General Pharmacy Topics	2.00 (0.200)	0.00	2.00	Knowledge-based
07/31/2018	0798-0000-16-090-H04-P	The Compounding Side of Hormone Therapy for Men and Women	PharmCon, Inc.	Home	General Pharmacy Topics	1.00 (0.100)	0.00	1.00	Knowledge-based
07/31/2018	0798-0000-17-163-H03-P	Avoiding Legal Conflict With The FDA	PharmCon, Inc.	Home	Law (Related to Pharm)	1.00 (0.100)	0.00	1.00	Knowledge-based
07/31/2018	0798-0000-17-153-H03-P	Avoiding Legal Conflict With The DEA	PharmCon, Inc.	Home	Law (Related to Pharm)	1.00 (0.100)	0.00	1.00	Knowledge-based
07/31/2018	0798-0000-17-018-H03-P	A Discussion of Federal Law for Pharmacists	PharmCon, Inc.	Home	Law (Related to Pharm)	1.00 (0.100)	0.00	1.00	Knowledge-based
07/31/2018	0798-0000-16-023-H03-P	Pharmacy Law Case Studies: Community Practice	PharmCon, Inc.	Home	Law (Related to Pharm)	1.00 (0.100)	0.00	1.00	Knowledge-based
07/31/2018	0798-0000-16-022-H03-P	Pharmacy Law Case Studies: Institutional Pharmacy Practice	PharmCon, Inc.	Home	Law (Related to Pharm)	1.00 (0.100)	0.00	1.00	Knowledge-based
07/31/2018	0798-0000-17-169-H03-P	Basic Legal Responsibilities in Pharmacy Practice	PharmCon, Inc.	Home	Law (Related to Pharm)	1.00 (0.100)	0.00	1.00	Knowledge-based
07/31/2018	0798-0000-17-167-H03-P	Pharmacy Law v. Pharmacy Ethics	PharmCon, Inc.	Home	Law (Related to Pharm)	1.00 (0.100)	0.00	1.00	Knowledge-based
06/20/2018	0064-0000-17-212-H01-P	Managing Hyperkalemia in the Inpatient Setting: Evolving Strategies to Ensure Optimal Patient Outcomes	University of Tennessee College of Pharmacy	Home	Disease State Mgmt/Drug Therapy	1.00 (0.100)	0.00	1.00	Application-based
06/20/2018	0430-0000-17-069-H01-P	Itching to Improve Allergic Rhinitis Management? Tips for Patient Care	Postgraduate Healthcare Education, LLC	Home	Disease State Mgmt/Drug Therapy	2.00 (0.200)	0.00	2.00	Knowledge-based
06/20/2018	0430-0000-16-070-H01-P	Emerging Rapid-Acting Insulin Therapies	Postgraduate Healthcare Education, LLC	Home	Disease State Mgmt/Drug Therapy	2.00 (0.200)	0.00	2.00	Knowledge-based
06/20/2018	0430-0000-16-063-H01-P	Appropriate Use of Basal Insulins	Postgraduate Healthcare Education, LLC	Home	Disease State Mgmt/Drug Therapy	2.00 (0.200)	0.00	2.00	Knowledge-based
06/20/2018	0297-0000-17-002-H01-P	Core Elements of Antibiotic Stewardship	American Academy of CME, Inc.	Home	Disease State Mgmt/Drug Therapy	1.50 (0.150)	0.00	1.50	Knowledge-based
06/20/2018	0430-0000-17-077-H06-P	Improving Pneumococcal Vaccine Utilization in Long Term Care Facilities	Postgraduate Healthcare Education, LLC	Home	Immunization Related	2.00 (0.200)	0.00	2.00	Knowledge-based

Disclaimer

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06/20/2018	0297-0000-17-013-H01-P	Severe Asthma: Enhancing Outcomes Through Pharmacist Intervention	American Academy of CME, Inc.	Home	Disease State Mgmt/Drug Therapy	1.50 (0.150)	0.00	1.50	Knowledge-based
06/16/2018	0430-0000-18-004-H01-P	How Specialty Pharmacists Can Enhance Patient-Driven Care in Multiple Sclerosis-Article	Postgraduate Healthcare Education, LLC	Home	Disease State Mgmt/Drug Therapy	2.00 (0.200)	0.00	2.00	Knowledge-based
06/16/2018	0430-0000-17-107-H01-P	Immunoglobulin G: A Primary Strategy in Secondary Immunodeficiency	Postgraduate Healthcare Education, LLC	Home	Disease State Mgmt/Drug Therapy	2.00 (0.200)	0.00	2.00	Knowledge-based
06/16/2018	0430-0000-17-105-H01-P	Management of Short Bowel Syndrome: Key Roles for Specialty, Managed Care, and Infusion Pharmacists	Postgraduate Healthcare Education, LLC	Home	Disease State Mgmt/Drug Therapy	2.00 (0.200)	0.00	2.00	Knowledge-based
06/16/2018	0430-0000-17-103-H01-P	Whats New in Fluoroquinolone Treatment of Acute Bacterial Skin and Skin Structure Infections?	Postgraduate Healthcare Education, LLC	Home	Disease State Mgmt/Drug Therapy	2.00 (0.200)	0.00	2.00	Knowledge-based
06/16/2018	JA4008162-9999-18-060-H01-P	Improving the Treatment of Dry Eye Disease: An Update for Pharmacists	Postgraduate Institute for Medicine	Home	Disease State Mgmt/Drug Therapy	2.00 (0.200)	0.00	2.00	Knowledge-based
06/16/2018	0430-0000-18-009-H01-P	Beyond Fiber and Laxatives: Advising Patients with Chronic and Refractory Constipation-Article	Postgraduate Healthcare Education, LLC	Home	Disease State Mgmt/Drug Therapy	2.00 (0.200)	0.00	2.00	Knowledge-based
06/16/2018	0430-0000-18-008-H01-P	Extending the Pharmacists Knowledge: Venous Thromboembolism Prophylaxis in Acutely Ill Medical Patients	Postgraduate Healthcare Education, LLC	Home	Disease State Mgmt/Drug Therapy	2.00 (0.200)	0.00	2.00	Knowledge-based
06/16/2018	0430-0000-17-101-H01-P	Expanding the Pharmacists Role in Preventing Opioid Abuse: Understanding Abuse-deterrent Formulations and Identifying Risks	Postgraduate Healthcare Education, LLC	Home	Disease State Mgmt/Drug Therapy	2.00 (0.200)	0.00	2.00	Knowledge-based
10/26/2013	0829-0000-13-214-L04-P	Integrative Medicine: Hormones and Beyond	Professional Education Services Group	Live	General Pharmacy Topics	1.25 (0.125)	1.25	0.00	Knowledge-based
10/26/2013	0829-0000-13-215-L04-P	Consultant's Corner	Professional Education Services Group	Live	General Pharmacy Topics	1.25 (0.125)	1.25	0.00	Knowledge-based
10/25/2013	0829-0000-13-212-L04-P	Quality Non-Sterile Compounding	Professional Education Services Group	Live	General Pharmacy Topics	1.75 (0.175)	1.75	0.00	Knowledge-based
10/25/2013	0829-0000-13-206-L04-P	Putting Principles into Practice	Professional Education Services Group	Live	General Pharmacy Topics	1.25 (0.125)	1.25	0.00	Knowledge-based
10/25/2013	0829-0000-13-209-L04-P	Powder Containment Enclosures: Are You Using Them Correctly?	Professional Education Services Group	Live	General Pharmacy Topics	1.75 (0.175)	1.75	0.00	Knowledge-based
10/25/2013	0829-0000-13-208-L04-P	New Avenues for Success in Veterinary Medicine	Professional Education Services Group	Live	General Pharmacy Topics	1.75 (0.175)	1.75	0.00	Knowledge-based
10/25/2013	0829-0000-13-211-L01-P	Integrative Cancer Treatment and Compounding Opportunities	Professional Education Services Group	Live	Disease State Mgmt/Drug Therapy	1.75 (0.175)	1.75	0.00	Knowledge-based
10/25/2013	0829-0000-13-210-L04-P	Round Table Networking	Professional Education Services Group	Live	General Pharmacy Topics	1.75 (0.175)	1.75	0.00	Knowledge-based
10/24/2013	0829-0000-13-202-L01-P	Thyroid Dysfunction and Patient Cases	Professional Education Services Group	Live	Disease State Mgmt/Drug Therapy	1.75 (0.175)	1.75	0.00	Knowledge-based
10/24/2013	0829-0000-13-248-L04-P	The Future of Healthcare	Professional Education Services Group	Live	General Pharmacy Topics	1.25 (0.125)	1.25	0.00	Knowledge-based
10/24/2013	0829-0000-13-203-L04-P	Quality Sterile Compounding	Professional Education Services Group	Live	General Pharmacy Topics	1.75 (0.175)	1.75	0.00	Knowledge-based
10/24/2013	0829-0000-13-201-L04-P	Pain and Wound Care	Professional Education Services Group	Live	General Pharmacy Topics	1.75 (0.175)	1.75	0.00	Knowledge-based
10/24/2013	0829-0000-13-204-L03-P	Legal and Regulatory Update	Professional Education Services Group	Live	Law (Related to Pharm)	1.75 (0.175)	1.75	0.00	Knowledge-based
10/24/2013	0829-0000-13-200-L04-P	Brain Fitness: The Role of Toxins, Exercise and Nutrients	Professional Education Services Group	Live	General Pharmacy Topics	1.50 (0.150)	1.50	0.00	Knowledge-based
10/24/2013	0829-0000-13-358-L04-P	Active Learning	Professional Education Services Group	Live	General Pharmacy Topics	1.50 (0.150)	1.50	0.00	Knowledge-based

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Volunteer Hours Report for Esther kim

Worked, Oncall, Pending and Imported Hours are listed in Volunteer Connection under MyProfile, Shifts/Hours.
* Hours listed by Position when available (since 7/1/15), otherwise by Group.

<u>Date</u>	<u>Region/Station</u>	<u>Activity</u>	<u>Position/Group*</u>	<u>Type</u>	<u>Hours</u>
07/10/2018	Desert to the Sea Region	Fullerton Blood Denation Center: Donor Ambassador	Blood Donor Ambassador OC.SST.BMS.BS.BLD.AM.	Worked	4.00

This Month - Approved Worked and Oncall (4.00 hours)

<u>Date</u>	<u>Region/Station</u>	<u>Activity</u>	<u>Position/Group*</u>	<u>Type</u>	<u>Hours</u>
06/30/2018	Desert to the Sea Region	KLOS Radio Santa Ana: Donor Ambassador training	Blood Donor Ambassador OC.SST.BMS.BS.BLD.AM.	Worked	4.00
06/27/2018	Desert to the Sea Region		Blood Donor Ambassador OC.SST.BMS.BS.BLD.AM.	Worked	2.50

This Year - Approved Worked and Oncall, including this month, as shown on the Home Page (10.50 hours)

6

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane • Reno, NV 89509

APPLICATION BY RECIPROCATATION AS A PHARMACIST

If you are requesting licensure by reciprocatation (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: Salem Middle: Renee Last: Mihalick

Mailing Address: Ames Street

City: Wheat Ridge State: CO Zip Code: 80214

Telephone: - - - - - E-mail Address: - - - - -

Date of Birth: - - - - - Place of Birth: Pueblo, Colorado . U.S.A.

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: Colorado Date of Issuance: 11-1-17

College of Pharmacy Information

Graduation Date: 5-24-1997
(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: University of Colorado, School of Pharmacy

Location of School: Denver, Colorado

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: 7-11-18 Amount: \$330.00 Entity #: 101549
Email: _____ MPJE: _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State <u>None</u>	Lic # _____	Is the license active? Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/>

**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 checked="" type="checkbox"/> ... <input 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 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 & provide an explanation & documentation:							
Board Administrative Action:		State	Date:	Case #:			
<u>Stipulation</u>		<u>Colorado</u>	<u>3/28, 2008</u>	<u>2007-2113</u>			
Criminal Action:	State	Date:	Case #:	County	Court		
<u>Felony</u>	<u>Colorado</u>	<u>11/7, 2007</u>	<u>2007 CR001291</u>	<u>Jefferson</u>	<u>District Court</u>		
<u>FEDERALLY MANDATED REQUIREMENTS</u>							
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>							
4a. If you marked Yes, to the question 4, are you in compliance with the court order?..... Yes <input type="checkbox"/> No <input type="checkbox"/>							

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.

Salem Mehalick

6-25-18

Original Signature, no copies or stamps accepted

Date

**Board Administrative Action
Colorado
Case No. 2007-2113**

On March 28, 2008 I entered into a stipulation with the Colorado State Board of Pharmacy (CBOP) after diverting prescription medications. I signed a contract with Peer Assistance Services to monitor my actions as prescribed by CBOP. This stipulation was completed on March 17, 2016.

**Criminal Action
Colorado
Case No. 2007 CR 001291**

On November 11, 2007 I plead guilty to a felony charge of controlled substance possession. I was fined and placed on probation for 3 years. The probation was terminated early after two years due to absolute compliance and paid fines.

I was the pharmacist in charge at Rio Grande Pharmacy, Del Norte, Colorado from 2013 to 2016. I have been the pharmacy manager at Grace Health Pharmacy from 2016 to the present time.

Thank you,

Salem Mihalick, RPh

Licensee Information

This serves as primary source verification of the license.*

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

Name	Public Address
Salem Renee Mihalick	Wheat Ridge, CO 80214

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PHA.0015006	Examination	Pharmacist	Active	07/11/1997	11/01/2017	10/31/2019

Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervises	Grace Health Pharmacy	PDO.1680000031	11/07/2016	Manager

Board/Program Actions

Case Number	Public Action	Resolution	Effective Date	Completed Date
2007-2113	CLS Stipulation	Stipulation	03/28/2008	11/12/2013
2007-2113	CLS Stipulation	Stipulation	11/12/2013	03/17/2016
2007-2113	ITRM Cessation of Practice	Stipulation	05/11/2007	03/28/2008
2007-3390	CLS Letter of Admonition	Letter of Admonition	08/27/2007	
2010-2115	CLS Letter of Admonition	Letter of Admonition	02/22/2010	
2010-7	CLS Letter of Admonition	Letter of Admonition	08/24/2009	
2011-274	CLS Letter of Admonition	Letter of Admonition	11/19/2010	

Online Documents

To view specific documents related to a licensee, use the "External Document" link below. If you would like to search all available online documents use our DPO Public Documents System (http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form). Once there you may enter the licensee name or license number to complete the search. All public documents related to the licensee will be visible upon completion of the search.

If you have any questions or further issues, please contact us at dora_dpo_onlinelicenses@state.co.us.

Link	Unique ID Number	DocType	DocSource
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Link	Unique ID Number	DocType	DocSource
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=129683&docGuid=4A210DF0-324A-436F-8486-8C6763428BAE)	129683	HPPP-CO PUBLIC DISCIPLINARY ACTION	IMAGE
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=141727&docGuid=F0020B1E-01FD-437C-8263-1E34D671FBD2)	141727	HPPP-CO PUBLIC DISCIPLINARY ACTION	IMAGE
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=281186&docGuid=CE5CCE30-B9B4-4F41-907D-3371394A2F83)	281186	HPPP-CO PUBLIC DISCIPLINARY ACTION	IMAGE
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=30175&docGuid=266CEC6C-724F-4994-BE7B-F8DEFC1C2F31)	30175	HPPP-CO RESTRICTIONS OR SUSPENSIONS	IMAGE
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=31742&docGuid=A4069C9A-01E3-444C-9B37-2695C7EB683F)	31742	HPPP-CO PUBLIC DISCIPLINARY ACTION	IMAGE
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=33710&docGuid=D94162DD-2ACD-431B-86F9-BF499B43046F)	33710	HPPP-CO PUBLIC DISCIPLINARY ACTION	IMAGE
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=356385&docGuid=E22DF078-AC41-499E-9857-64193B2B4555)	356385	HPPP- CRIMINAL CONVICTION	IMAGE

Generated on: 7/11/2018 2:31:03 PM

Case Number: 2007CRO01291

The People of Colorado
vs
MONTEZ, SALEM

Division: 2

SENTENCE ORDER

Defendant: Count	MONTEZ, SALEM	Date of Birth: Plea	Findings
4			
6			
7	13		
8	18-4-401(1),(2)(b) - Theft-\$100-\$500	Plea of Guilty	Guilty

ASSESSED FINES & COSTS

Count # 2	
Probation: 3 Years	
Victim Compensation Fund	\$125.00
VAST min for off after 5/1/03	\$162.50
Request for Time to Pay	\$25.00
Probation Supervision Fee	\$1,800.00
Court Costs - T, M, CR	\$35.00
Drug Offender Surcharge	\$1,125.00
Offender Identification Fund	\$128.00
Court Security Cash Fund	\$5.00
Count # 8	
Probation: 3 Years	
TOTAL	\$3,405.50

Other Conditions of Sentence:

FULL TIME EMPLOYMENT; SUBST ABUSE EVAL & TRMT; DISCLOSE CONVICTION TO POTENTIAL EMPLOYERS; DISCLOSE ADDICTION TO ANY PHYSICIANS CONSULTED. BOTH COUNTS CONCURRENT. /DAS

MENENDEZ, M. J.	11/13/2007
Judge/Magistrate	Date
MONTEZ, SALEM	11/13/2007
Defendant	Date

*****NOTICE*****
Following this hearing you are to present this form to the Clerk's Office for payment. Payment is due by of business on your Court Date. Failure to pay when due will result in additional costs pursuant to HB11

STATE OF COLORADO

STATE BOARD OF PHARMACY
Wendy L. Anderson, Program Director

1560 Broadway, Suite 1300
Denver, Colorado 80202-5146
Phone (303) 894-7750
Fax (303) 894-7692
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/pharmacy

Department of Regulatory Agencies
D. Rico Munn
Executive Director

Division of Registrations
Rosemary McCool
Director



Bill Ritter, Jr.
Governor

August 27, 2007

Salem R. Montez, RPH

RE: Case #2007-3390

Dear Ms. Montez:

The Colorado Board of Pharmacy considered the above referenced complaint at its August 23, 2007 meeting. After careful consideration of all the evidence before the Board, the Board determined the following:

- You violated the contract with the Rehabilitation Evaluation Committee (REC). This contract became effective March 7, 2007.

The Board found that these facts comprised evidence of misconduct, which merited discipline. The Board hereby admonishes you for violations of CRS sections 12-22-125(1)(c)(I), (II) and (III) and (1)(d) and (e), and Board regulation 1.00.21.

This admonishment shall be made a part of the permanent records of the Board and is reportable as a disciplinary action. It may also be considered as an aggravating factor if you incur future violations. You may request that a hearing be initiated by the Board if you wish to dispute the information in this letter. The purpose of such a proceeding would be to adjudicate the propriety of the conduct upon which this letter is based. The Board must receive such a request from you within 20 days after you receive this letter.

If you make a timely request, the letter of admonition shall be deemed vacated pending resolution of formal disciplinary proceedings. Those proceedings involve a hearing conducted in accordance with the State Administrative Procedures Act.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

Xc: Katharine D. Kurtz, Esq.
File

BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO
Case No. 2007-2113

STIPULATION FOR INTERIM CESSATION OF PRACTICE

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE
TO PRACTICE PHARMACY IN THE STATE OF COLORADO OF SALEM R.
MONTEZ, RPH, LICENSE NO. 15006,

RESPONDENT.

IT IS HEREBY STIPULATED and agreed by and between the State Board of Pharmacy
("Board") and Salem R. Montez, R.Ph. ("Respondent") as follows:

1. Respondent was licensed to practice pharmacy in the State of Colorado on July 11, 1997, and was issued license number 15006, which Respondent has held continuously since that date.
2. The Board has jurisdiction over the person of Respondent and the subject matter of this proceeding.
3. On March 15, 2007, the Board reviewed case number 2007-2113 and noted that as a result of the events giving rise to this case, there are criminal charges pending against Respondent in Jefferson County District Court, Temporary Case No. 07 SA 01807 (Wheatridge Police Department Case No. 2006-16236) (hereinafter "the criminal case").
4. On March 15, 2007, the Board further concluded that Respondent may not be able to practice pharmacy with reasonable skill and safety to patients.
5. The parties agree that it is in the interests of judicial efficiency and economy to stay the Board's action against Respondent's license pending the outcome of the criminal proceedings in the criminal case. Therefore, the parties have agreed to enter into this Stipulation for Interim Cessation of Practice ("Stipulation") pursuant to which summary suspension proceedings are stayed while investigations and evaluations continue so that the Board may determine what action is warranted.
6. Respondent agrees that she will not engage in the practice of pharmacy as defined in CRS §12-22-102(26) while this Stipulation is in effect.
7. This Stipulation shall remain in effect until such time as:
 - a. the Board takes further action subsequent to the outcome of the criminal proceedings in the criminal case,

- b. Peer Assistance Services (PAS) issues a report stating that Respondent is able to practice pharmacy safely and until such time as the Board has had an opportunity to review and approve such report, and
 - c. Respondent enters into a stipulation and final agency order with the Board.
- 9. The Board agrees to make a final determination as to what action it will take against Respondent's license during the ordinary course of business at that regularly scheduled meeting following timely submission of documentation of:
 - a. the disposition of the criminal proceedings in the criminal case, and
 - b. the PAS report.
- 10. The Board agrees that it will not institute summary suspension proceedings while this Stipulation is in effect so long as the Respondent remains in compliance with this Stipulation and so long as the Board does not learn of substantially new information that would indicate that summary suspension is warranted.
- 11. All expenses associated with the evaluation and other expenses incurred in fulfilling the terms of this Stipulation shall be borne by Respondent.
- 12. Nothing in this Stipulation shall constitute disciplinary action or a finding that Respondent has engaged in substandard practice. The Board has made no final determinations regarding Respondent's professional competency or professional conduct. Nothing in this Stipulation shall constitute a final action as defined in CRS §24-4-102(1).
- 13. The terms of this Stipulation were mutually negotiated and determined.
- 14. Both parties acknowledge that they understand the legal consequences of this Stipulation, both parties enter into this Stipulation voluntarily, and both parties agree that no term or condition of this Stipulation is unconscionable.
- 15. This Stipulation and all its terms and conditions constitute a valid Board Order for purposes of CRS. §§12-22-125(1)(m) and 12-22-125.2(4). Respondent acknowledges and agrees that any violation of this Stipulation shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under CRS §12-22-125.2(4), and may be sufficient grounds for additional discipline, including but not limited to revocation of her license.
- 16. Respondent understands that Respondent has the right to be represented by counsel of Respondent's choice in this matter.
- 17. Invalidation of any portion of this Stipulation by judgment or court order shall in no way affect any other provision, which provision shall remain in full force and effect.
- 18. This Stipulation shall become effective when accepted and signed on behalf of the Board.
- 19. This Stipulation shall constitute a public record at all times in the custody of the Board.

RESPONDENT

**COLORADO STATE BOARD OF
PHARMACY**

Salem R. Montez

Salem R. Montez, R.PH

Wendy Anderson

Wendy Anderson

Program Director

Effective Date: This 11th day of

May 2007.

DOCUMENT APPROVED AS TO FORM:

KURTZ & PECKHAM

JOHN W. SUTHERS

Attorney General

Katharine D. Kurtz

KATHARINE D. KURTZ, #9435*

Joanna Lee Kaye

JOANNA LEE KAYE, #20486*

Assistant Attorney General

Business and Licensing Section

Attorneys for Respondent

Attorneys for State Board of Pharmacy

1600 Stout Street, Suite 610

1525 Sherman Street, 5th Floor

Denver, Colorado 80202

Denver, Colorado 80203

Telephone: (303) 893-3045

Telephone: (303) 866-6170

FAX: (303) 893-6999

FAX: (303) 866-5395

*Counsel of Record

*Counsel of Record



Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

22 February 2010

Salem R. Montez, R.Ph.

CERTIFIED AND FIRST CLASS MAIL

RE: Case 2010-2115

Dear Ms. Montez:

The Colorado State Board of Pharmacy ("Board") considered the above referenced complaint at its February 18, 2010 meeting. After careful consideration of all the evidence before the Board, the Board determined that you were non-compliant with the terms of your Rehabilitation Contract with Peer Assistance Services when a positive urine test for alcohol was discovered in November of 2009.

The Board hereby admonishes you for violations of C.R.S. sections 12-22 125(1)(c)(I)(II)(III), (d), (e) and (m) and Board Regulation 1.00.21.

This admonishment shall be made a part of the permanent records of the Board and is reportable as a disciplinary action. It may also be considered as an aggravating factor if you incur future violations. You may request that a hearing be initiated by the Board if you wish to dispute the information in this letter. The purpose of such a proceeding would be to adjudicate the propriety of the conduct upon which this letter is based. The Board must receive such a request from you within 20 days after you receive this letter.

If you make a timely request, the letter of admonition shall be deemed vacated pending resolution of formal disciplinary proceedings. Those proceedings involve a hearing conducted in accordance with the State Administrative Procedures Act.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY


Wendy L. Anderson
Program Director

WA/cg

xc: File

1560 Broadway, Suite 1350
Fax 303.894.7692

Denver, Colorado 80202
www.dora.state.co.us

Phone 303.894.7800
V/TDD 711





Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
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Bill Ritter, Jr.
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D. Rico Munn
Executive
Director

August 24, 2009

Salem R. Montez, R.Ph.

CERTIFIED AND FIRST CLASS MAIL

RE: Case 2010-0007

Dear Ms. Montez:

The Colorado State Board of Pharmacy ("Board") considered the above referenced complaint at its August 20, 2009 meeting. After careful consideration of all the evidence before the Board, the Board determined that you failed to enroll in or successfully complete the Spring 2009 session of the Professional Based Ethics Course (ProBE) as required by the Stipulation and Final Agency Order you entered into with Board effective March 28, 2008.

The Board found that these facts comprised evidence of misconduct, which merited discipline. The Board hereby admonishes you for violations of C.R.S. sections 12-22-125(1)(c)(I)(II)(III) and (m) and Board Regulation 1.00.21.

This admonishment shall be made a part of the permanent records of the Board and is reportable as a disciplinary action. It may also be considered as an aggravating factor if you incur future violations. You may request that a hearing be initiated by the Board if you wish to dispute the information in this letter. The purpose of such a proceeding would be to adjudicate the propriety of the conduct upon which this letter is based. The Board must receive such a request from you within 20 days after you receive this letter.

If you make a timely request, the letter of admonition shall be deemed vacated pending resolution of formal disciplinary proceedings. Those proceedings involve a hearing conducted in accordance with the State Administrative Procedures Act.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

xc: File

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BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2007-2113**

AMENDED STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE PHARMACY IN THE STATE OF COLORADO OF SALEM MIHALICK, R.PH., LICENSE NO. PHA 15006,

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Salem Mihalick, R.Ph. ("Respondent") to resolve all matters pertaining to Board Case Number 2007-2113, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent, her license to practice pharmacy, and the subject matter of this Amended Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2013).
2. Respondent was originally licensed to practice as a pharmacist in the State of Colorado on or about July 11, 1997, being issued license number PHA 15006, and has been so licensed at all times relevant to this disciplinary action.
3. Respondent admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
4. Between November 16, 2005 and January 9, 2007, Respondent diverted a total of 3,400 alprazolam 0.5 mg tablets, 2,300 hydrocodone 10 mg / acetaminophen 325 mg tablets, and 45 hydrocodone 7.5 mg / acetaminophen 750 mg tablets from the pharmacy where she was employed at the time, by writing approximately 80 fraudulent new and refill prescription orders purported to be from five separate practitioners under her own name and the name of a fictitious patient.
5. The drugs dispensed from these prescription orders include drugs used to treat pain, anxiety, cough and cold, infections, high blood pressure, and birth control.

6. Respondent's initials are on most of the new and refill dispensing records and transactions for the prescriptions described above in paragraphs 4 and 5, indicating that she was the final evaluator of those prescriptions.
7. Respondent originally alleged that she diverted controlled substances and prescription drugs under the duress of an acquaintance, but later admitted the drugs were for personal use.
8. In November 2007, Respondent pled guilty to possession of a controlled substance, a class 5 felony, for the incidents described above in paragraphs 4 through 6.
9. Effective March 28, 2008, Respondent entered into a Stipulation and Final Agency Order with the Board in this case ("2008 Final Agency Order"), which placed Respondent on a five-year probation with restrictions. Respondent was required to complete a treatment contract with Peer Assistance Services ("PAS").
10. Respondent has requested that the 2008 Final Agency Order be modified to allow her to be a pharmacist manager with the approval of PAS and to change the work requirement to sixty (60) hours per month for a majority of her probationary term. This Final Agency Order continues and amends the 2008 Final Agency Order
11. Respondent admits that her conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules, and provides grounds for disciplinary action against Respondent's Colorado pharmacist license:

Colorado Revised Statutes

12-42.5-120. Prescription required--exception

(1) Except as provided in section 18-18-414, C.R.S., and subsection (2) of this section, an order is required prior to dispensing any prescription drug. Orders shall be readily retrievable within the appropriate statute of limitations.

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(b) Is guilty of the commission of a felony or has had accepted by a court a plea of guilty or nolo contendere to a felony or has received a deferred judgment and sentence for a felony.

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(d) Is unfit or incompetent by reason of negligence or habits, or for any other cause, to practice pharmacy.

(e) Is addicted to, dependent on, or engages in the habitual or excessive use or abuse of intoxicating liquors, a habit-forming drug, or a controlled substance, as defined in section 18-18-102 (5), C.R.S.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-126. Unlawful acts

(1) It is unlawful:

(b) To obtain or dispense or to procure the administration of a drug by fraud, deceit, misrepresentation, or subterfuge, by the forgery or alteration of an order, or by the use of a false name or the giving of a false address;

(c) To willfully make a false statement in any order, report, application, or record required by this article;

(e) To make or utter a false or forged order;

(f) To affix a false or forged label to a package or receptacle containing drugs;

(g) To sell, compound, dispense, give, receive, or possess any drug or device unless it was sold, compounded, dispensed, given, or received in accordance with sections 12-42.5-118 to 12-42.5-122;

12-42.5-131. Records

(1)(a) All persons licensed or registered under this article shall keep and maintain records of the receipt, distribution, or other disposal of prescription drugs or controlled substances, shall make the records

available to the board upon request for inspection, copying, verification, or any other purpose, and shall retain the records for two years or for a period otherwise required by law.

18-18-306. Records of registrants.

Persons registered to manufacture, distribute, or dispense controlled substances under this part 3 shall keep records and maintain inventories in conformance with the record keeping and inventory requirements of federal law and with any additional rules adopted by the board or department.

18-18-308. Prescriptions.

(4)(a) Except as provided in paragraph (b) of this subsection (4), a person shall not dispense a substance included in schedule III, IV, or V to an ultimate user of the substance without:

(I) A written or oral prescription order of a practitioner; or

(II) An electronic prescription drug order for a schedule III, IV, or V substance that is created and transmitted in accordance with 21 CFR 1311.

(b) A practitioner, other than a pharmacy, may dispense a schedule III, IV, or V substance directly to the ultimate user without a written prescription.

(c) A prescription order for a schedule III, IV, or V substance must not be filled or refilled more than six months after the date of the order or be refilled more than five times.

18-18-414. Unlawful acts - licenses - penalties.

(1) Except as otherwise provided in this article or in article 42.5 of title 12, C.R.S., the following acts are unlawful:

(c) The dispensing of any schedule III, IV, or V controlled substance unless such controlled substance is dispensed from a pharmacy pursuant to a written, oral, mechanically produced, computer generated, electronically transmitted, or facsimile transmitted order or is dispensed by any practitioner in the course of his or her professional practice;

18-18-415. Fraud and deceit.

(1) (a) No person shall obtain a controlled substance or procure the administration of a controlled substance by fraud, deceit, misrepresentation, or subterfuge; or by the forgery or alteration of an

order; or by the concealment of a material fact; or by the use of a false name or the giving of a false address.

(c) No person shall willfully make a false statement in any order, report, or record required by this article.

(e) No person shall make or utter any false or forged order.

Pharmacy Board Rules and Regulations

1.00.11 A pharmacist shall at all times conduct his/her profession in conformity with all federal and state drug laws, rules and regulations; and shall uphold the legal standards of the current official compendia.

1.00.12 A pharmacist shall not be a party or accessory to nor engage in any fraudulent or deceitful practice or transaction in pharmacy, nor knowingly participate in any practice which detrimentally affects the patient, nor discredit his/her profession.

3.00.20 Medical Need. No licensee or registrant shall compound, dispense, deliver or distribute any drug to any person in such quantity or in any situation where the licensee or registrant knows or reasonably should know said drug has no recognized medical utility or application. Violation of this rule shall constitute prima facie proof of violation of CRS 12-42.5-123.

The pharmacist may not dispense a prescription drug or a controlled substance to a practitioner based on an order that does not list a specific patient. A prescription order for —office use is not a valid order.

3.00.50 Initial Interpretation and Final Evaluation.

b. Final evaluation means the review of the final prescription to ensure that the ordered medication is properly prepared and placed in a suitable container with appropriate labeling. The pharmacist(s) conducting the final evaluation shall be held accountable for assuring that the identity of the drug that appears on the prescription label corresponds with identity of drug contained therein. When refills are dispensed, the pharmacist conducting the final evaluation shall be held accountable for the appropriate dispensing of refills including all drug utilization reviews as they pertain to refill dispensing.

3.00.51 Records of Initial Interpretation and Final Evaluation.

a. Records detailing both the initial interpretation and final evaluation shall be retained at the prescription drug outlet for each prescription dispensed and for at least two years from the date of any transaction pertaining to the order. These records shall include at least the following:

1. The license number, initials, name, or secure electronic identifier of the pharmacist conducting the initial interpretation for each new order;
 2. The license number, initials, name, or secure electronic identifier of the pharmacist conducting the final evaluation for each new and refill prescription; and
 3. The specific date on which each initial interpretation and final evaluation occurred. In the event the initial interpretation and final evaluation for a new order are conducted on separate dates, both dates shall be recorded to state specifically when both occurred.
12. The Board finds and concludes, and Respondent agrees, that based upon Respondent's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

13. **Probation.** Respondent's license shall be placed on probation for a period of five (5) years, commencing from the effective date of the 2008 Final Agency Order. Credit toward satisfying the period of probation shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order.

The prescribed period of probation shall not run during any period of time where:

- a. Respondent is not employed a minimum of sixty (60) hours per month for a majority of the probationary period, engaged in the practice of pharmacy in the State of Colorado; and
 - b. Respondent is not actively participating in a Board approved Pharmacy Peer Health Assistance Diversion Program as set forth below in paragraph 14 of this Final Agency Order; and
 - c. Respondent is not otherwise in full compliance with the terms of this Final Agency Order.
14. **Mandatory Participation and Satisfactory Completion of a Board-Approved Peer Health Assistance Diversion Program.**
- a. **Contract.** As a term of this Final Agency Order and Respondent's probationary status, and as a condition of Respondent's release from probation, Respondent shall successfully complete her contract with PAS or an alternative treatment program approved by the Board, until successful completion of the probationary terms and conditions ordered herein.

- b. Urine/Blood Screens. Respondent shall submit to full panel urine or blood tests during participation in PAS or Board-approved alternative program contract, as ordered by the Board, Respondent's employer, or Respondent's treatment program monitor, at a frequency determined by Respondent's treatment program contract. All screens or tests shall be administered and monitored by approved program personnel. An overly dilute or missed urine screen or blood test shall be presumed positive for prohibited substances. Use or ingestion of poppy seeds or hemp oil shall not excuse a positive urine screen or blood test. Respondent must submit satisfactory verified test results for all random urine screening or blood testing conducted as part of Respondent's treatment program with Respondent's application for discharge of the probation period.
- c. Other Requirements. Respondent shall comply fully and in a timely manner with all requirements, recommendations and directions of the treatment program, as administered by PAS or Board-approved alternative treatment program. Requirements, recommendations, and directions shall include but may not be limited to:
- i. Submission by Respondent to such examinations as PAS or Board-approved alternative program may deem appropriate to determine Respondent's physical or mental condition or Respondent's professional qualifications, (the parameters of any such examination shall be specified to the extent possible to pinpoint the underlying condition for which the examination is being required);
 - ii. The taking by Respondent of such therapy courses of training or education as may be needed to correct deficiencies found by such examination;
 - iii. The review or supervision of Respondent's pharmacy practice as may be necessary to determine the quality of Respondent's practice and to correct deficiencies therein; and
 - iv. The imposition of restrictions upon the nature of Respondent's practice to assure that Respondent does not practice beyond the limits of her capabilities.
- d. Releases. Respondent hereby waives any right or claim of confidentiality to any information, test results or other data pertaining to Respondent's treatment progress, or lack thereof, with PAS and/or the Board-approved alternative treatment program, and will execute a Release authorizing PAS or the Board-approved alternative treatment program to release any and all information pertaining to Respondent's case to the Board upon its request. Respondent shall keep all releases current and in effect.

- e. **Completion of Program.** If Respondent satisfactorily completes the treatment program, verification to the Board, by PAS or the Board-approved alternative treatment program, of the satisfactory completion of treatment shall be deemed sufficient, and the requirements set out herein shall be deemed satisfied, unless other information is reasonably required by the Board to verify Respondent's satisfactory completion of treatment. **It is Respondent's responsibility to ensure that PAS or the Board-approved alternative treatment program submits verification to the Board of satisfactory completion of treatment.**
- f. **Withdrawal from Program.** Respondent must immediately notify the Board in writing if Respondent withdraws from, is removed from, is terminated from, or otherwise fails to participate fully and satisfactorily in Respondent's treatment program.
15. **Restricted Practice.** Upon commencement of Respondent's probation pursuant to this Final Agency Order and during the entire probationary period, Respondent shall not, at any Colorado outlet, serve as a supervisor or as a consultant pharmacist. Respondent may serve as a pharmacist manager if approved by PAS or the Board-approved alternative treatment program. Respondent shall not practice pharmacy at more than (3) outlets per quarterly reporting period.
16. **MPJE Examination.** Respondent has taken and passed the Board's jurisprudence examination as part of the 2008 Final Agency Order.
17. **Continuing Education Ethics Course.** Respondent has completed and received a grade of "unconditional pass" in the Professional and Problem Based Ethics Course as part of the 2008 Final Agency Order. Respondent has provided proof of successful completion to the Board.
18. **Required Notices.** Upon commencement of Respondent's probation pursuant to this Final Agency Order and during the entire probationary period, within three (3) days of commencing or changing location of any employment requiring a pharmacist license, Respondent shall notify the Board, using the form provided by the Board, of:
- a. the name and address of each place where Respondent is employed or engaged as a pharmacist; and
 - b. the name, address and license number of each pharmacist manager and immediate supervisor at the new location.

Respondent must comply with the provisions of this paragraph with respect to each individual location where Respondent performs duties requiring licensure as a pharmacist, whether or not Respondent is placed at or

assigned to that location by a district office, employment placement agency, or any other entity by whom Respondent is employed.

19. **Required Disclosures.** Upon commencement of Respondent's probation pursuant to this Final Agency Order and during the entire probationary period, prior to accepting employment or changing location of any employment which requires a pharmacist license, Respondent shall provide a complete copy of this Final Agency Order, consisting of fifteen (15) pages, to each pharmacist manager and immediate supervisor at each location at which Respondent intends to practice pharmacy during the five-year probation period. **Respondent must comply with the provisions of this paragraph with respect to each individual location where Respondent performs duties requiring licensure as a pharmacist, whether or not Respondent is placed at or assigned to that location by a district office, employment placement agency, or any other entity by whom Respondent is employed.**
20. **Manager/Supervisor Reports.** Upon commencement of Respondent's probation pursuant to this Final Agency Order and during the entire probationary period, within thirty (30) days after Respondent accepts employment or changes location of any employment as a pharmacist in the State of Colorado, each pharmacist manager and immediate supervisor shall submit a written report using the forms provided by the Board, setting forth:
- a. The name and address of the employer of Respondent and the name of the pharmacist manager and immediate supervisor;
 - b. The duties and responsibilities to be carried out by Respondent;
 - c. An acknowledgment from Respondent's pharmacist manager and immediate supervisor that he or she has received a complete copy of this Final Agency Order, consisting of fifteen (15) pages, and that he or she has read and understands its contents, including the nature of the misconduct which forms the basis of this disciplinary action; and
 - d. An affirmative statement that the pharmacist manager and immediate supervisor agree to notify the Board, in writing, within seventy-two (72) hours of any evidence of a violation by Respondent of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board Rules and Regulations, state or federal laws pertaining to drugs, or this Final Agency Order.
 - e. If there is a change in management and/or supervision of Respondent where Respondent is employed in the practice of pharmacy, Respondent agrees to provide a complete copy of this Final Agency Order to Respondent's new manager and/or supervisor, immediately upon that new manager or supervisor assuming his or her duties. Within thirty (30) days of receipt of the Final Agency Order, the new

manager or supervisor shall report said receipt to the Board as well as fulfill requirements of paragraphs a through d as indicated above.

It is the responsibility of Respondent to ensure complete compliance with the above-described provisions of the preceding paragraphs a through e. Respondent must comply with the provisions of this paragraph with respect to each individual location where Respondent performs duties requiring licensure as a pharmacist, whether or not Respondent is placed at or assigned to that location by a district office, employment placement agency, or any other entity by whom Respondent is employed.

21. Quarterly Status Reports. Upon the commencement of the probationary period required under this Final Agency Order and during the entire probationary period, Respondent shall submit to the Board written quarterly status reports on the forms provided by the Board which shall be due on the 15th day of the months of January, April, July and October, which provide the following information for each location where Respondent is employed:

- a. Employer and pharmacy outlet name, address and outlet registration number;
- b. Name and license number of each pharmacist manager and immediate supervisor; and
- c. A log of the number of hours, on a weekly basis, Respondent worked at each pharmacy outlet during the applicable quarter. The pharmacist manager shall certify the correctness of the accounting. A separate report for each location shall be submitted. All reports shall be submitted using the form provided by the Board.

All quarterly reports are to be sent to the Board in a timely manner even if Respondent is not currently practicing pharmacy. The first report is due on the first due date even if Respondent has not been on probation for a full quarter. Respondent must comply with the provisions of this paragraph with respect to each individual location where Respondent performs duties requiring licensure as a pharmacist, whether or not Respondent is placed at or assigned to that location by a district office, employment placement agency, or any other entity by whom Respondent is employed.

22. Other Requirements. Respondent acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent shall:

- a. promptly pay all Respondent's own fees and costs associated with this Final Agency Order;
- b. comply fully with this Final Agency Order; and

- c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

23. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Final Agency Order. Respondent acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-125(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent's license. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Final Agency Order.
24. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Respondent. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Respondent's sole responsibility to establish, through written and other documentation, that Respondent has met all terms and conditions of this Final Agency Order. Respondent's probation shall continue until formally discharged by the Board or its designated authority.
25. **Advisements and Waivers.** Respondent enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent acknowledges her understanding that she has the following rights:
- a. to have formal notice of hearing and charges served upon her;
 - b. to respond to said formal notice of charges;
 - c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
 - d. to appeal this Final Agency Order.

Respondent freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent to the sanctions imposed herein.

26. **Acknowledgments.** Respondent has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent understands its legal consequences and

agrees that none of its terms or conditions is unconscionable. Respondent is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent further acknowledges that she is not entering into this Final Agency Order under any duress.

- 27. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
- 28. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
- 29. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.
- 30. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent at Respondent's address of record with the Board, or (b) service by electronic means on Respondent at Respondent's electronic address of record with the Board. Respondent hereby consents to service by electronic means if Respondent has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

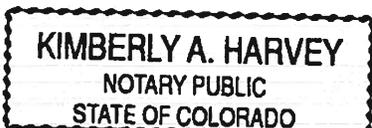
Respondent

Salem Mihalick

Dated: 10/28/13

Salem Mihalick, R.Ph.

Subscribed and sworn to before me in the County of Pueblo, State of Colorado, this 28 day of October, 2013 by Salem Mihalick, R.Ph.



Kimberly A. Harvey
Notary Public

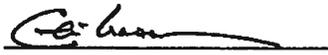
My commission expires: 08/08/2015

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 12th day of November 2013.

State Board of Pharmacy

BY: 

Chris Gassen
Program Director

BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO

Case No. 2007-2113

STIPULATION AND FINAL AGENCY ORDER

**IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO
PRACTICE PHARMACY OF SALEM R. MONTEZ, R.PH, LICENSE NO. 15006,**

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Salem R. Montez, R.Ph. ("Respondent") to resolve all matters pertaining to Board Case Number 2007-2113, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over the person of Respondent, her license to practice pharmacy, the subject matter of this proceeding and the Notice of Charges pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.
2. Respondent has been licensed to practice as a pharmacist in the State of Colorado since July 11, 1997 and at all times relevant to this disciplinary action.
3. Respondent hereby admits and waives any further proof in this proceeding before the Board that the following facts are true.
4. Between November 16, 2005 and January 9, 2007, Respondent diverted a total of 3,400 alprazolam 0.5 mg tablets, 2,300 hydrocodone 10 mg / acetaminophen 325 mg tablets, and 45 hydrocodone 7.5 mg / acetaminophen 750 mg tablets from the pharmacy where she was employed at the time, by writing approximately 80 fraudulent new and refill prescription orders purported to be from five separate practitioners under her own name and the name of a fictitious patient.
5. The drugs dispensed from these prescription orders include drugs used to treat pain, anxiety, cough and cold, infections, high blood pressure, and birth control.
6. Respondent's initials are on most of the new and refill dispensing records and transactions for the prescriptions described above in paragraphs 4 and 5, indicating that she was the final evaluator of those prescriptions.
7. Respondent originally alleged that she diverted controlled substances and prescription drugs under the duress of an acquaintance, but later admitted the drugs were for personal use.
8. In November of 2007, Respondent pled guilty to possession of a controlled substance, a class 5 felony, for the incidents described above in paragraphs 4 through 6.

9. Violations of the Pharmaceuticals and Pharmacists Act, the Uniform Controlled Substances Act, and Board rules are grounds for discipline by the Board against Respondent's license to practice pharmacy in the state of Colorado as set forth below:

12-22-125. Unprofessional conduct – grounds for discipline. (1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

...(b) Is guilty of the commission of a felony or has had accepted by a court a plea of guilty or nolo contendere to a felony or has received a deferred judgement and sentence for a felony;

...(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(d) Is unfit or incompetent by reason of negligence, habits, or physical or mental illness, or for any other cause, to practice as such;

(e) Is addicted to, dependent on, or engages in the habitual or excessive use or abuse of intoxicating liquors, a habit-forming drug, or a controlled substance, as defined in section 18-18-102 (5), C.R.S.;

...(k) Has failed to meet generally accepted standards of pharmacy practice...

* * *

10. The Colorado statutes and Board rules relevant to the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") state as follows:

12-22-122. Prescription required - exception.

(1) Except as provided in section 18-18-414, C.R.S., and subsection (2) of this section, an order is required prior to dispensing any prescription drug. Orders shall be readily retrievable within the appropriate statute of limitations.

12-22-126. Unlawful acts.

(1) It is unlawful:

(b) To obtain or dispense or to procure the administration of a drug by fraud, deceit, misrepresentation, or subterfuge, or by the forgery or alteration of an order, or by the use of a false name or the giving of a false address;

(c) To willfully make a false statement in any order, report, application, or record required by this part 1;

(e) To make or utter a false or forged order...

(f) To affix a false or forged label to a package or receptacle containing drugs;

(h) To sell, compound, dispense, give, receive, or possess any drug or device unless it was sold, compounded, dispensed, given, or received in accordance with sections 12-22-121 to 12-22-124;

12-22-318. Records to be kept - order forms.

(1) (a) Each person licensed or otherwise authorized under this part 3 or other laws of this state to manufacture, purchase, distribute, dispense, administer, store, or otherwise handle controlled substances shall keep and maintain separate detailed and accurate records and inventories relating to controlled substances and retain all such records and inventories for a period of two years after the respective dates of such transactions as shown on such records and inventories.

18-18-306. Records of registrants.

Persons registered to manufacture, distribute, or dispense controlled substances under this part 3 shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of federal law and with any additional rules adopted by the board or department.

18-18-308. Prescriptions.

(4) Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, a substance included in schedule III, IV, or V may not be dispensed without a written or oral prescription order of a practitioner. The prescription order must not be filled or refilled more than six months after the date thereof or be refilled more than five times.

18-18-414. Unlawful acts—licenses—penalties. (1) Except as otherwise provided in this article or in article 22 of title 12, C.R.S., the following acts are unlawful:

(c) The dispensing of any schedule III, IV, or V controlled substance unless such controlled substance is dispensed from a pharmacy pursuant to a written, oral, mechanically produced, computer generated, electronically transmitted, or facsimile transmitted order or is dispensed by any practitioner in the course of his or her professional practice...

18-18-415. Fraud and deceit.

(1) (a) No person shall obtain a controlled substance or procure the administration of a controlled substance by fraud, deceit, misrepresentation, or subterfuge; or by the forgery or alteration of an order; or by the concealment of a material fact; or by the use of a false name or the giving of a false address.

(c) No person shall willfully make a false statement in any order, report, or record required by this article.

(e) No person shall make or utter any false or forged order.

* * *

Pharmacy Rules and Regulations

1.00.11 A pharmacist shall at all times conduct his/her profession in conformity with all federal and state drug laws, rules and regulations; and shall uphold the legal standards of the current official compendia.

1.00.12 A pharmacist shall not be a party or accessory to, nor engage in any fraudulent or deceitful practice or transaction in pharmacy, nor knowingly participate in any practice which detrimentally affects the patient, nor discredit his/her profession.

3.00.20 Medical Need. No licensee or registrant shall compound, dispense, deliver or distribute any drug to any person in such quantity or in any situation where the licensee or registrant knows or reasonably should know said drug has no recognized medical utility or application. Violation of this rule shall constitute prima facie proof of violation of CRS 12-22-125.

3.00.50 Final Evaluation. Each time a prescription drug or device is dispensed in a prescription drug outlet, a pharmacist shall make the final evaluation of the transaction. At the time of such final evaluation, the pharmacist shall take whatever action is necessary to ensure that the initial interpretation, container, label, and prescription drug or device dispensed, as well as all records relating to the transaction are complete, accurate, and appropriate.

a. The record or records of each dispensing transaction shall bear the identity of the pharmacist making the final evaluation, and this pharmacist shall be held responsible and accountable for each dispensing transaction which bears this pharmacist's identity.

* * *

11. The Board further finds and concludes, and Respondent agrees, that based upon Respondent's above-described violations of the Pharmaceuticals and Pharmacists Act, the Uniform Controlled Substances Act, and Board rules, the following disciplinary action is just and appropriate under the circumstances.

DISPOSITION

Suspension, Five Years' Probation with Peer Assistance Services Restricted Practice, Examination Requirements, Professional Ethics Education Reporting Requirements, Quarterly Reports

12. **Suspension.** Respondent's Colorado pharmacist license is hereby suspended pending evaluation and recommendation by the Board's Rehabilitation Evaluation Committee ("REC") that Respondent is fit to return to the practice of pharmacy. During such term of suspension, Respondent shall not engage in any act for which a pharmacist license is required in the State of Colorado and Respondent may not work in a prescription drug outlet or any outlet registered by the Board in any capacity. Upon the effective date of this Final Agency Order, Respondent shall promptly surrender to the Board all indicia of her license as a pharmacist. Within three days of her release by the REC to return to the practice of pharmacy, Respondent shall submit to the Board a notarized affidavit, which attests that she did not perform any act requiring a Colorado pharmacist license or work in any capacity in an outlet registered by the Board during the active suspension period. Upon receipt of the affidavit the Board shall issue Respondent an active license, restricted as set forth below.
13. **Probation.** Respondent's license shall be placed on probation for a period of FIVE (5) years, commencing upon the issuance of the restricted license described above in paragraph 12. Credit toward satisfying the period of probation shall be given only during such periods of time that Respondent is in total compliance with all provisions of this Final Agency Order.

The prescribed period of probation shall not run during any period of time where:

- a. Respondent is not employed a minimum of eighty (80) hours per month, engaged in the practice of pharmacy in the State of Colorado;
- b. Respondent is not actively participating in a Board approved Peer Health Assistance Diversion Program or has not completed such a program as set forth below in paragraph 14 of this Final Agency Order; and
- c. Respondent is not otherwise in full compliance with the terms of this Final Agency Order.

Terms of Probation

14. Mandatory Participation and Satisfactory Completion of a Board-Approved Peer Health Assistance Diversion Program.

- a. **Contract.** As a term of this Final Agency Order and Respondent's probationary status, Respondent shall successfully complete a contract with Peer Assistance Services ("PAS") or an alternative treatment program approved by the Board for a minimum period of FIVE (5) years.
- b. **Urine/Blood Screens.** Respondent shall submit to full panel urine or blood tests during participation in the PAS or Board-approved alternative program contract, as ordered by the Board, her employer, or her treatment program monitor, at a frequency determined by the Rehabilitation Evaluation Committee ("REC"). All screens or tests shall be administered and monitored by approved program personnel. A missed urine screen or blood test shall be presumed positive for prohibited substances. Use or ingestion of poppy seeds or hemp oil shall not excuse a positive urine screen or blood test. Respondent must submit satisfactory verified test results for all random urine screening or blood testing conducted as part of her treatment program with her application for discharge of the probation period.
- c. **Other Requirements.** Respondent shall comply fully and in a timely manner with all requirements, recommendations and directions of the treatment program, as administered by PAS or Board-approved alternative treatment program, and the REC. Requirements, recommendations, and directions may include:
 - i. Submission by Respondent to such examinations as the REC may deem appropriate to determine Respondent's physical or mental condition or her professional qualifications, (the parameters of any such examination shall be specified to the extent possible to pinpoint the underlying condition for which the examination is being required);
 - ii. The taking by Respondent of such therapy courses of training or education as may be needed to correct deficiencies found by such examination;
 - iii. The review or supervision of Respondent's pharmacy practice as may be necessary to determine the quality of her practice and to correct deficiencies therein; and
 - iv. The imposition of restrictions upon the nature of Respondent's practice to assure that she does not practice beyond the limits of her capabilities.
- d. **Releases.** Respondent hereby waives any right or claim of confidentiality to any information, test results or other data pertaining to Respondent's treatment progress, or lack thereof, with PAS and/or the Board-approved alternative treatment program, and will execute a Release authorizing PAS to release any and all information pertaining to

Respondent's case to the Board upon its request. Respondent shall keep all releases current and in effect.

- e. **Completion of Program.** If Respondent satisfactorily completes the treatment program, verification to the Board, by PAS or the Board-approved alternative treatment program, of the satisfactory completion of treatment shall be deemed sufficient, and the requirements set out herein shall be deemed satisfied, unless other information is reasonably required by the Board to verify her satisfactory completion of treatment. **It is Respondent's responsibility to ensure that PAS or the Board-approved alternative treatment program submits verification to the Board of satisfactory completion of treatment.**
 - f. **Withdrawal from Program.** Respondent must immediately notify the Board in writing if she withdraws from, is removed from, is terminated from, or otherwise fails to participate fully and satisfactorily in her treatment program.
15. **Restricted Practice.** During the probationary period, Respondent shall not, at any Colorado outlet, serve as (a) manager, (b) supervisor, (c) consultant pharmacist, or (d) preceptor. Respondent shall not practice pharmacy at more than ONE (1) outlet per quarterly reporting period.
16. **MPJE Examination.** Within six (6) months of the effective date of this Final Agency Order, Respondent shall be given two chances to take and pass the Board's jurisprudence examination. Failure to take and pass such exam within the prescribed time shall be sufficient evidence for the Board to conclude that Respondent is not qualified to practice pharmacy.
17. **Continuing Education Ethics Course.** Respondent shall complete and pass the Professional and Problem Based Ethics Course ("ProBE"). Information and enrollment procedures for the ProBE appear on-line at <http://www.ethicsgroup.org/probe.html>. Respondent shall enroll in the Spring, 2009 Denver session of the ProBE before the enrollment deadline for that session of the ProBE, and shall successfully complete that session of the ProBE. Respondent shall send the Board proof of completion of the ProBE within ten (10) days of successful completion of the course.
18. **Required Notices.** During the probationary period, within three (3) days of commencing or changing location of any employment requiring a pharmacist license, Respondent shall notify the Board, using the form provided by the Board, of:
- a. the name and address of each place where she is employed or engaged as a pharmacist; and
 - b. the name, address and license number of each pharmacist manager and immediate supervisor at the new location.
19. **Required Disclosures.** During the probationary period, prior to accepting employment or changing location of any employment which requires a pharmacist license, Respondent shall

provide a complete copy of this Final Agency Order, consisting of eleven (11) pages, to each pharmacist manager and immediate supervisor at each location at which Respondent intends to practice pharmacy during the five-year probation period.

20. **Manager/Supervisor Reports.** Upon the commencement of the probationary period required under this Final Agency Order, within thirty (30) days after Respondent accepts employment or changes location of any employment as a pharmacist in the state of Colorado, each pharmacist manager and immediate supervisor shall submit a written report using the forms provided by the Board, setting forth:

- a. The name and address of the employer of Respondent and the name of the pharmacist manager and immediate supervisor;
- b. The duties and responsibilities to be carried out by Respondent;
- c. An acknowledgment from Respondent's pharmacist manager and immediate supervisor that he or she has received a complete copy of this Final Agency Order, consisting of eleven (11) pages, and that he or she has read and understands its contents, including the nature of the misconduct which forms the basis of this disciplinary action; and
- d. An affirmative statement that the pharmacist manager and immediate supervisor agree to notify the Board, in writing, within seventy-two (72) hours of any evidence of a subsequent violation by Respondent of a violation of this Final Agency Order, or of the Colorado Pharmacists and Pharmaceuticals Act, or Board rules and regulations governing the practice of pharmacy.
- e. If there is a change in management and/or supervision of Respondent where Respondent is employed in the practice of pharmacy, Respondent agrees to provide a complete copy of this Final Agency Order to her new manager and/or supervisor, immediately upon that new manager or supervisor assuming his or her duties. Within thirty (30) days of receipt of the Final Agency Order, the new manager or supervisor shall report said receipt to the Board as well as fulfill requirements of sub-paragraphs a through d as indicated above in this paragraph.

It is the responsibility of Respondent to ensure complete compliance with the above-described provisions of the preceding sub-paragraphs a through e of this paragraph.

21. **Quarterly Status Reports.** During the entire probationary period, Respondent shall submit to the Board written quarterly status reports on the forms provided by the Board which shall be due on the 15th day of the months of January, April, July and October, which provide the following information for each location where she is employed:

- a. Employer and pharmacy outlet name, address and outlet registration number;
- b. Name and license number of each pharmacist manager and immediate supervisor; and

- c. A log of the number of hours, on a weekly basis, Respondent worked at each pharmacy outlet during the applicable quarter. The pharmacist manager shall certify the correctness of the accounting. A separate report for each location shall be submitted. All reports shall be submitted using the form provided by the Board.

All quarterly reports are to be sent to the Board in a timely manner even if Respondent is not currently practicing pharmacy. The first report is due on the first due date even if Respondent has not been on probation for a full quarter.

22. **Other Requirements.** Respondent acknowledges and agrees that, as a condition of this Final Agency Order and probation, she shall:

- a. promptly pay all her own reasonable fees and costs associated with this Final Agency Order;
- b. comply fully with this Final Agency Order; and
- c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

23. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Respondent. The Board will consider any request for discharge during the ordinary course of business. In any request for discharge it shall be Respondent's sole responsibility to establish, through written and other documentation, that she has met all terms and conditions of this Final Agency Order. Respondent's probation shall continue until formally discharged by the Board by way of Board order.

24. **Advisements and Waivers.** Respondent enters into this Final Agency Order freely and voluntarily, after the opportunity to consult with legal counsel of her own choosing. Respondent acknowledges her understanding that she has the following rights:

- a. To have a formal notice of hearing and charges served upon her;
- b. To respond to said formal notice of charges;
- c. To have a formal disciplinary hearing pursuant to §12-22-125.2(2)(a), C.R.S.; and
- d. To appeal this board order.

Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against her to the sanctions imposed herein.

25. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Final Agency Order. Respondent acknowledges and agrees that any violation of this Final Agency Order may be

sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of his license. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Final Agency Order.

- 26. **Acknowledgments.** Respondent has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel, that she understands its legal consequences and she agrees that none of its terms or conditions are unconscionable. Respondent is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent further acknowledges that he is not entering into this Final Agency Order under any duress.
- 27. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
- 28. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
- 29. **Effective Date.** This Final Agency Order shall become effective upon signature by a Board's representative.

**ACCEPTED AND AGREED BY
Respondent**

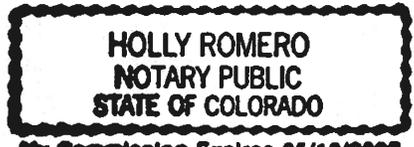
Salem R. Montez
Salem R. Montez, R.Ph.

Dated: 3/20/08

Subscribed and sworn to before me in the County of Danver, State of Colorado, this 20th day of March, 2008, by Salem R. Montez, R.Ph.

Holly Romero
NOTARY PUBLIC

My Commission expires: May 18, 2008



FINAL AGENCY ORDER

WHEREFORE, the within Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE this 28th day of March, 2008.

State Board of Pharmacy

BY: Wendy Anderson
WENDY ANDERSON
Program Director

DOCUMENT APPROVED AS TO FORM:

KURTZ & PECKHAM

JOHN W. SUTHERS
Attorney General

Katharine D. Kurtz
KATHARINE D. KURTZ, #9435*

Joanna Lee Kaye
JOANNA LEE KAYE, #20485*
Assistant Attorney General
Business and Licensing Section

Attorneys for Respondent

Attorneys for State Board of Pharmacy

1600 Stout Street, Suite 1600
Denver, Colorado 80202
Telephone: (303) 893-3045
FAX: (303) 893-6999
*Counsel of Record

1525 Sherman Street, 5th Floor
Denver, Colorado 80203
Telephone: (303) 866-6170
FAX: (303) 866-5395
*Counsel of Record

7

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
previous owner

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.

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

Christina Bond
Print Name of Authorized Person

5/30/18
Date

Board Use Only	Date Processed: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited X

Partnership Name: Marian Respiratory Inc.

Mailing Address: 28691 US Hwy 98 Suite D1

City: Daphne State: AL Zip Code: 36526

Telephone Number: 251-473-2222 Fax Number: 251-473-1064

Contact Person: Christina Bond

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>Attached</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>

List names of 4 largest partners and percentage of ownership:

Name: Marian Respiratory Care Inc. %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: none %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: PHO3288

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Alabama)
Baldwin COUNTY) ss.

I, Christina Bond, 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 Marion Pharmaceuticals (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

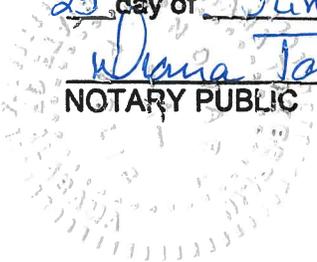
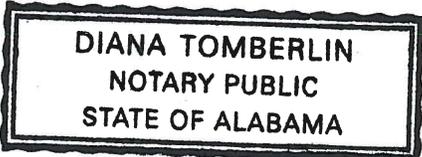
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

Christina Bond
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 25 day of June, 2018.
Diana Tomberlin
NOTARY PUBLIC



STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Christina Bond

Responsible Person of Marian Pharmaceuticals

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.

CBond

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

Christina Bond

Print Name of Authorized Person

5/30/18

Date

Alabama State Board of Pharmacy



2018

This is to Certify
MARIAN RESPIRATORY CARE, INC.
 28691 US HIGHWAY 98
 SUITE D1
 DAPHNE, AL 36526

Permit No.
112253

Supervising Pharmacist
CHRISTINA SELF BOND
 15657

Is duly licensed as a
Pharmacy

IN CONFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1866 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD, THIS CERTIFICATE EXPIRES ON THE LAST DAY OF **December 2018** AND MUST BE CONSPICUOUSLY DISPLAYED.

Alabama State Board of Pharmacy

This is Your Receipt For Fee Paid As Required By Law
 THIS PERMIT IS NOT TRANSFERABLE

Susan F. Alverson
 Secretary

Alabama State Board of Pharmacy
 111 Village Street
 Birmingham, AL 35242
 Phone 205-981-2280
 Fax 205-981-2330
 www.albop.com

Complete application for changes of name, ownership, address or supervising pharmacist at our website:
www.albop.com

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

ALABAMA STATE BOARD OF PHARMACY

2018

The Controlled Substances Act of 1971 reads in part as follows:
 Section 304. (Revocation and Suspension of Registration.)

- (e) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Board upon a finding that the registrant:
- (1) has furnished false or fraudulent material information in any application filed under this Act;
 - (2) has been convicted of a felony under any State or Federal law relating to any controlled substance; or
 - (3) has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances.
- (4) Has violated the provisions Act 205, 1866 Special Session of Alabama Legislature (Title 49B 297 (a)-(32) Code of Alabama 1940 (Recomp. 1866)

CONTROLLED SUBSTANCES
 REGISTRATION NUMBER

112253

SCHEDULES

II III V

THIS REGISTRATION
 EXPIRES

12/31/2018

BUSINESS ACTIVITY

Pharmacy

FEE
 PAID

\$300.00

DATE ISSUED

03/16/2017

MARIAN RESPIRATORY CARE, INC.
 28691 US HIGHWAY 98
 SUITE D1
 DAPHNE, AL 36526

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES
 THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY

Marian Ownership as of: 1/23/18

Marian Respiratory Care, Inc. dba Marian Pharmaceuticals

Mediview, LLC

Owner of 100% outstanding stock: Mediview, LLC; Democracy Dr. Suite 275, Reston, VA 20190

Owners/Officers:

Islam Abazi, Owner, President

DOB:

Address: Gloucester Drive Huron, Ohio 44839

Email: info@marianrc.com

Robert Burrows, Officer, Vice President

DOB:

Address: Lago Stella Pl. Ashburn, VA 20148

Email: robert.burrows@trusted.com

Michael Irizarry, Officer, Vice President

DOB:

Address: Montserrat Creek Drive, Little Elm, TX 75068

Email: mirizarry@medcore.com

1. Counsel for the Board and counsel for Marian stipulate that Marian denies for all legal purposes other than this proceeding the allegations set forth in above and stipulates that for the purposes of this proceeding the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds Marian has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set out above.

2. The permit issued to Marian shall be placed on PROBATION for a period of five (5) years conditioned on the following terms:

- a. Marian shall pay an administrative fine in the amount of One Hundred Twenty Five Thousand Dollars (\$125,000.00) within ninety (90) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Marian attempt to discharge the same.
- b. Board approval before of any supervising pharmacist prior to that individual acting as such.

3. Marian 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 a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Marian 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. That Marian agrees that any future 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.

5. By execution of this Consent Order, Marian 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.

6. Marian acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Marian acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 24 day of February, 2017.

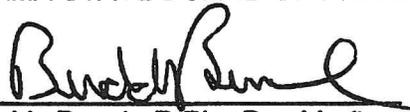
Marian Respiratory Care d/b/a Marian Pharmaceuticals, Inc.

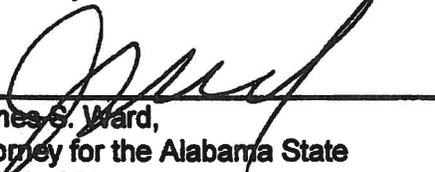
BY: *Arthur Fin*
ITS: Manager

Ms Spina
Thomas Spina, Attorney for Marian Respiratory Care d/b/a Marian Pharmaceuticals, Inc.

DONE this the 13th day of March, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: 
Buddy Bunch, R.Ph., President


James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404



Marian Pharmaceuticals

Re: Marian Respiratory Care, Inc., d/b/a Marian Pharmaceuticals

To Whom It May Concern,

A response and explanation regarding the circumstances giving rise to the Alabama Board of Pharmacy action may be found below. Please note that the circumstances occurred under the previous ownership, and Marian Pharmaceuticals is under new ownership as of 1/23/18.

On March 13, 2017, Marian Respiratory Care, Inc., d/b/a Marian Pharmaceuticals (hereinafter "Marian") entered into the attached Consent Order with the Alabama Board of Pharmacy. The Alabama Board of Pharmacy inquiry surrounded Marian's contracting with a Florida pharmacy to assist Marian in handling various administrative services. For the reasons discussed below, Marian believed that its activities were compliant with the Alabama Pharmacy Practice Act and corresponding rules and regulations. In the interests of compromise and building a constructive relationship with the Alabama Board of Pharmacy, though, Marian opted to settle this matter with the Board.

The facts underlying the Alabama Board of Pharmacy's inquiry and corresponding settlement are relatively straightforward. Beginning in the fall of 2016, Marian contracted with Physician Specialty Pharmacy in Pensacola, Florida to handle some administrative services on behalf of Marian. Specifically, Physician Specialty Pharmacy assisted Marian with: (1) the initial assessment of prescriptions, including initial pharmacist review and checking of prescriptions for completeness, as well as pharmacist contact with prescriber offices in the event that a prescription was incomplete or deficient in some way; (2) patient contact to collect demographic information and insurance or other payment information; and (3) assistance with third-party billing. Importantly, at all times relevant to the Alabama Board of Pharmacy inquiry, Physician Specialty Pharmacy was licensed as a nonresident pharmacy in Alabama and the Physician Specialty Pharmacy pharmacists working on Marian matters were licensed in Alabama.

Physician Specialty Pharmacy would not fill or dispense prescriptions on behalf of Marian. Instead, Marian pharmacists would review all prescriptions, follow up with prescribers to the extent that there were questions or concerns with the prescription, consult with patients who requested consultation, and fill and dispense each prescription. The front-end work by Physician Specialty Pharmacy pharmacists resulted in increased efficiency by the Marian pharmacists and staff, as prescriptions had gone through an initial check before being addressed by Marian pharmacists.



Marian Pharmaceuticals

The Alabama Board of Pharmacy learned of the relationship between Marian and Prescription Specialty Pharmacy during a standard inspection of Marian in November 2016. The Alabama Board of Pharmacy believed that Marian should have obtained a remote processing permit before entering into its relationship with Physician Specialty Pharmacy. Marian disputed and continues to dispute this position. As to prescriptions, the processing and dispensing of prescriptions occurred at Marian. Physician Specialty Pharmacy, an Alabama licensed pharmacy with Alabama licensed pharmacists, simply served as a front-end quality control mechanism to assist Marian and its pharmacists. All other tasks performed by Physician Specialty Pharmacy, such as patient demographics collection and billing assistance, were tasks that are commonly delegated by contract without a remote processing permit or other permit. Secondly, the Alabama Board of Pharmacy complained that Marian included its facsimile number on some prescription pads. The resolution of this complaint was included in the Consent Order. Marian has initiated efforts to replace prescription pads with a facsimile number or other identifying information.

Based on the above allegations, Marian agreed to settle this inquiry with the Alabama Board of Pharmacy for a fine and probation. No other discipline was assessed by the Alabama Board of Pharmacy. As of the day following the Alabama Board of Pharmacy inspection, Marian ceased working with Physician Specialty Pharmacy on any and all prescription assessment and fulfillment tasks that the Alabama Board of Pharmacy claimed should be conducted by a pharmacist or technician at Marian. Marian has hired additional staff to handle the increased workload. Marian's pharmacist-in-charge has been approved by the Alabama Board of Pharmacy and the pharmacy continues to operate in Alabama without limitation. Marian has recently passed both a retail and <795> compounding inspection by the Alabama Board of Pharmacy on May 12, 2017, with no deficiencies reported. Marian Pharmaceuticals provides low-risk, non-sterile compounded products which account for less than 3% of the total business. We provide commercially available, topical prescription products for our patients that accounts for the bulk of our business.

Compliance with the laws and regulations within the states in which Marian dispenses medications, as well as constructive relationships with all state Boards of Pharmacy, are of the utmost importance to Marian and its staff. We would be pleased to provide additional information or answer any questions you may have. Thank you for your time and consideration.

Sincerely yours,

Christina Bond, PharmD.
Pharmacy Manager/PIC
Marian Respiratory Care, Inc.

8

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

New Wholesaler or Ownership Change (Provide current license number if making changes: WH _____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
 Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,7
 Non Publicly Traded Corporation – Pages 1,2,3,5,6 Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Glasshouse Pharmaceuticals LLC

Physical Address: 7600 Danbro Crescent

City: Mississauga State: Ontario, Canada Zip Code: L5N6L6

Telephone Number: 905-821-7600 Fax Number: 905-821-7602

Toll Free Number: 1-833-284-1788

E-mail: jwier@harborcompliance.com Website: https://cplltd.com/

Facility Manager: Jan Sahai

Professional qualifications and experience of facility manager: BSc. Phm. University of Toronto (1984)
Pharm.D. Philadelphia College of Pharmacy and Science (1987) Research Fellowship. Medical College of Virginia School of Pharmacy (1989)

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: _____

101522

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.

Glasshouse Pharmaceuticals LLC has not sold, dispensed or distributed pharmaceutical products within the past year - N/A

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: E0223992018-0

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

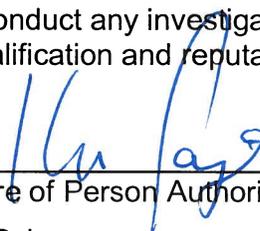
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No

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
Kenneth Paige

Print Name of Authorized Person

June 13/18
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: Delaware

Parent Company if any: _____

Mailing Address: 7600 Danbro Crescent

City: Mississauga State: Ontario Canada Zip: L5N6L6

Telephone: 905-821-7600 Fax: 905-821-7602

Contact Person: Kenneth Paige

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) Contract Pharmaceuticals Limited, 7600 Danbro Crescent, Mississauga Ontario Canada L5N6L6

Name	Business Address
------	------------------
 - b) _____

Name	Business Address
------	------------------
 - c) _____

Name	Business Address
------	------------------
 - d) _____

Name	Business Address
------	------------------
- 2) Provide the number of shares issued by the corporation. _____
- 3) What was the price paid per share? _____

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

Include with the application for a non publicly traded corporation

List of officers and directors See attached

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

CURRICULUM VITAE**JAN SAHAI, PHARM D., MBA**

PERSONAL INFORMATION

Name and Title:

Jan Sahai, Pharm D., MBA
General Manager
Glasshouse Pharmaceuticals Canada
Meadowpine Blvd.
Mississauga, ON
L5N 6R8

Tel | 905.821.7600 Ext.: 265
Email | jsahai@glasshousepharma.com

PHARMACY LICENSURE

Ontario, Canada

EDUCATION

MBA
Richard Ivey School of Business
University of Western Ontario, London Ontario
2001-2003

Post-Doctoral Fellowship in Infectious Disease Pharmacotherapy
Antibiotic Research Unit, Medical College of Virginia
Richmond, Virginia
July 1987 – July 1989

Doctor of Pharmacy (Pharm. D.)
Philadelphia College of Pharmacy and Science
August 1985 – June 1987

Bachelor of Science, Pharmacy
University of Toronto
September 1980 – June 1984

CURRICULUM VITAE**JAN SAHAI, PHARM D., MBA**

WORK RELATED EXPERIENCES**Glasshouse Pharmaceuticals Canada (2018 – Present)**

General Manager

Contract Pharmaceuticals Limited (CPL) (2005 – 2018)

Vice President, Business Development

GlaxoSmithKline (1999 - 2005)

2004 – 2005

Director, Corporate Communications and Stakeholder Relations

2002 – 2004

Therapeutic Area Director, CNS Marketing (Paxil, Imitrex, Amerge, Wellbutrin, Requip)

1999 – 2002

National Sales Manager, HIV & Oncology

DuPont-Merck (1997 – 1999)

Director, Virology Marketing

Hoffmann-La Roche (1996 – 1997)Associate Director, Medical Marketing, Virology**University of Ottawa and Ottawa General Hospital (1989 – 1996)**Assistant Professor of Medicine and Pharmacology



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

0731694

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: manufacturer wholesaler which conducts business at the following locations in this State:

7600 DANBRO CRES MISSISSAUGA, ON L5N 6L6-

GLASSHOUSE PHARMACEUTICALS LLC
7600 DANBRO CRES
MISSISSAUGA, ON L5N 6L6-

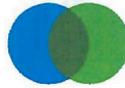
Reg. No.
5005438

ISSUED PURSUANT TO

N.J.S.A. 24:6B

EXPIRES: January 31, 2019

Establishment Copy



GLASSHOUSE PHARMACEUTICALS LLC

Glasshouse Pharmaceuticals LLC Licensing Details

Applicant: Glasshouse Pharmaceuticals LLC

Business Ownership: LLC – Limited Liability Company
Delaware Limited Liability Company incorporated February 27, 2017
EIN: 82-2017890

Type of Business: Virtual Manufacturer

Method of Distribution: Third Party Logistics Provider

Member/Owner:

Contract Pharmaceuticals Limited (Delaware)
7600 Danbro Crescent
Mississauga Ontario, Canada L5N6L6
100% Parent Company

Corporate Officers:

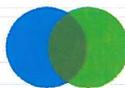
Kenneth Paige, CEO
7600 Danbro Crescent Mississauga Ontario, Canada L5N 6L6
Email: kpaige@cplltd.com PH: 905-821-7600 ext. 321
DOB:

Jan Sahai, General Manager
2145 Meadowpine Blvd. Mississauga Ontario, Canada L5N 6R8
Email: jsahai@glasshousepharma.com PH: 905-469-9690
DOB:

Marcel Vieno, VP Finance
2145 Meadowpine Blvd. Mississauga Ontario, Canada L5N 6R8
Email: mvieno@cplltd.com PH: 905-821-7600 ext. 238
DOB:

Description of Products and Operations:

1. Glasshouse Pharmaceuticals LLC (GPLLC) is a virtual manufacturer of human non-controlled prescription drugs.
2. GPLLC intends to ship to licensed wholesalers and distributors
3. GPLLC will not be distributing samples



GLASSHOUSE PHARMACEUTICALS LLC

Glasshouse Pharmaceuticals LLC Licensing Details

Additional Information:

Glasshouse Pharmaceuticals LLC (GPLLC), organized under the laws of the state of Delaware, is a marketer and distributor of liquid and semisolid prescription pharmaceutical products intended for the US market. GPLLC outsources its product development and manufacturing requirements to Contract Pharmaceuticals Limited Canada, an FDA and Health Canada approved contract development and manufacturing organization with expertise and experience in liquid and semisolid pharmaceuticals.

Glasshouse Pharmaceuticals Canada owns the Product and is the owner of patents and other proprietary and valuable information, data and know-how related to the Product. Glasshouse Pharmaceuticals Canada has licensed out products to GPLLC for sales, marketing, and distribution of products in the US.

Hours of Operation: 8:00am to 4:00pm – Monday through Friday

3PL Provider: Masters Drug Company, Inc. dba RXTPL
4200 Binion Way STE 200
Mason, OH 45036

Contract MFG: Contract Pharmaceuticals Limited Canada
7600 Danbro Crescent Mississauga, Ontario Canada L5N 6L6
FDA REG: 3001581899

Products (Products to be distributed under GPLLC):

- | | | |
|----|--------------|---|
| 1. | 71428-001-60 | Fluocinonide Topical Solutions USP, 0.05% 60mL |
| 2. | 71428-002-60 | Fluocinolone Acetonide Topical Solution USP, 0.01% 60mL |
| 3. | 71428-003-60 | Clindamycin Phosphate Topical Solution UPS, 1% 60mL |
| 4. | 71428-004-23 | Nitrofurantoin Oral Suspension USP, 25mg/5mL 230mL |
| 5. | 71428-005-15 | Clobetasol Propionate Cream USP, 0.05% 15ml |
| 6. | 71428-005-30 | Clobetasol Propionate Cream USP, 0.05% 30ml |
| 7. | 71428-005-45 | Clobetasol Propionate Cream USP, 0.05% 45ml |
| 8. | 71428-005-60 | Clobetasol Propionate Cream USP, 0.05% 60ml |

Addendum to Wholesaler Application

“Submit a list containing each employee(s) who handle the drugs on a daily basis”

Please note the following individuals handle product on a daily basis:

- Kenn Hughes (CPL)
- Kevin Waite (Master’s

9

August 6, 2018

Dear NV State Board of Pharmacy Members,

I am submitting this letter of request to provide pharmacy services to patients at the CareMore Care Centers in Las Vegas and Henderson. I would like to request and appearance before the Board at the September meeting for review of the services provided. Since this is considered an alternate site, I am including the following details as requested in NAC 639.403 sections (a) through (k).

- a. Rosemary T. Gonzalez, RPh
- b. Medication management for the following reasons for Self-referred patients or those referred to a clinical pharmacist by CCC NPs, PAs, Extensivists, Specialists and Primary Care Providers
 - Poly-pharmacy, medication simplification, medication adherence
 - Medication dose optimization (e.g. insulin)
 - Medication reconciliation
 - Medication conversions
 - Pharmacist consultation requested
 - Group classes such as smoking cessation and diabetes
 - CareMore initiatives (table A)
 - Initiation of appropriate meds (e.g. gaps in care meds such as statins in diabetics)
- c. The pharmacist will work between the following clinic locations.

Flamingo CCC
3041 E Flamingo Rd Suite A
Las Vegas, NV 89121

Henderson CCC
100 N Green Valley Pkwy #235
Henderson, NV 89074

Tenaya CCC
2601 N Tenaya Way
Las Vegas, NV 89128

- d. Members of CareMore Health Plan NV.
- e. Services provided to CareMore members only.
- f. Pharmacist will use the following resources:
Patient EHR including, provider notes, labs, medication list, hospital discharge summary, case management notes. CareMore policies and procedures, Micromedex, Global RPh, Monthly Prescribing Reference, Up to Date, CareMore Formulary, Express Scripts claims data, and other evidence –based sources of medical information.
- g. Clinic hours are 8:00 AM to 5:00 PM Monday through Friday.
- h. Appointments will be made during the clinic hours Monday through Friday. Patients will be advised that the pharmacist is available during clinic hours. In case of an urgent issue in which the pharmacist is not in the clinic, the patient will be referred to one of the clinic Nurse Practitioners for assistance.
- i. All documentation will be made in the patient’s Electronic Health Record in NextGen.
- j. The services provided are not affiliated with a licensed pharmacy.
- k. No business plan is needed. No payment will be exchanged for pharmacy services.

Please contact me if any additional information is needed. Thank you for reviewing this request.

Regards,

Rosemary T. Gonzalez,RPh

Rosemary.Gonzalez @CareMore.com

Protocol Number	
Protocol Title	Standardize Procedure for Clinical Pharmacist Intervention and Prescribing Program
Program	Clinical Pharmacist Intervention and Prescribing
Protocol Origination Date	02/24/2016
Protocol Approval Date	
Protocol Revision Date(s)	7/10/2018
Products:	CareMore Health Plan

Commented [RG1]: Do we want to change or eliminate this header when we send to the board?

A. Authority:

Drs Syed Akhtar MD and Milish Risbood MD authorize Rosemary T. Gonzalez, RPh who holds an active license to practice pharmacy in the State of Nevada to manage/treat patients pursuant to the parameters outlined in this agreement. This agreement follows the laws and regulations of the State of Nevada.

B. Purpose and Goal:

The purpose of the CareMore Clinical Pharmacist Provider Program is to integrate qualified ambulatory care pharmacists as providers in the CareMore Care Centers (CCC) in order to evaluate, interpret and manage the rational and cost-effective use of pharmaceutical agents. All recommendations are based on clinical practice guidelines, CareMore policies and published literature for the management of Diabetes mellitus Type II, Hypertension, COPD and ESRD.

The primary goal is to customize medication management for each patient to improve clinical outcomes such as A1C control, COPD, CHF and hypertension control, reducing complications of chronic conditions and the reduction in hospitalization.

Secondary goals include providing patient education regarding healthy lifestyle changes to manage the condition with the least medication possible by using evidence-based therapies and optimal dosing of medications.

Other goals to eliminate unnecessary medication treatment and decrease cost to the member.

C. SCOPE OF PRACTICE

Nevada Revised Statutes (NRS 639.2809 Implementation, monitoring and modification of drug therapy by pharmacist) and NRS 639.230 (Licenses: registered pharmacists and practitioners not prohibited from collaborating in implementation, monitoring and modification of drug therapy) regulate this practice. Pharmaceutical care services include information stated in the above NRS, and will be reevaluated if pharmacy practice regulation changes. Pharmaceutical care services include evaluation and management patients with the following chronic conditions: Chronic Obstructive Pulmonary Disease, Hypertension, Hyperlipidemia, Diabetes Mellitis and Heart Failure.

D. AGREEMENT REVIEW AND DURATION

This agreement shall be valid for a period not to exceed 1 year from the effective date of the original agreement. This program will be reviewed again at 6 months and one year from the date of signed subsequent amendments. However, it may be reviewed and revised at any time at the request of the physician. This protocol is valid August 1st 2018, through July 31st, 2019. Upon signature of pharmacist and physician, a copy will be provided to both providers, and additional copy will be mailed to the Nevada State Board of Pharmacy. Each party to this agreement will keep a signed copy of this agreement on file at his or her primary place of practice.

Commented [RG2]: The 6 mos and 1 yr seems to be a theme in all of the the agreements I researched.

E. WITHDRAWAL OR ALTERATION OF AGREEMENT

The physician may withdraw from the agreement at any time or may override this agreement whenever he deems such action necessary or appropriate for a specific patient.

F. INFORMED CONSENT

The pharmacist will obtain written informed consent from the patient upon the first patient meeting. This consent will provide an explanation of the collaborative practice agreement between the pharmacist and physician. Patients will also be informed of their right to opt out of care.

G. PATIENT ELIGIBILITY:

1. Self-referred or referred to a clinical pharmacist by CareMore Care Center Nurse Practitioners, Physician Assistants, Extensivist Physicians, Specialists and Primary Care Providers for the following reasons:
 - a. Poly-pharmacy, medication simplification, medication adherence
 - b. Medication dose optimization (e.g. insulin)
 - c. Medication reconciliation
 - d. Medication conversions
 - e. Pharmacist consultation requested
 - f. Group classes such as smoking cessation and diabetes
 - g. CareMore initiatives (table A)
 - h. Initiation of appropriate meds (e.g. gaps in care meds such as statins in diabetics)
 - i. Comprehensive medication reviews (CMR)
2. Referral not needed if it is part of a CareMore Health Plan initiative and clinical pharmacist will see patients if the clinical criteria are met.

H. PATIENT CARE FUNCTIONS AUTHORIZED:

The pharmacist will have the authority to manage and/or treat patients in accordance with this section.

H.1 Hypertension

The pharmacist will evaluate hypertension therapy as outlined in the current Evidence-based Guidelines for the Management of High Blood Pressure in Adults Report (JNC8) and other nationally recognized standards of care supported by current literature. The pharmacist will authorize continued therapy or therapeutic interchange or adjust or initiate therapy for the treatment of hypertension including but not limited to the following classes of drugs: beta-blockers, ACE inhibitors, angiotensin II receptor blockers, calcium channel blockers, diuretics and alpha blockers. Pharmacist will order and/or interpret necessary labs.

H.2 Diabetes

The pharmacist will evaluate diabetes therapy as outlined in the current American Diabetes Association Standards of Medical Care in Diabetes and other nationally recognized standards of care supported by current literature. The pharmacist will authorize continued therapy or therapeutic interchange or adjust or initiate therapy for the treatment of diabetes which may include but are not limited to the following therapies: metformin, insulin, sulfonylureas, thiazolidinediones, alpha-glucosidase inhibitors, DPP-4 Inhibitors or other appropriate therapies. Pharmacist will order and/or interpret necessary labs.

H.3 Dyslipidemia

The pharmacist will evaluate dyslipidemia as outlined in the current ACC/AHA Guidelines on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiac Risk in Adults and other nationally recognized standards of care supported by the current literature. The pharmacist will authorize the continuation of therapy or therapeutic interchange or initiate or adjust therapy for the treatment of lipids which may include but are not limited to the following classes: HMG-CoA reductase inhibitors (statins), fibrates, omega 3 fatty acids and bile- acid sequestrants. Pharmacist will order and/or interpret necessary labs.

H.4 COPD

The pharmacist will evaluate COPD as outlined in the current Global Initiative for Obstructive Lung Disease (GOLD) Guidelines and other nationally recognized standards of care supported by the current literature. The pharmacist will authorize the continuation of therapy or therapeutic interchange of inhaled corticosteroid, bronchodilator or anticholinergic inhalers and/or any combination of these medications to a therapeutically equivalent drug formulation for use in a nebulizer.

Commented [RG3]: Sufficient for switching to Conversio?

H.5 HEART FAILURE

The pharmacist will evaluate heart failure as outlined in the current American College of Cardiology / American Heart Association guidelines and other nationally recognized standards of care supported by the current literature. The pharmacist will authorize the continuation of therapy or therapeutic interchange or initiate or adjust

therapy for CHF which may include but are not limited to the following therapies: ACE inhibitors, angiotensin II receptor blockers, calcium channel blockers, nitrates, hydralazine and aldosterone receptor antagonists. Pharmacist will order and/or interpret necessary labs.

I. MEDICATIONS EXCLUDED:

Medications Excluded from Clinical Pharmacist Prescribing:

1. Medications on Medicare's High Risk Medication (HRM) list
2. Controlled substances
3. Anticoagulants

Procedure:

- I. Pharmacists will function as providers in the CCC to enhance patient access and experience.
- II. Pharmacists will see members face to face in the CCC or telephonically and all encounters will be documented in the patient's electronic health record in NextGen. Actions during encounters include but are not limited to:
 - a. To initiate, adjust, refill or stop medication for chronic conditions per standard of care such as hypercholesterolemia, diabetes, COPD, and hypertension.
 - b. To order necessary medical supplies for chronic disease management. (e.g. lancets, test strip, nebulizer supplies)
 - c. To convert drugs from 'high risk medications' or to simplify poly-pharmacy therapy.
 - d. To order appropriate tests such as labs to monitor medication therapy.
 - e. To provide education through to patients regarding lifestyle changes and medication therapy.
 - f. Pharmacist to refer patients to other specialties when appropriate

- I. Medication Management
 - a. Has been referred to clinical pharmacist by CCC NPs, PAs, and Primary Care Provider or self referred
 - i. Poly-pharmacy, medication simplification
 - ii. Medication dose optimization (e.g. insulin)
 - iii. Medication reconciliation
 1. Including post hospital discharge
 - iv. Cost effective alternatives
 - II. Referral not needed if it is part of the CareMore Health Plan initiatives and clinical pharmacist will see patients if the clinical criteria of the initiative are met.
 - III. Medications management by the clinical pharmacist
 - a. Clinical pharmacist may extend, stop or initiate medication therapy for chronic disease medications such as but not limited to:
 - i. Diabetes Medications
 - ii. Hypertension
 - iii. Lipid Medications
 - iv. Chronic Obstructive Pulmonary Disease
-
- b. Medications Excluded from Clinical Pharmacist Prescribing Protocol unless by psych pharmacist
 - i. Initiate medications on Medicare's HRM list
 - ii. Controlled substances
 - iii. Anticoagulants

IV. Drug Conversions

Commented [RG4]: Remove since covered in other areas?

- a. Convert high risk medications drugs to non-high risk medications used for a similar purpose.
- b. Simplification of Therapy
- c. Other Formulary Conversions
- d. Appropriate medication selection due to cost, side effects and efficacy

V. Subsequent care by the pharmacists

- a. Pharmacists will follow up with patients in the CCC or telephonically.
- b. Frequency of follow-ups will be defined by pharmacists' clinical judgment
- c. Pharmacists may refer patients back to CCC clinicians or PCPs when appropriate

VI. Medical Supplies

- a. The clinical pharmacist may initiate and/or extend medical supplies to the products below:
 - i. Diabetes supplies
 - ii. Respiratory therapy supplies
 1. Spacers, aerochambers (non-formulary)
 2. Nebulizer machines and supplies

iii.

J. Ordering medications:

1. The pharmacist shall prescribe under a physician/RMO or other designated prescriber in the patient's Electronic Health Record (EHR).
2. Clinical pharmacist to prescribe or de-prescribe un-necessary or deleterious medications via EHR or via verbally to the patient's pharmacy.
3. Clinical pharmacist to order necessary labs and diagnostic necessary to manage/monitor a patient taking anti -hypertensives and/or with diabetes such as A1c and CMP, etc
 - a. Clinical pharmacist to refer to necessary services to manage a patient that the pharmacist is managing/monitoring to services such as podiatry, dietician, psychiatrist or neurologist.

4. Documentation

- a. All pharmacist interventions/encounters with patients will be documented into EHR (NextGen).

K. Communication to providers

External providers - Clinical summary of the intervention/encounters will be communicated via fax to external providers after each visit. Clinical summaries can be mailed to external providers if the fax system is not functioning. Pharmacists can also call or secure email (Tiger Text) external providers as deemed necessary.

Internal providers can access the encounters in EHR.

L. Quality Assurance

Care provided as a result of this agreement will be routinely evaluated to assure high- quality patient care. Annual evaluation of pharmacist may include clinical outcomes: A1C at goal, blood pressure at goal, decreased costs to patient, better medication adherence or patient satisfaction.

Table A: CareMore Pharmacy Initiatives (9/28/2016)

Conversions

Analog Basal/Bolus insulin to human insulin
 Metformin ER 1000mg to metformin ER 500mg
 Namenda XR to memantine IR
 High cost generics to lower cost generics

Inhaled COPD inhalers to compounded nebulized solution

Brand to generic equivalent conversions

De-prescribing of Dipeptidyl peptidase-4 (DPP4-e.g. Januvia) and Sodium-glucose Cotransporter-2 inhibitors (SGLT-2 e.g. Invokana)

Post-hospital discharge medication reconciliation

Comprehensive Medication Reviews (CMRs)

HEDIS COA medication review measure

Approval and Agreement:

All Clinical Pharmacists and associated physicians/providers will signify agreement to the Standardized Procedures following the annual approval of the document by the same parties. By signing this Statement of Approval and Agreement we, the named persons:

- Approve of the Standardize Procedures and all the policies and guidelines contained in this document,
- Agree to maintain a collaborative and collegial relationship with all parties, and
- Agree to abide by the Standardized Procedures in theory and in practice.
- Clinical pharmacists and supervising physicians who join the staff mid-year or who cover the practice must also signify approval of the Standardized Procedures. It is the task of the Director of Pharmacy to see that written agreement by all the above parties is obtained.

Rosemary Gonzalez, RPh Date
Clinical Pharmacist

Provider Name

Provider Signature Date

RMO Signature Date

ARMO Signature Date

Appendix A: State Regulation

Nevada Revised Statutes 639.2809 Implementation, monitoring and modification of drug therapy by pharmacist: Restrictions; notice; regulations.

1. Written guidelines and protocols developed by a registered pharmacist in collaboration with a practitioner which authorize the implementation, monitoring and modification of drug therapy:
 - a. May authorize a pharmacist to order and use the findings of laboratory tests and examinations.
 - b. May provide for implementation, monitoring and modification of drug therapy for a patient receiving care:
 - In a licensed medical facility; or
 - If developed to ensure continuity of care for a patient, in any setting that is affiliated with a medical facility where the patient is receiving care. A pharmacist who modifies a drug therapy of a patient receiving care in a setting that is affiliated with a medical facility shall, within 72 hours after implementing or modifying the drug therapy, provide written notice of the implementation or modification of the drug therapy to the collaborating practitioner or enter the appropriate information concerning the drug therapy in an electronic patient record system shared by the pharmacist and the collaborating practitioner.
 - c. Must state the conditions under which a prescription of a practitioner relating to the drug therapy of a patient may be changed by the pharmacist without a subsequent prescription from the practitioner.
 - d. Must be approved by the Board.
2. The Board may adopt regulations which:
 - a. Prescribe additional requirements for written guidelines and protocols developed pursuant to this section; and
 - b. Set forth the process for obtaining the approval of the Board of such written guidelines and protocols.

Appendix B: CareMore Pharmacy Initiatives as of 6/6/2017

Conversions

- Analog Basal/Bolus insulin to human insulin
- Brand to generic equivalent
- High cost generics to lower cost generics
- Metered-dose inhalers to compounded nebulized solution

De-prescribing

- Dipeptidyl peptidase-4 (DPP4-e.g. Januvia)
- High Risk Medications (HRM)
- Medications without indication
- Sodium-glucose Cotransporter-2 inhibitors (SGLT-2 e.g. Invokana)

Post-hospital discharge medication reconciliation

Comprehensive Medication Reviews (CMRs)

Classes by Pharmacists (Diabetes, Smoking cessation, CKD)

HEDIS Care of Older Adults Medication Review

Appendix C: Protocol Inclusions: Conditions, Disorders, And Diseases

The pharmacist is authorized to implement, modify, and monitor drug therapy for:

<ul style="list-style-type: none"> • Allergic Rhinitis • Anemia • Angina • Anxiety • Asthma • Atherosclerotic Cardiovascular Disease (ASCVD) • Benign Prostatic Hyperplasia (BPH) • Cardiovascular Risk Reduction • Coronary Artery Disease (CAD) • Chronic Kidney Disease (CKD) • Chronic Obstructive Pulmonary Disease (COPD) • Diabetes, Pre- • Diabetes, Type 1 (T1DM) • Diabetes, Type 2 (T2DM) • Dementia • Depression • Drug-Induced Disease • Dyslipidemia • Edema • Electrolyte Abnormalities • End Stage Renal Disease (ESRD) 	<ul style="list-style-type: none"> • Falls, History of • Gastroesophageal Reflux Disease (GERD) • Glaucoma • Gout and Hyperuricemia • Heart Failure, Diastolic • Heart Failure, Systolic • Hyperaldosteronism • Hyperparathyroidism • Hypertension • Hyperthyroidism • Hypothyroidism • Ischemic Heart Disease • Nephritic and Nephrotic Syndromes • Osteoporosis • Peripheral Arterial Disease (PAD, PVD) • Peripheral Neuropathy • Preventative Wellness • Proteinuria • Solid Organ Transplant • Urinary Incontinence • Vitamin Deficiencies
--	--

10A

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: METRO DRUGS 3RD AVE CORP.

Physical Address: 931 Lexington Ave.

Mailing Address: 931 Lexington Ave.

City: New York State: N.Y Zip Code: 10065

Telephone: 212-794-7200 Fax: 212-794-7230

Toll Free Number: 888-258-6106 (Required per NAC 639.708)

E-mail: marksc@metrodrugs.com Website: www.metrodrugs.pharmacy

Managing Pharmacist: Jessica TENG License Number: 046088

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/> Other: <u>SPECIALTY-FERTILITY.</u>	<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 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,**

101768

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

MARK SCOVOTTI

Print Name of Authorized Person

7/11/2018

Date

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: New York

Parent Company if any: NONE

Mailing Address: 931 Lexington Ave.

City: New York State: N.Y Zip: 10065

Telephone: 212-794-7200 Fax: 212-794-7230

Contact Person: MACK SCORATI

For any corporation non publicly traded, disclose the following:

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

- a) JOSEPH TAWIL 1 EAST 8TH ST, BROOKLYN, N.Y. 11230
 Name Address
- b) _____
 Name Address
- c) _____
 Name Address
- d) _____
 Name Address

2) Provide the number of shares issued by the corporation. 200

3) What was the price paid per share? \$0.00

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

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

List any physician shareholders and percentage of ownership.

Name: NONE %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 8:00 pm Saturday 9:00 am 7:00 pm

Sunday 9:00 am 6:00 pm 24 Hours _____

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

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

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

List of officers and directors

JOSEPH TAWIL

PRESIDENT / CEO

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

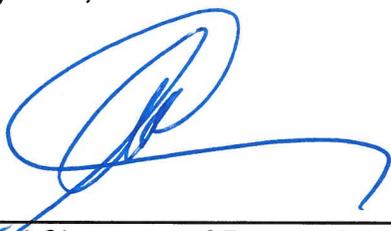
I, MARK SCOVOTTI

Responsible Person of METRO DRUGS 3RD AVE CORP

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

MARK SCOVOTTI

Print Name of Authorized Person

2/11/2018

Date



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 *

07/10/2018

Type : PHARMACY

Legal Name : METRO DRUGS 3RD AVE. CORP.

Trade Name : METRO INTEGRATIVE PHARMACY

Street Address :

931 LEXINGTON AVE.

NEW YORK, NY 10021-0000

Registration No : 021108

Date First Registered : 11/15/91

Registration Begins : 12/01/16

Registered through : 11/30/19

Supervisor : [046088](#) TENG JESSICA

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.

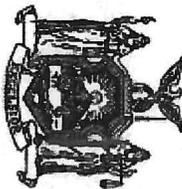


THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2016-19

SUPERVISING PHARMACIST
GEORGE CHASABENIS



THIS IS TO CERTIFY

METRO DRUGS 3RD AVE. CORP.
931 LEXINGTON AVE.
NEW YORK, NY 10021

is duly recorded as a

REGISTERED PHARMACY

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

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF DECEMBER, 2016.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF NOVEMBER, 2019.

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

021108



STATE BOARD OF
PHARMACY

10B

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 02510)
 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: Vita Pharmacy, LLC dba Talon Compounding Pharmacy
 Physical Address: 2950 Thousand Oaks Dr. Ste 25 San Antonio, TX 78247
 Mailing Address: Same as above
 City: _____ State: _____ Zip Code: _____
 Telephone: (210)424-0025 Fax: (210)424-0026
 Toll Free Number: 1-800-250-6232 (Required per NAC 639.708)
 E-mail: rph@taloncompounding.com Website: www.taloncompounding.com
 Managing Pharmacist: Ronda Wenzel License Number: 51627

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 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 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 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,

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? 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.

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

Rouda Wenzel 7-30-18
Print Name of Authorized Person Date

Board Use Only	Date Processed: _____	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: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday	_____am	_____pm	Saturday	_____am	_____pm
Sunday	_____am	_____pm	24 Hours	_____	

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

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 NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: _____

Mailing Address: 2950 Thousand Oaks Dr. Ste 25

City: San Antonio State: TX Zip: 78247

Telephone: (210)424-0025 Fax: (210)424-0026

Contact Person: Ronda Wenzel

For any corporation non publicly traded, disclose the following:

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

a) Louis Wenzel Wood Fern San Antonio, TX 78232
Name Address

b) Jeremiah Huff Burning Rock St. San Antonio, TX 78247
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? par \$1

4) What date did the corporation actually receive the cash assets? 08/01/18

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday: 8:30 am 5:30 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: _____

Officers of Vita Pharmacy, LLC

Jeremiah Huff

Managing Member

Burning Rock Street

San Antonio, TX 78247

Louis Wenzel

Managing Member

Wood Fern

San Antonio, TX 78232

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Ronda Wenzel

Responsible Person of Vita Pharmacy LLC, DBA Talon Compounding

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

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

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

Ronda Wenzel

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

Ronda Wenzel

Print Name of Authorized Person

7-30-18

Date

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



Rolando B. Pablos
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

Vita Pharmacy LLC
802917077

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: 04/05/2018

Effective: 04/05/2018



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

Rolando B. Pablos
Secretary of State



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

License No. **32159**

Expiration Date: **7/31/2020**

Balances: 4

**TALON COMPOUNDING PHARMACY
2950 THOUSAND OAKS DR STE 25
SAN ANTONIO TX 78247**



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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

10C

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: TwelveStone Medical, Inc.

Physical Address: 352 W. Northfield Blvd, Suite 3A

Mailing Address: PO BOX 12369

City: Murfreesboro State: TN Zip Code: 37129

Telephone: 844-893-0012 Fax: 615-278-3355

Toll Free Number: 844-893-0012 (Required per NAC 639.708)

E-mail: compliance@12stonehealth.com Website: www.12stonehealth.com

Managing Pharmacist: Kevin Norris License Number: TN 9197

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 type="checkbox"/> Hospital (# beds _____)		<input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral **
<input type="checkbox"/> <input type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Infusion</u>		<input checked="" type="checkbox"/> <input 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>compliance packaging</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.

Kevin Norris

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

Kevin Norris

Print Name of Authorized Person

7/16/18

Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>\$ 500.00</u>
----------------	-----------------------	--------------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Tennessee
 Parent Company if any: Twelve Stone Holdings, Inc.
 Mailing Address: PO Box 12369
 City: Murfreesboro State: TN Zip: 37129
 Telephone: 844-893-0012 Fax: 615-278-3355
 Contact Person: Tara Harnelson

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>Shane Reeves</u>
Name | <u>Blackberry Lane, Murfreesboro TN</u>
Address
37130 |
| b) | <u>Claritas Capital</u>
Name | <u>Burton Hills Blvd, Ste 100, Nashville TN</u>
Address
37125 |
| c) | _____
Name | _____
Address |
| d) | _____
Name | _____
Address |

- 2) Provide the number of shares issued by the corporation. 33,350,000
- 3) What was the price paid per share? \$ 1.00
- 4) What date did the corporation actually receive the cash assets? 6-16-17
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

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

Sunday n/a am _____ pm 24 Hours pharmacist on call

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

Stock Issuance / Transfer Ledger for TwelveStone Holdings, Inc

Name of Stockholder	Place of Residence	Certificates Issued		From Whom Shares were Transferred (if original issue, enter as such)	Amount paid Thereon	Date of Transfer of Shares	To Whom Shares were Transferred	Certificates Surrendered		Number of Shares Held (Balance)	Investment/Ownership	
		Cert No	No of Shares					Cert No	No of Shares			
W. Shane Reeves	Blackberry Ln. Murfreesboro, TN 37130	1	20,000,000	Original Issue						20,000,000	60%	
Other Employees- Options			5,000,000	Available						5,000,000	15%	
Preferred Investors											25,000,000	75%
W. Shane Reeves	Blackberry Ln. Murfreesboro, TN 37130	A-2-1	5,000,000	Original Issue						5,000,000	15%	
Charitas Opportunity Fund IV, L.P.	Burton Hills Blvd, Ste 100 Nashville, TN 37215	A-1-1	1,500,000	Original Issue	1.00					1,500,000	4.5%	
Charitas Capital Fund V, L.P.	Burton Hills Blvd, Ste 100 Nashville, TN 37215	A-1-2	1,250,000	Original Issue	1.00					1,250,000	3.7%	
Charitas Cornerstone Fund, L.P.	Burton Hills Blvd, Ste 100 Nashville, TN 37215	A-1-3	600,000	Original Issue	1.00					600,000	1.8%	
										8,350,000	25%	

Holdings
 Common stock 35,000,000 par \$.001 per share, 20,000,000 issued and outstanding
 Preferred stock 8,350,000, par \$.001
 Series A-1 Preferred Stock 3,350,000, issued and outstanding
 Series A-2 Preferred Stock 5,000,000, issued and outstanding

TwelveStone Medical is owned by TwelveStone Holdings, located at 352 W. Northfield Blvd, Murfreesboro, TN 37129. Articles included.

Corporate officers are listed below.

<u>Shane Reeves CEO</u>	Blackberry Lane, Murfreesboro, TN 37129
DOB	SSN
	TN License # 9124
<u>Dave Carter CBDO</u>	Woodland Hills Drive, Brentwood, TN 37027
DOB	SSN
<u>Jozef Nuyens CFO</u>	Charity Drive, Brentwood, TN 37027
	DOB
	SSN
<u>Cannon Loughry COO</u>	Avon Rd, Murfreesboro, TN 37129
	DOB
	SSN
<u>Lee Golden CPO</u>	Allen Rd, Murfreesboro, TN 37129
	DOB
SSN	TN License # 10462



AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TN)
Rutherford) ss. COUNTY)

I, Kevin Norris, 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 TwelveStone Medical (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, Kevin Norris, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Kevin Norris
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 10th day of July, 2018.

Glenda Dean
NOTARY PUBLIC
My Commission Expires September 5, 2021



STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kevin Norris
Responsible Person of Twelve Stone Medical, 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.

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

Kevin Norris
Print Name of Authorized Person

Date

44695



TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER 0000002978
EXPIRATION DATE: 03/31/2019

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

PHARMACY BOARD
PHARMACY
TWELVESTONE MEDICAL, INC.



COMMISSIONER OF HEALTH

PHARMACY DEPT.
TWELVESTONE MEDICAL, INC.
352 WEST NORTHFIELD BLVD.
SUITE 3A
MURFREESBORO TN 37129



State of Tennessee
Department of Health

10454975
44695

TENNESSEE BOARD OF PHARMACY
PHARMACY
TWELVESTONE MEDICAL, INC.
352 WEST NORTHFIELD BLVD
STE. 3A
MURFREESBORO TN 37129

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

ID NUMBER: 0000002978
EXPIRATION DATE: 03/31/2019

CONTROLLED SUBSTANCE REGISTRATION
STERILE COMPOUNDING



DIRECTOR, HEALTH RELATED BOARDS



COMMISSIONER

VOID



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

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

July 18, 2018

TO WHOM IT MAY CONCERN:

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

PROFESSION: Pharmacy

NAME: Tewlvestone Medical Inc.

ADDRESS: PO Box 12369 Murfreesboro, TN 37129

LICENSE NUMBER: 2978

ISSUE DATE: March 03, 2017

EXPIRATION DATE: March 31, 2019

CURRENT STATUS: Licensed

STATUS DATE: August 01, 1994

SPECIAL ENDORSEMENT: Controlled Substance Registration
 Sterile Compounding

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

Sincerely,

Mannery
 Tennessee Board of Pharmacy

VERFFACLTU



11A

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 Outsourcing Facility
 Ownership Change (Provide current license number if making changes:) OUT _____
 503a OR 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Cantrell Drug Company

Physical Address: 7321 Cantrell Road

City: Little Rock State: Arkansas Zip Code: 72207

Telephone: 501-663-3642 Fax: 501-296-9936

Toll Free Number: 877-666-5222 (Required per NAC 639.708)

E-mail: kallen@cantrelldrug.com Website: www.cantrelldrug.com

Supervising Pharmacist: Ashley D. Wagner Nevada License #: 19708

SERVICES PROVIDED

Yes/No

- Parenteral
- Sterile Compounding
- Non Sterile Compounding
- Mail Service Sterile Compounding
- Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: \$ 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

Page 2

FEI Number (From FDA application): 71-0555575

Please provide the name of the facility as registered with the FDA and the registration number:

Cantrell Drug Company - 3004483441

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

N/A

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Ashley DeAnn Wagner Nevada License Number: 19708A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis 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, cite 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.



CANTRELL DRUG COMPANY

Pharmaceutical Outsourcing Specialists

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

Ladies and Gentlemen:

In reference to question #2, Georgia Board of Pharmacy denied our application for a Manufacturer license. We will provide additional documentation to Georgia Board of Pharmacy. We are currently licensed in Georgia as a Wholesaler Pharmacy. See attached letter from Georgia Board of Pharmacy.

In reference to question #3, after an FDA Inspection of our Outsourcing Facility and our remediation of all the observations of the FDA, the Boards of Pharmacy in South Carolina, Alabama, and Illinois asked for additional information and suspended our right to ship into those States until they are satisfied. Upon receiving our newly acquired Verified-Accredited Wholesale Distributors certification, Illinois has reinstated our right to ship. The South Carolina and Alabama Boards of Pharmacy have now held hearings. Following the hearing in South Carolina, its Board concluded that Cantrell Drug Company will be placed on a two year probationary period. Following the hearing in Alabama, its Board concluded that there had been a deficiency in sterile compounding and imposed a fine. See attached final orders from Alabama Board of Pharmacy and South Carolina Board of Pharmacy.

The Boards of Pharmacy in Colorado, Florida, Indiana, Missouri, and Minnesota have investigated the same facts surrounding this FDA Inspection and allowed us to continue shipping. In Florida, we have voluntarily agreed to restrict our practice in the state until we have a new Florida-approved inspection of our facility.

Also in reference to question #3, James L. McCarley was disciplined by the Kentucky Board of Pharmacy due to a miscalculation in completing continuing education credits which has now been rectified.

In reference to question #4, in 2003, the Drug Enforcement Administration investigated Cantrell Drug Company for an alleged violation of Title 21 USC in regard to compounded intrathecal pump refills sent to the ordering physician for administration by the physician. This practice is standard in most compounding pharmacies dispensing intrathecal medication refills in the United States. A settlement was reached in 2004 upon the terms set forth in a written agreement, a copy of which is attached. Furthermore, Cantrell Drug Company complied with DEA request to register the pharmacy as a "manufacturer" with the agency.

Let me know if you need further information.

Dell McCarley, Pharm D
CEO



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Frank Berry, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-651-8000 | www.dch.georgia.gov

September 26, 2017

Cantrell Drug Company
7321 Cantrell Road
Little Rock AR 72207

Application # 1885579
Email: kallen@cantrelldrug.com

Re: Manufacturing Pharmacy Application

Dear Cantrell Drug Company:

The Georgia Board of Pharmacy reviewed your application for licensure at its recent meeting. After careful consideration of your application and supporting documents, the Board respectfully disapproved your application for licensure for the following reason(s):

- Series of disciplinary action(s) and recall of sterile drug products; have not shown you meet the inspection standard of a 503B outsourcing facility.

Please be advised that you do have the right to an appearance before the Board to discuss your application. A written request for such must be put in writing within 30 days of the date of this letter. The request may be faxed to 770-344-5727 or emailed to bhowell@dch.ga.gov.

If our office can be of further assistance, please do not hesitate to contact us.

Sincerely,

Georgia Board of Pharmacy

**ALABAMA
BOARD OF PHARMACY**

SUSAN ALVERSON R.Ph.
Executive Secretary

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com



MEMBERS 2017

BUDDY BUNCH, R.Ph.
President

DAVID DARBY, R.Ph.
Vice President

DONNA YEATMAN, R.Ph.
Treasurer

RALPH SORRELL, R.Ph.

Brenda Denson, PharmD.

May 4, 2017

CANTRELL DRUG COMPANY
7321 CANTRELL RD
LITTLE ROCK AR 72207

RE: Final order

Dear Cantrell Drug Company:

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, the Board will file a lawsuit to enforce the Final Order which can result in the entry of a judgment against you and subsequent collection procedures.

Sincerely,

Wendy Passmore

Legal / Executive Assistant
Alabama State Board of Pharmacy
Phone 205-981-4764
Fax 205-803-6481
Email - wpassmore@albop.com

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
)	
CANTRELL DRUG COMPANY	)	BOARD OF PHARMACY
)	
Manufacturer/Wholesaler/)	
Distributor Permit Number 194828	)	Case Number 16-0168

FINAL ORDER

On April 18, 2017, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Cantrell Drug Company (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Stipulation and Agreement, Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Stipulation and Agreement

Pursuant to Code of Alabama 1975, § 41-22-12 (f), the Respondent denies the allegations of the Statement of Charges, as Amended but stipulated that the Board could introduce sufficient evidence to establish a prima facie case necessary to meet the legal burden of proof as required by the Board for this proceeding. Therefore the Board finds the Respondent is guilty of committing the acts and violating the provisions of law set forth in the Statement of Charges, as Amended. The parties further agreed to the terms listed below in this Final Order.

Findings of Fact

1. The Respondent is a manufacturer/wholesaler/distributor to which the Board issued permit number 194828.

2. The Respondent was notified of the charges; the Respondent was represented at the administrative hearing by counsel, Mr. Michael W. Whisonant, Jr., Esq. and Mr. H. Hube Dodd, Esq. Mr. Dell McCarley, the Respondent's representative, also attended the hearing.

3. The Respondent made no objection to the timeliness of the Notice of Hearing.
4. The Respondent committed and is guilty of the acts specified as violations in the Statement of Charges and Notice of Hearing dated December 28, 2016 as Amended on March 23, 2017.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-32, § 34-23-32.1, § 34-23-34, § 34-23-92 (11) and (12) and Code of Alabama (1975), § 41-22-12.
2. The Respondent was properly notified of the charges; the Respondent was represented at the administrative hearing by counsel.
3. The Respondent made no objection to the timeliness of the Notice of Hearing.
4. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to be have disciplinary sanctions imposed in that it is guilty of the acts specified in Count One of the Statement of Charges and Notice of Hearing dated December 28, 2016 and as Amended on March 23, 2017.

ORDER

In accordance with the foregoing Stipulation and Agreement. Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is ORDERED to pay to the Board an administrative fine of Thirty Thousand (\$30,000.00) Dollars: said fine shall be paid in sixty (60) days from the date of this Final Order; and

2. Upon submission by the Respondent of a letter to the Board describing the circumstances, reasons and factors by which the products listed on the "Tier One Product List" provided to the Board by the Respondent on April 18, 2017, are not commercially available, the Board shall not take the position that the products listed on the "Tier One Product are commercially available; and

3. Upon agreement by the Respondent and the Board, the Respondent shall notify the Board of any other products to be added to the above mentioned "Tier One Product List" and in the event the Respondent fails to so notify the Board of such products, the Board shall have the authority and jurisdiction to take disciplinary action it deems appropriate; and

4. 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 4th day of April 2017

Buddy Bunch

Mr. Buddy Bunch, R. Ph., President
Alabama State Board of Pharmacy

c: Mr. Michael W. Whisonant, Jr., Esq.
Mr. H. Hube Dodd, Esq.
Mr. James S. Ward, Esq.
Dr. Susan Alverson, Executive Secretary
Mr. Vance L. Alexander, Esq.

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE BEFORE THE STATE BOARD OF PHARMACY**

IN THE MATTER OF:

**CANTRELL DRUG COMPANY
CANTRELL DRUG COMPANY INC**
7321 Cantrell Rd.
Little Rock, AR 72207
PY.10776 & PY.16647

OIE # 2016-149

**FINAL ORDER
(PUBLIC)**

Respondent.

On March 15, 2017, the above licensing board ("Board"), with a quorum present, held a hearing on the Memorandum of Agreement and Stipulations ("MOA") in the above referenced matter entered into between the State and Respondent. The Board also heard Respondent's Petition to Resume Shipping Compounded Products. Patrick Hanks, Esquire, Chief Disciplinary Counsel, represented the State. Respondent was represented by Jon Wallace, Esquire, Dell McClary, CEO of Respondent; Dr. Eric Goode, Interim Chief of Compliance and Regulatory Affairs; and Ashley Wagener, Pharmacist in Charge, appeared on behalf of Respondent.

FINDINGS OF FACT

1. Respondent was properly served with a Notice of Hearing.
2. In the MOA, Respondent admitted to the following, which the Board adopts:
 - a. Respondent is an FDA Registered Outsourcing Facility under Section 503B of the Federal Food, Drug, and Cosmetic Act and is permitted in this state as a Nonresident Outsourcing facility, duly permitted by the State Board of Pharmacy (the "Board") in this State, and was so permitted at all times relevant to the matters asserted herein; thus, the Board has jurisdiction over this matter.
 - b. As a registered Outsourcing Facility under Section 503B of the Federal Food, Drug, and Cosmetic Act, Respondent must comply with cGMP requirements, be routinely inspected by FDA, and must meet certain other conditions, such as adverse event reporting, among other requirements.
 - c. FDA conducted an Outsourcing Facility Inspection of Respondent ending on October 14, 2016. As a result of the inspection, FDA issued Form 483 observations.
 - d. Respondent fully responded with a corrective action plan to the FDA Dallas District Office on November 4, 2016.

- e. In order to implement response items submitted to FDA, Respondent voluntarily ceased operations on November 2, 2016 and began to remediate issues raised by Form 483 observations. Respondent resumed operations on December 15, 2016, and currently, Respondent's facility is fully operational and is not restricted by the FDA.
- f. As an additional response to the Form 483 observations, on November 18, 2016, Respondent issued a voluntary recall of certain sterile drug products due to a potential lack of sterility assurance occurring over an isolated period of time. The recalled lots were only associated with any hood, gowning, or room out of specification. None of the recalled product revealed any contamination.
- g. Respondent entered into an engagement with ProPharma Group, which is a regulatory consulting company focused on cGMP compliance in the pharmaceutical industry.
- h. On November 22, 2016, the Board issued an Order restricting Respondent's distribution of sterile compounded products into South Carolina pending further order of the Board. Respondent hereby petitions the Board for relief from this Order.
- i. Prior to registering with FDA as an Outsourcing Facility, following an FDA inspection initiated on October 15, 2013, FDA issued a warning letter to Respondent.
- j. Arkansas Board of Pharmacy has taken no action in this matter, and Respondent's permit remains in good standing.

3. Since resuming operations in December of 2016, Respondent was inspected by a hospital collective and received a score of 97/100. The Board further finds that Respondent has implemented procedures to remedy the deficiencies noted by the FDA.

CONCLUSIONS OF LAW

- 1. Respondent was properly served with the Notice of Hearing.
- 2. The Board has jurisdiction in this matter.
- 3. Respondent acknowledged in the MOA that Respondent's conduct admitted in the MOA constitutes violations of S.C. Code Ann. §§40-43-86(DD)(5) and (EE), as well as 40-43-140(A)(1)(a). The Board adopts this conclusion.
- 4. Upon finding that a licensee's conduct is grounds for discipline under any of the provisions of S.C. Code Ann. §§ 40-1-110 or 40-43-10 *et seq.*, the Board has the authority to issue a public reprimand, impose a fine, place a licensee on probation or restrict the individual's license, suspend the license for a definite or indefinite time, prescribe conditions to be met during probation, restriction, or suspension including but not limited to completion of additional education, a supervisory period, continuing education programs, or permanently revoke the individual's license to practice pharmacy or registration as a pharmacy technician in this State. Additionally, S.C. Code Regs. 99-46

(2012, as amended) provides that upon determination by the Board that one or more grounds for disciplining a licensee or permittee exist, the Board may impose a fine of \$500 per violation, not to exceed a total of \$25,000 per action, plus the costs of the disciplinary action.

5. In this case, the Board concludes that Respondent may resume shipping compounded drugs into South Carolina subject to its compliance with certain conditions. First, Respondent's permit shall be placed on a probationary status for a minimum of two years. Prior to resuming shipping, Respondent must provide an inspection by the Arkansas Board of Pharmacy, which must be approved by the Board Administrator. Further, Respondent must provide an FDA End of Inspection ("EIR") Report indicating no further disciplinary action taken by the FDA. During Respondent's probationary period, Respondent must report any and all correspondence with the FDA to the Board Administrator. Respondent must reappear before the Board to have the probation lifted.

6. The sanctions and conditions imposed by this Order are within the scope of those permitted by S.C. Code Ann. §§ 40-1-120 and 40-43-150 (2011) and are designed not to punish the Respondent but to protect the life, health and welfare of the people at large.

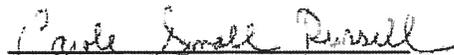
IT IS THEREFORE ORDERED:

1. The Board accepts the MOA and finds that Respondent violated the Pharmacy Practice Act.

2. The Petition to resume shipping compounded products is granted, subject to Respondent's submission to, and approval by, the Board Administrator of a new Arkansas inspection report. Upon receipt and approval of the same, the license shall be immediately placed on a probationary status for a period of two years, subject to the following conditions of probation: 1) Respondent must provide the Board with an FDA EIR Report indicating no further violations; 2) Respondent shall submit all correspondence, documentation, etc. received by the FDA to the Board; and 3) Respondent must reappear before the Board to have its permit removed from probationary status.

AND IT IS SO ORDERED.

STATE BOARD OF PHARMACY


Carole Small Russell, R.Ph.
Board Chair

September 19, 2017

South Carolina Department of Labor, Licensing and Regulation

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

In the Matter of:

CANTRELL DRUG COMPANY INC

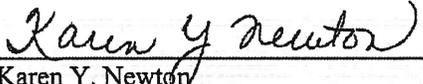
PY . 10776

CERTIFICATE OF SERVICE BY MAIL

This is to certify that the undersigned has this date, September 19, 2017, served the Final Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CANTRELL DRUG COMPANY INC
7321 CANTRELL RD
LITTLE ROCK AR 72207

JONATHAN A. WALLACE, ESQUIRE
715 KING STREET
CHARLESTON, SC 29403



Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation



KENTUCKY BOARD OF PHARMACY

Matt Bevin
Governor

State Office Building Annex, Suite 300
128 Holmes Street
Frankfort KY 40601
Phone (502) 684-7910
Fax (502) 696-3808
<http://pharmacy.ky.gov>

Board Members
Deborah L. Brewer, R.Ph.
Brian C. DeWire, DC, Consumer
Scott A. Greenwell, Pharm.D.
Cathy Hanna, Pharm.D.
Craig Martin, Pharm.D.
Ron Poole, R.Ph.

Executive Director
B. Steven Hart, R.Ph.

February 22, 2017

James McCarley Jr
7700 Northshore Place
North Little Rock AR 72118

Re: Case No. 17-0202

Dear Pharmacist,

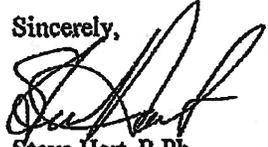
This letter follows a recent investigation by Board staff.

The purpose of this letter is to offer you an opportunity to informally resolve this matter through an Agreed Order prior to the filing of a formal Complaint. Find enclosed a proposed Agreed Order setting forth terms I believe the Board will accept.

Review the proposed Agreed Order carefully. Feel free to consult with legal counsel. If acceptable, sign and return the Agreed Order to the Board office by March 22, 2017. Upon receipt, the proposed Agreed Order will be signed by the Board President, and a copy will be sent to you.

If this proposed Agreed Order is unacceptable and you in good faith believe this matter can be resolved, please feel free to contact me during normal business hours.

Should you fail to respond by returning the proposed Agreed Order or contacting me by March 22, 2017, your case will be referred to the Office of the Attorney General to conduct an administrative hearing.

Sincerely,

Steve Hart, R.Ph.
Executive Director

Enclosure



COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 17-0202

IN RE: PHARMACIST LICENSE NO. 013447 HELD BY James McCarley Jr

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("Board") and James McCarley Jr ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacist in the Commonwealth of Kentucky, having been assigned pharmacist license no. 013447.

(3)(a) Respondent self-reported completion of only 10 of 15 required hours of continuing education for the year 2016, in violation of 201 KAR 2:015, Section 5.

(b) The above actions subject Respondent to discipline pursuant to KRS 315.121(1)(h).

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined \$250.00, payable on or before March 22, 2017. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

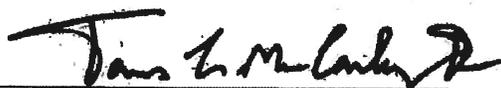
(B) On or before March 22, 2017, Respondent shall submit to the Board office proof of no less than ten (10) continuing education hours, which programs shall not be used in any way to satisfy Respondent's continuing education requirements for renewal.

(C) By entering into this Agreed Order, Respondent expressly acknowledges that the Respondent was fully and completely informed of Respondent's right to due process, that the Respondent fully understands those rights, and that the Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(D) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP") and is subject to disclosure under the Kentucky Open Records Act.

Scott Greenwell, President
Kentucky Board of Pharmacy

Date



James McCarley Jr, Respondent

3-15-17
Date

**U.S. Department of Justice**

*United States Attorney
Eastern District of Arkansas*

Post Office Box 1229
425 W. Capitol Avenue, Suite 500
Little Rock, Arkansas 72203

501-340-2600
FAX 501-340-2730

September 21, 2004

Mr. John Gilbert
Hyman, Phelps & McNamara
700 Thirteenth Street, N.W., Suite 1200
Washington, D.C. 20005-5929

RE: *U.S. v. Cantrell Drive Store, Dell McCarley*

Dear Mr. Gilbert:

Enclosed please find one executed copy of the Settlement Agreement. Thank you for your assistance in this matter.

Sincerely,
H.E. (BUD) CUMMINS
United States Attorney


By A. DOUG CHAVIS
Assistant U.S. Attorney

ADC/kim

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
WESTERN DIVISION

UNITED STATES OF AMERICA

V.

USAO: 2004V00173

CANTRELL DRUG STORE
DELL MCCARLEY

SETTLEMENT AGREEMENT

This Settlement Agreement is made and entered into this 20 day of September, 2004, by and among the United States of America, acting through the United States Attorney for the Eastern District of Arkansas (hereinafter referred to as "USAO"), and Cantrell Drug Company.

PREAMBLE

WHEREAS, the United States ~~contends~~ that Cantrell Drug Company has violated 21 U.S.C. § 828(a), § 829(a) and § 842(a)(1), (a)(2) and (a)(5);

WHEREAS, the Cantrell Drug Company ~~denies it~~ has violated any provision of Title 21 U.S.C.

WHEREAS, the parties desire to reach an agreement that would settle, compromise and resolve the United States' claims under Title 21 U.S.C. in order to avoid the expense and uncertainty of litigation.

TERMS OF AGREEMENT

NOW, THEREFORE, in reliance on the representations contained herein and in consideration of the mutual promises, covenants, and obligations in this Agreement, and for good and valuable consideration, receipt of which is hereby acknowledged, the parties agree as

follows:

1. Cantrell Drug Company agrees to pay \$30,000 (hereinafter the Settlement Amount), Said settlement amount shall be paid within 30 days of the date of this Agreement and paid as

follows:

A \$10,000 check within 30 days of the date of the execution of this Settlement Agreement, a \$10,000 check within 120 days of the date of the execution of this Settlement Agreement and a \$10,000 check within 210 days of the date of the execution of this Settlement Agreement. Said checks shall be delivered to the office of the U.S. Attorney, Attn: Kim Squires, Legal Assistant, 425 W. Capitol, Suite 500, Little Rock, AR 72201.

Cantrell Drug Company also agrees to submit, within 30 days, an application with the U.S. Drug Enforcement Administration, for a manufacturer's registration.

2. In consideration of the agreements and payments set forth herein, ~~the United States hereby releases~~ and will be deemed to have released Cantrell Drug Company together with its owners, officers, employees, successors and assigns (hereinafter referred to as the "released persons and entities"), ~~from any claims~~ which the United States has or may have against the released persons arising from claims that may have occurred prior to and up to the date of this agreement under 21 U.S.C. § 828(a), § 829(a) and § 842(a)(1), (a)(2) and (a)(5).

3. The releases provided for in this Agreement shall not include releases from claims arising under Title 26 of the United States Code (Internal Revenue Code) and the regulations promulgated thereunder.

4. Each party to this Agreement shall bear its own costs.

5. It is understood and agreed that this Settlement Agreement is in compromise of disputed claims and that it shall not be construed as an admission of or evidence of liability or wrongdoing on the part of any of the released entities.

6. This document contains the complete agreement between the parties with respect to the matters herein.

7. This Agreement may be executed in identical counterparts, each of which shall constitute an original and all of which shall constitute one and the same agreement.

8. This Agreement may be modified only by a written document signed by all of the parties. No waiver of this Agreement or of any of the promises, obligations, terms or conditions hereof shall be valid unless it is written and signed by the party against whom the waiver is to be enforced.

9. If any part or any provision of this Agreement shall be finally determined to be invalid or unenforceable under applicable law by a court of proper jurisdiction, that part shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining part of said provision or the remaining provision of this Agreement.

10. Each person who signs this Agreement in a representative capacity represents that he or she is duly authorized to do so.

11. This Agreement is effective upon the date of the signature of the last signatory.

IN WITNESS WHEREOF, we have hereunder set our hand as of the date first above written.

On behalf of the United States of America, the Department of Justice, and acting through the United States Attorney for the Eastern District of Arkansas:

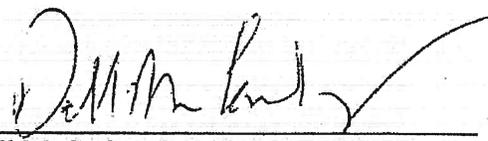
H.E. (BUD) CUMMINS,
United States Attorney

9-20-04
Date

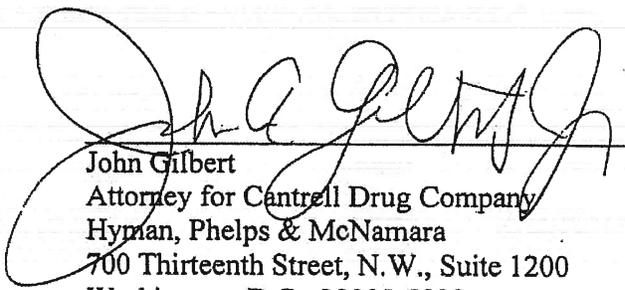
By: 
A. Doug Chavis
Assistant United States Attorney

On behalf of Cantrell Drug Company.

9-17-04
Date


Dell McCarley, President
Cantrell Drug Company

9/16/04
Date


John Gilbert
Attorney for Cantrell Drug Company
Hymn, Phelps & McNamara
700 Thirteenth Street, N.W., Suite 1200
Washington, D.C. 20005-5929

1 XAVIER BECERRA
 Attorney General of California
 2 DAVID E. BRICE
 Supervising Deputy Attorney General
 3 SUMMER D. HARO
 Deputy Attorney General
 4 State Bar No. 245482
 1300 I Street, Suite 125
 5 P.O. Box 944255
 Sacramento, CA 94244-2550
 6 Telephone: (916) 210-7510
 Facsimile: (916) 327-8643
 7 E-mail: Summer.Haro@doj.ca.gov
Attorneys for Complainant

8
 9 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:
 12
 13 **CANTRELL DRUG COMPANY**
7321 Cantrell Road, Suite 300-400
Little Rock, AR 72207
 14
 15 **Non-Resident Pharmacy Permit No. NRP**
1071
 16 **Non-Resident Sterile Compounding Permit**
No. NSC 99637
 17 **Respondent.**

Case No. 6279
ACCUSATION

18
 19 Complainant Virginia Herold ("Complainant") alleges:

20 **PARTIES**

- 21 1. Complainant brings this Accusation solely in her official capacity as the Executive
 22 Officer of the Board of Pharmacy, Department of Consumer Affairs ("Board").
 23 2. On or about October 7, 2010, the Board of Pharmacy issued Non-Resident Pharmacy
 24 Permit Number NRP 1071 to Cantrell Drug Company ("Respondent"). The Non-Resident
 25 Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein
 26 and will expire on October 1, 2018, unless renewed.

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7. Section 4301 of the Code states in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(c) Gross negligence.

...

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

UNITED STATES CODE

8. United States Code, title 21, section 353b, states:

(a) In general. Sections 502(f)(1), 505, and 582 [21 USCS §§ 352(f)(1), 355, and 360eee-1] shall not apply to a drug compounded by or under the direct supervision of a licensed pharmacist in a facility that elects to register as an outsourcing facility if each of the following conditions is met:

(1) Registration and reporting. The drug is compounded in an outsourcing facility that is in compliance with the requirements of subsection (b).

(2) Bulk drug substances. The drug is compounded in an outsourcing facility that does not compound using bulk drug substances (as defined in section 207.3(a)(4) of title 21, Code of Federal Regulations (or any successor regulation)), unless--

(A) (i) the bulk drug substance appears on a list established by the Secretary identifying bulk drug substances for which there is a clinical need, by-

(I) publishing a notice in the Federal Register proposing bulk drug substances to be included on the list, including the rationale for such proposal;

(II) providing a period of not less than 60 calendar days for comment on the notice; and

(III) publishing a notice in the Federal

1 Register designating bulk drug substances for
inclusion on the list; or

2 (ii) the drug compounded from such bulk drug
3 substance appears on the drug shortage list in effect under
4 section 506E [21 USCS § 356e] at the time of
compounding, distribution, and dispensing;

5 (B) if an applicable monograph exists under the United
6 States Pharmacopeia, the National Formulary, or another
7 compendium or pharmacopeia recognized by the Secretary for
purposes of this paragraph, the bulk drug substances each comply
with the monograph;

8 (C) the bulk drug substances are each manufactured by
9 an establishment that is registered under section 510 [21 USCS §
360] (including a foreign establishment that is registered under
section 510(i)) [21 USCS § 360(i)]; and

10 (D) the bulk drug substances are each accompanied by a
11 valid certificate of analysis.

12 (3) Ingredients (other than bulk drug substances) If any
13 ingredients (other than bulk drug substances) are used in compounding the
14 drug, such ingredients comply with the standards of the applicable United
States Pharmacopeia or National Formulary monograph, if such
monograph exists, or of another compendium or pharmacopeia recognized
by the Secretary for purposes of this paragraph if any.

15 (4) Drugs withdrawn or removed because unsafe or not
16 effective. The drug does not appear on a list published by the Secretary of
17 drugs that have been withdrawn or removed from the market because such
drugs or components of such drugs have been found to be unsafe or not
effective.

18 (5) Essentially a copy of an approved drug. The drug is not
19 essentially a copy of one or more approved drugs.

20 (6) Drugs presenting demonstrable difficulties for
compounding. The drug—

21 (A) is not identified (directly or as part of a category of
22 drugs) on a list published by the Secretary, through the process
described in subsection (c), of drugs or categories of drugs that
23 present demonstrable difficulties for compounding that are
reasonably likely to lead to an adverse effect on the safety or
24 effectiveness of the drug or category of drugs, taking into account
the risks and benefits to patients; or

25 (B) is compounded in accordance with all applicable
26 conditions identified on the list described in subparagraph (A) as
conditions that are necessary to prevent the drug or category of
27 drugs from presenting the demonstrable difficulties described in
subparagraph (A).

28 (7) Elements to assure safe use. In the case of a drug that is

1 compounded from a drug that is the subject of a risk evaluation and
 2 mitigation strategy approved with elements to assure safe use pursuant to
 3 section 505-1 [21 USCS § 355-1], or from a bulk drug substance that is a
 4 component of such drug, the outsourcing facility demonstrates to the
 5 Secretary prior to beginning compounding that such facility will utilize
 6 controls comparable to the controls applicable under the relevant risk
 7 evaluation and mitigation strategy.

8 (8) Prohibition on wholesaling. The drug will not be sold or
 9 transferred by an entity other than the outsourcing facility that
 10 compounded such drug. This paragraph does not prohibit administration of
 11 a drug in a health care setting or dispensing a drug pursuant to a
 12 prescription executed in accordance with section 503(b)(1) [21 USCS §
 13 353(b)(1)].

14 (9) Fees. The drug is compounded in an outsourcing facility
 15 that has paid all fees owed by such facility pursuant to section 744K [21
 16 USCS § 379j-62].

17 (10) Labeling of drugs.

18 (A) Label. The label of the drug includes—

19 (i) the statement "This is a compounded drug."
 20 or a reasonable comparable alternative statement (as
 21 specified by the Secretary) that prominently identifies the
 22 drug as a compounded drug;

23 (ii) the name, address, and phone number of the
 24 applicable outsourcing facility; and

25 (iii) with respect to the drug--

26 (I) the lot or batch number;

27 (II) the established name of the drug;

28 (III) the dosage form and strength;

(IV) the statement of quantity or volume,
 as appropriate;

(V) the date that the drug was
 compounded;

(VI) the expiration date;

(VII) storage and handling instructions;

(VIII) the National Drug Code number, if
 available;

(IX) the statement "Not for resale", and, if
 the drug is dispensed or distributed other than
 pursuant to a prescription for an individual
 identified patient, the statement "Office Use Only";
 and

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(X) subject to subparagraph (B)(i), a list of active and inactive ingredients, identified by established name and the quantity or proportion of each ingredient.

(B) Container. The container from which the individual units of the drug are removed for dispensing or for administration (such as a plastic bag containing individual product syringes) shall include—

(i) the information described under subparagraph (A)(iii)(X), if there is not space on the label for such information;

(ii) the following information to facilitate adverse event reporting: *www.fda.gov/medwatch* and 1-800-FDA-1088 (or any successor Internet Web site or phone number); and

(iii) directions for use, including, as appropriate, dosage and administration.

(C) Additional information. The label and labeling of the drug shall include any other information as determined necessary and specified in regulations promulgated by the Secretary.

(11) Outsourcing facility requirement. The drug is compounded in an outsourcing facility in which the compounding of drugs occurs only in accordance with this section.

(b) Registration of outsourcing facilities and reporting of drugs.

(1) Registration of outsourcing facilities.

(A) Annual registration. Upon electing and in order to become an outsourcing facility, and during the period beginning on October 1 and ending on December 31 of each year thereafter, a facility—

(i) shall register with the Secretary its name, place of business, and unique facility identifier (which shall conform to the requirements for the unique facility identifier established under section 510 [21 USCS § 360]), and a point of contact email address; and

(ii) shall indicate whether the outsourcing facility intends to compound a drug that appears on the list in effect under section 506E [21 USCS § 356e] during the subsequent calendar year.

(B) Availability of registration for inspection; list.

(i) Registrations. The Secretary shall make available for inspection, to any person so requesting, any

1 registration filed pursuant to this paragraph.

2 (ii) List. The Secretary shall make available on
3 the public Internet Web site of the Food and Drug
4 Administration a list of the name of each facility registered
5 under this subsection as an outsourcing facility, the State in
6 which each such facility is located, whether the facility
7 compounds from bulk drug substances, and whether any
8 such compounding from bulk drug substances is for sterile
9 or nonsterile drugs.

6 (2) Drug reporting by outsourcing facilities.

7 (A) In general. Upon initially registering as an
8 outsourcing facility, once during the month of June of each year,
9 and once during the month of December of each year, each
10 outsourcing facility that registers with the Secretary under
11 paragraph (1) shall submit to the Secretary a report—

10 (i) identifying the drugs compounded by such
11 outsourcing facility during the previous 6-month period;
12 and

13 (ii) with respect to each drug identified under
14 clause (i), providing the active ingredient, the source of
15 such active ingredient, the National Drug Code number of
16 the source drug or bulk active ingredient, if available, the
17 strength of the active ingredient per unit, the dosage form
18 and route of administration, the package description, the
19 number of individual units produced, and the National
20 Drug Code number of the final product, if assigned.

17 (B) Form. Each report under subparagraph (A) shall be
18 prepared in such form and manner as the Secretary may prescribe
19 by regulation or guidance.

19 (C) Confidentiality. Reports submitted under this
20 paragraph shall be exempt from inspection under paragraph
21 (1)(B)(i), unless the Secretary finds that such an exemption would
22 be inconsistent with the protection of the public health.

22 (3) Electronic registration and reporting. Registrations and
23 drug reporting under this subsection (including the submission of updated
24 information) shall be submitted to the Secretary by electronic means
25 unless the Secretary grants a request for waiver of such requirement
26 because use of electronic means is not reasonable for the person
27 requesting waiver.

25 (4) Risk-based inspection frequency.

26 (A) In general. Outsourcing facilities—

27 (i) shall be subject to inspection pursuant to
28 section 704 [21 USCS § 374]; and

1 (ii) shall not be eligible for the exemption under
section 704(a)(2)(A) [21 USCS § 374(a)(2)(A)].

2 (B) Risk-based schedule. The Secretary, acting through
3 one or more officers or employees duly designated by the
Secretary, shall inspect outsourcing facilities in accordance with a
4 risk-based schedule established by the Secretary.

5 (C) Risk factors. In establishing the risk-based schedule,
the Secretary shall inspect outsourcing facilities according to the
6 known safety risks of such outsourcing facilities, which shall be
based on the following factors:

7 (i) The compliance history of the outsourcing
8 facility.

9 (ii) The record, history, and nature of recalls
linked to the outsourcing facility.

10 (iii) The inherent risk of the drugs compounded
11 at the outsourcing facility.

12 (iv) The inspection frequency and history of the
outsourcing facility, including whether the outsourcing
13 facility has been inspected pursuant to section 704 [21
USCS § 374] within the last 4 years.

14 (v) Whether the outsourcing facility has
15 registered under this paragraph as an entity that intends to
compound a drug that appears on the list in effect under
16 section 506E [21 USCS § 356e].

17 (vi) Any other criteria deemed necessary and
18 appropriate by the Secretary for purposes of allocating
inspection resources.

19 (5) Adverse event reporting. Outsourcing facilities shall submit
adverse event reports to the Secretary in accordance with the content and
20 format requirements established through guidance or regulation under
section 310.305 of title 21, Code of Federal Regulations (or any successor
21 regulations).

22 (c) Regulations.

23 (1) In general. The Secretary shall implement the list described
in subsection (a)(6) through regulations.

24 (2) Advisory committee on compounding. Before issuing
25 regulations to implement subsection (a)(6), the Secretary shall convene
and consult an advisory committee on compounding. The advisory
26 committee shall include representatives from the National Association of
Boards of Pharmacy, the United States Pharmacopeia, pharmacists with
27 current experience and expertise in compounding, physicians with
background and knowledge in compounding, and patient and public health
28 advocacy organizations.

1 (3) Interim list.

2 (A) In general. Before the effective date of the
3 regulations finalized to implement subsection (a)(6), the Secretary
4 may designate drugs, categories of drugs, or conditions as
5 described such subsection by—

6 (i) publishing a notice of such substances,
7 drugs, categories of drugs, or conditions proposed for
8 designation, including the rationale for such designation, in
9 the Federal Register;

10 (ii) providing a period of not less than 60
11 calendar days for comment on the notice; and

12 (iii) publishing a notice in the Federal Register
13 designating such drugs, categories of drugs, or conditions.

14 (B) Sunset of notice. Any notice provided under
15 subparagraph (A) shall not be effective after the earlier of—

16 (i) the date that is 5 years after the date of
17 enactment of the Compounding Quality Act [enacted Nov.
18 27, 2013]; or

19 (ii) the effective date of the final regulations
20 issued to implement subsection (a)(6).

21 (4) Updates. The Secretary shall review, and update as
22 necessary, the regulations containing the lists of drugs, categories of
23 drugs, or conditions described in subsection (a)(6) regularly, but not less
24 than once every 4 years. Nothing in the previous sentence prohibits
25 submissions to the Secretary, before or during any 4-year period described
26 in such sentence, requesting updates to such lists.

27 (d) Definitions. In this section:

28 (1) The term "compounding" includes the combining,
admixing, mixing, diluting, pooling, reconstituting, or otherwise altering
of a drug or bulk drug substance to create a drug.

(2) The term "essentially a copy of an approved drug" means—

(A) a drug that is identical or nearly identical to an
approved drug, or a marketed drug not subject to section 503(b)
[21 USCS § 353(b)] and not subject to approval in an application
submitted under section 505 [21 USCS § 355], unless, in the case
of an approved drug, the drug appears on the drug shortage list in
effect under section 506E [21 USCS § 356e] at the time of
compounding, distribution, and dispensing; or

(B) a drug, a component of which is a bulk drug
substance that is a component of an approved drug or a marketed
drug that is not subject to section 503(b) [21 USCS § 353(b)] and
not subject to approval in an application submitted under section
505 [21 USCS § 355], unless there is a change that produces for an

1 individual patient a clinical difference, as determined by the
2 prescribing practitioner, between the compounded drug and the
3 comparable approved drug.

4 (3) The term "approved drug" means a drug that is approved
5 under section 505 [21 USCS § 355] and does not appear on the list
6 described in subsection (a)(4) of drugs that have been withdrawn or
7 removed from the market because such drugs or components of such drugs
8 have been found to be unsafe or not effective.

9 (4) (A) The term "outsourcing facility" means a facility at one
10 geographic location or address that—

11 (i) is engaged in the compounding of
12 sterile drugs;

13 (ii) has elected to register as an
14 outsourcing facility; and

15 (iii) complies with all of the requirements
16 of this section.

17 (B) An outsourcing facility is not required to be a
18 licensed pharmacy.

19 (C) An outsourcing facility may or may not obtain
20 prescriptions for identified individual patients.

21 (5) The term "sterile drug" means a drug that is intended for
22 parenteral administration, an ophthalmic or oral inhalation drug in aqueous
23 format, or a drug that is required to be sterile under Federal or State law".
24 (*sic*)

25 (d) (*sic*) Obligation to pay fees. Payment of the fee under section 744K [21
26 USCS § 379j-62], as described in subsection (a)(9), shall not relieve an
27 outsourcing facility that is licensed as a pharmacy in any State that requires
28 pharmacy licensing fees of its obligation to pay such State fees.

CODE OF FEDERAL REGULATIONS

9. Code of Federal Regulations, title 21, part 211.22, states in pertinent part:

(a) There shall be a quality control unit that shall have the
responsibility and authority to approve or reject all components, drug product
containers, closures, in-process materials, packaging material, labeling, and
drug products, and the authority to review production records to assure that no
errors have occurred or, if errors have occurred, that they have been fully
investigated. The quality control unit shall be responsible for approving or
rejecting drug products manufactured, processed, packed, or held under contract
by another company.

...

(d) The responsibilities and procedures applicable to the quality
control unit shall be in writing; such written procedures shall be followed

1 10. Code of Federal Regulations, title 21, part 211.42, states in pertinent part:

2 (a) Any building or buildings used in the manufacture, processing,
3 packing, or holding of a drug product shall be of suitable size, construction and
4 location to facilitate cleaning, maintenance, and proper operations.

5 (b) Any such building shall have adequate space for the orderly
6 placement of equipment and materials to prevent mixups between different
7 components, drug product containers, closures, labeling, in-process materials, or
8 drug products, and to prevent contamination. The flow of components, drug
9 product containers, closures, labeling, in-process materials, and drug products
10 through the building or buildings shall be designed to prevent contamination.

11 (c) Operations shall be performed within specifically defined areas of
12 adequate size. There shall be separate or defined areas or such other control
13 systems for the firm's operations as are necessary to prevent contamination or
14 mixups during the course of the following procedures:

15 (1) Receipt, identification, storage, and withholding from use
16 of components, drug product containers, closures, and labeling, pending
17 the appropriate sampling, testing, or examination by the quality control
18 unit before release for manufacturing or packaging;

19 (2) Holding rejected components, drug product containers,
20 closures, and labeling before disposition;

21 (3) Storage of released components, drug product containers,
22 closures, and labeling;

23 (4) Storage of in-process materials;

24 (5) Manufacturing and processing operations;

25 (6) Packaging and labeling operations;

26 (7) Quarantine storage before release of drug products;

27 (8) Storage of drug products after release;

28 (9) Control and laboratory operations;

(10) Aseptic processing, which includes as appropriate:

(i) Floors, walls, and ceilings of smooth, hard surfaces
that are easily cleanable;

(ii) Temperature and humidity controls;

(iii) An air supply filtered through high-efficiency
particulate air filters under positive pressure, regardless of whether
flow is laminar or nonlaminar;

(iv) A system for monitoring environmental conditions;

(v) A system for cleaning and disinfecting the room and

equipment to produce aseptic conditions;

(vi) A system for maintaining any equipment used to control the aseptic conditions.

11. Code of Federal Regulations, title 21, part 211.113, states:

(a) Appropriate written procedures, designed to prevent objectionable microorganisms in drug products not required to be sterile, shall be established and followed.

(b) Appropriate written procedures, designed to prevent microbiological contamination of drug products purporting to be sterile, shall be established and followed. Such procedures shall include validation of all aseptic and sterilization processes.

12. Code of Federal Regulations, title 21, part 211.125, states in pertinent part:

(a) Strict control shall be exercised over labeling issued for use in drug product labeling operations.

(b) Labeling materials issued for a batch shall be carefully examined for identity and conformity to the labeling specified in the master or batch production records.

(c) Procedures shall be used to reconcile the quantities of labeling issued, used, and returned, and shall require evaluation of discrepancies found between the quantity of drug product finished and the quantity of labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Such discrepancies shall be investigated in accordance with § 211.192. Labeling reconciliation is waived for cut or roll labeling if a 100-percent examination for correct labeling is performed in accordance with § 211.122(g)(2). (c) Procedures shall be used to reconcile the quantities of labeling issued, used, and returned, and shall require evaluation of discrepancies found between the quantity of drug product finished and the quantity of labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Such discrepancies shall be investigated in accordance with § 211.192. Labeling reconciliation is waived for cut or roll labeling if a 100-percent examination for correct labeling is performed in accordance with § 211.122(g)(2). Labeling reconciliation is also waived for 360 [degrees] wraparound labels on portable cryogenic medical gas containers.

(d) All excess labeling bearing lot or control numbers shall be destroyed.

(e) Returned labeling shall be maintained and stored in a manner to prevent mixups and provide proper identification.

(f) Procedures shall be written describing in sufficient detail the control procedures employed for the issuance of labeling; such written procedures shall be followed.

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1 13. Code of Federal Regulations, title 21, part 211.130, states:

2 There shall be written procedures designed to assure that correct labels,
3 labeling, and packaging materials are used for drug products; such written
4 procedures shall be followed. These procedures shall incorporate the following
5 features:

6 (a) Prevention of mixups and cross-contamination by physical or
7 spatial separation from operations on other drug products.

8 (b) Identification and handling of filled drug product containers that
9 are set aside and held in unlabeled condition for future labeling operations to
10 preclude mislabeling of individual containers, lots, or portions of lots. Identification
11 need not be applied to each individual container but shall be sufficient to determine
12 name, strength, quantity of contents, and lot or control number of each container.

13 (c) Identification of the drug product with a lot or control number that
14 permits determination of the history of the manufacture and control of the batch.

15 (d) Examination of packaging and labeling materials for suitability and
16 correctness before packaging operations, and documentation of such examination in
17 the batch production record.

18 (e) Inspection of the packaging and labeling facilities immediately
19 before use to assure that all drug products have been removed from previous
20 operations. Inspection shall also be made to assure that packaging and labeling
21 materials not suitable for subsequent operations have been removed. Results of
22 inspection shall be documented in the batch production records.

23 14. Code of Federal Regulations, title 21, part 211.165, states:

24 (a) For each batch of drug product, there shall be appropriate
25 laboratory determination of satisfactory conformance to final specifications for the
26 drug product, including the identity and strength of each active ingredient, prior to
27 release. Where sterility and/or pyrogen testing are conducted on specific batches of
28 shortlived radiopharmaceuticals, such batches may be released prior to completion
of sterility and/or pyrogen testing, provided such testing is completed as soon as
possible.

(b) There shall be appropriate laboratory testing, as necessary, of each
batch of drug product required to be free of objectionable microorganisms.

(c) Any sampling and testing plans shall be described in written
procedures that shall include the method of sampling and the number of units per
batch to be tested; such written procedure shall be followed.

(d) Acceptance criteria for the sampling and testing conducted by the
quality control unit shall be adequate to assure that batches of drug products meet
each appropriate specification and appropriate statistical quality control criteria as a
condition for their approval and release. The statistical quality control criteria shall
include appropriate acceptance levels and/or appropriate rejection levels.

28 ///

1 (e) The accuracy, sensitivity, specificity, and reproducibility of test
 2 methods employed by the firm shall be established and documented. Such
 3 validation and documentation may be accomplished in accordance with §
 211.194(a)(2).

4 (f) Drug products failing to meet established standards or
 5 specifications and any other relevant quality control criteria shall be rejected.
 6 Reprocessing may be performed. Prior to acceptance and use, reprocessed material
 7 must meet appropriate standards, specifications, and any other relevant criteria.

8 15. Code of Federal Regulations, title 21, part 211.166, states:

9 (a) There shall be a written testing program designed to assess the stability
 10 characteristics of drug products. The results of such stability testing shall be used in
 11 determining appropriate storage conditions and expiration dates. The written program shall
 12 be followed and shall include:

13 (1) Sample size and test intervals based on statistical criteria for each
 14 attribute examined to assure valid estimates of stability;

15 (2) Storage conditions for samples retained for testing;

16 (3) Reliable, meaningful, and specific test methods;

17 (4) Testing of the drug product in the same container-closure system as
 18 that in which the drug product is marketed;

19 (5) Testing of drug products for reconstitution at the time of dispensing
 20 (as directed in the labeling) as well as after they are reconstituted.

21 (b) An adequate number of batches of each drug product shall be tested to
 22 determine an appropriate expiration date and a record of such data shall be maintained.
 23 Accelerated studies, combined with basic stability information on the components, drug
 24 products, and container-closure system, may be used to support tentative expiration dates
 25 provided full shelf life studies are not available and are being conducted. Where data from
 26 accelerated studies are used to project a tentative expiration date that is beyond a date
 27 supported by actual shelf life studies, there must be stability studies conducted, including
 28 drug product testing at appropriate intervals, until the tentative expiration date is verified or
 the appropriate expiration date determined.

(c) For homeopathic drug products, the requirements of this section are as
 follows:

(1) There shall be a written assessment of stability based at least on
 testing or examination of the drug product for compatibility of the ingredients, and
 based on marketing experience with the drug product to indicate that there is no
 degradation of the product for the normal or expected period of use.

(2) Evaluation of stability shall be based on the same container-closure
 system in which the drug product is being marketed.

(d) Allergenic extracts that are labeled "No U.S. Standard of Potency"
 are exempt from the requirements of this section.

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1 16. Code of Federal Regulations, title 21, part 211.192, states:

2 All drug product production and control records, including those for
3 packaging and labeling, shall be reviewed and approved by the quality control
4 unit to determine compliance with all established, approved written procedures
5 before a batch is released or distributed. Any unexplained discrepancy (including
6 a percentage of theoretical yield exceeding the maximum or minimum
7 percentages established in master production and control records) or the failure of
8 a batch or any of its components to meet any of its specifications shall be
9 thoroughly investigated, whether or not the batch has already been distributed.
10 The investigation shall extend to other batches of the same drug product and other
11 drug products that may have been associated with the specific failure or
12 discrepancy. A written record of the investigation shall be made and shall include
13 the conclusions and followup.

9 **CALIFORNIA CODE OF REGULATIONS**

10 17. California Code of Regulations, title 16, section 1735.2, states in pertinent
11 part:

12 (e) A drug preparation shall not be compounded until the pharmacy
13 has first prepared a written master formula document that includes at least the
14 following elements:

- 14 (1) Active ingredients to be used.
- 15 (2) Equipment to be used.
- 16 (3) The maximum allowable beyond use date for the
17 preparation, and the rationale or reference source justifying
18 its determination.
- 19 (4) Inactive ingredients to be used.
- 20 (5) Specific and essential compounding steps used to prepare
21 the drug.
- 22 (6) Quality reviews required at each step in preparation of the
23 drug.
- 24 (7) Post-compounding process or procedures required, if any.
Instructions for storage and handling of the compounded
drug preparation.

25 (k) Prior to allowing any drug product preparation to be compounded
26 in a pharmacy, the pharmacist-in-charge shall complete a self-assessment for
27 compounding pharmacies developed by the board (Incorporated by reference is
28 "Community Pharmacy & Hospital Outpatient Pharmacy Compounding Self-
Assessment" Form 17M-39 Rev. 02/12.) as required by Section 1715 of Title 16,
Division 17, of the California Code of Regulations. That form contains a first
section applicable to all compounding, and a second section applicable to sterile
injectable compounding. The first section must be completed by the pharmacist-

in-charge before any compounding is performed in the pharmacy. The second section must be completed by the pharmacist-in-charge before any sterile compounding is performed in the pharmacy. The applicable sections of the self-assessment shall subsequently be completed before July 1 of each odd-numbered year, within 30 days of the start date of a new pharmacist-in-charge or change of location, and within 30 days of the issuance of a new pharmacy license. The primary purpose of the self-assessment is to promote compliance through self-examination and education.

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18. California Code of Regulations, title 16, section 1751.4, states in pertinent part:

(c) All equipment used in the areas designated for compounding must be made of a material that can be easily cleaned and disinfected.

...

(f) Pharmacies preparing sterile compounded preparations require the use of a PEC that provides ISO Class 5 air or better air quality. Certification and testing of primary and secondary engineering controls shall be performed no less than every six months and whenever the device or area designated for compounding is relocated, altered or a service to the facility is performed that would impact the device or area. Certification must be completed by a qualified technician who is familiar with certification methods and procedures in accordance with CETA Certification Guide for Sterile Compounding Facilities (CAG-003-2006-13, Revised May 20, 2015), which is hereby incorporated by reference. Certification records must be retained for at least 3 years. Unidirectional compounding aseptic isolators or compounding aseptic containment isolators may be used outside of an ISO Class 7 cleanroom if the isolator is certified to meet the following criteria:

(1) Particle counts sampled approximately 6-12 inches upstream of the critical exposure site shall maintain ISO Class 5 levels during compounding operations.

(2) Not more than 3520 particles (0.5 um and larger) per cubic meter shall be counted during material transfer, with the particle counter probe located as near to the transfer door as possible without obstructing transfer.

(3) Recovery time to achieve ISO Class 5 air quality shall be documented and internal procedures developed to ensure that adequate recovery time is allowed after material transfer before and during compounding operations.

Compounding aseptic isolators that do not meet the requirements as outlined in this subdivision or are not located within an ISO Class 7 cleanroom may only be used to compound preparations that meet the criteria specified in accordance with subdivision (d) of Section 1751.8 of Title 16, Division 17, of the California Code of Regulations.

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1 **COST RECOVERY**

2 19. Code section 125.3 provides, in pertinent part, that the Board may request the
3 administrative law judge to direct a licentiate found to have committed a violation or violations of
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
5 enforcement of the case, with failure of the licentiate to comply subjecting the license to not being
6 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
7 included in a stipulated settlement.

8 **STATEMENT OF FACTS**

9 20. Respondent's facility in Little Rock, Arkansas, is a 503b Food and Drug
10 Administration ("FDA") registered outsourcer, compounding non-sterile to sterile single API¹
11 products and limited non-sterile (i.e. suppositories) for shipment within Arkansas and out-of-state
12 to licensed healthcare facilities.

13 21. From on or about September 14, 2016, to on or about October 14, 2016, the FDA
14 performed an inspection at Respondent's registered outsourcing facility. Pursuant to that
15 inspection, the FDA made the following observations and found that Respondent did not comply
16 with Code of Federal Regulations, title 21, part 211, and United States Code, title 21, section
17 353b:

- 18 a. OBSERVATION 1: Aseptic processing areas are deficient
19 regarding the system for cleaning and disinfecting the room and
20 equipment to produce aseptic conditions. (C.F.R., tit. 21,
21 §211.42(c))
- 22 b. OBSERVATION 2: Procedures designed to prevent
23 microbiological contamination of drug products purporting to be
24 sterile are not established, written and followed. (C.F.R., tit. 21,
25 §§211.165 and 211.113)

26 ///

27 ¹ United States Code, title 21, section 379j-41(2) provides that an "API" is an Active
28 Pharmaceutical Ingredient, which is "(A) a substance, or a mixture when the substance is unstable
or cannot be transported on its own, intended (i) to be used as a component of a drug; and
(ii) to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation,
treatment, or prevention of disease, or to affect the structure or any function of the human body;
or (B) a substance intended for final crystallization, purification, or salt formation, or any
combination of those activities, to become a substance or mixture described in subparagraph (A)."

- 1 c. OBSERVATION 3: Separate or defined areas to prevent
2 contamination or mix-ups are deficient regarding operations
3 related to aseptic processing of drug products. (C.F.R., tit. 21,
4 §211.42(c))
- 5 d. OBSERVATION 4: Test procedures relative to appropriate
6 laboratory testing for sterility and pyrogens are not written and
7 followed. (C.F.R., tit. 21, §211.165)
- 8 e. OBSERVATION 5: There is no written testing program designed
9 to assess the stability characteristics of drug products. (C.F.R., tit.
10 21, §211.166)
- 11 f. OBSERVATION 6: Testing and release of drug product for
12 distribution do not include appropriate laboratory determination of
13 satisfactory conformance to the identity and strength of each active
14 ingredient prior to release. (C.F.R., tit. 21, §211.165)
- 15 g. OBSERVATION 7: Aseptic processing areas are deficient
16 regarding the system for monitoring environmental conditions.
17 (C.F.R., tit. 21, §211.42(c))
- 18 h. OBSERVATION 8: Aseptic processing areas are deficient
19 regarding air supply that is filtered through high-efficiency
20 particulate air filters under positive pressure. (C.F.R., tit. 21,
21 §211.42(c))
- 22 i. OBSERVATION 9: The building lacks adequate space for the
23 orderly placement of equipment and materials to prevent mix-ups
24 between different components, drug product containers, labeling,
25 inprocess materials and drug products and to prevent
26 contamination. (C.F.R., tit. 21, §211.42(b))
- 27 j. OBSERVATION 10: There is a failure to thoroughly review any
28 unexplained discrepancy whether or not the batch has been already
distributed. (C.F.R., tit. 21, §211.192)
- k. OBSERVATION 11: The labels of Respondent's outsourcing
facility's drug products are deficient. (C.F.R., tit. 21, §§211.125
and 211.130)

22 22. On or about November 17, 2016, Respondent notified the Board that it was recalling
23 a select number of sterile products due to a lack of sterility assurance.

24 23. On or about November 18, 2016, Respondent provided the Board with an unredacted
25 version of the FDA's form 483, containing the FDA's observations and required corrective
26 actions from the FDA's inspection that occurred from approximately September 14, 2016, to
27 October 14, 2016, set forth above in paragraph 21 and its subparts. That same day, Respondent
28 also provided the Board with Respondent's redacted response to the FDA's form 483, dated

1 November 4, 2016. In that response Respondent represented that it had corrected the FDA's
2 Observations, including Observation numbers 1, 2, 7, and 11.

3 24. On or about November 21, 2016, the FDA posted a MedWatch which stated that
4 Respondent had expanded its recall to all unexpired sterile drugs products within expiry.

5 25. From on or about June 12, 2017, to on or about June 29, 2017, the FDA performed an
6 inspection at Respondent's registered outsourcing facility. Pursuant to that inspection, the FDA
7 made the following observations and found that Respondent did not comply with Code of Federal
8 Regulations, title 21, part 211, and United States Code, title 21, section 353b:

- 9 a. OBSERVATION 1: The quality control unit lacks authority to
10 fully investigate errors that have occurred. (C.F.R., tit. 21,
§211.22(a))
- 11 b. OBSERVATION 2: The responsibilities and procedures applicable
12 to the quality control unit are not fully followed. (C.F.R., tit. 21,
§211.22(d))
- 13 c. OBSERVATION 3: Aseptic processing areas are deficient
14 regarding air supply that is filtered through high-efficiency
15 particulate air filters under positive pressure. This was a repeat
16 observation from the FDA inspection that had been conducted on
17 or about October 14, 2016. (C.F.R., tit. 21, §211.42(c))
- 18 d. OBSERVATION 4: There is a failure to thoroughly review any
19 unexplained discrepancy and the failure of a batch or any of its
20 components to meet any of its specifications whether or not the
21 batch has been already distributed. (C.F.R., tit. 21, §211.192)
- 22 e. OBSERVATION 5: Procedures designed to prevent
23 microbiological contamination of drug products purporting to be
24 sterile are not followed. This was a repeat observation from the
25 FDA inspection that had been conducted on or about October 14,
26 2016. (C.F.R., tit. 21, §211.165)
- 27 f. OBSERVATION 6: Aseptic processing areas are deficient
28 regarding the system for cleaning and disinfecting the room and
equipment to produce aseptic conditions. This was a repeat
observation from the FDA inspection that was conducted on or
about October 14, 2016. (C.F.R., tit. 21, §211.42(c))
- g. OBSERVATION 7: There is no written testing program designed
to assess the stability characteristics of drug products. (C.F.R., tit.
21, §211.166)
- h. OBSERVATION 8: The labels of Respondent's outsourcing
facility's drug products are deficient. This is a repeat observation
from the FDA inspection that was conducted on or about October
14, 2016. (C.F.R., tit. 21, §§211.125 and 211.130)

1 regulating dangerous drugs and pharmacy practice, because Respondent had corrected the FDA's
 2 observations from its September-October 2016 inspection, including the FDA's Observation
 3 numbers 1, 2, 7, and 11, when in fact Respondent was not in compliance with those statutes and
 4 observations because Respondent had not corrected those observations, as set forth above in
 5 paragraphs 21, 23, and 25.

6 **MATTER IN AGGRAVATION**

7 33. On or about August 9, 2017, Inspector L.P. conducted the annual sterile compounding
 8 inspection at Respondent's facilities. Pursuant to that inspection, Inspector L.P. found that
 9 Respondent committed the following violations of laws, rules, and regulations of the Board:

- 10 a. At the time of inspection, the compounding area buffer cleanroom
 11 contained exposed paper and post it notes adjacent to the compounding
 12 hoods. (Cal. Code Reg., tit. 16, §1751.4(c))
- 13 b. At the time of inspection, the pharmacy had recently moved the primary
 14 engineering controls into the secondary engineering control (buffer room)
 15 and began production in the space without having retested the secondary
 16 engineering controls. (Cal. Code Reg., tit. 16, §1751.4(f))
- 17 c. At the time of inspection, the pharmacist in charge had changed more than
 18 30 days from the date of inspection but the new pharmacist in charge had
 19 not completed a compounding self-assessment. (Cal. Code Reg., tit. 16,
 20 §1735.2(k))
- 21 d. At the time of the inspection, the pharmacy master formula did not contain
 22 the rationale for the beyond use date assigned to each preparation. (Cal.
 23 Code Reg., tit. 16, §1735.2(e)(3))
- 24 e. At the time of the inspection, the pharmacy was cleaning ceilings, walls,
 25 floors, and doors using a contact time for LPH of 5 minutes when the
 26 manufacturer recommended contact time was a minimum of 10 minutes.
 27 (Code §4036.5)

28 **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:

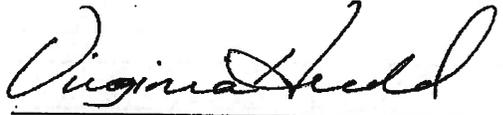
1. Revoking or suspending Non-Resident Pharmacy Permit Number NRP 1071, issued
 to Cantrell Drug Company.
2. Revoking or suspending Non-Resident Sterile Compounding Permit Number NSC
 99637, issued to Cantrell Drug Company;

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3. Ordering Cantrell Drug Company 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: 1/18/18



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SA2017109479
33215493.docx



NABP
National Association of
Boards of Pharmacy
www.nabp.pharmacy

1600 Feehanville Drive
Mount Prospect, IL 60056
T) 847/391-4406
F) 847/375-1114

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY
FROM: Dawn Bibbs-Morrissey, Accreditation Manager
DATE: June 14, 2018
RE: Disqualified VAWD Accreditation

The National Association of Boards of Pharmacy® (NABP®) understands that many states confirm a facility's Verified-Accredited Wholesale Distributors® (VAWD®) accreditation status when making licensure decisions for that facility. To help facilitate this process, NABP would like to update the boards of pharmacy that NABP has taken the following action:

Name	Address	Action	Effective Date
Cantrell Drug Company	7321 Cantrell Rd, Ste 300-400 Little Rock, AR 72207	Disqualified	Immediately

If you would like additional information or have any questions, please feel free to contact VAWD by calling 847/391-4539 or via email at vawd@nabp.pharmacy. You can also contact me at 847/391-4510 or via email at dbibbs-morrissey@nabp.pharmacy.

Thank you.

cc: NABP Executive Committee
Carmen A. Catizone, Executive Director/Secretary
Josh Bolin, Associate Executive Director
Kevin McGlynn, Accreditation Director

11B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 Outsourcing Facility

Ownership Change (Provide current license number if making changes:) OUT _____

503a OR 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

Publicly Traded Corporation – Pages 1-3 & 4

Partnership - Pages 1-3 & 6

Non Publicly Traded Corporation – Pages 1-3 & 5

Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: PharMEDium Services, LLC

Physical Address: 913 North Davis Avenue

City: Cleveland State: MS Zip Code: 38732

Telephone: (662) 846-5969 Fax: (662) 846-2614

Toll Free Number: (800) 523-7749 (Required per NAC 639.708)

E-mail: Bwomack@pharmedium.com Website: http://pharmedium.com

Supervising Pharmacist: Barrett Karl Manning Nevada License #: pending

SERVICES PROVIDED

Yes/No

Parenteral

Sterile Compounding

Non Sterile Compounding

Mail Service Sterile Compounding

Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only

Date Processed: _____

Amount: \$ 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 961740623Please provide the name of the facility as registered with the FDA and the registration number:
PharMEDium Services, LLCPlease provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
PharMEDium Services, LLCPlease provide the name and Nevada license number of the supervising pharmacist:
Name: Barrett Karl Manning Nevada License Number: pendingA Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis 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, cite 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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 Outsourcing Facility 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes No

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

Brenda Womack, General Manager

Print Name of Authorized Person

4-6-18

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 4****OWNERSHIP IS A PUBLICLY TRADED COMPANY**

State of Incorporation: Delaware
 Parent Company if any: AmerisourceBergen Corporation is the Parent Company of PharMEDium Services, LLC
 Corporation Name: AmerisourceBergen Corporation
 Address: 1300 Morris Drive
 City: Chesterbrook State: PA Zip: 19087
 Telephone: 610-727-7000 Fax: (610) 647-0141
 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: 3/16/2001
 Registration number issued: 3368747
 Stock Exchange: NYSE (Ticker is ABC)

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.

- Steven H. Collis, Chairman, President and Chief Executive Officer
- John G. Chou, Executive Vice President and Chief Legal & Business Officer
- Gina K. Clark, Executive Vice President and Chief Communications & Administration Officer
- James F. Cleary, Jr., Executive Vice President and Group President, Global Commercialization Services & Animal Health
- Dale Danilewitz, Executive Vice President and Chief Information Officer
- Kathy H. Gaddes, Executive Vice President and Chief Human Resources Officer
- Tim G. Guttman, Executive Vice President and Chief Financial Officer
- Peyton R. Howell, Executive Vice President and President, Health Systems & Specialty Care Solutions
- Robert P. Mauch, Executive Vice President and Group President, Pharmaceutical Distribution & Strategic Global Sourcing
- Sun Park, Executive Vice President, Strategy and Development

MISSISSIPPI BOARD OF PHARMACY

6360 I 55 North, Suite, 400, Jackson, Mississippi 39211
Phone 601-899-8880: Fax 601-899-8891



December 12, 2017

To Whom It May Concern:

The Mississippi Board of Pharmacy issued a Sterile Product Outsourcer Permit (Permit Number 13625/13.5) to Pharmedium Services, LLC, 913 North Davis Avenue, Cleveland, Mississippi, on August 18, 2014. This permit is current and in good standing and expires on December 31, 2019. There are no records of complaints or disciplinary action taken against this permit.

The Sterile Product Outsourcer Facilities are subject to the jurisdiction of the Food and Drug Administration and Drug Enforcement Administration.

If you have questions concerning this matter, please contact me at 601-899-8880.

Sincerely,

Cheri Atwood
Director of Compliance
Mississippi Board of Pharmacy

MISSISSIPPI Board of Pharmacy



This is to certify that

Permit No.:
13625/13.5

PharMEDium Services, LLC

913 North Davis Avenue
Cleveland, MS 38732

Sterile Product Outsourcer

is duly permitted as a:

Permit Holder:
Manning, Barrett K.

This permit is not transferable or assignable.

Issued: 8/18/2014
Renewed: 11/2/2017
Expires: 12/31/2019

Mark Lamille

Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

11C

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 Outsourcing Facility
 Ownership Change (Provide current license number if making changes:) OUT _____
 503a OR 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership
 Publicly Traded Corporation – Pages 1-3 & 4 Partnership - Pages 1-3 & 6
 Non Publicly Traded Corporation – Pages 1-3 & 5 Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: PharMEDium Services, LLC

Physical Address: 36 Stults Road

City: Dayton State: NJ Zip Code: 08810

Telephone: (609) 819-4100 Fax: (609) 655-7628

Toll Free Number: 800-523-7749 (Required per NAC 639.708)

E-mail: Wkelso@pharmedium.com Website: www.pharmedium.com

Supervising Pharmacist: Walter Kelso Nevada License #: pending

SERVICES PROVIDED

Yes/No

Parenteral

Sterile Compounding

Non Sterile Compounding

Mail Service Sterile Compounding

Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: \$ 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 079939389Please provide the name of the facility as registered with the FDA and the registration number:
PharMEDium Services, LLCPlease provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
PharMEDium Services, LLC

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Walter Kelso Nevada License Number: pendindA Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis 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, cite 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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 Outsourcing Facility 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes No

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Walter Kelso RPh.

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

Walter Kelso, General Manager

Print Name of Authorized Person

9/5/18

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 4****OWNERSHIP IS A PUBLICLY TRADED COMPANY**State of Incorporation: DelawareParent Company if any: AmerisourceBergen Corporation is the Parent Company of PharMEDium Services, LLCCorporation Name: PharMEDium Services, LLCAddress: 1300 Morris DriveCity: Chesterbrook State: PA Zip: 19087Telephone: (610) 727-7000 Fax: (610) 647-0141

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: 3/16/2001Registration number issued: 3368747Stock Exchange: NYSE (Ticker is ABC)**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.

- Steven H. Collis, Chairman, President and Chief Executive Officer
- John G. Chou, Executive Vice President and Chief Legal & Business Officer
- Gina K. Clark, Executive Vice President and Chief Communications & Administration Officer
- James F. Cleary, Jr., Executive Vice President and Group President, Global Commercialization Services & Animal Health
- Dale Danilewitz, Executive Vice President and Chief Information Officer
- Kathy H. Gaddes, Executive Vice President and Chief Human Resources Officer
- Tim G. Guttman, Executive Vice President and Chief Financial Officer
- Peyton R. Howell, Executive Vice President and President, Health Systems & Specialty Care Solutions
- Robert P. Mauch, Executive Vice President and Group President, Pharmaceutical Distribution & Strategic Global Sourcing
- Sun Park, Executive Vice President, Strategy and Development

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

**PHARMEDIUM SERVICES, LLC
0600175624**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on July 23, 2003.

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:

*NATIONAL REGISTERED AGENTS, INC. OF NJ
820 BEAR TAVERN RD
WEST TRENTON, NJ 08628*



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of April, 2018

Elizabeth Maher Muoio

*Elizabeth Maher Muoio
Acting State Treasurer*

Certificate Number : 6087323868

Verify this certificate online at

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

11D

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 Outsourcing Facility
 Ownership Change (Provide current license number if making changes:) OUT _____
 503a OR 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: PharMEDium Services, LLC

Physical Address: 6100 Global Drive

City: Memphis State: TN Zip Code: 38141

Telephone: (901) 547-3900 Fax: (901) 367-6896

Toll Free Number: 800-523-7749 (Required per NAC 639.708)

E-mail: Emack@pharmedium.com Website: http://pharmedium.com

Supervising Pharmacist: Erica Mack Nevada License #: pending

SERVICES PROVIDED

Yes/No

Parenteral

Sterile Compounding

Non Sterile Compounding

Mail Service Sterile Compounding

Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: \$ 500.00

100779

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 961740649Please provide the name of the facility as registered with the FDA and the registration number:
PharMEDium Services, LLCPlease provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
PharMEDium Services, LLC

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Erica Mack Nevada License Number: pendingA Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: n/aThis 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, cite 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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 Outsourcing Facility 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes No

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.


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

Bruce Bagley, Interim General Manager
Print Name of Authorized Person

6 APR 2018
Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 4****OWNERSHIP IS A PUBLICLY TRADED COMPANY**State of Incorporation: DelawareParent Company if any: AmerisourceBergen Corporation is the Parent Company of PharMEDium Services, LLCCorporation Name: AmerisourceBergen CorporationAddress: 1300 Morris DriveCity: Chesterbrook State: PA Zip: 19087Telephone: (610) 727-7000 Fax: (610) 647-0141

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: 3/16/2001Registration number issued: 3368747Stock Exchange: NYSE (Ticker is ABC)**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.

- Steven H. Collis, Chairman, President and Chief Executive Officer
- John G. Chou, Executive Vice President and Chief Legal & Business Officer
- Gina K. Clark, Executive Vice President and Chief Communications & Administration Officer
- James F. Cleary, Jr., Executive Vice President and Group President, Global Commercialization Services & Animal Health
- Dale Danilewitz, Executive Vice President and Chief Information Officer
- Kathy H. Gaddes, Executive Vice President and Chief Human Resources Officer
- Tim G. Guttman, Executive Vice President and Chief Financial Officer
- Peyton R. Howell, Executive Vice President and President, Health Systems & Specialty Care Solutions
- Robert P. Mauch, Executive Vice President and Group President, Pharmaceutical Distribution & Strategic Global Sourcing
- Sun Park, Executive Vice President, Strategy and Development



State of Tennessee
Department of Health

10688793
23804

TENNESSEE BOARD OF PHARMACY
OUTSOURCERS
PHARMEDIUM SERVICES, LLC
6100 GLOBAL DR.
MEMPHIS TN 38141

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

ID NUMBER: 0000004338

EXPIRATION DATE: 09/30/2019

CONTROLLED SUBSTANCE REGISTRATION

Spencerie Otto

DIRECTOR, HEALTH RELATED BOARDS

MAJ. D. M. [Signature]

COMMISSIONER

11E

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 Outsourcing Facility <input type="checkbox"/> Ownership Change (Provide current license number if making changes:) OUT _____ <input type="checkbox"/> 503a OR <input type="checkbox"/> 503b Apply as retail pharmacy only. 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 Publicly Corporation or Partnership <input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1-3 & 4 <input type="checkbox"/> Partnership - Pages 1-3 & 6 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1-3 & 5 <input type="checkbox"/> Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: PharMEDium Services, LLC

Physical Address: 12620 W. Airport Boulevard, Suite 130

City: Sugar Land State: TX Zip Code: 77478

Telephone: (281) 491-1900 Fax: (281) 491-1902

Toll Free Number: (800) 523-7749 (Required per NAC 639.708)

E-mail: Bbagley@pharmedium.com Website: www.pharmedium.com

Supervising Pharmacist: Bamidele Dauda Abdullahi Nevada License #: ~~N/A~~ pending

SERVICES PROVIDED

Yes/No <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral <input checked="" type="checkbox"/> <input 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 type="checkbox"/> Other Services: _____ All boxes must be checked for the application to be complete An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: \$500.00

100782

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 961740664Please provide the name of the facility as registered with the FDA and the registration number:
PharMEDium Services, LLCPlease provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
PharMEDium Services, LLC

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Bamidele Dauda Abdullahi Nevada License Number: **A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis 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, cite 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.

**Application by Reciprocity as a Pharmacist is being completed. Pharmacist license number in the state of TX is 54260.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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 Outsourcing Facility 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes No

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

Bruce Bagley, General Manager
Print Name of Authorized Person

16 APR 2019
Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 4****OWNERSHIP IS A PUBLICLY TRADED COMPANY**State of Incorporation: DelawareParent Company if any: AmerisourceBergen Corporation is the Parent Company of PharMEDium Services, LLCCorporation Name: AmerisourceBergen CorporationAddress: 227 Washington StreetCity: Conshohocken State: PA Zip: 19428Telephone: (610) 727-7000 Fax: (800) 640-5221

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: 3/16/2001Registration number issued: 3368747Stock Exchange: NYSE (Ticker is ABC)**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.

- Steven H. Collis, Chairman, President and Chief Executive Officer
- John G. Chou, Executive Vice President and Chief Legal & Business Officer
- Gina K. Clark, Executive Vice President and Chief Communications & Administration Officer
- James F. Cleary, Jr., Executive Vice President and Group President, Global Commercialization Services & Animal Health
- Dale Danilewitz, Executive Vice President and Chief Information Officer
- Kathy H. Gaddes, Executive Vice President and Chief Human Resources Officer
- Tim G. Guttman, Executive Vice President and Chief Financial Officer
- Peyton R. Howell, Executive Vice President and President, Health Systems & Specialty Care Solutions
- Robert P. Mauch, Executive Vice President and Group President, Pharmaceutical Distribution & Strategic Global Sourcing
- Sun Park, Executive Vice President, Strategy and Development

- ★ Please contact this office immediately if any information on this license is incorrect.
- ★ This license must be displayed at the address licensed.
- ★ The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the license will be issued.
- ★ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.state.tx.us/fdllicense.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Food and Drug Licensing Group at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: <https://reglicensing.questionpro.com>. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

PHARMEDIUM SERVICES LLC
 TWO CONWAY PARK 150 N FIELD DR STE 350
 LAKE FOREST IL 60045



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 REGULATORY LICENSING UNIT



PHARMEDIUM SERVICES LLC

12620 W AIRPORT BLVD STE 130
 SUGAR LAND, TX 77478

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

PRESCRIPTION DRUG MANUFACTURER

License # 1000284
 Expires: October 28, 2019

NON-TRANSFERABLE

Commissioner

509775

11F

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 Outsourcing Facility
 Ownership Change (Provide current license number if making changes:) OUT _____
 503a OR 503b Apply as retail pharmacy only.
Non-Patient Specific

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: SCA Pharmaceuticals LLC

Physical Address: 755 Rainbow Road, Ste. B

City: Windsor State: CT Zip Code: 06095

Telephone: 877-550-5059 Fax: 860-831-1101

Toll Free Number: 877-550-5059 (Required per NAC 639.708)

E-mail: ldenton@scausa.net Website: www.scausa.net

Supervising Pharmacist: Cindy Mitman Nevada License #: 19891

SERVICES PROVIDED

Yes/No

Parenteral
 Sterile Compounding
 Non Sterile Compounding
 Mail Service Sterile Compounding
 Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: \$500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

Page 2

FEI Number (From FDA application): 90-0622763

Please provide the name of the facility as registered with the FDA and the registration number:

SCA Pharmaceuticals LLC #080545245

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

N/A

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Cindy Mitman Nevada License Number: 19891A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: n/aThis 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, cite fine or proceeding relating to the pharmaceutical industry? Yes No
Our 8821 Knoedle Ct., Little Rock, AR location was issued an FDA warning letter on June 25, 2015
our corrective actions were deemed acceptable by the FDA. Please see attached.
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

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

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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 Outsourcing Facility 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes No

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

James Milton Boyer, CEO

Print Name of Authorized Person

1/12/18

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 5

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: SCA Pharmaceuticals Holdings LLC

Address: 601 Lexington Avenue, 55th Floor

City: New York State: NY Zip: 10022

Telephone: 877-550-5059 Fax: 860-831-1101

Contact Person: Chris Musser

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) EHP-SCA, LLC 601 Lexington Ave, 55th Floor, New York, NY 10022

Name	Address
------	---------
 - b) EHP-SCA CO-INVEST, LLC 601 Lexington Ave, 55th Floor, New York, NY 10022

Name	Address
------	---------
 - c) EHP CO-INVEST, LLC 601 Lexington Ave, 55th Floor, New York, NY 10022

Name	Address
------	---------
 - d) SCA HOLDINGS, LLC 8821 Knoedl Court, Little Rock, Arkansas 72205

Name	Address
------	---------
- 2) Provide the number of shares issued by the corporation. 17,952,500
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 10/20/2016
- 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

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions regarding this registration can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information current. The email on your account will be used for all correspondence from this office.

You can update your address and email address or print a duplicate certificate by logging into your account with your User Id and Password at www.elicense.ct.gov. If you need your User Id and/or Password, please email dcp.online@ct.gov.

Mailing address:

**SCA PHARMACEUTICALS LLC
755 RAINBOW RD STE B
WINDSOR, CT 06095-1024**

Email on file to be used for receiving all notices from this office:

ldenton@scausa.net





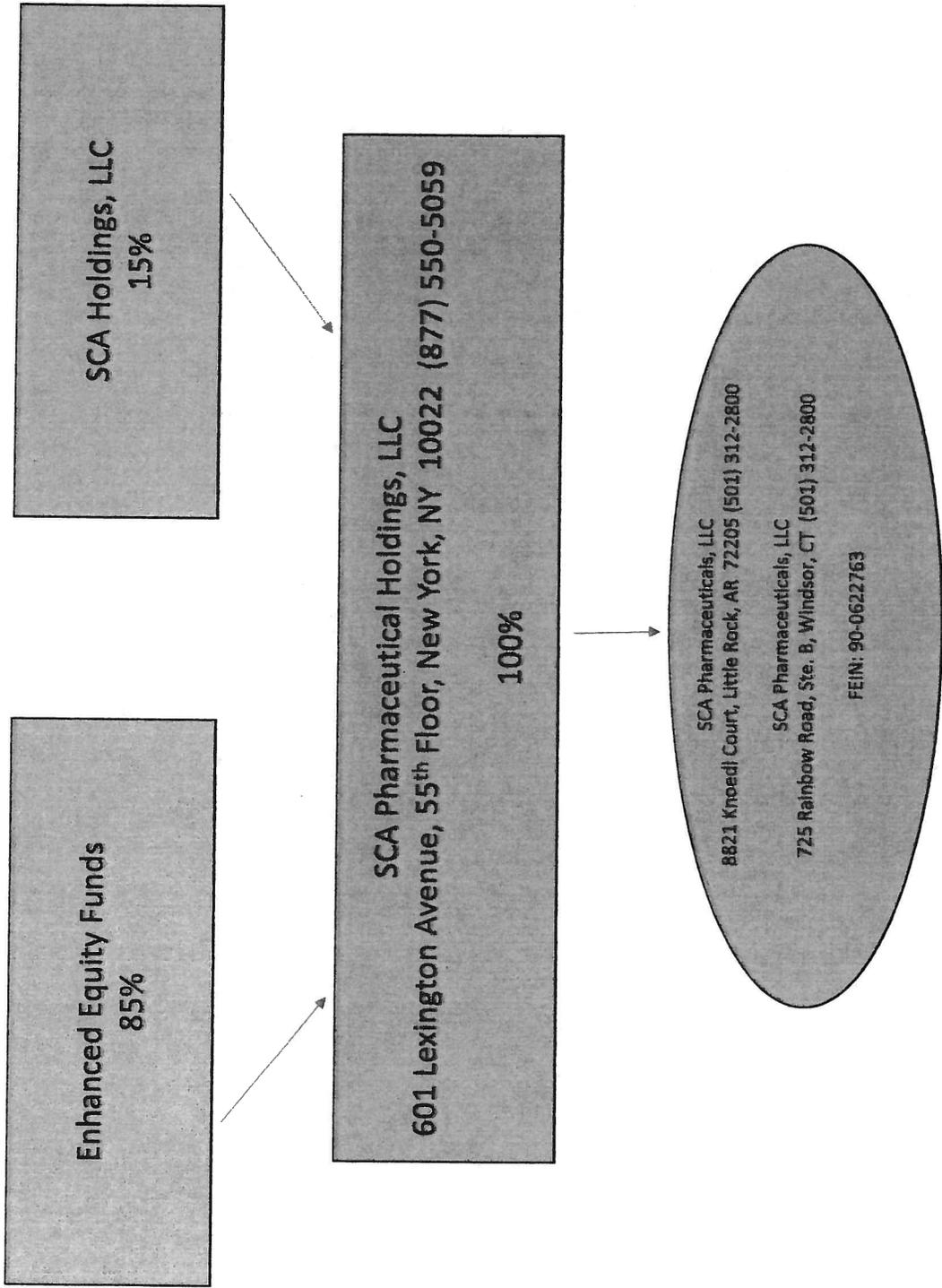
SCA Pharmaceuticals. LLC

Officers List

James Milton Boyer, CEO
Symmes Circle
Arlington, MA 02474
706-459-4448

Office: 501-312-2800 • Toll Free: 877-550-5059 • Fax: 501-312-2805
8821 Knoedl Court, Little Rock, Arkansas 72205 • www.scausa.net





**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Food and Drug Administration

Dallas District Office
4040 North Central Expressway
Suite 300
Dallas, Texas 75204**June 25, 2015****2015-DAL-WL-19****WARNING LETTER****UPS OVERNIGHT**

Roy Eugene Graves, Chief Executive Officer
SCA Pharmaceuticals, LLC
8821 Knoedl Court
Little Rock, AR 72205-4600

Dear Mr. Graves:

You registered with the U.S. Food and Drug Administration (FDA) as an outsourcing facility under section 503B of the Federal Food, Drug, and Cosmetic Act (FDCA) [21 U.S.C. § 353b]¹ on December 13, 2013, and again on December 22, 2014. From March 17 to April 1, 2014, FDA investigators inspected your facility, SCA Pharmaceuticals, Inc., located at 8821 Knoedl Court, Little Rock, AR 72205-4600. During the inspection, the investigators observed serious deficiencies in your practices for producing sterile drug products, which put patients at risk. For example, the investigators observed that your firm failed to perform adequate investigations of sterility failures, batches found to contain particulates, and daily pressure differentials that were out-of-specification. Investigators also observed that your firm does not perform adequate environmental monitoring of the ISO 5 areas or endotoxin testing on all your sterile drug products. In addition, the investigators observed that you failed to meet the conditions under section 503B of the FDCA necessary for drugs produced by an outsourcing facility to qualify for exemptions from certain requirements under the FDCA. FDA issued a FDA 483 to your facility on April 1, 2014. FDA acknowledges receipt of your facility's response, dated April 22, 2014. FDA also acknowledges your action in January 2015 to voluntarily recall two lots of Glycopyrrolate Injection, 1 mg/5 mL Syringes, which were labeled with an expiration date that was unclear.

¹ See Pub. L. No. 113-54, § 102(a), 127 Stat. 587, 587-588 (2013).

Page 2 – Mr. Graves, Chief Executive Officer
SCA Pharmaceuticals, LLC
June 25, 2015

Based on this inspection, it appears your facility is producing drugs that violate the FDCA.

A. Compounded Drugs under the FDCA

The Drug Quality and Security Act (DQSA) was enacted on November 27, 2013. Title I of the DQSA, the Compounding Quality Act (CQA), added a new section 503B to the FDCA. Under section 503B(b), a compounder can register as an outsourcing facility with FDA. Drug products compounded by or under the direct supervision of a licensed pharmacist in an outsourcing facility can qualify for exemptions from the drug approval requirements in section 505 of the FDCA [21 U.S.C. § 355(a)], the requirement in section 502(f)(1) of the FDCA [21 U.S.C. § 352(f)(1)] that labeling bear adequate directions for use, and the Drug Supply Chain Security Act requirements in section 582 of the FDCA [21 U.S.C. § 360eee-1] if the conditions in section 503B of the FDCA are met.

An outsourcing facility, which is defined in section 503B(d)(4) of the FDCA [21 U.S.C. § 353b(d)(4)], is a facility at one geographic location or address that — (i) is engaged in the compounding of sterile drugs; (ii) has elected to register as an outsourcing facility; and (iii) complies with all of the requirements of this section. Outsourcing facilities must comply with other provisions of the FDCA, including section 501(a)(2)(B) [21 U.S.C. § 351(a)(2)(B)], regarding current good manufacturing practice (CGMP), and section 501(a)(2)(A) [21 U.S.C. § 351(a)(2)(A)], regarding insanitary conditions. Generally, CGMP requirements for the preparation of drug products are established in Title 21 of the Code of Federal Regulations (CFR) parts 210 and 211.

B. Violations of the FDCA

FDA investigators observed significant CGMP violations at your facility, causing your drug products to be adulterated within the meaning of section 501(a)(2)(B) of the FDCA.

In addition, the FDA investigators observed that your facility failed to meet the conditions of section 503B. For example, during the inspection, the FDA investigators noted:

1. Some of your facility's drug products do not include the following statements on the label: "This is a compounded drug," "Not for resale," and the following information on the container to facilitate adverse event reporting: www.fda.gov/medwatch and 1-800-FDA-1088 (section 503B(a)(10) of the FDCA [21 U.S.C. §353b(a)(10)]).
2. Your facility failed to submit a report to FDA in December 2013 and in June 2014 identifying the drug products that you compounded during the previous 6-month period (section 503B(b)(2) of the FDCA [21 U.S.C. §353b(b)(2)]).

Page 3 – Mr. Graves, Chief Executive Officer
SCA Pharmaceuticals, LLC
June 25, 2015

Because your compounded drug products have not met all of the conditions in section 503B, they are not eligible for the exemptions under section 503B from the FDA approval requirements in section 505, the requirement under section 502(f)(1) that labeling bear adequate directions for use, and the Drug Supply Chain Security Act requirements described in section 582 of the FDCA.² In addition, the mislabeled drug products that you distributed and subsequently recalled are also misbranded under section 502(a) of the FDCA [21 U.S.C. § 352(a)].

Specific violations are described below.

Adulterated Drug Products

FDA investigators noted CGMP violations at your facility, causing your drug products to be adulterated within the meaning of section 501(a)(2)(B) of the FDCA. The violations include, for example:

1. Your firm failed to thoroughly investigate any unexplained discrepancy or failure of a batch or any of its components to meet its specifications, whether or not the batch has already been distributed (21 CFR 211.192).
2. Your firm failed to establish an adequate system for monitoring environmental conditions in aseptic processing areas (21 CFR 211.42(c)(10)(iv)).
3. Your firm does not have, for each batch of drug product purporting to be sterile and/or pyrogen-free, appropriate laboratory determination of satisfactory conformance to final specifications for the drug product (21 CFR 211.167(a)).

Outsourcing facilities must comply with CGMP requirements under section 501(a)(2)(B) of the FDCA. FDA's regulations regarding CGMP requirements for the preparation of drug products have been established in 21 CFR parts 210 and 211. FDA intends to promulgate more specific CGMP regulations for outsourcing facilities. FDA has issued a draft guidance, *Current Good Manufacturing Practice — Interim Guidance for Human Drug Compounding Outsourcing Facilities under Section 503B of the FD&C Act*. This draft guidance, when finalized, will describe FDA's expectations regarding outsourcing facilities and the CGMP requirements in 21 CFR parts 210 and 211 until more specific CGMP regulations for outsourcing facilities are promulgated.

It is a prohibited act under section 301(k) of the FDCA [21 U.S.C. § 331(k)] to do any act with respect to a drug, if such act is done while the drug is held for sale after shipment in interstate commerce and results in the drug being adulterated.

² See, e.g., section 503B(a)(11) of the FDCA [21 U.S.C. § 353b(a)(11)].

Page 4 – Mr. Graves, Chief Executive Officer
SCA Pharmaceuticals, LLC
June 25, 2015

Misbranded Drug Products

You compound drug products that are intended for conditions that are not amenable to self-diagnosis and treatment by individuals who are not medical practitioners; therefore adequate directions for use cannot be written so that a layman can use these products safely for their intended uses. Consequently, their labeling fails to bear adequate directions for their intended uses, causing them to be misbranded under section 502(f)(1) of the FDCA, and they are not exempt from the requirements of section 502(f)(1) of the FDCA (*see, e.g., 21 CFR 201.115*).

In addition, in January 2015, you voluntarily recalled two lots of Glycopyrrolate Injection, 1 mg/5 mL Syringes, which were labeled with an unclear expiration date. A printing error caused an overlap in the "y" and "3," making the actual "Use By 3/2015" date on the drug product labels appear to read "Use By 8/2015." Under section 502(a) of the FDCA, a drug product is misbranded if its labeling is false or misleading in any particular. Because the labeling of these drug products was false, they are misbranded under section 502(a) of the FDCA.

It is a prohibited act under section 301(k) of the FDCA to do any act with respect to a drug, if such act is done while the drug is held for sale after shipment in interstate commerce and results in the drug being misbranded.

Failure to Report Drugs

As noted above, your facility failed to submit a report to FDA upon initial registration as an outsourcing facility in December 2013 and again in June 2014, identifying the drug products that you compounded during the previous 6-month period (section 503B(b)(2) of the FDCA [21 U.S.C. § 353b(b)(2)]). The failure to report drugs by an entity that is registered with FDA in accordance with section 503B(b) is a prohibited act under section 301(ccc)(3) of the FDCA [21 U.S.C. § 331(ccc)(3)].

C. Corrective Actions

In your April 22, 2014, response to the Form FDA 483 you described certain corrective actions you took in response to the Form FDA 483 observations. Although several of your proposed corrective actions appear adequate, others are deficient. For example, your written response stated that you have "invested in new equipment in order to perform the traditional 14 day sterility testing." However, your plan is to use this equipment only to "facilitate the root causes of sterility failures that would lead to adequate corrective/preventive actions, follow-up (verification) and conclusions throughout the entire facility" and not as your primary test method for sterility testing. Your firm has not shown that the sterility test method routinely used for release is adequate for its intended use. In addition, you stated that you plan to perform air monitoring and work surface sampling on a daily basis. It is not clear if your firm intends

Page 5 – Mr. Graves, Chief Executive Officer
SCA Pharmaceuticals, LLC
June 25, 2015

to perform air monitoring during dynamic conditions and work surface sampling immediately following production.

FDA strongly recommends that your management immediately undertake a comprehensive assessment of your operations, including facility design, procedures, personnel, processes, materials, and systems. In particular, this review should assess your aseptic processing operations. A third party consultant with relevant sterile drug manufacturing expertise could be useful in conducting this comprehensive evaluation. You should fully implement necessary corrections in order to ensure that the drug products produced by your firm conform to the basic quality standards that ensure safety, identity, strength, quality, and purity.

D. Conclusion

The violations cited in this letter are not intended to be an all-inclusive statement of violations at your facility. You are responsible for investigating and determining the causes of the violations identified above and for preventing their recurrence or the occurrence of other violations. It is your responsibility to ensure that your firm complies with all requirements of federal law, including FDA regulations.

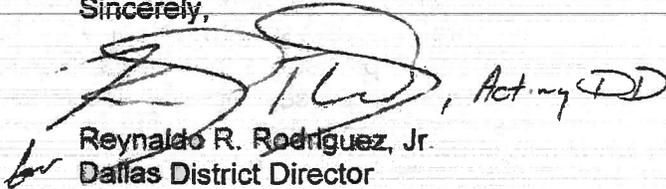
You should take prompt action to correct the violations cited in this letter. Failure to promptly correct these violations may result in legal action without further notice, including, without limitation, seizure and injunction. FDA intends to re-inspect your facility to verify corrective actions have been completed.

Within fifteen working days of receipt of this letter, please notify this office in writing of the specific steps you have taken to correct violations. Please include an explanation of each step being taken to prevent the recurrence of violations, as well as copies of related documentation. If you do not believe that the products discussed above are in violation of the FDCA, include your reasoning and any supporting information for our consideration. If the corrective actions cannot be completed within fifteen working days, state the reason for the delay and the time frame within which the corrections will be completed. Your written notification should refer to the Warning Letter Number above (2015-DAL-WL-19). Please address your reply to Rose Ashley, Compliance Officer, at the address above.

Page 6 – Mr. Graves, Chief Executive Officer
SCA Pharmaceuticals, LLC
June 25, 2015

If you have questions regarding the contents of this letter, please contact Rose Ashley
at (210) 308-1407.

Sincerely,



Reynaldo R. Rodriguez, Jr.
Dallas District Director

cc:

John Clay Kirtley, Pharm.D
Executive Director
Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201

Nathaniel Smith, MD, MPH
Director, State Health Officer
State of Arkansas Department of Health
4815 West Markham Street
Little Rock, Arkansas 72205

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Pharmacy Board

From: Madeline Tabares <mtabares@schrachts2.com>
Sent: Thursday, July 19, 2018 10:34 AM
To: Pharmacy Board; Shirley Hunting; Paul Edwards
Cc: Arlene Marshall
Subject: RE: PH03713

Hello.

I am just following up regarding the email I sent last week. We were told we would have to stand before the board at a meeting to get the compounding approval.

Are there specific dates you have set up for this? What would be the next date available?

Thank you,

Madeline Tabares
 Schraft's 2.0 Pharmacy
www.schrachts2.com
 973-829-4227

From: Madeline Tabares
Sent: Wednesday, July 11, 2018 4:24 PM
To: 'pharmacy@pharmacy.nv.gov' <pharmacy@pharmacy.nv.gov>
Subject: PH03713

Good Afternoon

We are currently licensed in your state. I sent a letter requesting approval to send patient specific compounds back in May of 2017. We were told we would get a letter stating when we would need to attend a Board Meeting. I have not received a letter advising me of such date and I am afraid I may have missed it somehow.

Are you able to look into this for me and provide me a date we can meet with your board for this approval?

If you need any other information, please feel free to call or email me.

Thank you,

Madeline Tabares

BOP Licensing Specialist
 Toll Free: 855-724-7238
 Direct: 973-829-4227
 Fax: 844-876-4545

 Schraft's^{2.0}

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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA WHOLESALER LICENSE

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

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

New Wholesaler Ownership Change Name Change Location Change
 (Please provide current license number if making changes: WH_____)

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

GENERAL INFORMATION

Facility Name: Forte Bio-Pharma, LLC

Physical Address: 2835 S. Jones Blvd

Mailing Address: 2835 S. Jones Blvd

City: Las Vegas State: NV Zip Code: 89146

Telephone: (702) 951-2243 Fax: (702) 951-2262

Toll Free Number: N/A

E-mail: info@fortebioharma.com Website: pending

Facility Manager: James Fares

Professional qualifications and experience of facility manager: _____
 Expertise in leading bio-pharmaceutical & specialty pharmaceutical companies for the past 20 years. Please 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 NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

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)	Woodfield Distribution, LLC	951 Clint Moore Road, Suite A, Boca Raton, FL 33487
	Name 3PL	Address
	Business	
2)		
	Name	Address
	Business	
3)		
	Name	Address
	Business	
4)		
	Name	Address
	Business	

Within the last five (5) years:

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

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

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

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

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

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

James Fares
Print Name of Authorized Person

7/28/18
Date

Board Use Only	Received: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR NEVADA WHOLESALER LICENSE**OWNERSHIP IS A PARTNERSHIP.**

List names of 4 largest partners and percentage of ownership:

Name: <u>James Fares</u>	%: <u>40.83%</u>
Name: <u>James Harris</u>	%: <u>40.83%</u>
Name: <u>Mehdi Ansarinia</u>	%: <u>15.0%</u>
Name: <u>Mike Coffee</u>	%: <u>2.22%</u>

Partnership Name: Forte Bio-Pharma, LLCMailing Address: 2835 S. Jones BlvdCity: Las Vegas State: NV Zip: 89146Telephone: 702-951-2243 Fax: 702-951-2262Contact Person: James Fares**Include with the application for a partnership**

Complete personal history record for each stockholder. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamp.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee.

*If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Provide a copy of your VAWD certification.

*If you are a manufacturer and FDA approved, fingerprints, list of employees and bond are not required. Include a copy of the FDA registration.

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. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*. Each officer and director of the corporation must submit fingerprints. Please send an email request to pharmacy@pharmacy.nv.gov for fingerprint cards. If needed. We accept standard fingerprint cards.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/23/18

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 "Virtual" Manufacturer
 Nature of License
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name		James		Lawrence	
First Name				Middle Name	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>N/A</u>					
Present Residence Address-Street or RFD		City		State/Zip	
<u>Woodwell Street Unit D,</u>		<u>Las Vegas,</u>		<u>NV 89147</u>	
Present Business Address		City		State/Zip	
<u>2835 S. Jones Blvd,</u>		<u>Las Vegas,</u>		<u>NV 89146</u>	
Occupation		Dates		Phone:	
<u>CEO</u>		<u>March 2018 - present</u>		Residence _____	
Date of Birth		Place of Birth (City, County, State)		Business	
<u>55</u>		<u>Fullerton, Orange County, CA</u>		<u>(702) 980-8963</u>	
Age		Social Security Number		Sex	
<u>55</u>		<u>White</u>		<u>Male</u>	
Color of Eyes		Color of Hair		Complexion	
<u>Brown</u>		<u>White</u>		<u>Average</u>	
				Weight	
				<u>200</u>	
				Build	
				<u>6'1</u>	

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

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial JLF 

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
Enid Alicea	5/22/14	6/9/2011	Divorce	Las Vegas, Clark, NV
Kerstin Robbins	12/18/09	8/29/1987	Divorce	Orange, Orange, CA

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

Name	Street	City	State	Zip	Telephone
Enid Alicea	Dolphin Ct	Henderson	NV	89074	
Kerstin Robbins	Brown St	Napa	CA	94559	

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
Nicholas Fares 89147		Lansdale, PA	Woodwell St. Unit D, Las Vegas, NV

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JLF 

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 Thomas Fares		Rogers Place, Burbank, CA	Sales
Mother Martha Cartmell		Elmbrook Dr., La Mirada, CA 90638	Editor
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Laura Fares		Kudu Pl, Ventura, CA 93003	Disabled
Spouse James Horan		Kudu Pl, Ventura, CA 93003	Retired
Julie Fares		Shadow Oaks, Irvine, CA	Teacher
Spouse Michael Phillips		Shadow Oaks, Irvine, CA	Civil Government
Sean Fares		Sandalwood Ave, Fullerton 92835	Police Officer
Spouse Denise Graubart		Sandalwood Ave, Fullerton, Ca 92835	Secretarial
Thomas Fares	1	Shadow Oaks, Irvine, CA	Disabled
Spouse Sarah Fares		LaHabra, CA	Sales

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School St. Phillip	Fullerton, CA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Servite	Anaheim, CA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University San Jose State University	San Jose, CA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any..... Bachelors in Business Administrative Finance
 College or university where obtained..... San Jose State University

Applicant's initial..... JLF 
 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 Orange State CA Date registered 1980

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 JLF

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
James Fares	12/2015	14-16008-abl	Las Vegas, Clark, Nevada	3/22/2016
James Fares/Nautilus Neurosciences	9/2013		Delaware	Case Dismissed 10/15

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
6/2016 - present	1 Woodwell St #D	Las Vegas	Nevada, Clark
1/2014-5/2016	6650 W. Warm Springs Rd	Las Vegas	Nevada, Clark
9/2013-12/2013	725 S. Hualapai	Las Vegas	Nevada, Clark
10/2012-9/2013	9404 Fountainblue	Las Vegas	Nevada, Clark
7/2012-9/2012	3726 Las Vegas Blvd South	Las Vegas	Nevada, Clark
9/2010-6/2012	3730 Las Vegas Blvd South	Las Vegas	Nevada, Clark
12/2009-8/2010	2727 Paradise Rd	Las Vegas	Nevada, Clark
7/2001-11/2009	16 Spanish Bay Drive.	Newport Beach	Orange, CA
6/1996-7/2001	12 Glorietta Ln	Orinda	Contra Costa, CA
3/1992-5/1996	22321 Windham Drive	Dana Point	Orange, CA

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.

3/2018-PRESENT	FORTE BIO-PHARMA 2835 S. Jones Blvd, Las Vegas, Nevada 89146	CURRENT
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	EXECUTIVE MANAGEMENT	N/A
Title	Description of Duties	Name of Supervisor
1/2010-4/2011	NAUTILUS NEUROSCIENCES BEDMINISTER, NEW JERSEY	opportunity close to home
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Chairman & CEO	Executive Management	Board of Directors
Title	Description of Duties	Name of Supervisor
07/2007-Present	Nuro Pharma, Las Vegas, NV	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President & CEO	Product development	N/A
Title	Description of Duties	Name of Supervisor
2/2005-5/2007	Questcor Pharmaceuticals, 3260 Whipple Rd, Union City, CA 94587	another opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President & CEO	Executive Management	Board of Directors
Title	Description of Duties	Name of Supervisor
2/2001-11/2003	Xcel Pharmaceuticals, 6363 Greenwich Dr., San Diego, CA 92122	Illness
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Senior VP Commercial Operations	Sales and Marketing	John Cook
Title	Description of Duties	Name of Supervisor
12/1991-2/2001	Athena/Elan. 800 Gateway blvd, south San Francisco, CA 94080.	Merger
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
General Manager and Vice President,	Sales and Marketing	Michael Coffee
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 JLF

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 Michael Inouye Employer Consultant	Home	Hawkshead Cir, San Ramon, CA		94583		29 years
	Business	1054 Hawkshead Cir, San Ramon		94583		
Name Lee Gould Employer Gould & Pakter Associates	Home	West Erie, Apt 2303, Chicago Il		60654		18 years
	Business	Legal & CPA 205 W Wacker, Chicago Il,		60606		
Name Joseph Hendel Employer Self Employed Realtor	Home	West Thomas Rd, Lansdale, PA		19446		32 years
	Business	601 Bethlehem Pike, Montgomeryville, PA		18936		
Name Edward Kessig Employer Antares Pharma	Home	Scenic Way, Middletown, New Jersey,		07748		27 years
	Business	100 Princenton South, Ewing, NJ,		08628		
Name George Lewis Employer Disabled	Home	Arlington Ave, Upper Arlington, Ohio,		43221		28 years
	Business	N/A			N/A	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

Yes No
 If yes, state type, where and years held

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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.

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Applicant's initial JLF *JLF*
 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

My son Nicholas Fares is a Sales and Marketing Manager within Forte Bio-Pharma.

My nephew Ernest Cabrera is a sales representative for Fort Bio-Pharma



Date of photograph 7/23/18

Applicant's initial JLF

STATE OF Nevada

ss.

COUNTY OF Clark

I, James Lawrence Fares, 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.

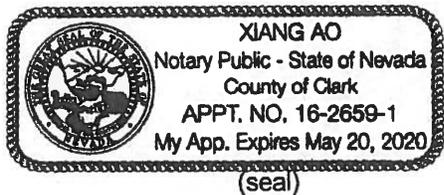
James L. Fares
Original Signature of Applicant

State of Nevada
County of Clark

Subscribed and Sworn to before me this 23 day of July, 2018

by James Lawrence Fares

[Signature]
Notary Public



Applicant's initial JLF AO
Page 9

ADDITIONAL INFORMATION

Lined area for additional information, consisting of multiple horizontal dashed lines.

Applicant's initial

JLF



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date June 28, 2018

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 "Virtual" Manufacturer
Nature of License
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<u>Harris</u>	<u>James</u>	<u>Bret</u>
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>
<u>N/A</u>		
<small>Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)</small>		
<u>Mulford Road</u>	<u>Wyncote</u>	<u>PA 19095</u>
<small>Present Residence Address-Street or RFD</small>	<small>City</small>	<small>State/Zip</small>
<u>2835 S. Jones Blvd,</u>	<u>Las Vegas,</u>	<u>NV 89146</u>
<small>Present Business Address</small>	<small>City</small>	<small>State/Zip</small>
<u>President</u>	<u>March 2018 - present</u>	
<small>Occupation</small>	<small>Dates</small>	
		<small>Phone: Residence</small>
	<u>Stockton, San Joaquin County, CA</u>	<small>Business</small> <u>(702) 951-2243</u>
<small>Date of Birth</small>	<small>Place of Birth (City, County, State)</small>	
<u>56</u>		<u>Male</u>
<small>Age</small>	<small>Social Security Number</small>	<small>Sex</small>
<u>Blue</u>	<u>Brown</u>	<u>white</u>
<small>Color of Eyes</small>	<small>Color of Hair</small>	<small>Complexion</small>
	<u>190</u>	<u>Medium</u>
	<small>Weight</small>	<small>Build</small>
		<u>6'2"</u>
		<small>Height</small>

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

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial JBH Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** 9/24/1994 Stockton, San Joaquin County, California
Date City, County and State
 Spouse's full name (Maiden) Jill Steinberg S.S. No.
 Date of Birth ' Place of Birth Philadelphia, PA
 Resident address Mulford Road, Wyncote PA 19095
Street City State Zip
 Telephone: Residence Business 215-652-0469
 Spouse's employer Merck Inc. Occupation Associate Director Finance
 Address of employer 770 Sumneytown Pike, West Point PA 19486
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NA				

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

Name	Street	City	State	Zip	Telephone
NA					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Bret Harris,		Bucks County PA	Mulford Road, Wyncote PA 19095
Nicole Harris,		Little Rock AR	Mulford Road, Wyncote PA 19095

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 JBH

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

James Boyd Harris (Deceased) 2 Meadow Ave, Stockton CA 95207, Pharmaceutical Sales Representative

Mother

Nancy Ann Nelson (Deceased) Meadow Ave, Stockton CA 95207, Homemaker

Father-in-Law

Marvin Steinberg (Deceased) Ballytore Road, Huntingdon Valley PA 19006, Engineer

Mother-in-Law

Hermine Frieman Ballytore Road, Huntingdon Valley PA 19006, Volunteer - Abington Hospital

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

Bonnie Harris West Elm Street, Lodi CA 95242 Landscape designer
Spouse Tom Scott 9 West Elm Street, Lodi CA 95242 Sales Manager

Linda Harris 5 Meadow View Dr. Woodbridge CA 95258 Teacher
Spouse

Les Lundgren 3 Meadow View Dr. Woodbridge CA 95258 Contractor

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>John R. Williams</u>	<u>Stockton CA</u>	<u>1965-1972</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Lincoln Sr Elementary & High School</u>	<u>Stockton CA</u>	<u>1972-1979</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>San Joaquin Delta Junior College</u>	<u>Stockton CA</u>	<u>1979-1981</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>California State University, Sacramento, CA</u>		<u>1981-1985</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any... AA, BS, MBA

College or university where obtained... Delta College (AA); and California State University, Sacramento (BS & MBA)

Applicant's initial JBH 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...San Joaquin.....State...CA.....Date registered...October 1979.....

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 J.B.H. 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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1/1992 to 3/1995	712 Woodridge Court	Brentwood TN	37027
4/1995 to Present	Mulford Road	Wyncote PA	19095

Applicant's initial JBH 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
<u>3/2018</u>	<u>Forte Bio-Pharma 2835 South Jones Boulevard, Las Vegas NV 89146</u>	<u>NA</u>
Title	Description of Duties	Name of Supervisor
<u>President and Co-Chairman</u>	<u>Marketing/Sales/Manufacturing</u>	<u>NA</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<u>12/2014</u>	<u>PolyCore Therapeutics 3180 Chestnut Street #104 Philadelphia PA 19104</u>	<u>NA</u>
Title	Description of Duties	Name of Supervisor
<u>CEO</u>	<u>Business Development/Operations</u>	<u>NA</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<u>3/2013</u>	<u>LignaMed LLC 3711 Market Street #866 Philadelphia PA 19104</u>	<u>NA</u>
Title	Description of Duties	Name of Supervisor
<u>CEO</u>	<u>Business Development/Operations</u>	<u>NA</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<u>2/2012</u>	<u>J2 Bio-Pharma LLC 648 Mulford Road Wyncote PA 19095</u>	<u>NA</u>
Title	Description of Duties	Name of Supervisor
<u>Co-Founder</u>	<u>Operations</u>	<u>NA</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<u>3/2011</u>	<u>Harris Consulting 648 Mulford Road Wyncote PA 19095</u>	<u>NA</u>
Title	Description of Duties	Name of Supervisor
<u>President</u>	<u>Business Consulting</u>	<u>NA</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<u>10/1985-2/2011</u>	<u>Merck Inc 770 Sumneytowne Pike, West Point PA 19486</u>	<u>Retired</u>
Title	Description of Duties	Name of Supervisor
<u>Executive Director, Diversified Brands Franchise</u>	<u>US Commerical Operations</u>	<u>Mark Princeton</u>
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

JBA

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>Justin Watkins</u>	<u>Home</u>					<u>5 years</u>
Employer <u>Drinker Biddle Law</u>	<u>Business</u>	<u>One Logan Square, Ste 2000 Philadelphia PA 19103</u>				
Name <u>Mark Feller</u>	<u>Home</u>	<u>Mulford Road</u>	<u>Wyncote PA</u>	<u>19095</u>	<u>215-801-4781</u>	<u>23 years</u>
Employer <u>Dilworth Law Firm</u>	<u>Business</u>	<u>1500 Market Street, Suite 3500E Philadelphia PA 19102</u>				
Name <u>Charlie McGuth</u>	<u>Home</u>	<u>Mulford Road</u>	<u>Wyncote PA</u>	<u>19095</u>	<u>215-630-2986</u>	<u>15 years</u>
Employer <u>EMC</u>	<u>Business</u>	<u>1420 E. Mermaid Lane Glenside PA 19038</u>				
Name <u>Donald Goldberg</u>	<u>Home</u>	<u>Marlborough Road</u>	<u>Brooklyn NY</u>	<u>11226</u>	<u>917-453-4039</u>	<u>25 years</u>
Employer <u>Goldberg Law</u>	<u>Business</u>	<u>26 Court Street, Brooklyn NY 11226</u>				
Name <u>Elliott Greenfield</u>	<u>Home</u>	<u>Timbergate Drive</u>	<u>Rydal PA</u>	<u>19046</u>		<u>10 years</u>
Employer <u>NA-Retired</u>	<u>Business</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.

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Applicant's initial JBH 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

Lester Lundgren (Nephew), Sales Rep for Boehringer Ingelheim Pharmaceuticals, 2805 E. Center Street Acampo, CA 95220



Date of photograph June 2018

Applicant's initial JLN

STATE OF Pennsylvania

ss.

COUNTY OF Montgomery

I, James Bret Harris, 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.

James B Harris
Original Signature of Applicant

Subscribed and Sworn to before me this 28th day of

June, 2018
Marie E Thornton
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Marie E. Thornton, Notary Public
Montgomery County
My commission expires January 3, 2022
Commission number 1166713
Member, Pennsylvania Association of Notaries

STATE OF PENNSYLVANIA
County of Montgomery

(seal)

Applicant's initial JBH

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07/26/2018

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 " Virtual Manufacturer"
 Nature of License
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Ansarinia		Mehdi			
Last Name		First Name		Middle Name	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
<u>Diamond Falls Dr</u>		<u>Las Vegas</u>		<u>NV/ 89117</u>	
Present Residence Address-Street or RFD		City		State/Zip	
<u>2835 S. Jones Blvd</u>		<u>Las Vegas,</u>		<u>NV/ 89146</u>	
Present Business Address		City		State/Zip	
<u>Chief Medical Officer</u>		Dates		Phone:	
Occupation				Residence	
				Business <u>(702) 951-2243</u>	
		<u>Tehran, Iran</u>			
Date of Birth		Place of Birth (City, County, State)			
<u>52</u>				<u>Male</u>	
Age		Social Security Number		Sex	
<u>Brown</u>		<u>185</u>		<u>Medium</u>	
Color of Eyes		Color of Hair		Complexion	
<u>Black</u>		<u>Fair</u>		<u>5'7"</u>	
Color of Hair		Complexion		Weight	
Complexion		Weight		Build	
Build		Height			

Scars, tattoos or distinguishing marks and/or characteristics.....

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

If naturalized, certificate No..... Date 08/15/1996

Place Detroit, MI (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial MA  Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** **Not applicable**

Date

City, County and State

Spouse's full name (Maiden)

S.S. No.

Date of Birth..... Place of Birth.....

Resident address

Street

City

State

Zip

Telephone: Residence Business

Spouse's employer..... Occupation.....

Address of employer.....

Street

City

State

Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Not applicable				

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

Name	Street	City	State	Zip	Telephone
Not applicable					

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
Not applicable			

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..... MA *MA*.....
Page 2

FAMILY INFORMATION-Continued

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

Name Not Applicable

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			
Abbas Ansarinia	1926	Deceased	
Mother			
Zahra Golbargi		Diamond Falls Dr Las Vegas, NV 89117	
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
Nooshin Ansarinia			
		Flora Vista Ave Cupertino, CA 95014	Shoe Designer
Spouse			
Mehran Esmali	1960	Flora Vista Ave, Cupertino, CA 95014	Shoe Manufacturing
Katy Ansarinia			
		El Serano Ct Los Altos, CA, 94024	Dentist
Spouse			
Abbas Refaee		El Serano Ct Los Altos, CA, 94024	Dentist
Spouse			
Hossein Ansarinia			
		Touchal Ave. Tajrish Tehran, Iran	Retired
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Davidson middle school	San Rafael, CA	1978-1979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School San Rafael High School	San Rafael, CA	1979-1981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University College of Marin	Kentfield, CA	09/1981 - 12/1981	Yes <input type="checkbox"/> No <input type="checkbox"/>
San Francisco State University	San Francisco, CA	01/1982 - 05/1986	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any M.D.

College or university where obtained University of Southern California

Applicant's initial MA  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 MA  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
Plaintiff	March 2016	District Court	Las Vegas, Clark County, NV	Settlement 10/2016
Case # A-16-732894-B				

- 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
2007-Present	Diamond Falls Dr	Las Vegas	NV
2001- 2007	3365 Blue Ash Lane	Las Vegas	NV
1998 - 2001	349 Condon Ct	Santa Clara	CA
1995 - 1998	357 Rolling Meadows	Ann Arbor	MI
1992 - 1995	936 B Boston Wy	Coralville	IA

Applicant's initial MA  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
October 2011	Headache Specialists / 2835 S. Jones Blvd Las Vegas, NV 89146	
Title	Description of Duties	Name of Supervisor
MD/ Director	Patient care & Clinic Director	Self (Mehdi Ansarinia)
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1998-2001	Not employed	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 1995-July 1998	Michigan Head pain & Neurological institute 3120 Professional Dr, Ann Arbor, MI 48104	Family illness
Title	Description of Duties	Name of Supervisor
Clinical neurologist	Patient care	Dr. Joel Saper
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 1994-July 1995	University of Iowa 200 Hawkins Dr Iowa City, IA, 52242	Finished training
Title	Description of Duties	Name of Supervisor
Fellow in headache	Fellowship training/ patient care	Dr. Sue Barcellos
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 1991 - July 1994	University of Iowa 200 Hawkins Dr. Iowa City, IA. 52242	Finished training/ Started fellowship
Title	Description of Duties	Name of Supervisor
Resident in Neurology	Residency training / Patient care	Dr. Damasio
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..... MA



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 Arturo Marchand	Home	Secret Harbor	Las Vegas, NV	89128		30
Employer Nevada Heart	Business	S. Burnham Ave, Ste 100	Las Vegas, NV	89119		
Name Hootan Daneshmand	Home	Via Ultimo,	San Juan Capistrano, CA	92675		30
Employer Self	Business	Portola Pkwy #101,	Foothill Ranch, CA	92601		
Name Bill Kwan	Home	Post St	San Francisco, CA	94108		32
Employer Self	Business	Post St, Ste 400	San Francisco, CA	94108		
Name Ardeshir Rohani	Home	Belmondo Ln	Las Vegas, NV	89117		10
Employer Self	Business	S Jones Blvd,	Las Vegas, NV	89103		
Name Hossein Momeni	Home	Rainbow Ridge Dr	Las Vegas, NV	89117		10
Employer Self	Business	S. Durango Dr	Las Vegas, NV	89117		10

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
Safety Deposit Box	US Bank	Las Vegas, NV	Self

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

Medical License - Nevada - Since 2001

Medical License - Michigan- 1995 - 1998

Medical License - Iowa - 1992 - 1995

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.....



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

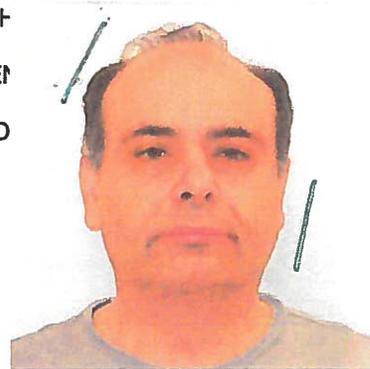
16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

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
TAKEN
30 D



Date of photograph 7/18

Applicant's initial MA

STATE OF NEVADA

ss.

COUNTY OF CLARK

I, Mehdi Ansarinia, being duly sworn, depose and say I have read the

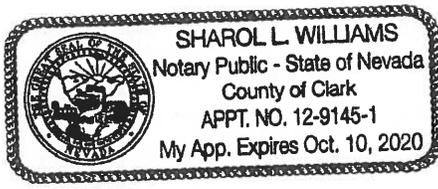
foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed 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

STATE OF NEVADA
COUNTY OF CLARK
Subscribed and Sworn to before me this 26 day of

July 2018
[Handwritten Signature]
Notary Public



(seal)

Applicant's initial MA *[Handwritten Initials]*
Page 9

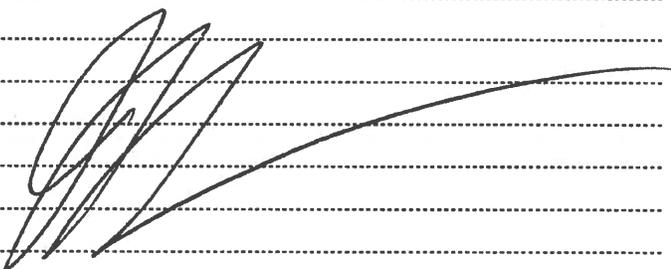
ADDITIONAL INFORMATION

Answers to questions:

6D. Appeared in front of Nevada Medical Board in March 2017 to answer questions regarding timely submission of documents.
Case dismissed

6E. Testified as treating physician & expert witness in two medico-legal case. I was not party to either side of litigation last case testified in May 2017

6I. I was the plaintiff in a law suit for a breach of contract regarding investment in a venture.

A large, stylized handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Applicant's initial MA

Handwritten initials 'MA' in black ink, written in a cursive style.

Acknowledgement

State of Nevada

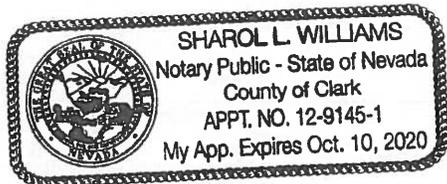
County of Clark



Acknowledged to before me this 26 day of July

by MEHDI ANSARINIA

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



Signature ShL Williams

OPTIONAL INFORMATION

CAPACITY CLAIMED BY THE SIGNER

DESCRIPTION OF THE ATTACHED

- Individual(s)
- Corporate Officer
Title: _____
- Partner(s)
- Attorney-in-fact
- Trustee(s)
- Other _____

Title of Document: CERTIFICATE OF NATURALIZATION
(UNLAWFUL TO COPY)

Number of Pages: 1

Document Date: AUG 15, 1996

Other Information: DETROIT, MICHIGAN
(MEHDI HAS IN HIS POSSESSION)

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/11/18

GENERAL INSTRUCTIONS

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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 "Virtual" Manufacturer
Nature of License
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146
Name and Address of Establishment for Which License is Requested
N/A
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

COFFEE MICHAEL DENIS
Last Name First Name Middle Name

N.A.
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Via Los Altos Tiburon CA 94920
Present Residence Address-Street or RFD City State/Zip

1900 Powell St. Eureka CA 94608
Present Business Address City State/Zip

Business Exec. 10/13 - Present
Occupation Dates

Phone:
Residence
Business 510-450-3504
N.J.

Long Branch, Monmouth
Date of Birth Place of Birth (City, County, State)

72 - - M
Age Social Security Number Sex

GREEN GRAY FAIR 170 Thin 6'0"
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial [Signature]

MARITAL INFORMATION-Continued

A. Current Marriage 10/84 - Present

Spouse's full name (Maiden) Liza Ann Triano Date 10/84 City, County Nowark, NJ S.S. No. _____

Date of Birth _____ Place of Birth Nowark, NJ

Resident address Via Los Altos Tiburon CA 94920
 Street City State Zip

Telephone: Residence _____ Business N.A.

Spouse's employer N.A. Occupation Housewife

Address of employer N.A.
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Laurette Brodt</u>	<u>9/83</u>	<u>4/68</u>	<u>Divorce</u>	<u>Woodridge Co., NJ</u>

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

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

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>Kareem Coffey Sanchez</u>		<u>Troy N.Y.</u>	<u>Robert Park, CA</u>
<u>Neil Coffey</u>		<u>" "</u>	<u>Buffalo, N.Y.</u>
<u>Amonda Coffey</u>		<u>Nowark, Ct.</u>	<u>San Francisco, CA</u>
<u>Nicholas Coffey</u>		<u>Providence, RI</u>	<u>Redwood City, CA</u>
<u>Michael T. Coffey</u>		<u>San Francisco, CA</u>	<u>Tiburon, CA</u>

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial [Signature]

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			
Albert Coffea		deceased.	
Mother			
Maria Coffea D'Illo		deceased.	
Father-in-Law			
Albert Triewer		deceased	
Mother-in-Law			
Pollyann Bumbost		Wildwood, N.J.	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
Kathleen Coffea		Muskegon, MI	N.A. - retired.
Spouse: Robert Porter		Muskegon, MI	N.A. - retired.

Spouse _____

Spouse _____

Spouse _____

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Margaret's School	Hottelville, N.Y.	1954-1960	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Christy on Brothers Academy	DeWitt, N.Y.	1960-1964	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Siena College	Coudenville, N.Y.		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, Biology

College or university where obtained Siena College

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 Oneida State NY Date registered 1965

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 [Signature] 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
/				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
/		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
6/92- 3/95	146 Madonna Ave.	Bolton	CA
3/95- 9/2000	6 Costa Los Cosos	Tiburon	CA
9/2000- Present	1 Via Los Altos	Tiburon	CA


 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
10/68-3/81	Novartis Pharma, Hovosoo, NJ.	Better opportunity
	Description of Duties	Name of Supervisor
	Sales Rep, Reg. Manager, Director of Sales	Tom Mc Garity
3/81-3/84	USV Labs, Towntown, NY.	Better opportunity
	Description of Duties	Name of Supervisor
	VP Sales - Sales Organization	James T. O'Brien
3/84-9/86	Baxter Pharma, W. Haven, Ct.	Better opportunity
	Description of Duties	Name of Supervisor
	U.P. Sales & Marketing	Horst Wollroben
9/86-3/91	O'Brien Pharmaceuticals, ^{Passapatanz} NY	Better opportunity
	Description of Duties	Name of Supervisor
	U.P. Sales & Marketing	James T. O'Brien
4/91-6/2000	^{Sr. Sales} Eli Lilly & Co, ^{CA} Francisco	Better opportunity
	Description of Duties	Name of Supervisor
	VP President North America	John Green
6/2000-3/2004	^{Will Galloway} Aurion Pharma CA	Better opportunity
	Description of Duties	Name of Supervisor
	President	Rick Stuart
3/2004-6/2008	^{Almond} Avigen Pharma ^{CA}	Company was sold.
	Description of Duties	Name of Supervisor
	VP Chief Business Officer	Ken Cholice
6/2008-4/2016	Novartis Inc.	Company downsizing
	Description of Duties	Name of Supervisor
	Sr. U.P. Sales & Marketing	Greg West

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 <u>Rayson Smith</u>	Home	<u>Tiburon, CA</u>	<u>94920</u>			<u>25 years</u>
Employer <u>Self-employed</u>	Business	<u>Continued</u>	<u>"</u>	<u>"</u>		
Name <u>John Guon</u>	Home	<u>Ocean Beach, NJ</u>	<u>"</u>	<u>"</u>		<u>25 years</u>
Employer <u>L.A.</u>	Business	<u>Retired.</u>				
Name <u>Kaw Claliva</u>	Home	<u>Park City, UT</u>				<u>3 15 years</u>
Employer <u>Amcor, Corp</u>	Business	<u>Coatic testing</u>				
Name <u>Stephen Sargy</u>	Home	<u>Tampa, FL</u>				<u>25 years</u>
Employer <u>Physician</u>	Business	<u>Neurologist.</u>				
Name <u>Avita Montoya</u>	Home	<u>Ft. Lauderdale, FL</u>				
Employer <u>Self-employed</u>	Business	<u>Industrial Relations</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
<u>4292A</u>	<u>Bank of America,</u>	<u>Tiburon, CA</u>	<u>Michael & Lita Coffey</u>

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

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

Yes No
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial 

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

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

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

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

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 7/20/18

Applicant's Initial [Signature]

STATE OF _____

ss.

COUNTY OF _____

I, Michael D. Coffey, 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.



Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

see attached California Jurat

Notary Public

(seal)

Applicant's initial



CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

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

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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

State of California
 County of Alameda

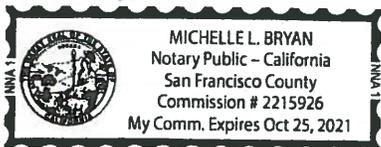
Subscribed and sworn to (or affirmed) before me
 on this 25 day of July, 2018
 by Michael Coffee
Date Month Year

(1) Michael Coffee

(and (2) N/A),
Name(s) of Signer(s)

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

Signature Michelle Bryan
Signature of Notary Public



Seal
 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: Wholesaler License - Nevada Document Date: _____

Number of Pages: 10 Signer(s) Other Than Named Above: 7/11/2018

ADDITIONAL INFORMATION

4/2011 - 8/2013	Mediatrix, Inc	Company downsizing
	Chief Business Officer	Yui Iwaki U.D.
9/2013 - Present	Adomas Pharma	- Still employed
	Senior VP Strategy & Planning	Greg Wolf

Applicant's Initial  Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7-6-2018

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 "Virtual" Manufacturer
 Nature of License
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146
 Name and Address of Establishment for Which License Is Requested
 N/A
 If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name Wittenbrock First Name Todd Middle Name Emerich
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Rancho Hills Dr. Chino Hills CA. 91709
 Present Residence Address-Street or RFD City State/Zip
S. Jones Bl. Las Vegas NV. 89146
 Present Business Address City State/Zip
National Sales Dir. 6/25/2018
 Occupation Phone: Residence _____ Business _____
West Covina, CA County, CA
 Date of Birth 53 Place of Birth (City, County, State)
 Age 53 Social Security Number _____ Sex Male
Blue Blnde White 245 6'1"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial TW

MARITAL INFORMATION-Continued

A.

Current Marriage

8-16-1997

Spouse's full name (Maiden) ^{Date} Diane L. Wittenbrock ^{City, County and State} Arcadia, CA ^{S. No.}

Date of Birth _____ Place of Birth _____

Resident address Rancho Hills Dr. Chino Hills CA. 91709
Street City State Zip

Telephone: Residence _____ Business _____

Spouse's employer Homemaker Occupation Homemaker

Address of employer N/A
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

<u>Victoria Wittenbrock</u>		<u>Arcadia, CA.</u>	<u>Rancho Hills Dr.</u>
<u>Breanne Wittenbrock</u>		<u>Arcadia, CA.</u>	<u>Chino Hills, CA. 91709</u>
<u>Addison Wittenbrock</u>		<u>Arcadia, CA.</u>	<u>- same -</u>

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial DW

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 Charles Wittenbrock (deceased)		Mesa View St, Upland, CA 91786	
--	--	--------------------------------	--

Mother Judith Wittenbrock		Mesa View St. Upland, CA. 91786	
------------------------------	--	---------------------------------	--

Father-in-Law George Yaciu (deceased)		Blacklay Dr. Temple City, CA. (retired)	
--	--	---	--

Mother-in-Law Lorraine Yaciu		Paseo Grande Chino Hills, CA. 91709	
---------------------------------	--	-------------------------------------	--

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

Troy Wittenbrock Spouse Tracy Wittenbrock		Vineyard Ave. Rancho Cucamonga, CA. 91701 - same - - homemaker	Field Services Mgr.
---	--	--	---------------------

Spouse _____

Spouse _____

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School	Diamond Point Elementary	Diamond Bar	1969-1975 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Damien Hunt School	La Verne, CA.	1979-1982 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Mt. San Antonio Jr College	Watert, CA.	1982-1984 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	Chapman College	Orange, CA.	1984-1987 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Science Business Administration

College or university where obtained Chapman College

Applicant's initial AW

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 *aw* 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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
8-97-present	Rancho Hills Dr.	Chino Hills,	CA.
4-93-8-97	858 Mesa View St.	Upland,	CA.

Applicant's initial lee

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
Title	Description of Duties	Name of Supervisor
06/2018	Forté Bio Pharma 2835 S. Jones Blvd., LAS Vegas, NV 89146	
National Sales Director - Sales		Jim Fares
07/16 - 02/18	Sunovion Pharmaceuticals 84 Waterford Dr. Marlborough MA 01752	opportunity
District Sales Manager Sales		Craig Barrette
8/2013 - 07/16	Depomed Inc. 1999 Gateway Bl Ste 500 Newark, Ca. 94560	opportunity
Regional Manager Sales		Don Hansen
06/2011 - 8/2013	Archimedes Pharmaceuticals	opportunity
Region Manager Sales		
04/2004 - 04/2011	Eisai Pharmaceuticals	opportunity
Sr. Dist. Mgr. Sales		Mary Myers
07/97 - 04/2004	Elan/Athena Neurosciences	
Sales Rep -> Dist. Manager		Jim Fares
02/93 - 07/97	Athena Neurosciences	opportunity
Dist. Sales Manager - Sales		Jim Fares
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

JF

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	Tom Bledsoe Home	Chino Hills	CA	91709		2 15
Employer	Retired					
Name	Jim Cook Home					5
Employer	Self employed					
Name	Ten Mendez Home	Woodlyn Rd.	CA			20
Employer	SAN GABRIEL School District					
Name	Henry Young Home					5
Employer	NFL					
Name	David Patterson Home	E. Endemont Ct.	CA	92802		9
Employer	Casa Colina Hospital					

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 *W*

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:

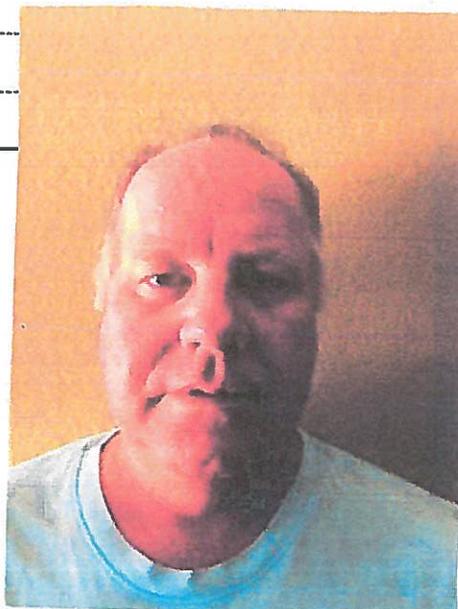
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

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 7-6-2018

Applicant's initial JS

STATE OF CALIFORNIA

ss.

COUNTY OF San Bernardino

I, Todd Wittenbrock, 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.

[Handwritten Signature]

Original Signature of Applicant

Subscribed and Sworn to before me this 6th day of

July, 2018

See correct CA wording below
Notary Public

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.

(seal)

State of California, County of San Bernardino

Subscribed and sworn to (or affirmed) before me

on this 6th day of July, 2018

by Todd Emerich Wittenbrock

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

Signature: *[Handwritten Signature]*

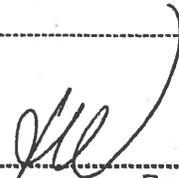


Applicant's initial fw

ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial



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

Date 7-25-2018

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 "Virtual" Manufacturer
Nature of Pharmacy or Wholesaler
Forte-BioPharma, LLC - 2835 S. Jones Blvd, Las Vegas, NV 89146
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:

Fares James Lawrence
Last Name First Name Middle Name
N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Woodwell Street Unit D, Las Vegas, NV 89147
Present Residence Address-Street or RFD City State/Zip

2835 S. Jones Blvd, Las Vegas, NV 89146
Present Business Address City State/Zip

CEO March 2018 - present
Present Position with the Pharmacy or Wholesaler Dates

Phone:
Residence
Business (702) 951-2243

Fullerton, Orange County, CA
Date of Birth Place of Birth (City, County, State)

55 Male
Age Social Security Number Sex

Hazel Black White 200 Medium 6'1
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial JLF

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
Enid Alicea	5/22/14	6/9/2011	Divorce	Las Vegas, Clark County, Nevada
Kerstin Robbins	12/18/09	8/29/1987	Divorce	Orange, Orange County, California

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

Name	Street	City	State	Zip	Telephone
Enid Alicea	Dolphin Ct	Henderson	NV	89074	
Kerstin Robbins	1 Brown St.	Napa	CA	94559	

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
Nicholas Fares		Lansdale, PA	Woodwell St. #D, Las Vegas, NV 89147

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 **JLF**

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 Thomas Fares		Rogers Place, Burbank, CA	Sales
Mother Martha Cartmell		Elmbrook Dr., La Mirada, CA 90638	Editor
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Laura Fares		Kudu PI, Ventura, CA 93003	Disabled
Spouse James Horan		Kudu PI, Ventura, CA 93003	Retired
Julie Fares		6 Shadow Oaks, Irvine, CA	Teacher
Spouse Michael Phillips		Shadow Oaks, Irvine, CA	Civil Government
Sean Fares		Sandalwood Ave, Fullerton 92835	Police Officer
Spouse Denise Graubart		Sandalwood Ave, Fullerton, Ca 92835	Secretarial
Thomas Fares		Shadow Oaks, Irvine, CA	Disabled
Spouse Sarah Fares		LaHabra, CA	Sales

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School St. Phillip	Fullerton, CA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Servite	Anaheim, CA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other San Jose State University	San Jose, CA		Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Bachelors in Business Administrative Finance

College or university where obtained..... San Jose St. University

Applicant's initial **JLF**  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 Orange State CA Date registered 1980

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 JLF  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
James Fares	12/2015	14-16008-abl	Las Vegas, Clark, Nevada	3/22/2016
James Fares/Nautilus Neurosciences	9/2013		Delaware	Case Dismissed 10/15

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
6/2016 - present	Woodwell St #D	Las Vegas	Nevada, Clark
1/2014-5/2016	6650 W. Warm Springs Rd	Las Vegas	Nevada, Clark
9/2013-12/2013	725 S. Hualapai	Las Vegas	Nevada, Clark
10/2012-9/2013	9404 Fountainblue	Las Vegas	Nevada, Clark
7/2012-9/2012	3726 Las Vegas Blvd South	Las Vegas	Nevada, Clark
9/2010-6/2012	3730 Las Vegas Blvd South	Las Vegas	Nevada, Clark
12/2009-8/2010	2727 Paradise Rd	Las Vegas	Nevada, Clark
7/2001-11/2009	16 Spanish Bay Drive.	Newport Beach	Orange, CA
6/1996-7/2001	12 Glorietta Ln	Orinda	Contra Costa, CA
3/1992-5/1996	22321 Windham Drive	Dana Point	Orange, CA

Applicant's initial **JLF**



8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

3/2018-PRESENT	FORTE BIO-PHARMA. 2835 S. Jones Blvd, Las Vegas, Nevada 89146	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
CEO	EXECUTIVE MANAGEMENT	N/A
Title	Description of Duties	Name of Supervisor
1/2010-4/2011	NAUTILUS NEUROSCIENCES BEDMINISTER, NEW JERSEY	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Chairman & CEO	Executive Management	N/A
Title	Description of Duties	Name of Supervisor
07/2007-Present	Nuro Pharma, Las Vegas, NV	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
President & CEO	Product development	N/A
Title	Description of Duties	Name of Supervisor
2/2005-5/2007	Questcor Pharmaceuticals, 3260 Whipple Rd, Union City, CA 94587	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
President & CEO	Executive Management	Board of Directors
Title	Description of Duties	Name of Supervisor
2/2001-11/2003	Xcel Pharmaceuticals, 6363 Greenwich Dr., San Diego, CA 92122	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Senior VP Commercial Operations	Sales and Marketing	John Cook
Title	Description of Duties	Name of Supervisor
12/1991-2/2001	Athena/Elan. 800 Gateway blvd. south San Francisco, CA 94080.	40+
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
General Manager and Vice President,	Sales and Marketing	Michael Coffee
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial JLF



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 Michael Inouye	Home	Hawkshead Cir, San Ramon, CA 94583			.8	29 years
Employer Consultant	Business	1 Hawkshead Cir, San Ramon 94583				
Name Lee Gould	Home	West Erie, Apt 2303, Chicago Il 60654			7	18 years
Employer Gould & Pakter Associates	Business	Legal & CPA	205 W Wacker, Chicago Il, 60606			
Name Joseph Hendel	Home	West Thomas Rd, Lansdale, PA 19446				32 years
Employer Self Employed Realtor	Business	Bethlehem Pike, Montgomeryville, PA 18936				
Name Edward Kessig	Home	Scenic Way, Middletown, New Jersey, 07748				27 years
Employer Antares Pharma	Business	100 Princeton South, Ewing, NJ, 08628				
Name George Lewis	Home	3 Arlington Ave, Upper Arlington, Ohio, 43221				28 years
Employer Disabled	Business	N/A		N/A		

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

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

Yes No

If yes, state type, where and years held

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

.....

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

.....

.....

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

Applicant's initial JLF

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

My son Nicholas Fares is a Sales and Marketing Manager within Forte Bio-Pharma.

My nephew Ernest Cabrera is a sales representative for Fort Bio-Pharma

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 7/23/18

Applicant's initial JLF JLF

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, James L. FARES

, 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,

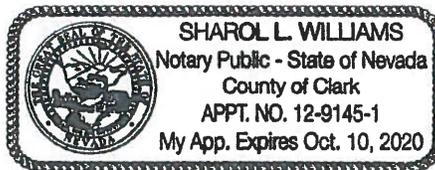
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

James L. Fares
Original Signature of Applicant

STATE OF NEVADA
COUNTY OF CLARK

Subscribed and Sworn to before me this 26 day of

July, 2018
[Signature]
Notary Public



(seal)

Applicant's initial JLF [Signature] Page 9

Description of Operations

Forte Bio-Pharma, LLC's corporate office is located in Las Vegas, NV. The hours of operation are M-F 9:00am – 5:00pm PST. Forte Bio-Pharma, LLC is a “virtual manufacturer” because it does not physically manufacture its products. Forte Bio-Pharma, LLC manufactures its products through a sub-contracting arrangement with a contract manufacturer, Mikart, Inc., and distributes its products through a subcontracting arrangement with a third-party logistics provider, Woodfield Distribution, LLC, located at 951 Clint Moore Road, Suite A, Boca Raton, FL 33487.

Woodfield Distribution, LLC is responsible for warehousing and distributing the products to wholesalers. Forte Bio-Pharma, LLC will not at any time have drug products on the premises.

Ownership

James Fares 40.83%
 James Harris 40.83%
 Mehdi Ansarinia 15.0%
 Mike Coffee 2.22%
 Todd Wittenbrock 1.11%

Contract Manufacturer

Mikart, Inc.
 1750 Chattahoochee Avenue, N.W. Atlanta, GA 30318

3PL

Woodfield Distribution, LLC
 951 Clint Moore Road, Suite A, Boca Raton, FL 33487

Product List

Nalocet Oral Tablet 2.5-300 MG Controlled Substance (II) NDC# 72245-0193-03 30 tablets/bottle

Nalocet Oral Tablet 2.5-300 MG Controlled Substance (II) NDC# 72245-0193-10 100 tablets/bottle

Woodfield Employees who handle our product(s)

Dina Kennedy

Nelson Hurtado

Caesar Valles

Oliver Razz- Manager

14A

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (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: Sisu Healthcare Solutions, Inc.

Physical Address: 871 Grier Drive, Ste. B-2

City: Las Vegas State: Nevada Zip Code: 89119

Telephone: (602) 821-7771 Fax: Pending

Toll Free Number: Pending E-mail: mulm@sisuhealthcaresolutions.com

Website: Pending

Managing Pharmacist: Thomas Dodge License Number: 16129

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds N/A)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: N/A

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: N/A

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

Marcus Uzun

Print Name of Authorized Person

7/6/18
Date

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Arizona

Parent Company if any: N/A

Mailing Address: 4980 S. Alma School #2-212

City: Chandler State: AZ Zip: 85248

Telephone: Pending Fax: Pending

Contact Person: Marcus Ulm

For any corporation non publicly traded, disclose the following:

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

a) Thomas D. Martin 4980 S. Alma School #2-212
Name Business Address

b) David Scheven 4980 S. Alma School #2-212
Name Business Address

c) Marcus Ulm 4980 S. Alma School #2-212
Name Business Address

d) Keith H. Zobrist 4980 S. Alma School #2-212
Name Business Address

2) Provide the number of shares issued by the corporation. 100,000

3) What was the price paid per share? .001 per share

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

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

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

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

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Marcus Ulm

Responsible Person of Sisu Healthcare Solutions, 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

Marcus Ulm

Print Name of Authorized Person

7/6/18

Date

Managing Pharmacist

Pharmacist Name: Thomas A. Dodge

License #: 16129

Pharmacy Name: Sisu Healthcare Solutions, Inc.

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
* Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 1. been charged, arrested or convicted of a felony or misdemeanor in any 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 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: <u>MI</u> County: _____	Date: <u>On File</u> On File _____ Court: _____ Case #: <u>On File</u> On File _____

* Information on file with NVBOP from 3 previous PIC positions

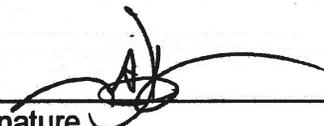
* Also included in Designated Representative Application

**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



07/24/2018

Date

Arizona Corporation Commission Corporations Division

Website Entity Detail. <http://ecorp.azcc.gov/>

Entity Details

Entity Name:	SISU HEALTHCARE SOLUTIONS, INC.	Entity ID: 1862123
Entity Type:	Domestic For-Profit (Business) Corporation	Entity Status: Active
Formation Date:	6/1/2018	Reason for Status: <u>In Good Standing</u>
Approval Date:	7/3/2018	Status Date:
Original Incorporation Date:	6/1/2018	Life Period: Perpetual
Business Type:	Health Care and Social Assistance	Last Annual Report Filed:
Domicile State:	Arizona	Annual Report Due Date: 6/1/2019
Years Due:		

Statutory Agent Information

Name:	Marcus Ulm	Appointed Status: Active 6/1/2018
Address:	4979 S. Alma School Road # 2-212, CHANDLER, AZ 85248, USA	Agent Last Updated: 7/3/2018
E-mail:	marcus.ulm@me.com	Mailing Address:
County:		

Principal Information

Title	Name	Address	Date of Taking Office	Last Updated
Director	Marcus Ulm	4979 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		7/3/2018
Director	David Scheven	4979 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		7/3/2018
Director	Thomas D. Martin	4979 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		7/3/2018
Director	Keith H. Zobrist	4979 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		7/3/2018

Arizona Corporation Commission Corporations Division

Website Entity Detail. <http://ecorp.azcc.gov/>

Entity Known Place of Business

Address:	4979 S. Alma School Road # 2- 212, CHANDLER, AZ, 85248, USA	County:	Maricopa	Last Updated:	7/3/2018
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Entity Principal Office Address

Address:	County:	Last Updated:
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**ARTICLE VI
Board of Directors**

The initial Board of Directors shall consist of four directors. The number of persons to serve thereafter on the Board of Directors shall be fixed by the Bylaws. The names and addresses of the persons to serve as the directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Marcus Ulm
4979 S. Alma School Road # 2-212
Chandler, Arizona 85248

David Scheven
4979 S. Alma School Road # 2-212
Chandler, Arizona 85248

Thomas D. Martin
4979 S. Alma School Road # 2-212
Chandler, Arizona 85248

Keith H. Zobrist
4979 S. Alma School Road # 2-212
Chandler, Arizona 85248

**ARTICLE VII
Incorporator**

The name and address of the incorporator of the Corporation are:

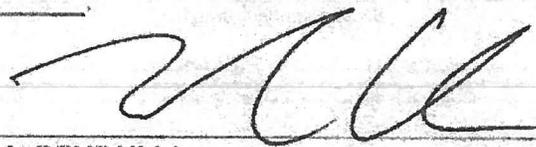
Marcus Ulm
4979 S. Alma School Road # 2-212
Chandler, Arizona 85248

**ARTICLE VIII
Statutory Agent**

The name and address of the initial statutory agent of the Corporation are:

Marcus Ulm
4979 S. Alma School Road # 2-212
Chandler, Arizona 85248

Dated: 6.1.18



MARCUS ULM

Incorporator/Statutory Agent

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

Date 07/18/2018

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 Pharmacy License
 Nature of Pharmacy or Wholesaler
Sisu Healthcare Solutions, Inc. 871 Grier Dr. Ste. B-2 Las Vegas, NV 89119
 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:

Dodge Thomas Allen
 Last Name First Name Middle Name
N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Calcione Drive Henderson NV / 89011
 Present Residence Address-Street or RFD City State/Zip
N/A 04/2015 N/A N/A
 Dates

N/A N/A N/A N/A
 Present Business Address City State/Zip
 Dates

Present Position with the Pharmacy or Wholesaler
 Phone:
 Residence
 Business N/A

Jackson, Jackson, Michigan
 Date of Birth Place of Birth (City, County, State)

50 Male
 Age Social Security Number Sex

Blue Brown Fair/white 190 lbs Medium 5'11"
 Color of Eyes Color of Hair Complexion Weight Build Height

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

Are you a citizen of the United States? Yes No If alien, registration No. 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 sk
 Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** 02/11/2017 Henderson, Clark, Nevada
Date City, County and State
 Spouse's full name (Maiden) Jody Ann Bell S.S. No. _____
 Date of Birth _____ Place of Birth New Haven, CT
 Resident address Calcione Drive Henderson NV 89011
Street City State Zip
 Telephone: Residence _____ Business 702-778-8880
 Spouse's employer Total Infusion Care Occupation Administratrix / Director of Clinical
 Address of employer 3041 W. Horizon Ridge Pkwy Henderson NV 89011
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	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

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

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JA Page 2

FAMILY INFORMATION-Continued

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

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

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
David Allen Dodge		| State Rd, Hillsdale, MI 49242	Retired Pharmacist
Mother			
Melinda Ellen Dodge		Deceased	Admin Asst
Father-in-Law			
Richard Bell		College St. Clinton, CT 06413	Retired
Mother-in-Law			
Carol Bell		College St. Clinton, CT 06413	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
Spouse			
Karen Lynn Dodge		Morrison Lake Gardens Saranac, MI 48881	Bus Ops Specialist
Donald Rex Rogers		Morrison Lake Gardens Saranac, MI 48881	Systems Engineer
N/A	N/A	N/A	N/A
Spouse			
N/A	N/A	N/A	N/A
Spouse			
N/A	N/A	N/A	N/A
Spouse			
N/A	N/A	N/A	N/A
Spouse			
N/A	N/A	N/A	N/A

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Bean Elementary	Spring Arbor, MI	1973-1978	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Western J-high, High School	Parma, MI	1978-1986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Jackson Community College	Jackson, MI	1986-1989	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	University of Michigan College of Pharmacy	Ann Arbor, MI	1989-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Doctor of Pharmacy

College or university where obtained University of Michigan Colleg of Pharmacy

Applicant's initial JA

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? N/A 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
05/26/1997	29	OUIL	Jackson, MI	9/19/1997	Jackson County Sheriff
09/16/2000	32	OWI	Ann Arbor, MI	01/31/2001	Washtenaw County Sheriff
06/05/2008	40	OWI	Howell Township, MI	07/14/2008	Michigan State Police

- 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	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Applicant's initial H
 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	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

- 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	N/A	N/A
N/A	N/A	N/A
N/A	N/A	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
1993-1994	11201 Shadybrook Dr.	Tampa	FL
1994-1995	11901 4th Street N. #211	St. Petersburg	FL
1995-1996	320 Terrace Dr. Apt. 58S	Flushing	MI
1996-1997	703 W. Main Street	Brighton	MI
1997-1999	459 Roslyn Place, Apt 2 / 654 W. Oakdale Ave. Apt 3S	Chicago	IL
1999-2000	1847 Chester Rd	Royal Oak	MI
2000-2001	4964 Lakeridge St. Apt 1A	Ypsilanti	MI
2001-2003	3081 Signature Blvd Apt M	Ann Arbor	MI
2003 (3 months)	21 Jensen Dr.	Henderson	NV
2003-2006	615 Elliott Peak Ave	Las Vegas	NV
2006-2012	805 Baymist Ave	Henderson	NV

***Please reference page 10 for the remaining addresses

Applicant's initial HL Page 5

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

04/2011- 04/2014	Western Home Care / Infusion Pharmacy Nevada	6240
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager / PIC	All aspects of pharmacy services, procurement, dispensing, records	Ridge Smidt / owner
Title	Description of Duties	Name of Supervisor
08/2003 - 08/2008	Option Care / Walgreens Option Care - Nevada	10,400
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager / PIC	All aspects of pharmacy services, procurement, dispensing, records	Daniel Dodge / General Manager
Title	Description of Duties	Name of Supervisor
11/2016 - present	Total Infusion Care	> 1000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager / PIC	All aspects of pharmacy services, procurement, dispensing, records	Ali Pourmola - owner/RPh
Title	Description of Duties	Name of Supervisor
04/2014 - 02/2017	Preferred Home Care Infusion	>2000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Per Diem Pharmacist		
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number 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/Mailing Address of Employer/Business	Number 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/Mailing Address of Employer/Business	Number 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/Mailing Address of Employer/Business	Number 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/Mailing Address of Employer/Business	Number 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/Mailing Address of Employer/Business	Number of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A

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

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 John Bowie, Pharm.D.	Home	2 E Pyle Ave.	Las Vegas, NV	89183		10
Employer Coram/CVS	Business	1951 Ramrod Ave	Henderson NV	89014		
Name Eugene Speck, MD	Home					15
Employer IDC	Business	3006 S Maryland Pkwy #780		89109	702-737-0740	
Name Ronald Shockley, MD	Home					14
Employer Infectious Disease	Business	3121 S Maryland Pkwy	Las Vegas, NV	89109	702-403-0900	
Name Tiffani Lucas, RN	Home	PO Box 530535	Henderson, NV	89053		8
Employer Quality Nursing	Business	2900 W. Horizon Ridge Pkwy	Henderson, NV	89052	702-883-8990	
Name Bill Kottmer, Pharm.D.	Home					7
Employer BriovaRx Infusion	Business	460 S Benson Ln, Ste 12,	Chandler, Arizona	85224	602-214-6954	

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

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

Yes No

If yes, state type, where and years held

Pharmacist License MI 4/1995 - 06/2010, FL 08/1993 - 07/1999

Pharmacist License NV 08/2003 - present IL 07/1997 - 03/2000

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

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

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

N/A

N/A

Applicant's initial

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

N/A

N/A

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

N/A

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

N/A

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

N/A

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

N/A

N/A

N/A

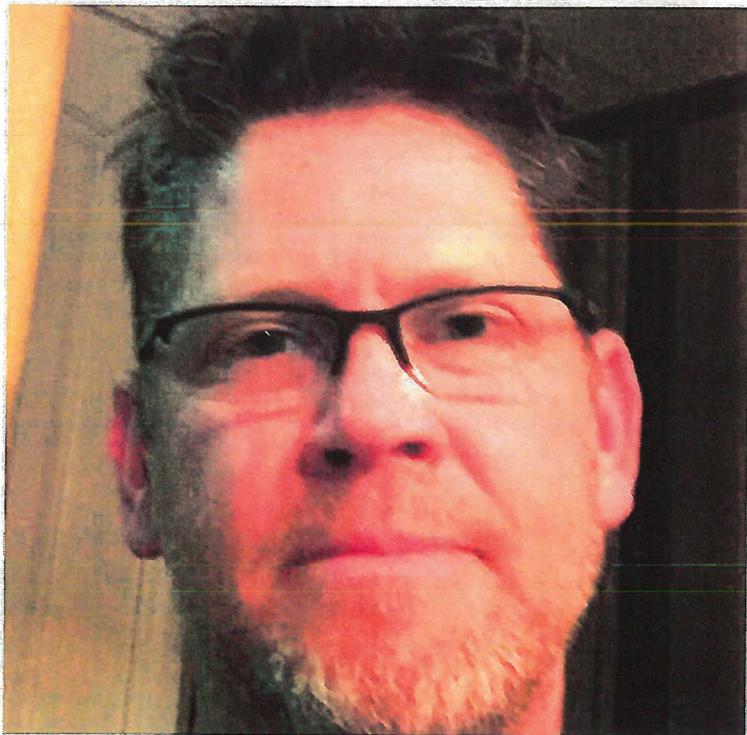
N/A

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

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Date of photograph 07-24-2018
Applicant's initial JA

STATE OF Nevada

SS.

COUNTY OF Clark

I, Thomas Allen Dodge, 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,

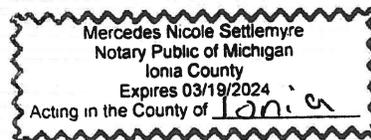
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 24th day of

July

Mercedes Nicole Settlemyre
Notary Public



(seal)

Applicant's initial tl

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/17/2018

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 Board of Pharmacy License
Sisu Healthcare Solutions, Inc 871 Grier Dr, Suite B-2, Las Vegas, NV 89119
Nature of License
 Name and Address of Establishment for Which License is Requested
N/A
 If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name	Ulm	First Name	Marcus	Middle Name	Eric
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
N/A		N/A		N/A	
Present Residence Address-Street or RFD	W Riverside St	City	Chandler	State/Zip	Az
Present Business Address	4980 S Alma School Rd	City	Chandler	State/Zip	AZ
Occupation	President of Sisu Healthcare Solutions, Inc			Phone: Residence	602.821.7771
	Good Samaritan Hospital, Phoenix, Maricopa, AZ			Business	
Date of Birth	46	Place of Birth (City, County, State)	Male		
Age	Social Security Number			Sex	
Color of Eyes	Blue	Color of Hair	Brown	Complexion	Caucasian
			170	Weight	Med
			5' 9"	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics Tattoo on left shoulder, Tattoo on left ribcage, Tattoo on left hip

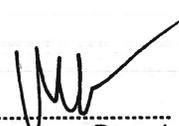
Are you a citizen of the United States? Yes No If alien, registration No. N/A

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 

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/12/2017

Spouse's full name (Maiden) Lura Nicole Ulm (Russell) Date 11/12/2017 City, County and State Hamilton County, Indiana
 S.S. No. _____

Date of Birth _____ Place of Birth Hamilton County, Indiana

Resident address 4 W Riverside St Chandler AZ 85248
 Street City State Zip

Telephone: Residence _____ Business 602.568.7055

Spouse's employer OptionCare Occupation Intake Operations Manager

Address of employer 7850 S Hardy Dr Tempe AZ 85284
 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
Michelle Lynn Ulm	09/27/2013	04/27/1991	Divorce	Maricopa, AZ
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

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

Name	Street	City	State	Zip	Telephone
Michelle Lynn Ulm	N 81st Dr	Glandale	AZ	85303	
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	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
Cody Ulm		AZ	Columbine St, Apt #307, Denver, CO 80206
Bryce Ulm		AZ	N 81st Dr, Glendale, AZ 85303
Tatum Ulm		AZ	N 81st Dr, Glendale, AZ 85303

****Please see page 10 for additional family information****

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial [Signature]

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			
Richard Ulm		3 E Lamplighter Ln, Tempe, AZ 85283	Retired
Mother			
Nancy Miller		Quail Dr., Box 1163, Pine, AZ 85544	Retired
Father-in-Law			
Paul D Russell		3 Rosebud Dr. Nobelsville, IN 46060	Retired
Mother-in-Law			
Christina E Moore (Smith)		Mill St. Tipton, IN 46072	Paralegal

D. Brothers and Sisters:

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

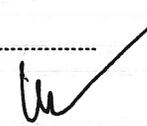
Name (Maiden)	Birth Date	Address	Occupation
N/A	N/A	N/A	N/A
Spouse			
N/A	N/A	N/A	N/A
Spouse			
N/A	N/A	N/A	N/A
Spouse			
N/A	N/A	N/A	N/A
Spouse			
N/A	N/A	N/A	N/A
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Ocotillo School	Phoenix, AZ	1979-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Cortez High School	Phoenix, AZ	1987-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Apollo College	Phoenix, AZ	1991-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Glendale Community College	Glendale, AZ	1995	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any Associate of Applied Science

College or university where obtained Apollo College

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? N/A 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 Maricopia State Arizona Date registered 12-18-1989

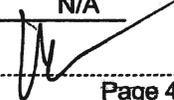
6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

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	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

- 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	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

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	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

- 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	N/A	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
10/2014- present	W Riverside St.	Chandler	AZ, Maricopa
2012 - 2014	101 N 7th St	Phoenix	AZ, Maricopa
1999 - 2012	5325 W Columbine Dr	Glendale	AZ, Maricopa
1997 - 1999	2031 W Bloomfield Rd	Phoenix	AZ, Maricopa
1995 - 1997	1541 W Mercer	Phoenix	AZ, Maricopa
1993 - 1995	3701 W Las Palmitas Dr	Phoenix	AZ, Maricopa
1992 - 1993	3510 W Cinnabar	Phoenix	AZ, Maricopa
1991 - 1992	1347 E Townley Ave	Phoenix	AZ, Maricopa
1990 - 1991	10851 N 43rd Ave	Phoenix	AZ, Maricopa
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Applicant's initial

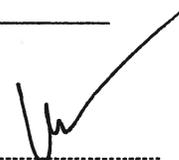
8. EMPLOYMENT:

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
07/2018	Sisu Healthcare Solutions, Inc 4980 S Alma School Rd, #2-212, Chandler, AZ 85248	Current
Title	Description of Duties	Name of Supervisor
President	General Management	Board of Directors
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/2017	Sound Health Medical Supplies 4365 E Pecos Rd. #119 Gilbert, AZ 85295	New Job
Title	Description of Duties	Name of Supervisor
President	Contracting / Community Relations	Casey Tebbs
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2016	MSD / VerbalCare	New Job
Title	Description of Duties	Name of Supervisor
VP of Business Development	Marketing and Strategy	Keith Crawford
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/1998	Preferred Homecare 4601 E Hilton, Ste 100, Phoenix, AZ 85034	New Job
Title	Description of Duties	Name of Supervisor
VP of Infusion Ops	General Management	Keith Crawford
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1997	Major Medical Supply	New Job
Title	Description of Duties	Name of Supervisor
Area Clinical Mgr	General Management	Mark
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1993	Phoenix Baptist Hospital 2000 W Bethany Home Rd, Phoenix 85015	New Job
Title	Description of Duties	Name of Supervisor
Critical Care RT	Code Team / CVI / ICU	Steve Brown
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/1991	Castle Boutique 8802 N Balck Canyon Hwy, Phoenix, AZ 85051	Job while going to school
Title	Description of Duties	Name of Supervisor
Sales Clerk	Merchandise Handler	Unable to recall
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/1989	Pioneer Chicken 35th Ave and Dunlap, Phoenix, AZ	Summer Job
Title	Description of Duties	Name of Supervisor
Cashier / Prep Cook	Customer Service/ Cooking	Unable to recall

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
Name David Scheven	Home	0 N 116th Way	Scottsdale, AZ	85262		60 20 years
Employer Retired	Business	N/A				
Name John Baptist	Home	1 N 24th Ln	Phoenix, AZ	85086		18 years
Employer PHCN	Business	7600 N 16th St, Suite 140	Phx, Az	85020	602-395-5100	
Name James Reedy	Home	Madison Avenue	New Braunflies, TX	78130		6 years
Employer Tenet Healthcare	Business	1445 Ross Ave, Sute 1400	Dallas, TX	75202	512-557-1810	
Name Keith Zobrist	Home	E Lariat Ln	Scottsdale, AZ	85255		3 20 years
Employer Retired	Business	N/A				
Name Keith Crawford	Home	1 Greentrail Cir	Lone Tree, CO	80124		6 years
Employer Solara Medical Supplies	Business	2084 Otay Lakes Rd, Ste 102	Chula Vista, CA	91913		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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

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

Yes No

If yes, state type, where and years held

..... Arizona, Respiratory Therapist, 24 years

..... N/A

..... N/A

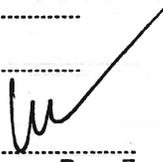
12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

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.

..... Comprehensive Sleep Solutions P.O. Box 40700 Mesa, AZ 85274

..... N/A

..... N/A

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

N/A

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

N/A

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

N/A

N/A

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

N/A

N/A

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

N/A

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

N/A

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

N/A

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 07/26/18

Applicant's initial

STATE OF Arizona

ss.

COUNTY OF Maricopa

I, Marcus Ullmer

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.

[Handwritten Signature]

Original Signature of Applicant

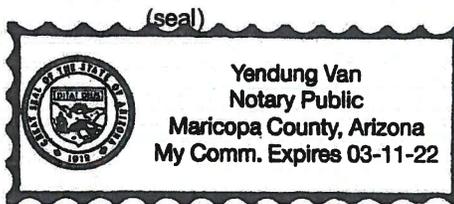
Subscribed and Sworn to before me this 26 day of July, 2018

[Handwritten Signature]

Notary Public

Yendung Van

My commission Expires 3.11.2022



Applicant's initial *[Handwritten Initials]*

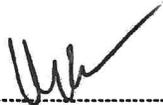
ADDITIONAL INFORMATION

Page 2, #3 (A) Family Information Cont.

Step Children: James Swinney	DOB:	Mesa, AZ	W Riverside St, Chandler, AZ 85248
Dean Swinney	DOB:	Carmel, IN	W Riverside St, Chandler, AZ 85248

Multiple horizontal dashed lines for additional information entry.



Applicant's initial 

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

☑ Date July 16, 2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy License
 Nature of License
Sisu Healthcare Solution, Inc. 871 Grier Drive, Ste. B-2, Las Vegas, NV, 89119
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Scheven David F
 Last Name First Name Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

2 N. 116th Way Scottsdale AZ 85262
 Present Residence Address-Street or RFD City State/Zip

N/A N/A N/A
 Present Business Address Dates City State/Zip

Retired March 2014
 Occupation Dates

Phone:
 Residence _____
 Business N/A

30 Milwaukee, Milwaukee, Wisconsin
 Date of Birth Place of Birth (City, County, State)

58 _____ Male
 Age Social Security Number Sex

Blue Brown Fair 185 lbs. Medium 6'2"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes No If alien, registration No 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 DS Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** August 5, 1989 Los Gatos, Santa Clara, California
Date City, County and State
 Spouse's full name (Maiden) Audrey Lynn Scheven (Kamlin) S.S. No. _____
 Date of Birth 9 Turlock, California
Place of Birth
 Resident address 0 N. 116th Way Scottsdale AZ 85262
Street City State Zip
 Telephone: Residence (_____) _____ 7 Business N/A
 Spouse's employer N/A Occupation Retired
 Address of employer N/A N/A N/A N/A
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Tyler Scheven		Los Gatos, CA	5 Liardet St. VogeHown, Wellington, New Zealand 6021
Spenser Scheven	15	Chandler, AZ	E. 5th St. Unit 1626, Tempe, AZ 85281
Sonora Scheven		Phoenix, AZ	N. 116th Way, Scottsdale, AZ 85262

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 AS

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			
Frederick Scheven		Cedar St. Monterey, CA 93940	Flooring Contractor
Mother			
Beverly Scheven (Sharon)	11	2 Cedar St. Monterey, CA 93940	Homemaker
Father-in-Law			
Richard Kamlin		Turlock, CA	School Teacher
Mother-in-Law			
Joan Kamlin (Welsh)		5 Essex Ave., Sedona, AZ 86336	Librarian

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
Robert Scheven	7	5 Blackbird Ct, Lodi, CA 95240	Manager
Spouse			
Cheryl Scheven (Kelly)		7 C St. SW, PO Box 823 Castle Rock, WA 98611	Cook
Cindy Hawley (Scheven)		Fair St., Petaluma, CA 94952	Insurance Broker
Spouse			
Thomas Hawley		Fair St., Petaluma, CA 94952	Artist
Christy Huggins (Scheven)		Lafayette St., Soquel, CA 95073	Software Analyst
Spouse			
Doug Huggins		3 Lafayette St., Soquel, CA 95073	Salesman
Lisa Morgan (Scheven)		Rio Rd., Carmel, CA 93923	Nurse
Spouse			
Kevin Morgan	5	Rio Rd., Carmel, CA 93923	Inspector

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Thomas O'Larkin	Monterey, CA	1965-1971	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Monterey High School	Monterey, CA	1975-1978	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of California, Santa Barbara	Santa Barbara, CA	1980-1983	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	N/A			N/A Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Arts, History and Economics

College or university where obtained University of California, Santa Barbara

Applicant's initial DS Page 3

MARITAL INFORMATION-Continued

A. **Current Marriage** August 5, 1989 Date Los Gatos, Santa Clara, California City, County and State
 Spouse's full name (Maiden) Audrey Lynn Scheven (Kamlin) S.S. No. 5
 Date of Birth 1 Place of Birth Turlock, California
 Resident address 2 N. 116th Way Scottsdale AZ 85262
 Street City State Zip
 Telephone: Residence Business N/A
 Spouse's employer N/A Occupation Retired
 Address of employer N/A N/A N/A N/A
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Tyler Scheven		Los Gatos, CA	Liardet St. VogeHown, Wellington, New Zealand 6021
Spenser Scheven		Chandler, AZ	24 E. 5th St. Unit 1626, Tempe, AZ 85281
Sonora Scheven		Phoenix, AZ	10 N. 116th Way, Scottsdale, AZ 85262

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 AS

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			
Frederick Scheven	1	Cedar St. Monterey, CA 93940	Flooring Contractor
Mother			
Beverly Scheven (Sharon)		Cedar St. Monterey, CA 93940	Homemaker
Father-in-Law			
Richard Kamlin		Turlock, CA	School Teacher
Mother-in-Law			
Joan Kamlin (Welsh)		Essex Ave., Sedona, AZ 86336	Librarian

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
Robert Scheven		Blackbird Ct, Lodi, CA 95240	Manager
Spouse			
Cheryl Scheven (Kelly)		C St. SW, PO Box 823 Castle Rock, WA 98611	Cook
Cindy Hawley (Scheven)		9 Fair St., Petaluma, CA 94952	Insurance Broker
Spouse			
Thomas Hawley		Fair St., Petaluma, CA 94952	Artist
Christy Huggins (Scheven)		3 Lafayette St., Soquel, CA 95073	Software Analyst
Spouse			
Doug Huggins		Lafayette St., Soquel, CA 95073	Salesman
Lisa Morgan (Scheven)		Rio Rd., Carmel, CA 93923	Nurse
Spouse			
Kevin Morgan		Rio Rd., Carmel, CA 93923	Inspector

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Thomas O'Larkin	Monterey, CA 1965-1971	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Monterey High School	Monterey, CA 1975-1978	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of California, Santa Barbara	Santa Barbara, CA 1980-1983	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	N/A		N/A Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Arts, History and Economics

College or university where obtained University of California, Santa Barbara

Applicant's initial DS Page 3

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? N/A 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 Monterey State California Date registered 1978

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
1978	18	DUI	Monterey, CA	1978	Monterey Police
1981	20	Minor in possession of alcohol	Santa Barbara, CA	1981	Santa Barbara Police
1984	24	Wreckless Driving	Monterey, CA	1984	Monterey Police

- 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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Applicant's initial DS 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
Defendant	6/6/2005	CV2005-009404	Phoenix, Maricopa, AZ	Settled - 09/2005
N/A	N/A	N/A	N/A	N/A
N/A	N/A	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
----------------	----------------	---

In response to J, see page 10.

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
03/1993 - 07/2003	16210 S. 14th Drive	Phoenix	AZ 85045
07/2003 - Current	N. 116th Way	Scottsdale	AZ 85262
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Applicant's initial DS 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
12/1997-3/2014	Preferred Homecare 4601 E Hilton Ave. Ste 100 Phoenix, AZ 85034	Retired
Title	Description of Duties	Name of Supervisor
CO-CEO	Manage overall operations of business	Board of Directors
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/1992-12/1997	Apria Healthcare 26220 Enterprise Ct., Lake Forest, CA 92630	Started Preferred Homecare
Title	Description of Duties	Name of Supervisor
Branch Manager/Regional Manager	Oversaw branch and regional operations	Tom Martin, Eileen Hoover
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/1989 - 6/1992	Computer Learning Center San Jose (Closed 2001)	Job at Apria Healthcare
Title	Description of Duties	Name of Supervisor
Teacher/Director of Education -	Taught computer classes and oversaw other instructors	Al Nederhood
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1987 - 8/1989	Fleming Foods 1117 Montague Exy, Milpitas, CA	Computer Learning Center Job
Title	Description of Duties	Name of Supervisor
Computer Operator	Ran job control language on mainframes	Randy Jackson
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/1984-1/1987	Sequoia Insurance - Palo Alto, CA	Fleming Foods Job
Title	Description of Duties	Name of Supervisor
Computer Operator	Ran job control language on mainframes	Mike Trainer
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/1983-12/1984	A Cesana & Associates Walnut creek, CA	Company Bankruptcy
Title	Description of Duties	Name of Supervisor
Computer Operator	Ran job control language on mainframes	Steve Tolley
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/1983 - 12/19/1983	Chevron Monterey, CA	A Cesana job
Title	Description of Duties	Name of Supervisor
Attendant	Gas station attendant duties	Robert McGee
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/1978 - 7/1982	Monterey High School/Monterey Peninsula College/University of California, Santa Barbara	
Title	Description of Duties	Name of Supervisor
Full-time Student		N/A

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

Please reference page 10 for additional information.

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 Keith Zobrist	Home	E. Lariat Lane,	Scottsdale,	AZ 85255	(4	22 years
Employer Retired	Business	N/A				
Name Tom Martin	Home	7 N. 91st St.	Scottsdale,	AZ 85255	58	25 years
Employer Retired	Business	N/A				
Name John Baptist	Home	N. 24th Lane,	Phoenix,	AZ 85086	4	20 years
Employer Professional Homecare Services	Business	7000 N. 16th St., Ste 140 Phoenix, AZ 85020				
Name Kim Templeton	Home	N. 21st St.	Phoenix,	AZ 85020	(6	25 years
Employer Professional Homecare Services	Business	7000 N. 16th St., Ste 140 Phoenix, AZ 85020				
Name Dave Engel	Home	East Harvard Rd.,	Burbank,	CA 91501		38 years
Employer Burbank School District	Business	1900 W. Olive Ave., Burbank, CA 91506				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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

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

Yes No

If yes, state type, where and years held

N/A

N/A

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

In response to question 12, please see page 10.

Applicant's initial

DJ

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

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

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

N/A

N/A

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

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph

7/18/18

Applicant's initial

DS

STATE OF California

ss.

COUNTY OF San Diego

I, David Scheven, 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.

[Handwritten Signature]
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 18 day of

July, 2018
.....
[Handwritten Signature]
.....
Notary Public



(seal)

Applicant's initial DS
Page 9

ADDITIONAL INFORMATION

RESPONSE TO PAGE 5, 6J

<u>Name of Entity</u>	<u>Type of Entity</u>	<u>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</u>
Maverick Healthcare Group, LLC	Durable Medical Equipment Supplier	12/10/1998
Maverick Healthcare Group, LLC	Durable Medical Equipment Supplier	1/28/1999
Preferred Homecare	Durable Medical Equipment Supplier	5/17/2002
Preferred Homecare	Durable Medical Equipment Supplier	7/26/2012
Preferred Homecare	Durable Medical Equipment Supplier	12/5/2014
Preferred Homecare	Durable Medical Equipment Supplier	11/6/2014
Preferred Homecare	Durable Medical Equipment Supplier	5/15/2014
Preferred Homecare	Pharmacy	9/22/2014

RESPONSE TO PAGE 6, #8 EMPLOYMENT

<u>Company Name</u>	<u>Address</u>
Comprehensive Sleep Solutions, LLC	P.O. Box 40700 Mesa, AZ 85274
Founders Healthcare, LLC dba Preferred Homecare	P.O. Box 40700, Mesa, AZ 85274
LifeCare Solutions, Inc.	P.O. Box 40700, Mesa, AZ 85274
Maverick Associates, LLC	26890 N. 116th Way Scottsdale, AZ 85262
Maverick Healthcare Group, LLC	P.O. Box 40700 Mesa, AZ 85274
Maverick Healthcare Holdings II, Inc.	P.O. Box 40700 Mesa, AZ 85274
Maverick Healthcare Holdings, Inc.	P.O. Box 40700 Mesa, AZ 85274
Maverick Ventures, LLC	26890 N. 116th Way Scottsdale, AZ 85262
Option One Home Medical Equipment, Inc.	P.O. Box 40700 Mesa, AZ 85274
Park InfusionCare, LP.	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare Infusion, LLC	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare of Colorado, LLC	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare Rehab Services, LLC	P.O. Box 40700 Mesa, AZ 85274
Sisu Healthcare Solutions, Inc.	4980 S. Alma School Rd. Ste #2-212, Chandler, AZ 85248

RESPONSE TO PAGE 7, #12

<u>Company Name</u>	<u>Type of Entity</u>	<u>Address</u>
Comprehensive Sleep Solutions, LLC	Independent Testing Facility	P.O. Box 40700 Mesa, AZ 85274
Founders Healthcare, LLC dba Preferred Homecare	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700, Mesa, AZ 85274
LifeCare Solutions, Inc.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700, Mesa, AZ 85274
Option One Home Medical Equipment, Inc.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Park InfusionCare, LP.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare Infusion, LLC	Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare of Colorado, LLC	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274

Applicant's initial

DJ

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date July 16, 2018

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 Pharmacy License
 Nature of License
Sisu Healthcare Solution, Inc. 871 Grier Drive Ste. B-2, Las Vegas, NV. 89119
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<u>Martin</u> Last Name	<u>Thomas</u> First Name	<u>Daniel</u> Middle Name
<u>N/A</u>		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<u>7 North 91st Street</u> Present Residence Address-Street or RFD	<u>Scottsdale</u> City	<u>AZ 85255</u> State/Zip
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Present Business Address	<u>N/A</u> City	<u>N/A</u> State/Zip
<u>Retired</u> Occupation	<u>March 2014</u> Dates	Phone: Residence _____ Business <u>N/A</u>
<u>55</u> Date of Birth	<u>East St. Louis, St Clair, Illinois</u> Place of Birth (City, County, State)	
<u>55</u> Age	<u>Male</u> Sex	
<u>Blue</u> Color of Eyes	<u>Brown</u> Color of Hair	<u>Fair</u> Complexion
<u>215</u> Weight	<u>Medium</u> Build	<u>6 ft 2 inches</u> 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 TD

MARITAL INFORMATION-Continued

A. **Current Marriage** September 9, 1989 Belleville, St Clair, Illinois
Date City, County and State
 Spouse's full name (Maiden) Leah Renee Christie S.S. No. _____
 Date of Birth _____ Place of Birth Cleveland, Ohio
 Resident address 7 North 91st Street Scottsdale Arizona 85255
Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer Retired Occupation N/A
 Address of employer N/A N/A N/A N/A
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

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
Garrett Martin		Scottsdale, Arizona	North 91st Street, Scottsdale, AZ 85255
Wyatt Martin		Scottsdale, Arizona	North 91st Street, Scottsdale, AZ 85255
Bennett Martin		Scottsdale, Arizona	North 91st Street, Scottsdale, AZ 85255
Mia Martin		Scottsdale, Arizona	North 91st Street, Scottsdale, AZ 85255

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 TM

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 Francis Martin		) West Johnson, Collinsville, IL 62234	Business Owner
Mother Lottie Martin		Cougar Ct. Glen Carbon, IL 62034	Bus Driver
Father-in-Law Leo Christie		) Sunny Rdge Round Hill, VA 20141	Govt Worker
Mother-in-Law Beatice Christie		? North 6th Drive, Phoenix AZ 85027	Bakery Worker

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
Vernon Martin		\ Shriver Circle, Lake Mary FL 32746	Retail Sales
Spouse Barbara Martin		Shriver Circle, Lake Mary FL 32746	DOT
Allan Martin		1 Hillcreeh Rd Collinsville, IL62234	Sales Rep
Spouse Terry Martin		Hillcreeh Rd Collinsville, IL62234	Clinical Analyst
Alecia Jawor (Martin)		Magnet Dr St Louis, MO 63132	A/R Rep
Spouse Steve Jawor		Magnet Dr St Louis, MO 63132	Bakery Owner
Kevin Martin		?3 Bononil Rd New Douglas, IL 62074	HVAC Service
Keith Martin		Northbay Ct Glen Carbon IL 62034	Sleep Diagnostocs
Kent Martin		) Orchard Edwardsville, 62025	Ops Mgr

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Dorris Grade School	Illinois	9/68 - 5/73	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Collinsville, High School	Illinois	9/76 - 5/80	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University North Central College	Illinois	9/80 - 5/84	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other <u>N/A</u>			N/A Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B. A. in Marketing
 College or university where obtained North Central College

Applicant's initial TOM

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? N/A 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 Madison State Illinois Date registered 11/10/1980

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

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

Date of Arrest	Age	Charge	Location-City and State	Disposition/Date	Arresting Agency
9/4/2010	47	DV	Scottsdale, Arizona	Dismissed 5/12/2011	Scottsdale PD
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	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? 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	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Applicant's initial TBU 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
Defendant	7/23/1998	Superior Court 1998cv013254	Phoenix, Maricopa, AZ	6/14/2001
N/A	N/A	N/A	N/A	N/A
N/A	N/A	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
----------------	----------------	---

In response to J, please see page 10.

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
6/2006 to Present	7 North 91st Street	Scottsdale	Arizona
10/2001 to 5/2006	7917 E Softwind Drive	Scottsdale	Arizona
10/1999 to 10/2001	7532 E Buteo Drive	Scottsdale	Arizona
5/1996 to 10/2001	9790 E Charter Oak Road	Scottsdale	Arizona
9/1991 to 6/1996	14034 N 29th ST	Phoenix	Arizona
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Applicant's initial TDA

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 1/99 - 3/14	Name/Mailing Address of Employer/Business Preferred Homecare 4601 E. Hilton Ave. Ste. 100 Phoenix, AZ 85034	Reason for Leaving Retired
Title CO-CEO	Description of Duties General Management	Name of Supervisor Board of Directors
Month and Year 1/98 - 1/99	Name/Mailing Address of Employer/Business Southwest Sleep (closed)	Reason for Leaving New Job
Title Vice President	Description of Duties Managed Care Sales	Name of Supervisor Roy Myers
Month and Year 12/89 - 1/98	Name/Mailing Address of Employer/Business Apria	Reason for Leaving New Job
Title Vice President	Description of Duties General Management	Name of Supervisor Merle Wallace
Month and Year 8/88-11/89	Name/Mailing Address of Employer/Business Fox Medical closed in 2014	Reason for Leaving Relocating
Title Sales Rep	Description of Duties Medical Sales	Name of Supervisor Francis Martin
Month and Year 1/88-8/88	Name/Mailing Address of Employer/Business NME - sold to Medirec	Reason for Leaving New Job
Title Sales Rep	Description of Duties Hopsital Sales	Name of Supervisor Gary Word
Month and Year 8/86 -1/88	Name/Mailing Address of Employer/Business Foster Medical merged with Abbey Medical	Reason for Leaving New Job
Title Account Rep	Description of Duties Medical Sales	Name of Supervisor Steve Jawor
Month and Year 6/84 -8/86	Name/Mailing Address of Employer/Business Protectoseal 225 W. Foster Avenue, Bensenville, IL	Reason for Leaving New Job
Title Customer Service Rep	Description of Duties Answering technical from distributors	Name of Supervisor Sue Woltman
Month and Year 5/80 - 5/84	Name/Mailing Address of Employer/Business Medicare Equipment Services sold to ARA	Reason for Leaving New Job
Title Service Tech	Description of Duties Delivery of medical equipment	Name of Supervisor Glenn Behnke

If additional space is needed, continue on page 10 or provide attachment.
Please reference page 10 for additional information.

Applicant's initial

TW

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 Keith Zobrist	Home	East Lariat Lane, Scottsdale, AZ 85255				34 41
Employer Retired	Business	N/A				
Name David Scheven	Home	116th Way Scottsdale, AZ 85262				30 25
Employer Retired	Business	N/A				
Name Kim Templeton	Home	N 21st Phoenix, AZ 85020				7 25
Employer PHS	Business	7600 North 16th Street, Suite 140, Phoenix AZ, 85020				
Name Mike Neill	Home	1 DeSalle St. Laguna Hills, CA 92653				05 28
Employer Retired	Business	N/A				
Name Marcus Ulm	Home	West Riverside St. Chandler, AZ 85248				71 20
Employer SisU	Business	4980 S Alm School Rd 2-212, Chandler, AZ 85248				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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

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

Yes No

If yes, state type, where and years held

N/A

N/A

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

In response to question 12, please see page 10.

Applicant's initial

TDM

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

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

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

N/A

N/A

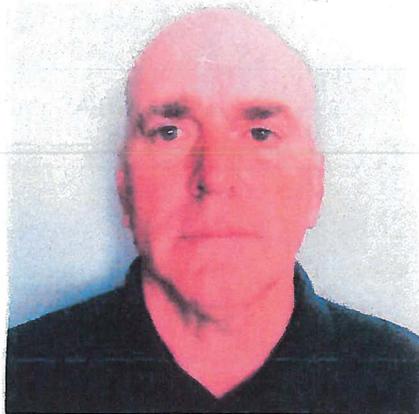
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 7/23/2018

Applicant's initial

STATE OF Arizona

ss.

COUNTY OF COCONINO

I, THOMAS D. MARIN, 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 23rd day of July 2018

[Handwritten Signature]
Notary Public



Applicant's initial TDL
Page 9

ADDITIONAL INFORMATION

RESPONSE TO PAGE 5, J

<u>Name of Entity</u>	<u>Type of Entity</u>	<u>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</u>
Maverick Healthcare Group, LLC	Durable Medical Equipment Supplier	1/28/1999
Preferred Homecare	Durable Medical Equipment Supplier	5/17/2002
Preferred Homecare	Durable Medical Equipment Supplier	7/26/2012
Preferred Homecare	Durable Medical Equipment Supplier	12/5/2014
Preferred Homecare	Durable Medical Equipment Supplier	11/6/2014
Preferred Homecare	Durable Medical Equipment Supplier	5/15/2014
Preferred Homecare	Pharmacy	9/22/2014

RESPONSE TO PAGE 6, #8 EMPLOYMENT

<u>Company Name</u>	<u>Address</u>
Comprehensive Sleep Solutions, LLC	P.O. Box 40700 Mesa, AZ 85274
Founders Healthcare, LLC dba Preferred Homecare	P.O. Box 40700, Mesa, AZ 85274
LifeCare Solutions, Inc.	P.O. Box 40700, Mesa, AZ 85274
Maverick Associates, LLC	26890 N. 116th Way Scottsdale, AZ 85262
Maverick Healthcare Group, LLC	P.O. Box 40700 Mesa, AZ 85274
Maverick Healthcare Holdings II, Inc.	P.O. Box 40700 Mesa, AZ 85274
Maverick Healthcare Holdings, Inc.	P.O. Box 40700 Mesa, AZ 85274
Maverick Ventures, LLC	26890 N. 116th Way Scottsdale, AZ 85262
Option One Home Medical Equipment, Inc.	P.O. Box 40700 Mesa, AZ 85274
Park InfusionCare, LP.	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare Infusion, LLC	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare of Colorado, LLC	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare Rehab Services, LLC	P.O. Box 40700 Mesa, AZ 85274
Sisu Healthcare Solutions, Inc.	4980 S. Alma School Rd. Ste #2-212, Chandler, AZ 85248

RESPONSE TO PAGE 7, #12

<u>Company Name</u>	<u>Type of Entity</u>	<u>Address</u>
Comprehensive Sleep Solutions, LLC	Independent Testing Facility	P.O. Box 40700 Mesa, AZ 85274
Founders Healthcare, LLC dba Preferred Homecare	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700, Mesa, AZ 85274
LifeCare Solutions, Inc.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700, Mesa, AZ 85274
Option One Home Medical Equipment, Inc.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Park InfusionCare, LP.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare Infusion, LLC	Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare of Colorado, LLC	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274

Applicant's initial

TDM

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date July 11, 2018

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 Pharmacy License
Nature of License
Sisu Healthcare Solutions, Inc. 871 Grier Drive Ste. B-2 Las Vegas, NV 89119
Name and Address of Establishment for Which License is Requested
N/A
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Zobrist Keith Harold
Last Name First Name Middle Name
N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

7 East Lariat Lane Scottsdale Arizona, 85255
Present Residence Address-Street or RFD City State/Zip

N/A N/A N/A
Present Business Address Dates City State/Zip

Investor Current
Occupation Dates

Phone: Residence

Business N/A

Peoria, Peoria, Illinois
Date of Birth Place of Birth (City, County, State)

59 Male
Age Social Security number Sex

Blue Brown N/A 185 lbs. Muscular 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 KAZ Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** April 1, 1989 Scottsdale, Maricopa, Arizona
Date City, County and State
 Spouse's full name (Maiden) Ann Patrice Zobrist (Lafferty) S.S. No.
 Date of Birth _____ Place of Birth Scranton, PA
 Resident address E. Lariat Lane Scottsdale AZ 85255
Street City State Zip
 Telephone: Residence 12 Business N/A
 Spouse's employer Retired Occupation Registered Nurse
 Address of employer N/A N/A N/A N/A
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

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
Kellye Ann Zobrist		Dallas, TX	So. Charles St. Apt. 342 Baltimore, MD 21230
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial KHJ Page 2

FAMILY INFORMATION-Continued

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

Name N/A

Address N/A

Contact person N/A

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Harold Clarence Zobrist	N/A	N/A	Deceased
Mother			
Maurine Alberta Zobrist	N/A	N/A	Deceased
Father-in-Law			
William James Lafferty	N/A	N/A	Deceased
Mother-in-Law			
Dorothy Lafferty	N/A	N/A	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
Larry Zobrist	N/A	N/A	Deceased
Spouse			
N/A	N/A	N/A	N/A
Harlan Zobrist		Metamora, IL 61548	Retired
Spouse			
Julia Zobrist		Metamora, IL 61548	Retired
Dean Zobrist		Metamora, IL 61548	Insurance
Spouse			
Joy Zobrist (Kennell)		Metamora, IL 61548	Housewife
Eldon Zobrist		Metamora, IL 61548	Retired
Spouse			
Janet Zobrist (Hodel)		Metamora, IL 61548	Retired

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Metamora Grade	Metamora, IL	1964-1973	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Metamora High	Metamora, IL	1973-1977	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University North Central College	Naperville, IL	1977-1981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other N/A			N/A Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Corporate Wellness

College or university where obtained N/A

Applicant's initial KHJ Page 3

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? N/A 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	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

- 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	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Applicant's initial KAZ 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	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

- 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
In response to J, please see page 10.		

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 1991-Nov 2000	9615 Dove Meadow Dr.	Dallas	TX 75243
Nov 2000 - Current	East Lariat Lane	Scottsdale	AZ 85255
N/A	N/A	N/A	N/A N/A
N/A	N/A	N/A	N/A N/A
N/A	N/A	N/A	N/A N/A
N/A	N/A	N/A	N/A N/A
N/A	N/A	N/A	N/A N/A
N/A	N/A	N/A	N/A N/A
N/A	N/A	N/A	N/A N/A
N/A	N/A	N/A	N/A N/A
N/A	N/A	N/A	N/A N/A
N/A	N/A	N/A	N/A N/A

Applicant's initial KHJ 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
Mar 2001-June 2005	Preferred Homecare	Resigned for personal reasons, no conflict
Title	Description of Duties	Name of Supervisor
Managing Member	Sales/Marketing	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A

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

Please see page 10 for additional information.

Applicant's initial KHZ
 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 Jason Graybill	Home	Denver, CO				17 years
Employer Carret Asset Management	Business	N/A				
Name Michael Anderson	Home	Scottsdale, AZ			5(c)	12 years
Employer Capital Fund I	Business	Financial Services				
Name Jerome Ridde	Home	Scottsdale, AZ				10 years
Employer Self Employed	Business	Dentist				
Name Sue Bustamante, CPA	Home	Phoenix, AZ				10 years
Employer Self Employed	Business	Accountant				
Name Steve Mingle	Home	Scottsdale, AZ				10 years
Employer McKesson	Business	Medical Supplier				

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
Pinnacle Bank #27	Scottsdale	Arizona	Ann Patrice Zobrist (Spouse)
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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

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

Yes No

If yes, state type, where and years held

N/A

 N/A

 N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Home Medical Equipment Phoenix, AZ

 Thomas D. Martin Scottsdale, AZ

 David F. Scheven Scottsdale, AZ

Applicant's initial KAZ
 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:

..... N/A

..... N/A

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

.....

.....

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

.....

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

.....

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

.....

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

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Date of photograph July 18, 2018

Applicant's initial KHJ

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.

Keith K Zobrist

Original Signature of Applicant

Subscribed and Sworn to before me this 11th day of July, 2018

Keith Zobrist

[Signature]

Notary Public



Applicant's initial KAZ
Page 9

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

RESPONSE TO PAGE 5, J

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Maverick Healthcare Group, LLC	Durable Medical Equipment Supplier	12/10/1998
Maverick Healthcare Group, LLC	Durable Medical Equipment Supplier	1/28/1999

RESPONSE TO PAGE 6, #8 EMPLOYMENT

Company Name	Address
Comprehensive Sleep Solutions, LLC	P.O. Box 40700 Mesa, AZ 85274
Founders Healthcare, LLC dba Preferred Homecare	P.O. Box 40700, Mesa, AZ 85274
LifeCare Solutions, Inc.	P.O. Box 40700, Mesa, AZ 85274
Maverick Associates, LLC	26890 N. 116th Way Scottsdale, AZ 85262
Maverick Healthcare Group, LLC	P.O. Box 40700 Mesa, AZ 85274
Maverick Healthcare Holdings II, Inc.	P.O. Box 40700 Mesa, AZ 85274
Maverick Healthcare Holdings, Inc.	P.O. Box 40700 Mesa, AZ 85274
Maverick Ventures, LLC	26890 N. 116th Way Scottsdale, AZ 85262
Option One Home Medical Equipment, Inc.	P.O. Box 40700 Mesa, AZ 85274
Park InfusionCare, LP.	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare Infusion, LLC	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare of Colorado, LLC	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare Rehab Services, LLC	P.O. Box 40700 Mesa, AZ 85274
Sisu Healthcare Solutions, Inc.	4980 S. Alma School Rd. Ste #2-212, Chandler, AZ 85248

RESPONSE TO PAGE 7, #12

Company Name	Type of Entity	Address
Comprehensive Sleep Solutions, LLC	Independent Testing Facility	P.O. Box 40700 Mesa, AZ 85274
Founders Healthcare, LLC dba Preferred Homecare	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700, Mesa, AZ 85274
LifeCare Solutions, Inc.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700, Mesa, AZ 85274
Option One Home Medical Equipment, Inc.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Park InfusionCare, LP.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare Infusion, LLC	Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare of Colorado, LLC	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274

Applicant's initial *KHJ* Page 10

14B

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (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: SNNAC, LLC

Physical Address: 932 Ryland St.

City: Reno State: NV Zip Code: 89502

Telephone: 775-853-4166 Fax: 775-853-4255

Toll Free Number: 1-866-996-9729 E-mail: nicole.hayes@azuracare.com

Website: nevadakidney.com

Managing Pharmacist: Erika Sutton License Number: 17827

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	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 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 checked="" type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center		<input 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
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding
		<input checked="" type="checkbox"/> <input type="checkbox"/> Other Services: <u>in-center only</u>

All boxes must be checked
 For the application to be complete

101722

APPLICATION FOR NEVADA PHARMACY LICENSEThis page must be submitted for all types of ownership.

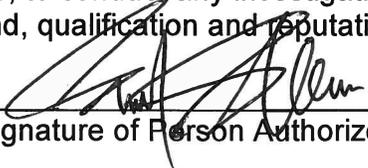
Within the last five (5) years:

- 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

Sunil Skaria
Print Name of Authorized Person

5/11/18
Date

Board Use Only

Date Processed: _____

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: O'Neill, Clark, Narvarte, & vicks

Business Name: SNNAC, LLC

Current Business Address: 932 Ryland Street

City: Reno State: NV Zip Code: 89502

Telephone: 775-853-4166 Fax: 775-853-4255

List any physician shareholders and percentage of ownership.

Name: O'Neill, Clark, Narvarte, & vicks %: 100%

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7³⁰ 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: _____

Include with the application for a sole owner

Designated representative form. Download the form from the website under the “Applications/Services” tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record. Download the form from the website under the “Applications/Services” tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Sunil skaria

Responsible Person of SNNAC, 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

Sunil Skaria

Print Name of Authorized Person

5/11/18

Date

Managing Pharmacist

Pharmacist Name: Erika Sutton License #: 17827

Pharmacy Name: SNNAC, 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 checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: <u>NV</u> Date: <u>12/6/17</u> Case #: <u>16-082-RPh-A-N</u>		
And/or Criminal Action: State: _____ Date: _____ Case #: _____		
County: _____ Court: _____		

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Dear members of the board,

My name is Nazanin Kazeminy and I am a Pharm D graduate of Roseman University of Health Sciences in Henderson, NV. I am writing this letter to request a retake of the Nevada state MPJE. Unfortunately, I have been unable to receive a passing score, despite my best efforts, due to certain circumstances that have had a direct effect in many aspects of my life, including my professional life.

Just a few months ago, having just completed the NAPLEX with a score of 98, I was sure that I was well on my way to being a licensed pharmacist in no time at all and I was very eager to take the MPJE and start working. I was sure that, even though the study of law wasn't my focus in the past, this would be a very feasible task.

As my personal and family life is concerned, much of my time is devoted to taking care of my parents as they are not in great health. My father is a heart transplant recipient with end-stage renal disease and mobility problems and in constant need of assistance. My mother is a cancer survivor who has limited function in one of her arms and is constantly challenged by taking care of herself as well as my father. As can be imagined, much of my personal life is devoted to taking care of my family.

Despite the personal and family and other personal factors, I want it to be known and clear that I have put much effort and planning into the MPJE. I have studied law material from Roseman University, two different federal law books, and all statutes completely; and I have done so multiple times. I have, however, been unfortunate in the passing of this exam. I have also reached out for guidance to previous professors and the board. It's possible that I may have misread the questions or been too eager to retake the exam and not allowed myself enough time between the tests. I never attempt anything halfheartedly and certainly take my profession and the mastery of all material relevant to my work, including the law, very seriously.

I have every intention to succeed in the field of pharmacy in the state of Nevada, as this is the only state in which I have resided and where I want to serve. It's also crucial for me to stay in Nevada as I am the only family member that my parents have here and I must not leave them. I thank you for your time in reading this letter and reach out to you for your guidance.



Sincerely,

Nazanin Kazeminy, Pharm D

N. Km 7/6/18



NABP

National Association of
Boards of Pharmacy
www.nabp.pharmacy

1600 Feehanville Drive
Mount Prospect, IL 60056
T) 847/391-4406
F) 847/375-1114

July 31, 2018

Nazanin Kazeminy
NABP e-profile# 923477

Dear Executive Secretary Pinson:

Please find the information for Nazanin Kazeminy requested from the National Association of Boards of Pharmacy® (NABP®) regarding a registration for the Multistate Pharmacy Jurisprudence Examination® (MPJE®). NABP records show that the candidate has five failed attempts at the MPJE. In accordance with NABP's testing policy, the board of pharmacy must provide approval to NABP for requests that exceed the five-time testing limit before a candidate is permitted to register for the examination.

The testing limit was put in place in keeping with NABP's mission to protect public health by assisting its member boards of pharmacy and offer programs that promote safe pharmacy practices for the benefit of consumers.

NABP member boards retain the authority to determine a candidate's eligibility to test for the NAPLEX and MPJE. **If a candidate has not passed the NAPLEX or MPJE within five attempts and a member board deems this candidate eligible to take the NAPLEX or MPJE after the fifth attempt, NABP will deliver the NAPLEX or MPJE to the candidate in accordance with NABP standards.**

Attempts were for the jurisdiction of Nevada.

DATE	SCORE
10/23/2017	67
12/28/2017	72
4/5/2018	73
5/22/2018	72
6/25/2018	68

Please provide NABP with the board's decision and justification regarding this request.

Sincerely,

Linda Johnson
NABP Competency Assessment
National Association of Boards of Pharmacy

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check only made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: Nazanin Middle: _____ Last: Kazeminy

Mailing Address: 2 Tecate valley st

City: Las Vegas State: NV Zip Code: 89138

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: Iran, Tehran

Social Security Number: _____ Sex: M or F
(Full Number Required)

College of Pharmacy Information

Graduation Date: 5/31/17
(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: Roseman university

Location of School: 11 sunset way, Henderson, Nevada, 89014

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: <u>4-10-17</u>	Amount: <u>\$330.00</u>	Entity #: <u>71880</u>
Email: <u>4-10</u>	NAPLEX: <u>6/1</u>	MPJE: <u>6/1</u>

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>none</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	<u>none</u>	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 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/or documentation:		

Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

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

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

N. Kobz
Original Signature, no copies or stamps accepted

4/3/17
Date

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2019 BOARD MEETING DATES

January 16-17, 2019	Las Vegas
March 6-7, 2019	Reno
April 10-11, 2019	Las Vegas
June 5-6, 2019	Reno
July 17-18, 2019	Las Vegas
September 4-5, 2019	Reno
October 9-10, 2019	Las Vegas
December 4-5, 2019	Reno

JANUARY							FEBRUARY							MARCH							APRIL							MAY							JUNE						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5				1	2						1	2				1	2	3	4	5	6				1	2	3	4								1
6	7	8	9	10	11	12	3	4	5	6	7	8	9	3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
13	14	15	16	17	18	19	10	11	12	13	14	15	16	10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
20	21	22	23	24	25	26	17	18	19	20	21	22	23	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
27	28	29	30	31			24	25	26	27	28			24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29
														31																					30						
JULY							AUGUST							SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6			1	2	3			1	2	3	4	5	6	7			1	2	3	4	5			1	2				1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

ANNUAL MEETINGS

APhA Annual Meeting	March 22-25, 2019	Seattle, WA
NACDS Annual Meeting	April 27-30, 2019	Palm Beach, FL
NABP Annual Meeting	May 16-18, 2019	Minneapolis, MN
ASHP Summer Meeting	June 8-12, 2019	Boston, MA
NASCSA Annual Meeting	Oct. 21-24, 2019	Richmond, VA
ASHP Mid Year Meeting	December 8-12, 2019	Las Vegas, NV
NABP District 8 Meeting	?	

STATE HOLIDAYS (observed)

New Years Day	January 1, 2019
Martin Luther King's Birthday	January 21, 2019
President's Birthday	February 18, 2019
Memorial Day	May 27, 2019
Independence Day	July 4, 2019
Labor Day	September 2, 2019
Nevada Day	October 25, 2019
Veteran's Day	November 11, 2019
Thanksgiving	November 28-29, 2019
Christmas	December 25, 2019

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EXECUTIVE SECRETARY REPORT – September, 2018

- **FINANCIAL REPORT**

- Treasurer's Report

- **TEMPORARY LICENSES**

- **STAFF ACTIVITIES**

- Meetings with other health care boards
- Treasurer training
- Governor's Opioid Accountability Meeting
- Critical Point Training, YenH completed sterile training
- YenH participated in the National Board of Pharmacy Steering Committee
- Annual Report. update
- Paul presented at the Rotary Club Reno
- Participation in the Nevada Healthcare Option Meetings
- Roseman student rotation started August 20th
- Organized Crime Drug Enforcement Task Force National Award
- NASCSA

- **REPORT TO BOARD**

- Licensing software update

- **BOARD RELATED NEWS**

- District Meeting October 14-17 Kansas City
- NABP Member Forum November 28-29 2018
- NABP Executive Forum Oct 2-3 2018

- **ACTIVITIES REPORT**

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
639 Veterinarians dispensing through consignment	09/07/17 10/19/17 12/06/17	12/12/17	R146-17	02/01/18	02/01/18	03/07/18	04/05/18	05/16/18
639.010 Definition of Designated Agent	10/19/17 12/06/17							
639.670 USP 800	10/19/17	Close – Adopting USP 800						
639.879 APRN Dispensing	10/19/17	11/02/17	R132-17	12/01/17		03/07/18	03/28/18	05/16/18
639 NEW Prescription Readers	10/19/17	11/02/17	R131-17	12/05/17	01/24/18 03/13/18 05/03/18	03/07/18 04/12/18 06/07/18	06/15/18	06/26/18
639 PMP Registration/Access	01/11/18	01/12/18	R013-18	04/30/18	05/03/18	06/07/18	06/15/18	06/26/18
639 Show Cause	01/11/18	01/12/18	R014-18	02/27/18	03/13/18	04/12/18	04/17/18	05/16/18
639.742 Vet Dispensing 639.220 Schedule of Fees	01/11/18	01/12/18	R015-18	03/09/18	03/13/18	04/12/18	04/17/18	05/16/18
639.NEW Dispensing of CS in conformance with AB 474	03/07/18	03/13/18	R047-18	04/17/18 05/04/18	05/08/18	06/07/18	06/15/18	06/26/18
453.510 Schedule I – Adding New Substances (Fentanyl)	03/07/18	03/15/18	R048-18					
639.NEW (2) – Further defines CS prescribed for pain (AB474)	06/07/18	06/15/18	R144-18	07/17/18	07/27/18	09/05/18		
639.250 – Technician Ratio	09/05/18							



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

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JULY 18-19, 2018 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 July 2018 Board meeting.

Licensing Activity:

- 14 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies and 1 granted for a Nevada MDEG company.
- 12 licenses were granted for Out-of-State pharmacies; pending receipt of a favorable inspection for all compounding pharmacies.
- 8 licenses were granted for Out-of-State wholesalers.
- 6 licenses were granted for Nevada pharmacies.
- 2 licenses were granted for Out-of-State Outsourcing Facilities.
- 2 licenses were granted for techs in training with allegations of past criminal activity or drug use (after evaluation by PRN-PRN and more information).
- 1 pharmacist was granted authority to practice outside of a traditional pharmacy (Burning Man venue).
- 1 pharmacist, who had been revoked for failure to complete CE and failure to demonstrate competence by passing the PARE Exam, was ordered to reapply, take and pass the NAPLEX Exam before being relicensed.

Disciplinary Actions:

- Pharmacists RA and NQ were fined and ordered extra CE for dispensing the wrong medication to a patient, which was ingested with harm. Pharmacy WM was ordered to pay administrative fees.
- Physicians RT and CW had their controlled substance registrations revoked for allowing their staff to prescribe and dispense controlled substances for them in their absence.

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.
- The budget for fiscal 2018-2019 was presented and accepted.
- The Board Policy Manual was presented after staff review and updating, and approved.
- A discussion item regarding increasing the tech to pharmacist ratio in certain non-traditional pharmacies was approved to move to workshop.
- Board elections were held.
- Legal staff offered updates on present litigation.

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Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

September 05, 2018

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.1371

A REGULATION relating to the ratio of pharmaceutical technicians to pharmacists.

NAC 639.250 Restrictions on supervision. (NRS 639.070, 639.0727, 639.1371) Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in this section, in a hospital, a pharmacist who is dispensing prescriptions may not supervise more than a total of three pharmaceutical technicians at one time. A pharmacist who is supervising distributive functions may not supervise more than a total of two pharmaceutical technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on-the-job training.

2. Except as otherwise provided in this section, in any pharmacy, other than a hospital pharmacy, a pharmacist may not supervise more than a total of three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time.

3. In any telepharmacy, remote site or satellite consultation site, a pharmacist may not supervise more than a total of three pharmaceutical technicians at one time.

4. In a pharmacy that only performs prescription, patient, and prescriber data entry, and drug utilization reviews, a pharmacist may not supervise more than a total of eight pharmaceutical technicians or six pharmaceutical technicians and two pharmaceutical technicians in training at one time.

4.5. A pharmacist may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to subsections 1 and 2 if:

(a) Not more than three of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and

(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.

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**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R144-18

July 16, 2018

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1-4, NRS 639.070 and 639.23916.

A REGULATION relating to controlled substances; requiring a practitioner to take certain actions when obtaining informed written consent to and entering into a prescription medication agreement concerning a class of certain controlled substances; establishing a manner for obtaining an assessment of a patient's risk for abuse, dependency and addiction; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires a practitioner, other than a veterinarian, to obtain informed written consent from a patient before prescribing a controlled substance listed in schedule II, III or IV for the treatment of pain. (NRS 639.23911, 639.23912) Existing law also requires a practitioner, other than a veterinarian, who intends to prescribe a controlled substance listed in schedule II, III or IV for the treatment of pain to enter into a prescription medication agreement with the patient. (NRS 639.23914) **Sections 2 and 4** of this regulation impose certain requirements on a practitioner when obtaining informed written consent and entering into a prescription medication agreement, respectively, concerning the use of a class of controlled substances listed in schedule II, III and IV. **Sections 2 and 4** also require a practitioner who has obtained informed written consent to or entered into a prescription medication agreement concerning a class of controlled substances to take certain actions to ensure that the patient remains properly informed.

Existing law requires a practitioner, other than a veterinarian, to require a patient who has used a controlled substance listed in schedule II, III or IV for 90 consecutive days or more for the treatment of pain to complete an assessment of his or her risk for abuse, dependency and addiction before prescribing the controlled substance to continue the treatment. (NRS 639.23913) **Section 3** of this regulation: (1) authorizes such an assessment to be conducted in verbal or written form; and (2) requires such an assessment to include at least one question concerning depression.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. *A practitioner who obtains informed written consent pursuant to NRS 639.23911 and 639.23912 to the use of a class of controlled substances listed in schedule II, III or IV, must, in addition to meeting the requirements for informed written consent set forth in NRS 639.23912:*

1. Explain the nature and terms of the written consent to the person from whom informed written consent is obtained and answer any questions from the person concerning the written consent; and

2. Before issuing a prescription for a controlled substance in the class for which informed written consent was provided, inform the person that the medication is in the class of controlled substances for which he or she provided informed consent.

Sec. 3. *An assessment of risk for abuse, dependency and addiction completed pursuant to NRS 639.23913:*

1. May be completed in verbal or written form; and

2. Must include, without limitation, at least one question concerning depression.

Sec. 4. Section 7 of LCB File No. R047-18 is hereby amended to read as follows:

1. A patient may enter into a prescription medication agreement in satisfaction of the requirements of ~~[section 56 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4433 (NRS 639.23914),]~~ **NRS 639.23914** with a group of practitioners, including, without

limitation, by entering into such an agreement with a member or other agent of the group who has the authority to enter into the agreement on behalf of the group.

2. If a practitioner or group of practitioners enters into a prescription medication agreement with a patient before the issuance to the patient of a prescription for which such an agreement is required by the provisions of ~~section 56 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4433 (NRS 639.23914),~~ **NRS 639.23914**, the prescribing practitioner must review the agreement immediately before issuing the prescription, including, without limitation, by using a database maintained by the practitioner or group of practitioners, and update the agreement if necessary.

3. A practitioner who enters into a prescription medication agreement pursuant to NRS 639.23914 must:

- (a) Answer any questions from the patient concerning the written consent; and***
- (b) Before issuing a prescription for a controlled substance in the class for which informed written consent was provided, inform the patient that the medication is in the class of controlled substances for which he or she provided informed consent.***