NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

September 2-3, 2020

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

Nevada State Board of Pharmacy

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

Date Posted: August 20, 2020

AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, September 2, 2020 at 9:00 am. The meeting will continue, if necessary, on Thursday September 3, 2020 at 9:00 am or until the Board concludes its business at the following location:

Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom:
https://zoom.us/j/5886256671

or

Via Teconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

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 three minutes per person. You may call into the videoconference by following the link or calling the phone number listed above.The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

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

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

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

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

◈ CONSENT AGENDA ◈

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

3. Approval of July 15-16, 2020, Minutes (**FOR POSSIBLE ACTION**)

4. 4.1 Applications for Out-of-State Pharmacy License – Non-appearance (**FOR POSSIBLE ACTION**)

   A. AdhereRx, Inc. – Gilbert, AZ
   B. Blink Pharmacy Plus – Pittsburgh, PA
   C. Epic Pharmacy – Oklahoma City, OK
   D. First Choice Home Infusion LLC – Hendersonville, TN
   E. LeMed Pharmacy III, LLC
   F. Preferred Pharmacy Inc – Costa Mesa, CA
   G. Solara Medical Supplies LLC – Chula Vista, CA
   H. Stoneview Pharmacy – Gilbert, AZ
   I. Vet Perfect, Inc. – Boca Raton, FL
   J. Vivo Health Pharmacy at Home – Great Neck, NY
   K. Zoetis US LLC – Lee's Summit, MO

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

   L. Burt's Pharmacy, LLC – Newbury Park, CA
   M. Cheveux LLC – Phoenix, AZ
   N. Express Veterinary Pharmacy – Gilbert, AZ
   O. Jungle Jim's Pharmacy – Fairfield, OH

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

P. A Better Choice Medical Supply, LLC – Waterford, MI
Q. BioTel INR, LLC – Indianapolis, IN
R. Control Bionics Inc. – Milford, OH
S. First Nation Group, LLC – Denver, CO
T. Icon Medical Solutions Corp. – Leominster, MA
U. Linde Gas North America, LLC – Livingston, TN
V. Nephron Pharmacy LLC – West Columbia, SC
W. Nitrous Oxide Corp – Tooele, UT
X. Nitrous Oxide Corp – Yazoo City, MS
Y. Recovery DME, Inc. – San Diego, CA
Z. RGH Enterprises, Inc. – Jacksonville, FL
AA. Secure Medical Products, Inc. – Deerfield Beach, FL
BB. Sleep Data Holdings, LLC – San Diego, CA

4.4 Applications for Nevada Medical, Devices, Equipment and Gases License – Non-appearance (**FOR POSSIBLE ACTION**)
None

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

Background Check Not Required by Law.

4.5.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))
None

4.5.2 Manufacturer (NAC 639.593(7)(d))

CC. Acertis Pharmaceuticals, LLC – Langhorne, PA
DD. Bayshore Pharmaceuticals LLC – Short Hills, NJ
EE. Estreno Pharmaceuticals, LLC – Sunrise, FL
FF. Nestle HealthCare Nutrition, Inc. – Bridgewater, NJ
GG. PCI of Illinois – Rockford, IL
HH. Praxair Distribution, Inc. – Bethlehem, PA
II. Profounda, Inc. – Orlando, FL
JJ. Sovereign Pharmaceuticals, LLC – Forth Worth, TX
KK. Tusker Medical, Inc. – Menlo Park, CA
LL. Zealand Pharma US, Inc. – Marlborough, MA

4.5.3 Publicly Traded (NAC 639.593(7)(a))

MM. BioCryst Pharmaceuticals, Inc. – Durham, NC
NN. RGH Enterprises, Inc. – Jacksonville, FL

4.5.4 VAWD-Accredited (NAC 639.593(7)(c))

OO. NDC Distributors LLC – Brooklyn, NY

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

4.5.5 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

PP. Apellis Pharmaceuticals, Inc. – Waltham, MA
QQ. AVEO Pharmaceuticals, Inc. – Boston, MA
RR. Dermira, Inc. – Menlo Park, CA
SS. Gamida Cell Inc – Boston, MA
TT. TG Therapeutics, Inc. – Edison, NJ

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

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

UU. Puragraft – Kingwood, TX
VV. Takeda Pharmaceuticals America, Inc. – Florence, KY

4.6 Application for Nevada Pharmacy License – Non-apperance **(FOR POSSIBLE ACTION)**
None

◈ REGULAR AGENDA ◈

5. Disciplinary hearings pursuant to NRS 639.247. Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. (**FOR POSSIBLE ACTION**)

A. Kirash Mirkia, MD	(19-090-CS-S-A)
B. Victoria Wall, MD	(20-067-CS-S)
C. Katherine Kuehl	(19-035-RPH-B-S)
D. Walmart Pharmacy #10-3728	(18-096-PH-S)
E. Paul Luke	(19-066-PH-S)
F. Theodore Herrera	(19-079-IN-S)
G. Jerald Clyde, RPH	(19-061-RPH-S)
H. Smith's Pharmacy #336	(19-061-PH-S)
I. Abdel M. Khalek, MD	(19-003-CS-A-S)
J. Robert Chancellor, MD	(19-003-CS-B-S)
K. Lindsay Hoffman, PA-C	(19-003-CS-C-S)
L. Bernard Kofi Addo-Quaye, MD	(19-242-CS-A-S)

M. Mukwel Aiyuk, APRN (19-242-CS-B-S)
N. Solomon Joshua, APRN (19-242-CS-C-S)

6. Appeal hearings for citation and fine pursuant to NRS 639.2895(2). 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. Vinay Kumar Bararia, MD (19-003-CS-D-S)
B. Victor Bruce, MD (19-242-CS-D-S)

7. Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board – Appearance. Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Joyce P. Chang, MD

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

A. Roger Belcourt
B. Andrew Podley

9. Applications for Pharmacist Registration by Examination – Appearance. Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

A. Tosin A. Adelakun
B. Mark Harward
C. Michael Shimoide

10. Applications for Pharmacist Registration by Reciprocation – Appearance. Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Gabriel Castaneda

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

A. Patrick Smith, APRN
B. Natalie Wynn, APRN

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

Tammy Hankins, PA

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

Mark Robertson

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

Eyosias Bekele

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

John Phoenix, APRN

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

Dustin Godoy

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

A. APS Pharmacy – Palm Harbor, FL
B. Sisu Healthcare Solutions, Inc. – Tempe, AZ

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

A. Carepharm Pharmacy, LTC – Houston, TX
B. Script2U LLC – Memphis, TN
C. ScriptHero Pharmacy LLC – Columbus, OH

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

Medical Action Industries, Inc. – Arden, NC

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

Nevada Prime Healthcare LLC – Reno, NV

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

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

MD Logistics, LLC – Reno, NV

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

Background Check Not Required by Law.

22.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))
None

22.2 Manufacturer (NAC 639.593(7)(d))

A. Aurolife Pharma LLC – Dayton, NJ
B. Clinical Solutions Wholesale, LLC – Franklin, TN
C. Exelan Pharmaceuticals, Inc. – Boca Raton, FL
D. Mizner BioScience, LLC – Boca Raton, FL

22.3 Publicly Traded (NAC 639.593(7)(a))
None

22.4 VAWD-Accredited (NAC 639.593(7)(c))

E. Owens & Minor Distribution, Inc. – Hebron, KY

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

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

22.7 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

F. Covetrus North America – Aurora, CO
G. Covetrus North America – Southaven, MS

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

H. Aleracare Wholesale, LLC – Phoenix, AZ
I. JanusTrade Group LLC – Eatontown, NJ

23. Application for Out-of-State Outsourcing Facility – Appearance (**FOR POSSIBLE ACTION**)

Farmakeio Outsourcing – Southlake, TX

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

Off-Site Rampart Pharmacy – Winnemucca, NV

25. Rehearing of Order in Case No. 20-008-PT-S on Application of Jevons Wang pursuant to NRS 639.252 **(FOR POSSIBLE ACTION)**

26. Discussion and possible action on Bill Draft Request for 2021 Nevada Legislative Session to amend NRS Chapter 639 regarding the licensing and regulation of the practice of pharmacy, including increasing fees for initial licensure and biennial renewal of a wholesaler license, and requiring criminal background checks for initial registration as a pharmacist or pharmaceutical technician. **(FOR POSSIBLE ACTION)**

27. Discussion and Possible Action on Advisory Opinion pursuant to NAC 639.150 in response to petition submitted by the Nevada Association of Nurse Anesthetists on authority of CRNAs to posses and administer anesthetic agents to patients. **(FOR POSSIBLE ACTION)**

28. Discussion and possible action on medical interns and residents' controlled substance registration fee **(FOR POSSIBLE ACTION)**

29. Annual review to consider and suggest amendments to and deletions from the provisions of NAC 639.501-.5019 **(FOR POSSIBLE ACTION)**

30. Discussion and possible action on approval of Immunize Nevada - Nevada Immunization Learning Exchange - CE Programs **(FOR POSSIBLE ACTION)**

31. Approval of Revised Wholesaler Application **(FOR POSSIBLE ACTION)**

32. Petition for Exemption from the requirement of a lavatory with toilet and washbasin within or adjoining the pharmacy. NAC 639.530(4). **(FOR POSSIBLE ACTION)**

    Rx2U, LLC. – Las Vegas, NV

33. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

34. Executive Secretary Report:

    A. Financial Report
    B. Issuance of Temporary Licenses and Registrations
    C. Meetings with Other Health Care Regulatory Boards
    D. COVID-19 Response
        - Emergency Regulation Update
    E. Presentation to GME UNLV
    F. Licensing Software Update
    G. Licensing Activities Report
    H. PMP Integration

◈ PUBLIC HEARING ◈

Thursday September 3, 2020 – 9:00 am

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

    A. **Amendent of Nevada Administrative Code (NAC) 453.520 Schedule II**. The proposed amendment adds such drug products to the list of controlled substances in schedule II in conformity with the federal regulations of the Uniform Controlled Substances Act. (LCB File No. R084-20)

    B. **Amendment of Nevada Administrative Code (NAC) 639: Pharmacy Technician Ability to Administer Immunizations**. The proposed amendment will authorize a pharmacy technician with appropriate training to administer immunizations under the direct supervision of a pharmacist. (LCB File No. R142-20)

◈ WORKSHOP ◈

Thursday September 3, 2020 – 9:00 am

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

Amendment of Nevada Administrative Code (NAC) 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners. The proposed amendments will modify the supervision of dispensing technician by dispensing practitioners. These amendments will authorize dispensing practitioners in group practices to share inventory of certain medications and centralize activities. The proposed amendments will increase the fees for the application for an initial registration, and the biennial renewal of a registration, as a registered dispensing technician.

37. Request for Approval of Change of Managing Pharmacist pursuant to NRS 639.220 **(FOR POSSIBLE ACTION)**

ACRx Specialty Pharmacy

38. Date and Location of Next Scheduled Board Meeting:

October 14-15, 2020 – Las Vegas, NV

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

40. Adjournment

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

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

No Continuing Education credit, will be given for attending this Board meeting.

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

This notice has been posted at the following locations and is available for viewing at www.notice.nv.gov and www.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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Documentation for this agenda will be provided at a later date.

4

4A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AdhereRx, Inc.

Physical Address: 1343 N. Colorado Street, Suite 109, Gilbert, AZ 85233

Mailing Address: 1343 N. Colorado Street, Suite 109

City: Gilbert State: AZ Zip Code: 85233

Telephone: (602) 649-4145 Fax: (602) 962-2234

Toll Free Number: (866) 463-5550 (Required per NAC 639.708)

E-mail: bret.koertge@adherehealth.com Website: http://www.adhererx.com

Managing Pharmacist: Bret Koertge License Number: AZ - S024593

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Bret Koertge
Print Name of Authorized Person

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: North Carolina

Parent Company if any: AdhereHealth

Mailing Address: 501 Corporate Centre Drive, Ste. 400

City: Franklin State: TN Zip: 37067

Telephone: (629) 216-3027 Fax: (615) 345-7460

Contact Person: J.R. Garrett

For any corporation non publicly traded, disclose the following:

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

a) Bradley J. Mundt Precision Drive, S... ... Loveland C...
Name Address

b) Jason Z Rose Corporate Centre Drive Frank...
Name Address

c) Brian S Sauer Street Promenade Santa Monica
Name Address

d) _____
Name Address

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

3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 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: _____

• File an Annual Report/Amend an Annual Report • Upload a PDF Filing • Order a Document Online • Add Entity to My Email Notification List • View Filings • Print a Pre-Populated Annual Report form • Print an Amended a Annual Report form

Business Corporation

Legal Name
AdhereRx Incorporated
Prev Legal Name
Physicians Pharmacy Alliance, Inc.
Prev Legal Name
U 1st Pharmacy, Inc.

Information

SosId: 0651809
Status: Current-Active
Date Formed: 11/6/2002
Citizenship: Domestic
Fiscal Month: December
Annual Report Due Date: April 15th
Current**Annual Report Status:**
Registered Agent: CT Corporation System

Addresses

Mailing
118 MacKenan Dr. Suite 200
Cary, NC 27511

Principal Office
118 MacKenan Dr. Suite 200
Cary, NC 27511

Reg Office
160 Mine Lake Ct Ste 200
Raleigh, NC 27615

Reg Mailing
160 Mine Lake Ct Ste 200
Raleigh, NC 27615

Officers

Chairman
Bradley J. Mundt
Precision Drive,
Loveland

President
Jason Z Rose
Corporate Centre Drive,
Franklin TN

Secretary
Brian S Sauer
Street Promenade
Santa Monica

Stock

Class: Common
Shares: 1000
No Par Value: Yes

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ADHERERX INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 6th day of November, 2002, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of July, 2020.

Elaine F. Marshall

Secretary of State

Certification# 107853054-1 Reference# 16391156- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Bret Koertge

Responsible Person of AdhereRx, 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

Bret Koertge
Print Name of Authorized Person

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

I, Bret Koertge, 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 AdhereRx, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Name

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

NOTARY PUBLIC

SHANE HUFFMAN
Notary Public - Arizona
Maricopa County
Commission # 557753
My Comm. Expires Jan 27, 2023

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

Receipt Date: 03/31/2020
Receipt Number: 202082125
Receipt Amount $: 480.00

Pharmacy - Limited Service

Mail Order

PERMIT NO	EXPIRES
Y008343	10/31/2021

Issued to : ADHERERX INCORPORATED
ADHERERX INCORPORATED
501 CORPORATE CENTRE DR STE 400 FRANKLIN, TN 37067

ADHERERX INCORPORATED
1343 N COLORADO ST SUITE 109
GILBERT, AZ 85233

Kam Gardner
EXECUTIVE DIRECTOR

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

WALLET CARD

NAME : ADHERERX INCORPORATED
LICENSE NUMBER : Y008343
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

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

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

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

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

4B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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: Blink Health Pharmacy LLC d/b/a Blink Pharmacy Plus

Physical Address: 3 Penn Center West, Suite 320 Pittsburgh PA 15276

Mailing Address: 1407 Broadway, Suite 2100

City: New York State: NY Zip Code: 10018

Telephone: 412-376-4342 Fax: 866-347-7092

Toll Free Number: 844-963-0320 (Required per NAC 639.708)

E-mail: licensing@blinkhealth.com Website: www.blinkhealth.com/blink-pharmacy-plus

Managing Pharmacist: Michael Stanley License Number: RP448577 (PA)

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Michael Nameth EVP, Pharmacy
Print Name of Authorized Person

7/22/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Blink Health Pharmacy LLC

Mailing Address: 1407 Broadway, Suite 2100

City: New York State: NY Zip: 10018

Telephone: 314-956-9369 Fax: 646-304-6779

Contact Person: Kathleen Reardon

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 0

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

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

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

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 8:00 pm Saturday Closed am Closed pm

Sunday Closed am Closed pm 24 Hours _____

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLINK HEALTH PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLINK HEALTH PHARMACY LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

6696402 8300

SR# 20206243749

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

Authentication: 203287548

Date: 07-15-20

Blink Health Pharmacy LLC
1401 Broadway, Suite 2100
New York, NY 10018
FEIN #30-1027668

Geoffrey Chaiken **Chief Executive Officer**	**Michael Nameth** **Executive Vice President, Pharmacy**
Kathleen Reardon **Chief Healthcare Counsel & Corporate Secretary**	**Frederick Duff** **Vice President, Finance**

No Officer has an ownership interest in the entity.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

07/21/2020

License Information

BLINK HEALTH PHARMACY, LLC DBA BLINK PHARMACY PLUS

3 PENN CENTER WEST, SUITE 320
PITTSBURGH, Pennsylvania 15276

Board/Commission:	State Board of Pharmacy	Status Effective Date:	10/23/2019
LicenseType:	Pharmacy	Issue Date:	10/23/2019
Specialty Type:		Expiration Date:	08/31/2021
License Number:	PP482929	Last Renewal:	
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
MICHAEL ROBERT STANLEY	Pharmacist Manager	Pharmacist	RP448577	Active	10/28/2019	09/30/2020

Disciplinary Action Details

No disciplinary actions were found for this license.

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

1352

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

Pharmacy

License Number
PP482929

Expiration Date
08/31/2021

Active

BLINK HEALTH PHARMACY, LLC DBA BLINK PHARMACY PLUS
3 PENN CENTER WEST, SUITE 320
PITTSBURGH, PA 15276

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE.

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Pennsylvania Licensing System (PALS)

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

BLINK HEALTH PHARMACY, LLC DBA BLINK PHARMACY PLUS
3 PENN CENTER WEST, SUITE 320
PITTSBURGH, PA 15276

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

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

20 0024608

License Type
Pharmacy

BLINK HEALTH PHARMACY, LLC DBA BLINK P
MICHAEL ROBERT STANLEY
3 PENN CENTER WEST, SUITE 320
PITTSBURGH, PA 15276

License Status
Active

Initial License Date
10/23/2019

Expiration Date
08/31/2021

License Number
PP482929

Acting Commissioner of Professional and Occupational Affairs

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S. 911

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

BLINK HEALTH PHARMACY, LLC DBA BLINK HEALTH PHARMACY
3 PENN CENTER WEST, SUITE 320
PITTSBURGH, PA, 15276

Phone: 412-376-4342
Owner: MICHAEL STANLEY

LICENSE

License No: AA0001810902
Profession: Pharmacy
License Type: Pharmacy
Inspection Type: New Business
Inspection Date: 10/23/2019
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

CATHERINE LUTZ	10/23/2019 9:55:21 AM	Michael Stanley - RP448577
Signature of Inspector	Date/Time	Signature of Owner/Representative

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Pennsylvania)
) ss.
Allegheny COUNTY)

I, Michael Nameth, 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 EVP, Pharmacy for Blink Health Pharmacy LLC d/b/a Blink Pharmacy Plus (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
22nd day of July, 2020.

NOTARY PUBLIC

Commonwealth of Pennsylvania - Notary Seal
Veronica C. Berton, Notary Public
Allegheny County
My commission expires October 6, 2023
Commission number 1249239
Member, Pennsylvania Association of Notaries

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael Nameth

Responsible Person of Blink Health Pharmacy LLC d/b/a Blink Pharmacy Plus

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

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

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

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

Michael Nameth EVP, Pharmacy
Print Name of Authorized Person

7/22/2020
Date

4C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8* ☑ *Partnership - Pages 1,2,6,8*

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Epic Pharmacy LLC DBA Epic Pharmacy

Physical Address: 2249 NW 39th St Oklahoma city, OK - 73112

Mailing Address: 2249 NW 39th St

City: Oklahoma city State: Ok Zip Code: 73112

Telephone: 405. 724. 7852 Fax: 405. 724. 7853

Toll Free Number: 1. 888. 688. 0054 (Required per NAC 639.708)

E-mail: epicrx@epicpharmacyokc.com Website: www.epicpharmacyokc.com

Managing Pharmacist: Valimohammed Panara License Number: 16396 (ok)

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Hamza

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

HAMZA MUHAMMAD

Print Name of Authorized Person

06.25.20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited ✓

Partnership Name: Epic Pharmacy LLC

Mailing Address: 2249 NW 39th St

City: Oklahoma city State: OK Zip Code: 73112

Telephone Number: 405. 724. 7852 Fax Number: 405. 724. 7853

Contact Person: Valimohammed Panara

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

Name	G or L	Percentage
Hamza Muhammad	L	40 %
Jagdishbhai Hapani	L	30 %

List names of 4 largest partners and percentage of ownership:

Name: Hamza Muhammad %: 40 %

Name: Jagdish bhai Hapani %: 30 %

Name: Kausherbanu Panara %: 30 %

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: NP %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday 10:00 am 2:00 pm

Sunday closed am closed pm 24 Hours No

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, HAMZA MUHAMMAD

Responsible Person of EPIC PHARMACY LLC

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

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

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

Hamza

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

HAMZA MUHAMMAD — Print Name of Authorized Person

06.25.20 — Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Collin COUNTY)

I, HAMZA MUHAMMAD, 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 HAMZA MUHAMMAD for EPIC PHARMACY LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

HAMZA MUHAMMAD
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 25th day of June, 2020.

NOTARY PUBLIC

ZACK LOGSDON
Notary Public, State of Texas
Comm. Expires 04-04-2024
Notary ID 128948530

OFFICE OF THE SECRETARY OF STATE

STATE OF OKLAHOMA

CERTIFICATE OF REGISTRATION
OF
LIMITED LIABILITY COMPANY

WHEREAS, the Application for Registration of

EPIC PHARMACY LLC

organized under the laws of the State of **DELAWARE** *has filed in the office of the Secretary of State duly authenticated evidence of its organization and application for registration to transact business in this State, as provided by the laws of the State of Oklahoma.*

NOW THEREFORE, I, *the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this Certificate evidencing the registration of said limited liability company to transact business in this state.*

IN TESTIMONY WHEREOF, I *hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.*

GREAT SEAL OF THE STATE OF OKLAHOMA 1907

Filed in the city of Oklahoma City this 10th day of June, 2019.

Secretary of State

OKLAHOMA Secretary of State Electronic Filing

CERTIFICATE OF REGISTRATION
FOREIGN LIMITED LIABILITY COMPANY
Document Number: 41169910002 Submit Date: 6/10/2019

LIMITED LIABILITY COMPANY NAME

The Name of the Limited Liability Company is:
EPIC PHARMACY LLC

ADDRESS

8 THE GREEN, A
DOVER, DE 19901 USA

Email - mail@sginccpa.com

REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Agent Name
KAUSHERBANU PANARA
Address
1 COUNCIL ROAD
OKLAHOMA CITY USA

FOREIGN ENTITY

The state or other jurisdiction of its formation:
DELAWARE

Formation Date:
6/10/2019

ATTACHMENTS

File Label	File Name and Path
LETTER OF CONSENT	Letter of Consent.pdf
FORMATION	FORMATION.pdf
CERTIFICATE OF GOOD STANDING	Certificate of Good Standing.pdf

SIGNATURE

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and by attaching the signature I agree and understand that the typed electronic signature shall have the same legal effect as an original signature and is being accepted as my original signature pursuant to the Oklahoma Uniform Electronic Transactions Act, Title 12A Okla. Statutes Section 15-101, et seq.

Dated - 6/10/2019

Signature Names
VALIMOHAMMED PANARA

[End Of Image]

CONSENT TO USE OF NAME

TO: OKLAHOMA SECRETARY OF STATE
421 N.W. 13th, Suite 210
Oklahoma City, Oklahoma 73103
(405) 522-2520

I hereby execute the following consent to the use of same name or indistinguishable name pursuant to the provisions of Title 18, Section 1141.1 or Section 2008.2b or Title 54, Section 500-108A, whichever is applicable:

1. Name of consenting business entity:
EPIC PHARMACY LLC

2. State or jurisdiction of formation of consenting business entity: OKLAHOMA/DELAWARE

3. Business entity is a: **(PLEASE CHECK ONE)**

- ☐ Corporation
- ☒ Limited Liability Company
- ☐ Limited Partnership
- ☐ Limited Liability Partnership
- ☐ Trade Name
- ☐ Other

4. Name of proposed business entity to which this consent is being given:
EPIC PHARMACY LLC

5. State or jurisdiction of formation of business entity receiving consent: OKLAHOMA/DELAWARE

6. In the event the consenting name is **identical** to the proposed name, the consenting entity is about to: **(PLEASE CHECK ONE)**

- ☒ Change its name
- ☐ Cease to do business
- ☐ Withdraw from Oklahoma
- ☐ Be wound up

The consent to use of name must be signed by the authorized person(s) of the consenting business entity.

- **Signed this** 07th **day of** June, 2019 **by:**

Hamza S Muhamad

Signature

HAMZA S MUHAMMAD

Printed Name

MANAGING MEMBER

Title

Signature

Printed Name

Title

(SOS FORM 0033-07/12)

Congratulations!

EPIC PHARMACY LLC

is now formed and you are now permitted to do business!

State of formation: Delaware Filing date: 05/23/19

As part of the formation process we have placed the official state documents in your account. This will show you are registered to do business in your state. Also included are the Initial Resolutions which release all power to the managers or members and show the formation details of your company. An Operating Agreement is also included which provides a guideline on how your LLC will operate. Other documents such as membership certificates and banking resolutions are included as well which will evidence who owns the company and who has authority to sign on behalf of the company. If you are opening a business bank account the bank may want to see all of these documents so it is a good idea to print them out and take them with you.

The documents placed in your online account are always available to view. In addition to the Documents section, you may always add additional services under the Services tab should you need our assistance with further state registrations, ongoing state compliance, and registered agent services.

Thank you for letting us help form your LLC. The best part of our job is meeting different people from various business backgrounds and helping them launch their companies. Please do not hesitate to contact us further should you have any questions regarding your company or our services.

Thanks,

Filings Team

INITIAL RESOLUTIONS

I, Patrick Brickhouse , of A Registered Agent, Inc. , being the Organizer of EPIC PHARMACY LLC, a Delaware Limited Liability Company, hereby resolve to relinquish signing authority to the Members named below and adopt the following resolutions:

1. **Resolved,** the named Members of the Limited Liability Company are hereby named as Members and own an interest in the Limited Liability Company:

   Hamza Muhammad

   Kausherbanu Panara

   JagdishBhai Hapani Hapani

2. **Resolved,** that EPIC PHARMACY LLC was organized on 05/23/19 in the State of Delaware with assigned filing number 7435124.

3. **Resolved,** that the copy of the Articles of Organization of the above named Limited Liability Company is complete.

4. **Resolved,** that the general provisions of an operating agreement be adopted and included as official records of the Limited Liability Company. If members chooses to adopt a more detailed operating agreement, then such agreement will take precedence over general provisions in the original operating agreement.

5. **Resolved,** that member has formed a limited liability company, and is entitled to the full extent of their limitation of liability pursuant to state law. Furthermore, members' failure to maintain formalities of a limited liability company does not preclude them from liability protection under state law.

Pat Brick

05/23/19

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EPIC PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPIC PHARMACY LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

7435124 8300

SR# 20195294717

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

Authentication: 202976503

Date: 06-06-19

OKLAHOMA
State Board of Pharmacy

2920 N Lincoln Blvd, Suite A, Oklahoma City, OK 73105
Marty Hendrick, Pharm. D., D.Ph., Executive Director
pharmacy@pharmacy.ok.gov • www.pharmacy.ok.gov
Phone: 405.521.3815 • Fax: 405.521.3758

July 1, 2020

CERTIFIED LICENSE VERIFICATION

Name:	EPIC PHARMACY LLC EPIC PHARMACY
Address:	2249 NW 39TH STREET OKLAHOMA CITY, OK 73112
License Number:	1-8487
Date Issued:	06/14/2019
Expiration Date:	06/30/2021
License Type:	RETAIL
Disciplinary Action:	NONE
Licensure Status:	GOOD STANDING
Last Date of Inspection:	06/21/2019
Verification Date:	July 1, 2020
Verified By:	*(JAMIE THOMPSON)*
Title:	Customer Service Representative
SEAL:	

A Constitutional Board Established in 1907

President	Vice-President	Member	Member	Member	Member
Greg Adams, D.Ph. *Clinton*	Jim Spoon, D.Ph. *Sand Springs*	Mark St. Cyr, D.Ph. *Jones*	Jason Willeford *Norman*	Justin Wilson, D.Ph. *Norman*	Kyle Whitehead, D.Ph. *Enid*

OKLAHOMA
State Board of Pharmacy
2920 N Lincoln Blvd Ste A, Oklahoma City, OK 73105

405-521-3815 • Fax 405-521-3758

PHARMACY
#1-8487

RETAIL
EXPIRES JUN 30, 2021

EPIC PHARMACY LLC
EPIC PHARMACY
2249 NW 39TH STREET
OKLAHOMA CITY, OK 73112

Permits

Drug Supplier

2021

Amount: $170.00
Receipt: 2020-1524
Date: 5/15/2020

This License is not transferable.
License must be conspicuously displayed in the location to which it is issued.

Important Information

- **Change of Location:** This license is not transferable for a change of location. A new license is required.
- **Change of Name:** This license is not transferable for a change of name. A new license is required.
- **Change of Owner:** This license is not transferable for a change of owner. A new license is required when the ownership changes by 20% or more.
- **Forms & Applications, Current Announcements and Laws & Rules are available at the Board's website:** www.pharmacy.ok.gov
- **Board Contact:**

  Email: pharmacy@pharmacy.ok.gov

  Phone: 405-521-3815

  Fax: 405-531-3758

All changes in any information required for the licensure must be reported to the Board within ten (10) days.

It is your responsibility to keep this license current.

Oklahoma State Bureau of Narcotics and Dangerous Drugs Control

This is to certify that

EPIC PHARMACY LLC
DBA: EPIC PHARMACY
2249 NW 39TH ST
OKLAHOMA CITY, OK 73162-0000

67456 OBN CERTIFICATE OF REGISTRATION NO.

is (duly registered with the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control and is (hereby) authorized to legally handle

John M. Scully

John M. Scully, Director
EXPIRES OCTOBER 31, 2022

Schedule(s) 2, 2N, 3, 3N, 4, 5
pursuant to O.S. § 2-302. (This registration is not transferable on change of ownership or business activity.) Date Issued 07/03/2019

Certificate of Registration must be readily retrievable at all times.

The Oklahoma Bureau of Narcotics will not be mailing this certificate to you.

4D

RECEIVED
7-23-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: First Choice Home Infusion LLC

Physical Address: 107 Imperial Boulevard, Ste 9, Hendersonville, TN 37075

Mailing Address: P.O. Box 1585

City: Hendersonville State: TN Zip Code: 37077

Telephone: 615-351-3604 Fax: 844-324-3244

Toll Free Number: 866-665-3244 (Required per NAC 639.708)

E-mail: mark@firstchoiceiv.com Website: _____

Managing Pharmacist: Rodney McCormick License Number: 0000010157

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Mark Osborne

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

Mark Osborne

Print Name of Authorized Person

7-16-20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Tennessee

Parent Company if any: First Choice Home Infusion LLC

Mailing Address: P.O. Box 1585

City: Hendersonville State: TN Zip: 37077

Telephone: 615-351-3604 Fax: 844-324-3244

Contact Person: Mark Osborne

For any corporation non publicly traded, disclose the following:

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

a) Mark Osborne ' Southburn Drive, Hendersonville, TN 100%
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

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

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 4:00 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

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

LIST OF OFFICERS & DIRECTORS
FOR FIRST CHOICE HOME INFUSION LLC

Mark Osborne: Managing Member

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Mark Osborne

Responsible Person of First Choice Home Infusion LLC

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

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

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

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

Mark Osborne
Print Name of Authorized Person

7-16-20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Tennessee)
) ss.
Sumner COUNTY)

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

1. I am the Owner for First Choice Home Infusion, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
17 day of July, 2020.

NOTARY PUBLIC

KAREN R. BRENNENSTUHL
Notary Public - State at Large
Kentucky
My Commission Expires May 28, 2024
Notary ID KYNP8261

Posted April 1, 2020

Tre Hargett
Secretary of State

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

FIRST CHOICE HOME INFUSION, LLC
PO BOX 1585
HENDERSONVILLE, TN 37077-1585

April 9, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0359010

Issuance Date: 04/09/2020
Copies Requested: 1

Document Receipt

Receipt # : 005478646 Filing Fee: $20.00

Payment-Check/MO - FIRST CHOICE HOME INFUSION LLC, HENDERSONVILLE, TN $20.00

Regarding: **First Choice Home Infusion, LLC**

Filing Type:	Limited Liability Company - Domestic	Control # :	736156
Formation/Qualification Date:	10/28/2013	Date Formed:	10/28/2013
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	SUMNER COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

First Choice Home Infusion, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

Verification #: 038991337

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

April 21, 2020

First Choice Home Infusion, LLC
P.O. Box 1585
Hendersonville, TN 37077-1585

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:	First Choice Home Infusion, LLC
ADDRESS:	107 Imperial Blvd., Ste.9 Hendersonville, TN 37075
LICENSE NUMBER:	5294
ISSUE DATE:	April 04, 2014
EXPIRATION DATE:	April 30, 2022
CURRENT STATUS:	Licensed
STATUS DATE:	April 04, 2014
SPECIAL ENDORSEMENT:	Controlled Substance Registration

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

Sincerely,

Sheila W Baxter
Tennessee Board of Pharmacy

VERFFACLTY

State of Tennessee
Department of Health

12085 5 65
50094

TENNESSEE BOARD OF PHARMACY
PHARMACY
FIRST CHOICE HOME INFUSION, LLC
107 IMPERIAL BLVD, SUITE 9
HENDERSONVILLE TN 37075

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

ID NUMBER: 0000005294
EXPIRATION DATE: 04/30/2022

CONTROLLED SUBSTANCE REGISTRATION

John W Sidwell
DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

DCF171

4E

RECEIVED 6/16/2020

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: LeMed Pharmacy III , LLC

Physical Address: 2417 3rd Ave, Ste 406 Bronx NY 1045

Mailing Address: 2417 3rd Ave, Ste 406

City: Bronx State: NY Zip Code: 10451

Telephone: 347-913-4656 Fax: 713-231-2727

Toll Free Number: 844-795-3633 (Required per NAC 639.708)

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

Managing Pharmacist: PARINAZ BROKHIM BASSIRI-TEHRANI License Number: 038369

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Parinaz Bassiri Tehrani

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

PARINAZ BROKHIM BASSIRI-TEHRANI

Print Name of Authorized Person

6-5-2020

Date

Board Use Only	Date Processed: JUN 17 2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NY

Parent Company if any: LMSP MIDDLE HOLDINGS, LLC

Mailing Address: 2417 3rd Ave, Ste 406

City: Bronx State: NY Zip: 1041

Telephone: 347-913-4656 Fax: 713-231-2727

Contact Person: PARINAZ BROKHIM BASSIRI-TEHRANI

For any corporation non publicly traded, disclose the following:

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

a) RASILA DHADUK (Name) 2417 3RD AVE, STE 406 BRONX NY , 10451 (Address)

b) MITA PIPALIA (Name) 2417 3RD AVE, STE 406 BRONX NY , 10451 (Address)

c) VIPUL PAREKH (Name) 2417 3RD AVE, STE 406 BRONX NY , 10451 (Address)

d) SHALEEN PATEL (Name) 2417 3RD AVE, STE 406 BRONX NY , 10451 (Address)

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

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

4) What date did the corporation actually receive the cash assets? MARCH 4, 2004

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00AM-7:30PM _____am _____pm

Saturday 9:00AM-4:00PM _____am _____pm

Sunday CLOSE _____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 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

RASILA DHADUK

MITA PIPALIA

VIPUL PAREKH

SHALEEN PATEL

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, PARINAZ BROKHIM BASSIRI-TEHRANI

Responsible Person of LeMed Pharmacy III , LLC

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

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

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

Parinaz Bassiri-Tehrani

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

PARINAZ BROKHIM BASSIRI-TEHRANI
Print Name of Authorized Person

6-5-2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
Bronx COUNTY)

I, PARINAZ BROKHIM BASSIRI-TEHRANI, 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 LeMed Pharmacy III , LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

I, PARINAZ BROKHIM BASSIRI-TEHRANI, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name P Bassiri-Tehrani 6-11-2020

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

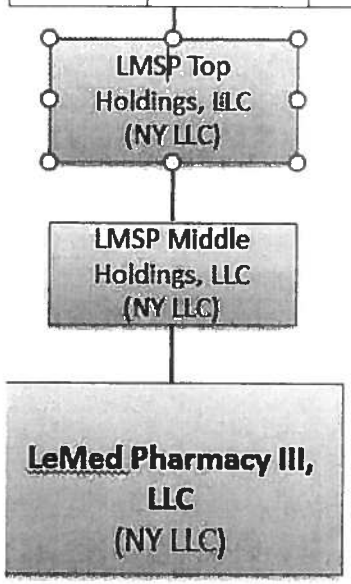
V Parekh
NOTARY PUBLIC

VIPUL PAREKH
NOTARY PUBLIC-STATE OF NEW YORK
No. 01PA6121158
Qualified In Bronx County
My Commission Expires 01-10-2021

Applicant: LeMed Pharmacy III, LLC.

The direct ownership of LeMed Pharmacy III, LLC , is held by LMSP Middle Holdings, LLC; LMSP Middle Holdings, LLC is wholly owned by LMSP Top Holdings, LLC, which is wholly owned by :

Owner Name	Title	% Ownership	Date of Birth	Social Security Number	Home Address	Contact Number	Fax Number	Email Address
Rasila Dhaduk	Member	26.67%			Phillip Drive, Parsippany, NJ	5066	-2727	yahoo.com
Mita Pipalia	Member	26.67%			Phillip Drive, Parsippany NY,	-0910	2727	ahoo.com
Vipul Parekh	Member	26.67%			Syldeo Dr Parsippany NJ	4063	2727	@hotmail.
Shaleen Patel	Member	20%			Palliser Road, Irvington NY	19	272	yahoo.com



THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2019-22

SUPERVISING PHARMACIST
PARINAZ B. TEHRANI

THIS IS TO CERTIFY

LEMED PHARMACY III LLC
2417 THIRD AVE.
SUITE 406
BRONX, NY 10451

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 SEPTEMBER, 2019.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF AUGUST, 2022.

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

REGISTRATION NUMBER
026863

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

NYSED.gov

OP OFFICE OF THE PROFESSIONS

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 *

06/11/2020

Type : PHARMACY
Legal Name : LEMED PHARMACY III LLC
Trade Name :
Street Address :
2417 THIRD AVE.
SUITE 406
BRONX, NY 10451-0000

Registration No : 026863
Date First Registered : 09/28/04
Registration Begins : 09/01/19
Registered through : 08/31/22
Supervisor : 038369 TEHRANI PARINAZ B
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.

CERTIFICATE OF AMENDMENT
OF THE
ARTICLES OF ORGANIZATION
OF

LEROY PHARMACY III LLC

Under Section 211 of the Limited Liability Company Law

FILER:
Servico Inc.
P.O. Box 871
Albany, New York 12201

Acct: 2802
CUSTOMER REFERENCE: 37184

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 28, 2019.

Whitney Clark
Deputy Secretary of State

Rev. 06/13

190327000 256

NEW YORK STATE OF OPPORTUNITY. | **Division of Corporations, State Records and Uniform Commercial Code**

New York State
Department of State
DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE
One Commerce Plaza
99 Washington Ave.
Albany, NY 12231-0001
www.dos.ny.gov

(This form must be printed or typed in black ink)

ARTICLES OF ORGANIZATION OF

LMSP Middle Holdings, LLC

(Insert name of Limited Liability Company)

Under Section 203 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

LMSP Middle Holdings, LLC

SECOND: The county within this state in which the office of the limited liability company is to be located is: Bronx County

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

159 East Gun Hill Road
Bronx, NY 10467

X _____
(Signature of Organizer)

Janice Parmar
(Print or Type Name of Organizer)

190327000256

256

ARTICLES OF ORGANIZATION
OF

LMSP Middle Holdings, LLC

(Insert name of Limited Liability Company)

Under Section 203 of the Limited Liability Company Law

Filer's Name and Mailing Address:

Rebecca Ware

Name:

Bass, Berry & Sims PLC

Company, if Applicable:

150 Third Avenue South, Suite 2800

Mailing Address:

Nashville, TN 37201

City, State and Zip Code:

Drawdown
Delaney #30

NOTES:

1. This form was prepared by the New York State Department of State for filing articles of organization for a domestic limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores.
2. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
3. The Limited Liability Company Law requires that the name end with "Limited Liability Company," "LLC" or "L.L.C." The name of the limited liability company must be uniformly stated throughout this certificate.
4. The filer may not be the limited liability company being formed.
5. The certificate must be submitted with a $200 filing fee made payable to the Department of State.

(For Office Use Only)

1cc

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED MAR 27 2019
TAX $
BY: 17

RECEIVED
2019 MAR 27 AM 9:10

2019 MAR 27 AM 10:00

260

CERTIFICATE OF AMENDMENT
OF THE
ARTICLES OF ORGANIZATION
OF

LEROY PHARMACY III LLC

Under Section 211 of the Limited Liability Company Law

IT IS HEREBY CERTIFIED THAT:

(1) The name of the company is: **LEROY PHARMACY III LLC**

(2) The Articles of Organization was filed by the Department of State on March 4, 2004.

(3) The Articles of Organization is hereby amended to effect the following change(s):

To amend the name of the company in paragraph first, which shall now read as follows:

FIRST: The name of the limited liability company is:

LEMED PHARMACY III, LLC

IN WITNESS WHEREOF, this certificate has been subscribed by the undersigned who affirm(s) that the statements made herein are true under the penalties of perjury.

DATED: June 18, 2010

s/Rajesh Pipalia
Rajesh Pipalia, Member

Sworn to and Subscribed before me
this 04 day of November 2010

Vipul Parekh
Notary Public, State of New York
Bronx County, # 01PA6121158
My Commission Expires
Jan 10, 2013

4F

RECEIVED 6/16/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PREFERRED PHARMACY INC

Physical Address: 3303 HARBOR BLVD STE H7

Mailing Address: 3303 HARBOR BLVD STE H7

City: COSTA MESA State: CA Zip Code: 92626

Telephone: 714-497-2778 Fax: 714-787-4966

Toll Free Number: 877-737-8477 (Required per NAC 639.708)

E-mail: support@preferredrx.com Website: preferredrx.com

Managing Pharmacist: Michael J Agbassi License Number: 80700

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

MICHAEL J AGBASSI
Print Name of Authorized Person

5-26-20
Date

Board Use Only Date Processed: JUN 17 2020 Amount: 600.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: SCOTT MONTGOMERY

Business Name: PREFERRED PHARMACY INC

Current Business Address: 3303 HARBOR BLVD STE H7

City: COSTA MESA State: CA Zip Code: 92626

Telephone: 877-737-8477/ 714-497-2778 Fax: 714-787-4966

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 10 am 6 pm Saturday CLOSED am pm

Sunday CLOSED am pm 24 Hours N/A

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

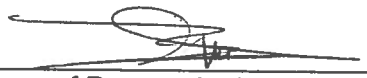
I, MICHAEL J AGBASSI

Responsible Person of PREFERRED PHARMACY INC

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

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

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



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

MICHAEL AGBASSI
Print Name of Authorized Person

5-26-20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CA)
) ss.
ORANGE COUNTY)

I, MICHAEL J AGBASSI, 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 PIC for PREFERRED PHARMACY INC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Name

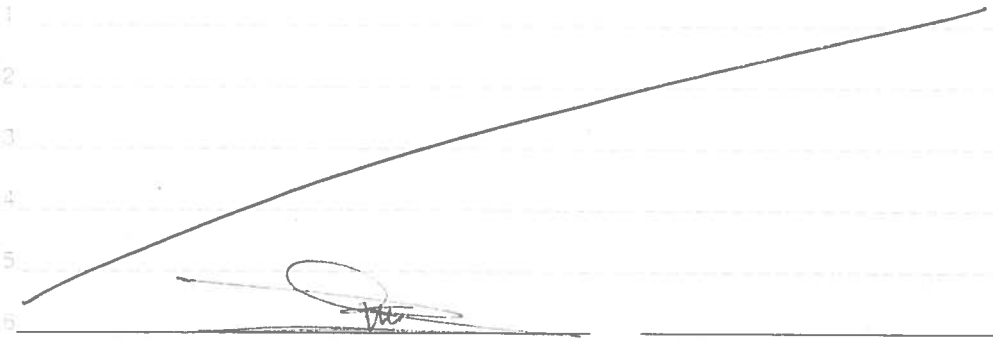
SUBSCRIBED AND SWORN TO
before me, a notary public this
___day of_____, 20___.

NOTARY PUBLIC

See attached JURAT

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)



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 ORANGE

Subscribed and sworn to (or affirmed) before me on this 3 (Date) day of JUNE (Month), 20 20 (Year),
by
(1) MICHAEL J. AGBASSI
(and (2) ———),
Name(s) of Signer(s)

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

BARBARA AUGUSTUS MCKELVEY
Notary Public - California
Orange County
Commission # 2317679
My Comm Expires Jan 21, 2024

Signature ———
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: AFFIDAVIT FOR OUT of State Pharmacy License Document Date: 6-3-2020
Number of Pages: 1 Signer(s) Other Than Named Above: ———

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Retail Pharmacy Permit

Renewal Certificate

LICENSE NO. PHY 54453
RECEIPT NO. 01340415

VALID UNTIL JUNE 01, 2021

PREFERRED PHARMACY INC
3303 HARBOR BLVD., STE. H7
COSTA MESA CA 92626

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

05/15/20

05/15/20 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PHY

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PREFERRED PHARMACY INC

FILE NUMBER:	C3763137
FORMATION DATE:	03/09/2015
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 27, 2020.

ALEX PADILLA
Secretary of State

NLH

NP-25 (REV 02/2019)

4G

RECEIVED 6-15-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ *New Pharmacy or* ☒ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 04091

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Solara Medical Supplies LLC

Physical Address: 2084 Otay Lakes Rd Suite 102, Chula Vista, Ca 91913

Mailing Address: 2084 Otay Lakes Rd Suite 102

City: Chula Vista State: Ca Zip Code: 91913

Telephone: 800-999-7516 Fax: 800-999-7021

Toll Free Number: 800-999-7516 (Required per NAC 639.708)

E-mail: compliance@solaramedicalsupplies.com Website: www.solara.com

Managing Pharmacist: John Williams License Number: RPH36520

TYPE OF PHARMACY AND **SERVICES PROVIDED**

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Luke McGee
Print Name of Authorized Person

6/10/2020
Date

Board Use Only Date Processed: JUN 17 2020 Amount: 600.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Solara Intermediate LLC

Business Name: Solara Medical Supplies LLC

Current Business Address: 2084 Otay Lakes Rd Suite 102

City: Chula Vista State: Ca Zip Code: 91913

Telephone: 8008887516 Fax: 8009997021

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 5 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:

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Luke McGee

Responsible Person of Solara Medical Supplies 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

Luke McGee
Print Name of Authorized Person

6/10/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Pennsylvania)
) ss.
Montgomery COUNTY)

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

1. I am the CEO for Solara Medical Supplies LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
10th day of June, 2020.

NOTARY PUBLIC

Commonwealth of Pennsylvania - Notary Seal
JOSEPH J PAIVA - Notary Public
Montgomery County
My Commission Expires Jul 10, 2023
Commission Number 1353947

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SOLARA MEDICAL SUPPLIES, LLC

FILE NUMBER:	201814910111
FORMATION DATE:	05/25/2018
TYPE:	DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 18, 2019.

ALEX PADILLA
Secretary of State

FSB

NP-25 (REV 02/2019)

95

Renewal Certificate

Retail Pharmacy Permit

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

LICENSE NO. PHY 56194
RECEIPT NO. 92770928

VALID UNTIL DECEMBER 01, 2020

SOLARA MEDICAL SUPPLIES LLC
2084 OTAY LAKES RD STE 102
CHULA VISTA CA 91913

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

10/08/19

10/08/19 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (12/31/05) PHY

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Stoneview Pharmacy

Physical Address: 459 N Gilbert Rd STE A-148

Mailing Address: 459 N Gilbert Rd STE A-148

City: Gilbert State: Arizona Zip Code: 85234

Telephone: 480-809-4289 Fax: 480-809-6561

Toll Free Number: 833-269-2660 (Required per NAC 639.708)

E-mail: Zach@StoneviewPharmacy.com Website: www.StoneviewPharmacy.com

Managing Pharmacist: Zachary Hanks License Number: S020716

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Zachary Hanks
Print Name of Authorized Person

06/04/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited _____

Partnership Name: StoneviewRx LLC DBA Stoneview Pharmacy

Mailing Address: 459 N Gilbert Rd Ste A-148

City: Gilbert State: Arizona Zip Code: 85234

Telephone Number: 480-809-4289 Fax Number: 480-809-6561

Contact Person: Zachary Hanks

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

Name	G or L	Percentage
Zachary Hanks	G	85%
Nathan Hanks	L	15%

List names of 4 largest partners and percentage of ownership:

Name: Zachary Hanks %: 85%

Name: Nathan Hanks %: 15%

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday Closed am Closed pm

Sunday Closed am Closed pm 24 Hours N/A

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

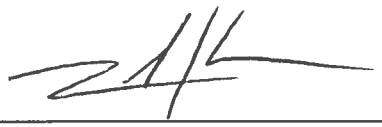
I, Zachary Hanks

Responsible Person of Stoneview Pharmacy

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

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

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



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

Zachary Hanks
Print Name of Authorized Person

06/04/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

I, Zachary Hanks, 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 PIC/Owner for Stoneview Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
04 day of June, 2020.

NOTARY PUBLIC

OFFICIAL SEAL
JASPREET BRAH
Notary Public - State of Arizona
MARICOPA COUNTY
My Comm. Expires Aug. 20, 2021

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

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

STONEVIEW RX LLC

ACC file number: L20812790

was incorporated under the laws of the State of Arizona on 04/02/2016, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

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

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **06/18/2020**

Matthew Neubert, Executive Director

Arizona State Board of Pharmacy

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

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

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

Name :	Stoneview Pharmacy
Address :	459 N Gilbert Rd STE A-148 Gilbert AZ 85234
License No :	Y007205
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	03/07/2017
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 06/18/2020

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

Receipt Date: 10/01/2019
Receipt Number: 201970325
Receipt Amount $: 480.00

Pharmacy - Independent

Retail

PERMIT NO
Y007205

EXPIRES
10/31/2021

Issued to :

Stoneview Pharmacy
Zachary Hanks
459 N GILBERT RD STE A-148
GILBERT, AZ 85234

Stoneview Pharmacy
459 N GILBERT RD STE A-148
GILBERT, AZ 85234

EXECUTIVE DIRECTOR

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

WALLET CARD

NAME : Zachary Hanks
LICENSE NUMBER : Y007205
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

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

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

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

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A), A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

4l

RECEIVED
6/25/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: VET PERFECT, INC.

Physical Address: 1580 NW BOCA RATON BOULEVARD, STE 9

Mailing Address: SAME

City: BOCA RATON State: FLORIDA Zip Code: 33432

Telephone: 844-844-0031 Fax: 866·629·4624

Toll Free Number: 844-844-0031 (Required per NAC 639.708)

E-mail: PHARMACY@VETPERFECT.US Website: www.vetito.com

Managing Pharmacist: RANDALL LEE BERMAN License Number: PS15851

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

PETER H. LEACH, VP
Print Name of Authorized Person

June 11, 2020
Date

Board Use Only Date Processed: 6·29·2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: FLORIDA

Parent Company if any: _____

Mailing Address: 1580 NW BOCA RATON BOULEVARD, STE 9

City: BOCA RATON State: FL Zip: 33432

Telephone: 844-844-0031 Fax: 866.629.4624

Contact Person: CARL DURAFFOURD

For any corporation non publicly traded, disclose the following:

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

a) CARL DURAFFOURD (Name) AUDACE AVE,. , BOYNTON BEACH, (Address)

b) PETER H. LEACH & ASSOCIATES DEFIND BENEFIT PENSION PLAN (Name) SUNSENT DRIVE, CLEARWATER, (Address)

c) n/a (Name) (Address)

d) n/a (Name) (Address)

2) Provide the number of shares issued by the corporation. 10,000

3) What was the price paid per share? $.01 PAR VALUE

4) What date did the corporation actually receive the cash assets? 07/12/2018

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 4 pm Saturday 10 am 3 pm

Sunday CLOSED am pm 24 Hours N/A

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

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

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

List of officers and directors

Name	**Officer/Title**	**Home address**
Carl Duraffourd	President/Sec/Treasurer/Director	Audace Avenue, Boynton Beach, F
Peter H. Leach	Vice President	Sunset Drive, Clearwater,

Shareholder	**Shares/Percentage**
Carl Duraffourd	9,350 Shares/93.5%
Peter H. Leach & Associates Defined Benefit Pension Plan	650/6.5%

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, PETER H. LEACH

Responsible Person of VET PERFECT, INC., A FLORIDA CORPORATION

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

PETER H. LEACH
Print Name of Authorized Person

June 11, 2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FLORIDA)
) ss.
PALM BEACH COUNTY)

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

1. I am the VICE PRESIDENT for VET PERFECT, INC. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Name PETER H. LEACH

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

NOTARY PUBLIC

MATTHEW LIPOFF
Commission # GG 75683
My Commission Expires
February 21, 2021

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

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

GENERAL INFORMATION

Name of Nevada license pharmacy: VET PERFECT, INC.

Nevada license number: _____

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

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

VIPPS CERTIFICATION

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

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

PHARMACIES LACKING VIPPS CERTIFICATION

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

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

Florida 5/12/2020 Lic # PH 32729

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

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

Peter H. Leach

Signature of Owner PETER H. LEACH, VP

June 11, 2020

Date

Non Resident Pharmacy Application

Pharmacy
Vet Perfect Inc.
1580 NW Boca Raton Boulevard, Ste 9
Boca Raton, Florida 33432
844-844-0031

Name	Officer/Title	Home address
Carl Duraffourd	President/Sec/Treasurer/Director	. Audace Avenue, Apt. Boynton Beach, F
Peter H. Leach	Vice President	Sunset Drive Clearwater, F

Randall Lee Berman	Pharmacist In Charge Florida License No.: PS15851	Tiffany Trace Drive Boca Raton, F Tel: 6-5717

Shareholders	Shares/Percentage
Carl Duraffourd	9,350 Shares/93.5%
Peter H. Leach & Associates Defined Benefit Pension Plan	650/6.5%

Name and contact information for the responsible agent charged with receipt of information from the Board for this application:

Gary N. Gerson, Esq., Attorney in Fact for Carl Duraffourd
Nason Yeager Gerson Harris & Fumero PA
3001 PGA Boulevard, Ste 305
Palm Beach Gardens, Florida 33431

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

Florida HEALTH

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

July 15, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Ste 206
Reno, NV 89521

RE: License Certification for Vet Perfect, Inc.

To Whom It May Concern:

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

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH32729
ORIGINAL CERTIFICATION:	05/11/2020
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy, Central Fill

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

Sincerely,

Angela Bellamy
Regulatory Specialist II Lead

/ab

State of Florida
Department of State

I certify from the records of this office that VET PERFECT, INC. is a corporation organized under the laws of the State of Florida, filed on July 12, 2018.

The document number of this corporation is P18000060829.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on February 6, 2020, and that its status is active.

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

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

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 7468131780CU

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

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

CORPORATION: VET PERFECT, INC.

SECURITIES: 10,000 Shares Common Stock, $0.001 par value

No.	Shareholder	Date of Issuance	Amount Issued	Original Issue No. of Prior Shareholder	Date Surrendered	To Whom Transferred	No. For Transferred Shares	Amount of Shares	% Ownership Interest
1	Dietmedica Limited a UK private limited company (Uncertificated)	7/12/18	10,000	Original Issue	6/11/19	Carl Duraffourd	2	10,000	0%
2	Carl Duraffourd (Uncertificated)	6/11/19	10,000	1	2/10/2020	Carl Duraffourd	3	10,000	0%
3	Carl Duraffourd	2/10/2020	9,350	2					93.50%
4	Peter H. Leach & Associates Defined Benefit Pension Plan	2/10/2020	650	2					6.50%
5									
6									
TOTAL SHARES OUTSTANDING:			**10,000**						**100%**

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C# 9622474

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
05/12/2020	PH 32729	116711

THE PHARMACY

QUALIFICATION(S):
Community Pharmacy

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

Expiration Date: FEBRUARY 28, 2021
VET PERFECT, INC.
1580 NW BOCA RATON BLVD
#9
BOCA RATON, FL - 33432

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: FEBRUARY 28, 2021

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
C# 9622474
DATE 05/12/2020 | LICENSE NO. PH 32729 | CONTROL NO 116711
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA
Expiration Date : FEBRUARY 28, 2021
VET PERFECT, INC.
QUALIFICATION(S): Community Pharmacy

Your license number is PH 32729. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

REMOVE SIDE EDGES FIRST, THEN FOLD, CREASE AND TEAR THIS STUB ALONG PERFORATION

(2)

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

Florida HEALTH

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

June 16, 2020

NASON YEAGER GERSON HARRIS FUMERO PA
MICHELLE NAREA
3001 PGA BLVD SUITE 305
PALM BEACH GARDENS, FL 33410

RE: License Certification for Vet Perfect, Inc.

To Whom It May Concern:

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

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH32729
ORIGINAL CERTIFICATION:	05/11/2020
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy, Central Fill

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

Sincerely,

Angela Bellamy
Regulatory Specialist II Lead

/ab

GREAT SEAL OF THE STATE OF FLORIDA · IN GOD WE TRUST ·

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

PHAB Accredited Health Department
Public Health Accreditation Board

Department of Health

RANDALL LEE BERMAN

License Number: PS15851

Data As Of 6/16/2020

Profession	Pharmacist
License	PS15851
License Status	CLEAR/ACTIVE
License Expiration Date	9/30/2021
License Original Issue Date	10/04/1977
Address of Record	1580 NW Boca Raton Blvd. Ste.9 BOCA RATON, FL 33432 UNITED STATES
Discipline on File	No
Public Complaint	No

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

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 9280105

DATE	LICENSE NO.	CONTROL NO.
10/01/2019	PS 15851	317853

THE PHARMACIST

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

Expiration Date : SEPTEMBER 30, 2021

RANDALL LEE BERMAN

LICENSEE SIGNATURE

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

Florida HEALTH

Vision: To be the Healthiest State in the Nation

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

June 18, 2020

Nason Yeager Gerson Harris Fumero PA
Michelle Narea
3001 PGA Blvd., Ste. 305
Palm Beach Gardens, FL 33410

RE: License Certification for Randall Lee Berman

To Whom It May Concern:

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

PROFESSION:	Pharmacist
LICENSE NUMBER:	PS15851
ORIGINAL CERTIFICATION:	10/04/1977
EXPIRATION DATE:	09/30/2021
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	No

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

Sincerely,

Gerlisia K. Still
Regulatory Specialist II

/gs

4J

RECEIVED 6-15-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Long Island Jewish medical Center at Home Pharmacy, Inc. DBA: Vivo Health Pharmacy at Home

Physical Address: 225 Community Drive, Suite 140, Great Neck, NY 11021

Mailing Address: 225 Community Drive, Suite 140

City: Great Neck State: New York Zip Code: 11021

Telephone: (833)868-8486 Fax: (516)266-5332

Toll Free Number: (833)868-8486 (Required per NAC 639.708)

E-mail: Vivo.pharm225@Northwell.edu Website: www.vivohealthpharmacy.com

Managing Pharmacist: Helen Kim License Number: 059805

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Donna Drummond

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

Donna Drummond

Print Name of Authorized Person

6/4/2020

Date

Board Use Only Date Processed:_____ Amount: 600.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: Northwell Health, Inc.

Mailing Address: 2000 Marcus Avenue

City: New Hyde Park State: New York Zip: 11042

Telephone: (516)266-5331 Fax: (516)266-5332

Contact Person: Helen Kim

For any corporation non publicly traded, disclose the following:

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

a) N/A - Sole held by Northwell Health, Inc.
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 7 pm Saturday 8 am 4 pm

Sunday _____ am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Donna Drummond

Responsible Person of Long Island Jewish Medical Center at Home Pharmacy, Inc.

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

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

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

Donna Drummond

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

Donna Drummond

Print Name of Authorized Person

6/4/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
Nassau COUNTY)

I, Helen Kim, 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 Vivo Health Pharmacy at Home (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, Helen Kim, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Helen Kim
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
4 day of June, 2020.

NOTARY PUBLIC

HELEN DANN
Notary Public, State of New York
Registration No. 01DA6285306
Qualified in Nassau County
Commission Expires July 1, 20 20

LONG ISLAND JEWISH MEDICAL CENTER AT HOME PHARMACY, INC.

Names and Addresses of Officers and Directors

I. List of Directors

Name	Address
Michael J. Dowling	2000 Marcus Ave., New Hyde Park, NY 11042
Michele L. Cusack	2000 Marcus Ave., New Hyde Park, NY 11042
Laurence A. Kraemer	2000 Marcus Ave., New Hyde Park, NY 11042
Richard T. Miller	2000 Marcus Ave., New Hyde Park, NY 11042
Mark J. Solazzo	2000 Marcus Ave., New Hyde Park, NY 11042
Eugene S. Tangney	2000 Marcus Ave., New Hyde Park, NY 11042

II. List of Officers

Title	Name	Address
Executive Vice President and Chief Operations Officer	Mark J. Solazzo	2000 Marcus Ave. New Hyde Park, NY 11042
President and Chief Executive Officer	Michael J. Dowling	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President and Chief Financial Officer	Michele L. Cusack	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President and Chief Expense Officer	Donna K. Drummond	2000 Marcus Ave. New Hyde Park, NY 11042
Executive Vice President and Chief Managed Care Officer	Howard B. Gold	2000 Marcus Ave. New Hyde Park, NY 11042
Executive Vice President and Chief Business Strategy Officer	Richard T. Miller	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President and Chief Administrative Officer	Eugene S. Tangney	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President, Chief General Counsel, and Secretary	Laurence A. Kraemer	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President and Deputy General Counsel	Mark A. Gloade	2000 Marcus Ave. New Hyde Park, NY 11042
Vice President, Legal Affairs	Harry E. Gindi	2000 Marcus Ave. New Hyde Park, NY 11042

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2017-20

SUPERVISING PHARMACIST
HELEN KIM

THIS IS TO CERTIFY

LONG ISLAND JEWISH MEDICAL CENTER
AT HOME PHARMACY, INC.
225 COMMUNITY DR.
SUITE 140
GREAT NECK, NY 11021

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 TWENTY-SIXTH DAY OF DECEMBER, 2017.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF NOVEMBER, 2020.

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

REGISTRATION NUMBER
035780

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LONG ISLAND JEWISH MEDICAL CENTER AT HOME PHARMACY, INC. was filed on 07/21/1994, under the name of SCHNEIDER CHILDREN'S HOSPITAL AT HOME PHARMACY, INC., as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment SCHNEIDER CHILDREN'S HOSPITAL AT HOME PHARMACY, INC., changing its name to LONG ISLAND JEWISH MEDICAL CENTER AT HOME PHARMACY, INC. , was filed 02/06/1995.

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 22nd day of May two thousand and twenty.

Brendan C. Hughes
Executive Deputy Secretary of State

202005260372 * SX

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY. Lawrence H. Mokhiber, Executive Secretary
89 Washington Avenue, 2nd Floor, Albany, NY 12234-1000
Telephone (518) 474-3817, ext. 130; Fax (518) 473-6995
E-mail: pharmbd@mail.nysed.gov Web: www.op.nysed.gov

Re: Verification of a Pharmacy Establishment

We are returning the request and/or payment you submitted for this office to provide an official verification of a pharmacy establishment.

Online verification of the registration status of an in State or nonresident pharmacy, and/or manufacturer/repacker/wholesaler, as well as the license and registration status of licensed professionals can be performed at your convenience **free of charge** at http://www.op.nysed.gov/opsearches.htm . An additional search can be performed on each verification screen to determine if an establishment or licensee has been disciplined by this Department.

Each online verification indicates that, "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." As a result, no other form of verification is available for pharmacy establishments.

Sincerely,

Lawrence H. Mokhiber

Lawrence H. Mokhiber
Executive Secretary

Enclosure

NYSED.gov

Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

06/01/2020

Type : PHARMACY
Legal Name : LONG ISLAND JEWISH MEDICAL CENTER
Trade Name : VIVO HEALTH PHARMACY AT HOME
Street Address :
AT HOME PHARMACY, INC.
225 COMMUNITY DR.
SUITE 140
GREAT NECK, NY 11021-0000

Registration No : 035780
Date First Registered : 12/26/17
Registration Begins : 12/26/17
Registered through : 11/30/20
Supervisor : 059805 KIM HELEN
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.

4K

RECEIVED 7/6/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Zoetis US LLC

Physical Address: 1 SE Pfizer Way

Mailing Address: 1 SE Pfizer Way

City: Lee's Summit State: Missouri Zip Code: 64081

Telephone: 816-246-2222 Fax: 816-569-9541

Toll Free Number: 833-982-2270 (Required per NAC 639.708)

E-mail: zoetisSCL@zoetis.com Website: www.zoetis.com

Managing Pharmacist: Crystal Holden License Number: 2010027521

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Crystal Holden

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

Crystal Holden

Print Name of Authorized Person

2/17/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Zoetis Inc.

Corporation Name: Zoetis US LLC

Mailing Address: 10 Sylvan Way

City: Parsippany State: NJ Zip: 07054

Telephone: _____ Fax: _____

Contact Person: Marc Levine

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: 02-24-2012

Registration number issued: 0001555280

Stock Exchange: NYSE

Hours of Operation for the pharmacy:

Monday thru Friday	8:00 am	5:00 pm	Saturday	8:00 am	12:00 pm
Sunday	Closed am	Closed 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: _____

Must be included with the application for a publicly traded corporation

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

List of officers and directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Crystal Holden

Responsible Person of Zoetis US 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.

Crystal Holden

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

Crystal Holden

Print Name of Authorized Person

2/17/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Missouri)
) ss.
Jackson COUNTY)

I, Crystal Holden, 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 Zoetis US LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Crystal Holde
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
17 day of Feb, 2020.

Angela D Phillips
NOTARY PUBLIC

ANGELA D PHILLIPS
Notary Public, Notary Seal
State of Missouri
Jackson County
Commission # 16789611
My Commission Expires 02-17-2024

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "ZOETIS B INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "ZOETIS B INC." TO "ZOETIS US LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2015, AT 5:34 O'CLOCK P.M.

2892324 8100V

150265714

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

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2153672

DATE: 02-26-15

State of Missouri

Division of Professional Registration

Pharmacy
Class L

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2020003546
ZOETIS US LLC
ZOETIS US LLC
CRYSTAL M HOLDEN, PIC
1 SE PFIZER WAY
LEES SUMMIT MO 64081
USA

ZOETIS US LLC
ZOETIS US LLC
CRYSTAL M HOLDEN, PIC
1 SE PFIZER WAY
LEES SUMMIT MO 64081
USA

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy

Pharmacy

Class L

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2020003546
Crystal M Holden - 2010027521
ZOETIS US LLC
ZOETIS US LLC
CRYSTAL M HOLDEN, PIC
1 SE PFIZER WAY
LEES SUMMIT MO 64081
USA

EXECUTIVE DIRECTOR

Sarah E. Edgerwood

DIVISION DIRECTOR

10 Sylvan Way
Parsippany, NJ 07054

Zoetis Corporate Officers

Name/Position	Home Address	Home Phone
Kristin Peck – President	Brookside Road, Darien,	-1515
John C. Martin – VP	Adams Street, Hoboken,	1069
Marc Levine – VP	Briarwood Drive W, Warren, I	9299

Michael L. Parson
Governor
State of Missouri

Sarah Ledgerwood, Interim Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
Chlora Lindley-Myers, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard P.O. Box 625
Jefferson City, MO 65109
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
MissouriBOP@pr.mo.gov
pr.mo.gov/pharmacists

This is to certify that the records of the Missouri Division of Professional Registration indicate the following information regarding Zoetis US LLC.

LICENSE TYPE:	Pharmacy
LICENSE NUMBER:	2020003546
ADDRESS:	Crystal M Holden, PIC 1 SE Pfizer Way Lees Summit, MO 64081
DATE ISSUED:	1/30/2020
STATUS:	Active
EXPIRATION DATE:	10/31/2021
DISCIPLINARY ACTION:	None

Laura Hanke
Missouri Board of Pharmacy

Mar. 18, 2020
Date

This is the only form that will be used by the Missouri Board of Pharmacy for the purpose of license verification.

4L

RECEIVED 7-23-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Burt's Pharmacy, LLC

Physical Address: 2333 Borchard Rd

Mailing Address: 2333 Borchard Rd

City: Newbury Park State: CA Zip Code: 91320

Telephone: 805-498-6675 Fax: 805-498-8017

Toll Free Number: 855-287-8779 (Required per NAC 639.708)

E-mail: customercare@burtsrx.com Website: burtsrx.com

Managing Pharmacist: Robert Leark License Number: CA 60074

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

RL

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

Robert Leark

Print Name of Authorized Person

6/24/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: CA

Parent Company if any: Burt's Pharmacy, INC

Mailing Address: 2333 Borchard Rd

City: Newbury Park State: CA Zip: 91320

Telephone: 805-498-6675 Fax: 805-498-8017

Contact Person: Robert Leark

For any corporation non publicly traded, disclose the following:

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

a) Robert Leark (Name) Avenida Montanoso Thousand Oaks, CA (Address)

b) _____ (Name) _____ (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. 1,000

3) What was the price paid per share? 0.10

4) What date did the corporation actually receive the cash assets? 11/09/2011

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	930	am	700	pm	Saturday	900	am	100	pm
Sunday	—	am	—	pm	24 Hours	—			

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

Stock Certificate
for
Burt's Pharmacy, Inc. , a California Corporation

In exchange for valuable consideration, this certificate is issued to Robert Thomas Leark ,

for one-thousand (1,000) *shares in the above corporation.*

THE STOCK REPRESENTED BY THIS CERTIFICATE IS SUBJECT TO RESTRICTIONS ON TRANSFER, AND MAY NOT BE OFFERED FOR SALE, SOLD, TRANSFERRED OR PLEDGED EXCEPT ACCORDING TO, AND ONLY IF ALLOWED BY, THE BYLAWS OF THIS CORPORATION AS AMENDED.

This certificate, and its accompanying stock, is issued as follows:

By:	Signature	Robert Leark CEO *Print name and title*	11/09/11 *Date*
By:	Signature	Robert Leark Secretary *Print name and title*	11/09/11 *Date*

REGISTER OF ISSUANCE OF SHARES OF STOCK

The following individuals or entities have been issued stock by **Burt's Pharmacy, Inc.** , and a record of those issuance(s) appears below. This Register does NOT record transfers of stock between shareholders. All shares are subject to the restrictions on transfer and sales as specified on the certificate and in the Bylaws.

Date Issued	Name of Shareholder	Number of Shares Issued	Amount Paid *(or other consideration)*
11/09/11	Robert Thomas Learle	1,000	$100.00

DEPARTMENT OF
CORPORATIONS
CALIFORNIA'S INVESTMENT & FINANCING AUTHORITY - ESTABLISHED 1913

COMMISSIONER OF CORPORATIONS
STATE OF CALIFORNIA
Notice of Transaction Pursuant to Corporations Code Section 25102(f)
(Electronic Version)

DATE: 11/10/2011

ISSUER INFORMATION

Name: Burt's Pharmacy Inc
Contact: Robert Leark
Address: 2333 Borchard Rd, Newbury Park, CA 91320, USA
Mailing Address: 2333 Borchard Rd, Newbury Park, CA 91320, USA
Telephone: (805) 498-6675
Fax:
Place and type of Organization: California, Corporation

ISSUER'S REPRESENTATIVE INFORMATION

Name:
Contact:
Address:
Mailing Address:
Telephone:
Fax:

TRANSACTION DETAILS

Date of First Sale: 11/09/2011
Securities Offered or Sold in Transaction: Stock - Common
Details or Description of Securities Sold:
Type of Filing and/or Exemption under Securities Act of 1933: Section 4(2) (No public offering)
Filing under Rule 260.103: No

VALUE OF TRANSACTION

	California	Total Offering
Money:	$100.00	$100.00
Other Consideration:	$0.00	$0.00
TOTAL:	$100.00	$100.00

NOTICE FILING FEE: $25.00

I REPRESENT THAT I am submitting this limited offering exemption notice filing on behalf of, and with the authority of, Burt's Pharmacy Inc, and that all representations made herein are current, true, and complete.

Submitted by:

Individual:	Robert Leark
Organization:	Burt's Pharmacy Inc
Address:	2333 Borchard Rd, Newbury Park, CA 91320, USA
Telephone:	(805) 498-6675
Signature:	
Name and Title:	Robert Leark CEO
Date:	11/10/11

The issuer, or the issuer's representative (see Rule 260.102.14), shall sign and date the form and maintain the signed form in its books and records for five years as required by Rule 260.102.14 (10 C.C.R. Section 260.102.14).

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0540

Entity Status Letter

Date: 6/25/2020

ESL ID: 6912288667

Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 3418396

Entity Name: BURT'S PHARMACY, INC.

- [x] 1. The entity is in good standing with the Franchise Tax Board.
- [ ] 2. The entity is **not** in good standing with the Franchise Tax Board.
- [ ] 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 .
- [ ] 4. We do not have current information about the entity.
- [ ] 5. The entity was administratively dissolved/cancelled on through the Franchise Tax Board Administrative Dissolution process.

Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

Connect With Us

Web: **ftb.ca.gov**
Phone: 800.852.5711 from 7 a.m. to 5 p.m. weekdays, except state holidays
916.845.6500 from outside the United States
TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0540

Entity Status Letter

Date: 6/25/2020

ESL ID: 5532703953

Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 200914210198

Entity Name: BURT'S PHARMACY, LLC

- [x] 1. The entity is in good standing with the Franchise Tax Board.
- [ ] 2. The entity is **not** in good standing with the Franchise Tax Board.
- [ ] 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 .
- [ ] 4. We do not have current information about the entity.
- [ ] 5. The entity was administratively dissolved/cancelled on through the Franchise Tax Board Administrative Dissolution process.

Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

Connect With Us

Web: **ftb.ca.gov**
Phone: 800.852.5711 from 7 a.m. to 5 p.m. weekdays, except state holidays
916.845.6500 from outside the United States
TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

Secretary of State
Statement of No Change
(Limited Liability Company)

LLC-12NC

19-B16540

FILED

In the office of the Secretary of State
of the State of California

MAR 21, 2019

This Space For Office Use Only

IMPORTANT — Read instructions before completing this form. This form may be used only if a complete Statement of Information has been filed previously and there has been no change.

Filing Fee – $20.00

Copy Fee – $1.00;
Certification Fee - $5.00 plus copy fee

1. Limited Liability Company Name (Enter the **exact** name of the LLC as it is recorded with the California Secretary of State. Note: If you registered in California using an alternate name, see instructions.)

BURT'S PHARMACY, LLC

2. 12-Digit Secretary of State File Number	**3. State, Foreign Country or Place of Organization** (only if formed outside of California)
200914210198	CALIFORNIA

4. No Change Statement (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12).)

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

5. The information contained herein is true and correct.

03/21/2019	Robert Leark	Manager	
Date	Type or Print Name of Person Completing the Form	Title	Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document, enter the name of a person or company and the mailing address. This information will become public when filed. (SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:
Company:
Address:
City/State/Zip:

State of California
Secretary of State

L

56

STATEMENT OF INFORMATION
(Limited Liability Company)

Filing Fee $20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
in the office of the Secretary of State
of the State of California
APR 25 2013

This Space For Filing Use Only

1. **LIMITED LIABILITY COMPANY NAME**
Burt's Pharmacy, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER: 200914210198

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California): California

No Change Statement

4. **If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed **to Item 15**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE: 2333 Borchard Rd	Newbury Park, CA		91320
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5			
7. STREET ADDRESS OF CALIFORNIA OFFICE: 2333 Borchard Rd	Newbury Park	CA	91320

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

	ADDRESS	CITY	STATE	ZIP CODE
9. NAME: Burt's Pharmacy, Inc	2333 Borchard Rd	Newbury Park, CA		91320
10. NAME: Robert Thomas Leark	3543 Avenida Montuoso	Thousand Oaks, CA		91362
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
Scott W. Williams

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, **IF AN INDIVIDUAL**	CITY	STATE	ZIP CODE
299 W. Hillcrest Drive, Suite 214	Thousand Oaks	CA	91360

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Retail Pharmacy

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

04/23/2013	Robert T. Leark	Manager	RL
DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE

LLC-12 (REV 01/2013) APPROVED BY SECRETARY OF STATE

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

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

July 10, 2020

BURT'S PHARMACY LLC
ATTN: ROBERT LEARK
2333 BORCHARD RD
NEWBURY PARK CA 92868

California State Board of Pharmacy License Verification

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

Licensee Name: BURT'S PHARMACY LLC

License Type: PHARMACY

License Number: PHY 50828

Status: ACTIVE

Issue Date: 05/24/2012

Expiration Date: 05/01/2021

Address of Record: 2333 BORCHARD RD NEWBURY PARK CA 92868

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

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

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 50828

NAME: BURT'S PHARMACY LLC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

2333 BORCHARD RD
NEWBURY PARK CA 91320
VENTURA COUNTY

ISSUANCE DATE

MAY 24, 2012

EXPIRATION DATE

MAY 1, 2021

CURRENT DATE / TIME

JUNE 25, 2020
12:16:40 PM

LICENSE RELATIONSHIPS

NAME: LEARK, ROBERT THOMAS

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 60074 **PRIMARY STATUS:** CLEAR

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
) ss.
Los Angeles COUNTY)

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

1. I am the managing member for Burtis Pharmacy, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Name Robert Leark

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

SEE CALIFORNIA
JURAT FORM
ATTACHED

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.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 15th day of July, 2020, by Robert Hearn,

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

John P. Tata
COMMISSION #2169656
NOTARY PUBLIC • CALIFORNIA
LOS ANGELES COUNTY
Commission Expires November 21, 2020

(Seal)

Signature

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Robert Leark

Responsible Person of Burt's Pharmacy, LLC

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

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

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

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

Robert Leark
Print Name of Authorized Person

6/24/2020
Date

4M

RECEIVED 6/29/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Chewelx LLC

Physical Address: 4425 E Agave Rd Ste 110,

Mailing Address: Same

City: Phoenix State: AZ Zip Code: 85044

Telephone: (480) 704-5459 Fax: (480) 704-2084

Toll Free Number: (800) 413-3506 (Required per NAC 639.708)

E-mail: prescriptions@chewelxrx.com Website: chewelxrx.com Uhurx.com

Managing Pharmacist: Michael Blauser License Number: SO11609

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Melanie E. Beauchamp

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

Melanie Elaine Beauchamp — 6/15/20

Print Name of Authorized Person — Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Melanie Elaine Beauchamp

Business Name: Cheveux LLC

Current Business Address: 4125 East Agave Rd #110

City: Phoenix State: AZ Zip Code: 85044

Telephone: 480 704 5459 Fax: 480 704 - 2084

List any physician shareholders and percentage of ownership.

Name: Ø %: _____

Name: Ø %: _____

Name: Ø %: _____

Name: Ø %: _____

Hours of Operation for the pharmacy:

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

Sunday _____ am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Melanie E. Beauchamp

Responsible Person of Chereux 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

Melanie Elaine Beauchamp — Print Name of Authorized Person

6/15/20 — Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

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

1. I am the Owner for Cheveux LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Melanie E. Beauchamp
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
22 day of June, 2020.

Andrew Grant Ross
NOTARY PUBLIC

ANDREW GRANT ROSS
Notary Public - State of Arizona
MARICOPA COUNTY
My Commission Expires
March 18, 2022

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

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

CHEVEUX LLC

ACC file number: L22778411

was incorporated under the laws of the State of Arizona on 04/11/2018, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

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

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **02/28/2020**

Matthew Neubert, Executive Director

Arizona State Board of Pharmacy

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

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

This is not a license/permit

Name :	Cheveux LLC
Address :	4425 E Agave Road 110 Phoenix AZ 85044
License No :	Y007705
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	02/20/2019
Expiration Date :	10/31/2020
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 05/31/2019

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

Receipt Date: 06/07/2018
Receipt Number: 201960896
Receipt Amount $: 480.00

Pharmacy - Limited Service

PERMIT NO
Y007705

EXPIRES
10/31/2020

Issued to : Cheveux LLC
Melanie Beauchamp
4425 E AGAVE ROAD 110
PHOENIX, AZ 85044

Cheveux LLC
4425 E AGAVE ROAD 110
PHOENIX, AZ 85044

Kam Gandhi
EXECUTIVE DIRECTOR

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

WALLET CARD

NAME : Melanie Beauchamp
LICENSE NUMBER : Y007705
EXPIRES : 10/31/2020

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

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

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

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

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

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

GENERAL INFORMATION

Name of Nevada license pharmacy: _____

Nevada license number: _____

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

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

VIPPS CERTIFICATION

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

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

PHARMACIES LACKING VIPPS CERTIFICATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

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

Signature of Owner

6/22/2020
Date

4N

RECEIVED 6/30/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ *New Pharmacy* or ☒ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 03849

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

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

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

☐ *Partnership - Pages 1,2,5,7*

☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: New Pharmacy Ventures, LLC d.b.a. Express Veterinary Pharmacy

Physical Address: 2450 E Guadalupe Rd Suite110

Mailing Address: 2450 E Guadalupe Rd Suite110

City: Gilbert State: AZ Zip Code: 85234

Telephone: 480-530-8620 Fax: 480-530-8621

Toll Free Number: 844-468-9244 (Required per NAC 639.708)

E-mail: hello@newpharmacyventures.com Website: https://expressvet.pharmacy/

Managing Pharmacist: Melissa Duchscherer License Number: Arizona S014346

TYPE OF PHARMACY AND SERVICES PROVIDED

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

Just checked

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Taylor Froiland
Print Name of Authorized Person

6/16/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Mailing Address: 2450 E Guadalupe Rd Ste 110

City: Gilbert State: AZ Zip: 85234

Telephone: 480-530-8620 Fax: 480-530-8621

Contact Person: Taylor Froiland

For any corporation non publicly traded, disclose the following:

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

a) Joe Maclean) W Dilido Dr Miami Beach
Name Address

b) Taylor Froiland S Larkspur Way Chandle
Name Address

c) Adam McCown W Rockrose Way Chandler ,
Name Address

d) _____
Name Address

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

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

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

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

Sunday Closed am Closed pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Taylor Froiland

Responsible Person of New Pharmacy Ventures, 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

Taylor Froiland
Print Name of Authorized Person

6/16/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF_____)
) ss.
_____COUNTY)

I, Taylor Froiland, 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 Member for New Pharmacy Ventures, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
16 day of June, 2022.

NOTARY PUBLIC

OFFICIAL SEAL
MARK D BOESEN
Notary Public - Arizona
MARICOPA COUNTY
Commission # 555690
My Commission Expires
DECEMBER 12, 2022

List of Owners

- Joe Maclean- President 51% Ownership
  - W Dilido Dr
    Miami Beach, FL
  -
  -

- Taylor Froiland- Member 26.95% Ownership
  - S Larkspur Way
    Chandler, A

- Adam McCown- Member 22.05% Ownership
  - W Rockrose Way
    Chandler, A

State Of Delaware

Entity Details

6/18/2020 6:03:44PM

File Number: 7242571
Entity Name: NEW PHARMACY VENTURES, LLC
Entity Kind: Limited Liability Company
Residency: Domestic
Status: Good Standing

Incorporation Date / Formation Date: 1/17/2019
Entity Type: General
State: DELAWARE
Status Date: 1/17/2019

Registered Agent Information

Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON
State: DE
Phone: 302-636-5401

Country:
Postal Code: 19808

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW PHARMACY VENTURES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JUNE, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

7242571 8300

SR# 20205908350

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

Authentication: 203179383

Date: 06-25-20

BOESEN & SNOW LLC
ATTORNEYS AT LAW

17797 N Perimeter Dr, Ste D107
Scottsdale, AZ 85255
(480) 900-4614
www.BoesenSnowLaw.com

Writer's Direct Dial: (602) 326-4497
E-Mail: ASnow@BSLawUSA.com

June 8, 2020

TO WHOM IT MAY CONCERN

Please be advised that the Arizona State Board of Pharmacy has informed this office that it will *not* complete pharmacy license/permit verifications forms. The Board has advised that primary source verification can be performed at their website www.pharmacy.az.gov. As such, attached please find a primary source verification for the permit complete with a date and time stamp.

As always, should you have any further questions or require additional information to complete this application, please do not hesitate to contact me.

Sincerely,

Allyson L. Snow

Allyson Snow, J.D.
Attorney

Arizona State Board of Pharmacy

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

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

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

Name :	New Pharmacy Ventures LLC dba Express Veterinary Pharmacy
Address :	833 N Cooper Rd Ste 104 Gilbert AZ 85233
License No :	Y008372
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	05/21/2020
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

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

Receipt Date: 04/17/2020
Receipt Number: 202082531
Receipt Amount $: 480.00

Pharmacy - Independent

PERMIT NO
Y008372

Issued to : New Pharmacy Ventures LLC dba Express Veterinary Pharmacy
New Pharmacy Ventures LLC
833 N COOPER RD STE 104 GILBERT, AZ 85233

EXPIRES
10/31/2021

New Pharmacy Ventures LLC dba Express Veterinary Pharmacy
833 N COOPER RD STE 104
GILBERT, AZ 85233

EXECUTIVE DIRECTOR

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

WALLET CARD

NAME : New Pharmacy Ventures LLC
LICENSE NUMBER : Y008372
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

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

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

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

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

40

RECEIVED
6-15-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: F&F Pharmacies, Inc. dba Junglejims Pharm

Physical Address: 5484 Dixie Highway

Mailing Address: [redacted]

City: Fairfield State: Ohio Zip Code: 45014

Telephone: 513-858-3784 Fax: 513-858-3807

Toll Free Number: 877-858-3784 (Required per NAC 639.708)

E-mail: junglejimspharmacy@yahoo.com Website: www.junglejimsrx.com

Managing Pharmacist: Amandeep Sharma License Number: 0332842 3

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Amandeep Sharma
Print Name of Authorized Person

05/06/2020
Date

Board Use Only Date Processed: JUN 17 2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: OHIO

Parent Company if any:

Mailing Address: 100 E. Plane St.

City: Bethel State: OH Zip: 45106

Telephone: 513-734-1335 ext 15 Fax: 513-734-3604

Contact Person: Pamela J Burn

For any corporation non publicly traded, disclose the following:

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

a) Ronald Ferguson
Name Address

b) Kip Ferguson
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? 3.33

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday Closed am pm

Sunday Closed am pm 24 Hours

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

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

Ron Ferguson

Kip Ferguson

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General ✓ Limited _____

Partnership Name: F & F Pharmacies Inc

Mailing Address: 100 E. Plane St.

City: Bethel State: OH Zip Code: 45706

Telephone Number: 513-734 1335 15 Fax Number: 513-734-3604

Contact Person: Pamela J. Burns

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

Name	G or L	Percentage
Ronald Ferguson	G	50
Kip L. Ferguson	G	50

List names of 4 largest partners and percentage of ownership:

Name: Ron Ferguson %: 50

Name: Kip Ferguson %: 50

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm

Saturday Closed am pm

Sunday Closed am pm

24 Hours no

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: _____

Business Name: F&F Pharmacies Inc, DBA: Jungle Jim's Pharmacy

Current Business Address: 5484 Dixie Highway

City: Fairfield State: Ohio Zip Code: 45014

Telephone: 513-858-3784 Fax: 513-858-3807

List any physician shareholders and percentage of ownership.

Name: Ron Ferguson %: 50

Name: Kip Ferguson %: 50

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Amadeep Sharma

Responsible Person of Jungle Jim's Pharmacy

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

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

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

X Sharma

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

X AMANDEEP SHARMA

Print Name of Authorized Person

05/06/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF OH)
) ss.
Butler COUNTY)

I, AMANDEEP SHARMA, 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 PIC for Jungle Jim's Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

AMANDEEP SHARMA
Name

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

NOTARY PUBLIC

NOTARY PUBLIC

DAQUARIA MONIQUE BEARD
Notary Public, State of Ohio
My Commission Expires
December 3, 2024

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show F & F PHARMACIES, INC., an Ohio corporation, Charter No. 1015910, having its principal location in Mt. Orab, County of Brown, was incorporated on July 20, 1998 and is currently in GOOD STANDING upon the records of this office.

THE SEAL OF THE SECRETARY OF STATE OF OHIO

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of March, A.D. 2020.

Ohio Secretary of State

Validation Number: 202006905204

Ohio

License Look Up

3/9/2020 8:49 PM

RONALD WAYDE FERGUSON RPH

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Pharmacist
License Number	03117452
License Issue Date	07/29/1988
License Expiration Date	09/15/2021
License Effective Date	09/16/2019
City	LOVELAND
State	OH
Country	United States
Board Action	No

Current date & time: 3/9/2020 8:49 PM

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

Ohio

License Look Up

3/9/2020 8:54 PM

KIP RYAN FERGUSON RPH

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Pharmacist
License Number	03219369
License Issue Date	07/30/1992
License Expiration Date	09/15/2021
License Effective Date	09/16/2019
City	Cincinnati
State	OH
Country	United States
Board Action	No

Current date & time: **3/9/2020 8:54 PM**

Disclaimer: The Joint Commission and NCQA consider on-line states information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

Ohio

License Look Up

3/9/2020 8:58 PM

AMANDEEP SHARMA RPH

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Pharmacist
License Number	03328423
License Issue Date	07/24/2008
License Expiration Date	09/15/2021
License Effective Date	09/16/2019
City	WEST CHESTER
State	OH
Country	United States
Board Action	No

Current date & time: **3/9/2020 8:58 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

4P

RECEIVED 6-11-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

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

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: A Better choice medical Supply, LLC

Physical Address: 3100 Dixie Hwy waterford, MI 48328
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: PO BOX 431949

City: Pontiac State: MI Zip Code: 48343

Telephone: 888-466-4217 Fax: 888-466-7282

E-mail: Credentialing@abetterchoicemc.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 4pm Sat: NA to Sun: NA to Holidays: 9am to 5pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nicholas mullane

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: DME- urological/intermittent catheters

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

Name:_____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

1609447000 1		

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: _____
- Advanced Practitioner of Nursing — Name: _____
- Physician's Assistant — Name: _____
- Physical Therapist — Name: _____
- Occupational Therapist — Name: _____
- Registered Nurse — Name: _____
- Respiratory Therapist — Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Bethany Smith
Print Name of Authorized Person

6/9/2020
Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP General X Limited ____

Partnership Name: A Better choice medical Supply, LLC

Mailing Address: PO Box 431949

City: Pontiac State: MI Zip: 48343

Telephone: 888-466-4217 Fax: 888-466-7282

Contact Person: Nicholas mullane

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

Name	G or L	Percentage
Nicholas mullane	G	51 %
John mullane	G	39 %

continued → on other page

List names of 4 largest partners and percentage of ownership:

Name: Nicholas mullane %: 51

Name: John mullane %: 39

Name: Elizabeth mullane %: 10

Name: N/A %: ____

ABETTER-02 KWELSH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/13/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Debbie Rice
Cailor Fleming Insurance 4610 Market Street P.O. Box 3989 Youngstown, OH 44513-3989	PHONE (A/C, No, Ext): (330) 782-8068 757 FAX (A/C, No): E-MAIL ADDRESS: drice@cailorfleming.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : UNITED NATIONAL INSURANCE	13064
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

A Better Choice Medical Supply, LLC
P.O. Box 431949
Pontiac, MI 48343

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			PAC7190395	2/8/2020	2/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	X Professional Liab						MED EXP (Any one person)	$ 5,000
	X Hired/Non-Owned Auto						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
*Location Covered: 3100 Dixie Hwy., Waterford MI 48328.;

CERTIFICATE HOLDER

For Insurance Verification Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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4Q

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.

☐ New MDEG ☑ Ownership Change ☑ Name Change ☐ Location Change

(Please provide current license number if making changes: MP or MW MP01439)

☑ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: BioTel INR, LLC (formerly, Roche Health Solutions, Inc.)

Physical Address: 9115 Hague Road, Indianapolis, IN 46256

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

Mailing Address: 1000 Cedar Hollow Road

City: Malvern State: PA Zip Code: 19355

Telephone: 888-312-2328 Fax: 610-828-8048

E-mail: compliance@gobio.com Website: www.coagucheckpatientservices.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 AM to 6:00 PM Tue: 8:00 AM to 6:00 PM Wed: 8:00 AM to 6:00 PM Thu: 8:00 AM to 6:00 PM

Fri: 8:00 AM to 6:00 PM Sat: ____ to ____ Sun: ____ to ____ Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Nicole Bigham

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: Durable Medical Equipment - patient meters and test strips for home PT/INR monitoring

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Nicole Bigham Telephone: 610-729-5066

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare IN - 258200
Medicaid IA - Q022950
Pennsylvania Medicaid - 001419911
Medicaid AZ - 690611
Medicare - P00704633
Tennessee Medicaid - 1083880447
Medicaid IN - 201408300A
Medicaid MN - 1083880447
New Jersey Medicare - 236589
California Medicare - FQ013A

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

3) Are any of the owners health professionals? If yes, please check the box and list name.

☐ Practitioner	Name: _____
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Nicole Bigham
Print Name of Authorized Person

06/24/2020
Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: BioTelemetry, Inc.

Corporation Name: CardioNet, LLC

Mailing Address: 1000 Cedar Hollow Road

City: Malvern State: PA Zip: 19355

Telephone: 610-729-5066 Fax: 610-828-8048

License Contact Person: Nicole Bigham

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. BlackRock Fund Advisors %: 13.87
2. ArrowMark Colorado Holdings LLC %: 12.99
3. The Vanguard Group, Inc. %: 10.99
4. Dimensional Fund Advisors LP %: 3.66

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: See copy of Form 10-K

Registration number issued: See copy of Form 10-K

Stock Exchange: See copy of Form 10-K

Include with the application for a publicly traded corporation

List of officers and directors.

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

BioTelemetry, Inc.

LIST OF OFFICERS AND DIRECTORS

Officers:

Joseph Capper – President , CEO and Director

Heather Getz – Executive Vice President and CFO

Cody Cowper – Vice President, General Counsel and Secretary

Fred (Andy) Broadway III – President, BioTel Heart

Dan Wisniewski - Senior Vice President, Technical Operations

Directors:

Kirk E. Gorman – Chairman of the Board of Directors

Rebecca Rimel – Director

Robert J. Rubin, MD – Director

Anthony J. Conti – Director

Joseph A. Frick – Director

Colin Hill – Director

Laura N. Dietch – Director

Tiffany Olson – Director

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Roche Health Solutions Inc.
Date Filed:	05/14/1991
File Number:	7A-809
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 05/12/2020

Steve Simon
Secretary of State
State of Minnesota

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOTELEMETRY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

5309842 8300

SR# 20203812628

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

Authentication: 202922456

Date: 05-13-20

BioTelemetry inc

June 23, 2020

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

RE: Roche Health Solutions, Inc.
Permit No.: MP01439
Name Change and Transfer of Ownership

To Whom It May Concern:

Roche Health Solutions, Inc. (RHS) holds the permit captioned above for its facility located at 9115 Hague Road, Indianapolis, IN 46256. This letter and the attached documents are submitted to inform you that a transaction occurred on June 23, 2020 whereby CardioNet, LLC acquired RHS. Post-closing RHS will be a wholly owned subsidiary of CardioNet, LLC, keeping the same tax identification and NPI numbers.

At the time of closing, RHS converted to a limited liability company under the new name of BioTel INR, LLC using the same tax identification and NPI numbers.

Please contact me via email at compliance@gobio.com or telephone at 610-729-5066 should you require any additional information regarding this proposed transaction.

Sincerely,

Nicole Bigham

Compliance Officer

Enclosures

MEMORANDUM OF INSURANCE

DATE
07-Apr-2020

This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of Marsh is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via https://marshdigital.marsh.com/marshconnect/viewMOI.action?clientId=376015024. The information contained herein is as of the date referred to above. Marsh shall be under no obligation to update such information.

PRODUCER	COMPANIES AFFORDING COVERAGE
Marsh USA Inc. ("Marsh")	Co. **A** National Union Fire Insurance Company of Pittsburgh, PA
INSURED Roche Health Solutions Inc. 9115 Hague Road STE 100 Indianapolis Indiana 46256-1025 United States	Co. **B** LM Insurance Corp.
	Co. **C** Liberty Insurance Corp.
	Co. **D** AIG Specialty Insurance Company
	Co. **E**
	Co. **F**

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS LIMITS IN USD UNLESS OTHERWISE INDICATED	
A	**GENERAL LIABILITY** Commercial General Liability Occurrence	GL 6862465	01-Jan-2020	01-Jan-2021	GENERAL AGGREGATE	$5,000,000
					PRODUCTS - COMP/OP AGG	EXCLUDED
					PERSONAL AND ADV INJURY	$2,000,000
					EACH OCCURRENCE	$2,000,000
					FIRE DAMAGE (ANY ONE FIRE)	$1,000,000
					MED EXP (ANY ONE PERSON)	EXCLUDED
A A A	**AUTOMOBILE LIABILITY** Any Auto	CA 5320333 (AOS) CA 5320334 (MA) CA 5320335 (VA)	01-Jan-2020 01-Jan-2020 01-Jan-2020	01-Jan-2021 01-Jan-2021 01-Jan-2021	COMBINED SINGLE LIMIT	$2,000,000
					BODILY INJURY (PER PERSON)	N/A
					BODILY INJURY (PER ACCIDENT)	N/A
					PROPERTY DAMAGE	N/A
	EXCESS LIABILITY				EACH OCCURENCE	N/A
					AGGREGATE	N/A
	GARAGE LIABILITY				AUTO ONLY (PER	N/A

					ACCIDENT)
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT N/A
					AGGREGATE N/A
B B C	**WORKERS COMPENSATION / EMPLOYERS LIABILITY**	WA5-63D-505921-090 (AOS) WC5-631-505921-100 (MN & WI) WA7-63D-505921-320 (MA)	01-Jan-2020 01-Jan-2020 01-Jan-2020	01-Jan-2021 01-Jan-2021 01-Jan-2021	WORKERS COMP LIMITS: Statutory EL EACH ACCIDENT: $2,000,000 EL DISEASE - POLICY LIMIT: $2,000,000 EL DISEASE - EACH EMPLOYEE: $2,000,000
A	Products/Completed Operations Liability	GL 6862466	01-Jan-2020	01-Jan-2021	EACH OCCURRENCE/AGGREGATE: $1,000,000/$5,000,000
D	Medical Professional Liability	GL 6862486	01-Jan-2020	01-Jan-2021	EACH MEDICAL INCIDENT/POLICY PERIOD AGGREGATE: $5,000,000/$6,000,000

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

MEMORANDUM OF INSURANCE

DATE
07-Apr-2020

This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of Marsh is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via https://marshdigital.marsh.com/marshconnect/viewMOI.action?clientId=376015024. The information contained herein is as of the date referred to above. Marsh shall be under no obligation to update such information.

PRODUCER
Marsh USA Inc.
("Marsh")

INSURED
Roche Health Solutions Inc.
9115 Hague Road STE 100
Indianapolis
Indiana 46256-1025
United States

ADDITIONAL INFORMATION

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

Click here for a printer-friendly version of this document.

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

☑ New MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☑ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Control Bionics Inc.

Physical Address: 745 Center Street Suite 303 Milford Ohio 45150

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

Mailing Address: 745 Center Street Suite 303 Milford Ohio 45150

City:_____ State: Zip Code: ___ Telephone: 513-453-4848

_____ Fax: 513-322-4678

E-mail: funding@controlbionics.com Website: www.controlbionics.com

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 5

Sat: Closed to Sun: Closed to Holidays: Varies to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: James Schorey

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: Speech Generating Device

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

Name:_____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare: 7690210001

Please see attached list of all Medicaid ID's to Date

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

James Schorey

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

James Schorey
Print Name of Authorized Person

06/26/2020
Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Control Bionics Holdings Pty Limited

Corporation Name: Control Bionics Inc.

Mailing Address: 745 Center Street Suite 303

City: Milford State: Ohio Zip: 45150

Telephone: 513-453-4848 Fax: 513-322-4678

Contact Person: Sabrina Selm, Emily Boland

For any corporation non-publicly traded, disclose the following:

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

a) Peter Shann Ford Uni (Name) Neild Ave. Darlinghurs (Address)

b) Nightingale Partners Pty Limited Level (Name) Market Street Sydney I (Address)

c) Phoenix Development Fund Pty Limited Level (Name) Market Street Sydney (Address)

d) R & R Wong Holdings Pty Limite (Name) Yarrbat Ave Balwyn (Address)

2) Provide the number of shares issued by the corporation. 9,599,093

3) What was the price paid per share? $2.09

4) What date did the corporation actually receive the cash assets? July 2006 - Sept. 2019

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

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

CONTROL BIONICS | LIFE CHANGING CONNECTIONS

745 Center Street, Ste 303
Milford, Ohio 45150
1-513-453-4848

State	Enrollment Date	Medicaid Number
Alaska	1/14/2019	1696371
Arizona	1/3/2019	469275
DC	6/13/2019	42887384
Idaho	1/23/2019	1235516055
Illinois	1/11/2019	260765O01
Indiana	2/28/2019	300022994
Iowa	1/10/2019	1235516055
Kentucky	1/18/2019	7100593370
Maryland	4/22/2020	444252100
Michigan	1/22/2018	VS0083028
Minnesota	6/27/2019	1235516055
Mississippi	3/5/2019	3404399
Nebraska	1/18/2019	10026761900
New Jersey	3/13/2019	0-677094
New Mexico	8/24/2018	70421391
North Carolina	1/8/2019	1235516055
Ohio	8/24/2018	321710
Oklahoma	1/12/2019	200811540 A
Oregon	3/18/2019	500759661
Pennsylvania	12/20/2018	103588694 0002
Rhode Island	1/1/2019	1235516055
South Carolina	1/22/2019	DM1618
Tennessee	11/1/2019	Q055529
Texas	4/11/2019	3948861
Utah	1/14/2019	3010244
Vermont	7/3/2019	6700834
Washington	3/27/2019	2124372
Wisconsin	1/7/2019	1235516055
Wyoming	4/17/2019	1235516055

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTROL BIONICS INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF FEBRUARY, A.D. 2019.

Jeffrey W. Bullock, Secretary of State

4223933 8300

SR# 20190735141

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

Authentication: 202233347

Date: 02-11-19

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Beach Financial Group 369 Pine Street, Suite 103 San Francisco CA 94104	PHONE (A/C, No, Ext): 415 358 2066	FAX (A/C, No):
	E-MAIL ADDRESS: joe@beachfinancialgroup.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Ace Property & Casualty Insurance Company	20699
INSURED Control Bionics Inc 745 Center Street, Suite # 303 Milford OH 45150	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC			D94924388	08/22/2019	08/22/2020	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ Included
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ Excluded
								$
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			D94924388	08/22/2019	08/22/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			D95317844	03/05/2020	08/22/2020	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Life Science / Medical Device import and distribution

CERTIFICATE HOLDER

For informational purposes

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joe Power

ACORD 25 (2010/05)

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The ACORD name and logo are registered marks of ACORD

KEY INSURANCE GROUP

CONFIRMATION OF INSURANCE

31/07/19

We act as insurance brokers for the client detailed below and at their request confirm the existence and currency of the following insurance:

Life Science Liability Confirmation Of Insurance

Class	Public & Products Liability including Errors Or Omissions
Insured	Control Bionics Holdings Pty Limited
Policy Period	24th July 2019 4pm 31st July 2020 4pm
Insurer	Certain Underwriters at Lloyds of London
Policy No	93398206
Covering	The Insured's legal liability to pay for compensation in respect of Personal Injury or Damage to Property occurring during the Period of Insurance as a result of an occurrence in connection with the Insured's Business or caused by any of the Services, Products sold or supplied by the Insured.

Limits of Insurance:

Coverage 1 - Premises/Operations (Public) Liability:	AUD 20,000,000	each occurrence
Coverage 2 - Products/Services And Clinical Trials Liability:	AUD 20,000,000	in the aggregate
Coverage 4 - Advertising Injury and Personal Injury Liability:	AUD 20,000,000	in the aggregate
Coverage 5 – Errors Or Omissions Liability:	AUD 10,000,000	in the aggregate
U.S.A. Territory Aggregate Limit (Coverages 2, 4 And 5):	AUD 10,000,000	

Territorial Limits:	Anywhere in the world
Note:	This confirmation is issued as a matter of information only and does not confer any rights upon the confirmation holder. The confirmation does not amend, extend or alter the coverage afforded by the policy / policies detailed herein.

Yours faithfully,

Keith Riddle
For the Company

KEY INSURANCE GROUP
PO Box 4204, East Balwyn VIC 3103
Tel: 0488 766 700 - Fax: (03) 9867 6771
ABN: 64 577 160 521 - AR No. 435323
Authorised Representative of PSC Connect P/L AFSL 344648 ABN 23 141 574 914

...UNLOCKING INSURANCE

4S

RECEIVED 7-16-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

☑ New MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☑ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: First Nation Group, LLC

Physical Address: 5030 Nome St. STE C, Denver, CO 80239

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

Mailing Address: 4566 Hwy. 20 East Courtyard Plaza #208

City: Niceville, FL State: Zip Code: 32578 Telephone: (850) 389-8448

Fax: (850) 389-8543

E-mail: statelicensing@firstnationgroup.com Website: www.firstnationgroup.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 6:00 Tue: 9:00 to 6:00 Wed: 9:00 to 6:00 Thu: 9:00 to 6:00 Fri: 9:00 to 6:00 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nathan Doffing

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

☐ Medical Gases**
☑ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: Nathan Doffing Telephone: 303-407-6548

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A		

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: _____
- Physician's Assistant — Name: _____
- Physical Therapist — Name: _____
- Occupational Therapist — Name: _____
- Registered Nurse — Name: _____
- Respiratory Therapist — Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Cheryl L Nilsson

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

Cheryl L. Nilsson

Print Name of Authorized Person

7-2-2020

Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A LIMITED LIABILITY COMPANY General_____ Limited _____

Partnership Name: First Nation Group, LLC

Mailing Address: 4566 Hwy. 20 East Courtyard Plaza #208

City: Niceville State: FL Zip: 32578

Telephone: (850) 389-8448 Fax: N/A

Contact Person: Cheryl Nilsson

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

Name	G or L	Percentage
Cheryl Nilsson – Member	L	51.50
Patton Holdings, Inc. - Member	L	48.5

List names of 4 largest partners and percentage of ownership:

Name: Cheryl Nilsson – Member %: 51.50

Name: Patton Holdings, Inc. - Member %: 48.5

Name: _____ %: _____

Name: _____ %: _____

Email from Colorado Board of Pharmacy

Young, Felicia

From: Kalkis - DORA, Mark < @state.co.us>
Sent: Friday, November 22, 2019 1:22 PM
To: Young, Felicia
Subject: Re: First Nation Group LLC Home State Licensure/Exemption

External Email -- Please use caution before opening attachments or clicking links

Hi Felicia,
The Pharmacy Board does not send letters of the type that you are requesting. You may review Rule 15, Wholesalers, to verify if a license is required. You may also consider contacting the Secretary of State's office to see what their requirements are.
I hope this helps,
Mark

On Thu, Nov 21, 2019 at 10:23 AM Young, Felic @cardinalhealth.com> wrote:

Good afternoon Mark,

My client First Nation Group LLC is a wholesaler of Rx medical devices. Their warehouse is located in Denver, CO. Their Rx medical devices do not contain a Rx drug. It is my understanding that the Colorado Board of Pharmacy does not license Rx medical device wholesalers.

I am requesting that the Colorado Board of Pharmacy issue a home state licensing exemption letter (or email) to First Nation Group LLC so they can provide proof to other state licensing agencies that the Colorado Board of Pharmacy has found First Nation Group LLC to be exempt from home state licensure.

Thanks

Felicia

Felicia Young, B.S.

State Licensing Specialist

Regulatory Sciences

7400 West 110th Street, Suite 300, Overland Park, KS 66210

913.661.3867 dir | 913.451.3846 fax

Ema[illegible]@cardinalhealth.com

This message is for the designated recipient only and may contain privileged, proprietary or otherwise private information. If you have received it in error, please notify the sender immediately and delete the original. Any other use of the email by you is prohibited.

Dansk - Deutsch - Espanol - Francais - Italiano - Japanese - Nederlands - Norsk - Portuguese - Chinese Svenska: http://www.cardinalhealth.com/en/support/terms-and-conditions-english.html

--

Mark Kalkis, R.Ph.
Pharmaceutical Inspector

P: 303.815.0220 | F: 303.869.0274
1560 Broadway, Suite 1500, Denver, CO 80202
mark.kalkis@state.co.us | www.colorado.gov/dora

CONFIDENTIALITY NOTICE: This message is intended only for the use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not an intended recipient you are not authorized to disseminate, distribute or copy this e-mail. Please notify the sender immediately if you have received this e-mail by mistake and delete this e-mail and any attachments from your system.

Please Note:

Colorado's statutes don't provide a provision for medical devices and does not currently require licensure.

STATE OF COLORADO

BOARD OF PHARMACY RULES

15.00.00 WHOLESALERS.

15.00.00 WHOLESALERS. 15.01.00 Wholesale Drugs Distributor Registration Requirement. a. A wholesaler means any person engaged in the wholesale distribution of prescription drugs, including, but not limited to repackagers, own-label distributors, private-label distributors, jobbers, brokers, warehouses, including manufacturers' and distributors' warehouses; manufacturers' exclusive distributors; authorized distributors of record; drug wholesalers or distributors; independent wholesale drug traders; specialty wholesaler distributors; pharmacy buying cooperative warehouses; retail pharmacies that conduct wholesale distribution; and chain pharmacy warehouses that conduct wholesale distribution.

Reference: DEPARTMENT OF REGULATORY AGENCIES, State Board of Pharmacy Rules 3 CCR 719-1, Page 107, November 14, 2016

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/5/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Hylant - Toledo
811 Madison Ave.
Toledo OH 43604

License#: 23894

CONTACT NAME:
PHONE (A/C, No, Ext): 419-255-1020 **FAX (A/C, No):** 419-255-7557
E-MAIL ADDRESS: toledo_hmi@hylant.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hanover American Insurance Company	36064
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
First Nation Group, LLC
4566 Highway 20, Suite 208
Niceville FL 32578

FIRSNAT-01

COVERAGES **CERTIFICATE NUMBER:** 741390405 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ZDWH11352900	12/1/2019	12/1/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			UHWH11353200	12/1/2019	12/1/2020	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED X RETENTION $ 0							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTHER	
	ANY PROPRIETOR/PARTNER EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N / N/A						E.L. EACH ACCIDENT	$
	If yes describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

First Nation Group LLC
4566 Hwy. 20 East
Courtyard Plaza, Suite 208
Niceville FL 32578

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Attachment to First Nation Group, LLC's Medical Device Equipment and Gases New Application (State of Nevada State Board of Pharmacy)

First Nation Group, LLC's Officers

Name	Title	Address / Phone
Cheryl L. Nilsson	Chief Executive Officer	Antiqua Way, Niceville, Fl
Stephen D. Baugh	President	Middle Gulf Dr., Sanibel, F
Wendy Tommelleo	Executive Vice President	Thorn Wood Dr, Fort Myers,
Michael Jarosz	Chief Financial Officer	Southwinds Dr Miramar Beach, I

4T

RECEIVED 7/6/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☒ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Icon Medical Solutions Corp.

Physical Address: 40 Spruce St. Suite 202 Leominster, MA 01453
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 40 Spruce St. Suite 202

City: Leominster State: MA Zip Code: 01453

Telephone: 978-534-6590 Fax: 978-534-6591

E-mail: bryan@iconmedicalcorp.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm Fri: 9am to 5pm Sat: closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Bryan Bourgeois

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: Urology, wound care, incontinence

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

Name: N/A Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

1701480001		
1101458868A		

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name:
- Physician's Assistant — Name:
- Physical Therapist — Name:
- Occupational Therapist — Name:
- Registered Nurse — Name:
- Respiratory Therapist — Name:

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Bryan Bourgeois
Print Name of Authorized Person

06/26/2020
Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: Bryan Bourgeois

List all previous names: _____

Social Security Number _____

Date of Birth _____

Place of Birth: City: _____ State: MA Country: United States

Citizenship: USA ✓ other _____

If applicable, list Naturalization Number: N/A Passport Number:

Current residence address: West Street City: _____

State: MA Zip Code: 01453 Telephone Numbe. 1133 Fax Numb -6591

Previous address (last 5 years):
Address: West Street City: _____ State: MA Zip Code: 01453

Address: _____ City: _____ State: Zip Code: _____

Address: _____ City: _____ State: Zip Code: _____

Address: _____ City: _____ State: Zip Code: _____

Business Name: Icon Medical Solutions Corp.

Current Business Address: 40 Spruce Street, Suite 202

City: Leominster State: MA Zip Code: 01453

Telephone Number: 978-534-6590 Fax Number: 978-534-6591

Previous Employment (last 5 years):

Name: Icon medical solutions Corp Address: 40 Spruce St. Suite 202

City: Leominster State: MA Zip Code: 01453

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

ACORD

CERTIFICATE OF LIABILITY INSURANCE

241

DATE (MM/DD/YYYY) 03/30/20

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
DeCarolis Insurance Agency, Inc 146 North Main Street Leominster, MA 01453	PHONE (A/C, No, Ext): 978-342-1444	FAX (A/C, No): 978-343-3991
	E-MAIL ADDRESS: sgriffin@decarolisinsuranceagency.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Icon Medical Soultions, Inc. 40 Spruce St., Suite 202 Leominster, MA 01453	INSURER A : Arbella Protection Ins co.	
	INSURER B : cna surety	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			7520072416	03/28/20	03/28/21	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
							GENERAL AGGREGATE	$ 4,000,000
							PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Medicare supplier bond - MA			63575660	03/22/20	03/22/21	50,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Molina Health Care of Illinois
1520 Kensington Rd,
Suite 212
Oak Brook, IL 60523

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

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RECEIVED
6-17-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☑ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☑ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Linde Gas North America, LLC

Physical Address: 208 West Main Street, Livingston, TN 38570
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 2301 SE Creekview Drive

City: Ankeny State: IA Zip Code: 50021

Telephone: (515) 257-5073 Fax: (515) 965-6645

E-mail: michele.carmona@linde.com Website: www.linde.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 4:30pm Tue: 8am to 4:30pm Wed: 8am to 4:30pm Thu: 8am to 4:30pm Fri: 8am-4pm

to Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Phillip Storie

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

☐ Medical Gases**
☑ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: Corporation Service Company Telephone: 775-882-1013

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☑ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: _____
- Advanced Practitioner of Nursing — Name: _____
- Physician's Assistant — Name: _____
- Physical Therapist — Name: _____
- Occupational Therapist — Name: _____
- Registered Nurse — Name: _____
- Respiratory Therapist — Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Michele Carmona

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

Michele Carmona

Print Name of Authorized Person

5-27-20

Date

Board Use Only	Received: JUN 24 2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Linde Delaware Investments, Inc.

Corporation Name: Linde Gas North America, LLC

Mailing Address: 2301 SE Creekview Drive

City: Anheny State: IA Zip: 50021

Telephone: (515) 257-5073 Fax:

Contact Person: Michele Carmona

For any corporation non-publicly traded, disclose the following:

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

a) Linde Delaware Investments, Inc., Riverview Drive Danbary, C
Name Address

b)
Name Address

c)
Name Address

d)
Name Address

2) Provide the number of shares issued by the corporation. 101

3) What was the price paid per share? 0

4) What date did the corporation actually receive the cash assets? 100 shares- 10/2017; 1 share 7/5/18

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.

THE LINDE GROUP

Linde

DIRECTORS/OFFICERS

President:
Narayanan Ramprasad
DOB:
DL:
Address: Huron Dr., Chatham, NJ 07928
SS#:
Home Phone

Treasurer:
Tamara Volmer
DOB:
DL:
Address: Guinea Road, Monroe, CT. 06468
SS#:
Home Phor

Secretary:
Anthony Pepper
DOB:
DL:
Address: Racebrook Court, Cheshi
SS#:
Home Phone

Medical Gas Only

FEDERAL EMPLOYER IDENTIFICATION NUMBER -FEIN

61-1509960

For further inquiries, please contact:

Praxair Distribution, Incorporated
2301 SE Creekview Drive, Ankeny, IA 50021
Michele_Carmona@Praxair.com
Office Phone: 515-257-5073
Office Fax: 515-965-6645

ID NUMBER: 0000003458
EXPIRATION DATE: 03/31/2022
This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
LINDE GAS NORTH AMERICA, LLC

COMMISSIONER OF HEALTH

PRAXAIR DISTRIBUTION INC
2301 SE CREEK DR
ANKENY IA 50021

State of Tennessee
Department of Health

12094664
28021

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
LINDE GAS NORTH AMERICA, LLC
208 W MAIN ST
LIVINGSTON TN 38570

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

ID NUMBER: 0000003458
EXPIRATION DATE: 03/31/2022

DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS NORTH AMERICA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS NORTH AMERICA LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2006.

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

Jeffrey W. Bullock, Secretary of State

4225033 8300

SR# 20204158915

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

Authentication: 202955076

Date: 05-19-20

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 1166 Avenue of the Americas New York, NY 10036-2774 Attn: NewYork.Certs@marsh.com Fax: 212-948-0500	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Linde Gas North America, LLC 10 Riverview Dr Danbury, CT 06810	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Old Republic Insurance Company — 24147 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** NYC-010733699-01 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER			MWZY 313507-19	10/01/2019	10/01/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 5,000,000 $ 5,000,000 $ 10,000 $ 5,000,000 $ 5,000,000 $ 5,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			MWTB 313505-19	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 10,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			MWC 313504-19	10/01/2019	10/01/2020	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 5,000,000 $ 5,000,000 $ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The General Liability and Automobile Liability policies include contractual liability, separation of insured, are primary and non-contributory and includes blanket additional insured where required by contract.
Automobile Liability coverage includes Motor Carrier Act of 1980. Waiver of Subrogation applies to all policies where required by written contract

CERTIFICATE HOLDER

Linde Gas North America, LLC
10 Riverview Dr
Danbury, CT 06810

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Michaela Grasshoff

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4V

RECEIVED
6/9/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☒New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Nephron Pharmacy LLC

Physical Address: 4500 12th Street Extension West Columbia, SC 29172
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 4500 12th Street Extension

City: West Columbia State: SC Zip Code: 29172

Telephone: (855)-262-1718 Fax: (855)262-1719

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AM to 6PM Tue: 8AM to 6PM Wed: 8AM to 6PM Thu: 8AM to 6PM Fri: 8AM to 6PM Sat: ____ to ____ Sun: ____ to ____ Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Emily Kennell

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: Nimbus Pump

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

Name:_____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name. no

- Practitioner — Name: _____
- Advanced Practitioner of Nursing — Name: _____
- Physician's Assistant — Name: _____
- Physical Therapist — Name: _____
- Occupational Therapist — Name: _____
- Registered Nurse — Name: _____
- Respiratory Therapist — Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

X _____

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

Lou W. Kennedy

Print Name of Authorized Person

6/05/2020

Date

Board Use Only	Received: JUN 17 2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: South Carolina

Parent Company if any: Nephron Pharmaceuticals Corporation

Corporation Name: Nephron Pharmacy LLC

Mailing Address: 4500 12th Street Extension

City: West Columbia State: SC Zip: 29172

Telephone: (855)262-1718 Fax: (855)262-1719

Contact Person: Lou Kennedy

For any corporation non-publicly traded, disclose the following:

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

a) see attahced
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? _____

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

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

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

nephron
pharmaceuticals
corporation

State of Incorporation: South Carolina
Corporate Address:
4500 12th St. Ext.
West Columbia, SC 29172
Parent Company: Nephron Pharmaceuticals Corporation
FEIN: 84-5187846

Nephron Pharmacy LLC Corporate Officers

Name	Title	Business Contact Information
William P. Kennedy	Director (49%)	4500 12th St. Ext. West Columbia, SC 29172
Lou W. Kennedy	President, CEO, Owner (17%)	4500 12th St. Ext. West Columbia, SC 29172
Ashley E. Kennedy Whitner	Vice President Owner (17%)	4500 12th St. Ext. West Columbia, SC 29172
Courtney B. Kennedy McGowan	Vice President Owner (17%)	4500 12th St. Ext. West Columbia, SC 29172
Daniel Stoner	Secretary/Treasurer	4500 12th St. Ext. West Columbia, SC 29172

NEPHPHA-02 RCOLLINS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/1/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1000009384
Hub International Carolinas
1330 Lady Street
Columbia, SC 29201

CONTACT NAME:
PHONE (A/C, No, Ext): (803) 799-5533 FAX (A/C, No): (803) 771-7991
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Great Northern Insurance Company	20303
INSURER B : Federal Insurance Company	20281
INSURER C : Hartford Insurance Group	914
INSURER D : Navigators Insurance Company	42307
INSURER E :	
INSURER F :	

INSURED
Nephron Pharmaceuticals Corp
4500 12th Street Extension
West Columbia, SC 29172

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			35777804	5/1/2020	5/1/2021	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 2,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER:						See below	$
A	AUTOMOBILE LIABILITY			(19)7359-37-31	5/1/2020	5/1/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			79794104	5/1/2020	5/1/2021	EACH OCCURRENCE	$ 15,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 15,000,000
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			22 WE AF4XGL	5/1/2020	5/1/2021	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Products Liability			35777804	5/1/2020	5/1/2021	Products Liability	5,000,000
D	XS Products Liab			GA20LEX0A4AIINV	5/1/2020	5/1/2021	XS Products Liab	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

For Information Only
Nephron Pharmaceuticals Corporation
4500 12th Street Extension
West Columbia, SC 29172

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

James Martin

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: NEPHPHA-02 RCOLLINS

LOC #: 1

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	License # 1000009384	NAMED INSURED
Hub International Carolinas		Nephron Pharmaceuticals Corp 4500 12th Street Extension West Columbia, SC 29172
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Wording

The Umbrella is follow form to above General Liability Premises & Auto Liability.

Products Liability is claims made; Retroactive Date is 5/5/93. The primary products liability policy underwritten by Chubb provides a $5,000,000 limit per
occurrence with a $5,000,000 aggregate limit. The excess products liability policy provides $10,000,000 per occurrence in excess of the primary policy.

Healthcare Professional is claims made; Retroactive Date is 11/1/17. Healthcare Professional #36051208 5/1/2020 to 5/1/2021; insuring company is Federal Insurance Company. The primary healthcare professional liability policy provides a $5,000,000 limit per occurrence with a $5,000,000 aggregate limit.

Excess Liability coverage is follow form over Products Liability and Healthcare Professional.

Products Liability & Healthcare Professional - Each Occurrence Retention is $250,000; Shared Aggregate Limit $5,000,000 & Shared Aggregate Retention of $1,250,000.

Excess Products Liability
Carrier: Navigators Syndicate 1221 at Lloyd's of London
Policy # LLR020JC4675
Effective 5/1/2020 to 5/1/2021
$10,000,000 Excess of $15,000,000

Additional Named Insureds
KENNEDY 34TH STREET L.P.
LOOSE SCREW CONSTRUCTION, LLC
WPK-PHOENIX, LLC
KENNEDY CAMPUS, LLC
NEPHRON SC, INC.
NEPHRON IC DISC, INC.
CLERMONT PHARMACEUTICALS, INC.
NEPHRON PHARMACEUTICALS CORPORATION
MICROVAPOR DEVICES, LLC
NEPHRON STERILE COMPOUNDING CENTER LLC
GAMECOCK PROPERTIES, LLC
PEAKEWOOD FARMS, INC.
NEPHRON PHARMACY LLC
L&B REALTY LLC

Cyber Liability
The Cyber Breach Response Limit is 100,000 Notified Individuals, or $1,000,000 for Legal, Forensic & Public Relations/Crisis Management. Should the insured exhaust the Breach Response Limits (either or both the Notified Individuals and the Legal, Forensics, and &
Public Relations/Crisis Management), the insured has a $2,000,000 Additional Breach Response Limit.

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Print this page

South Carolina Board of Pharmacy

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

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

Supervised By
EMILY McGUIRE KENNELL - (PH)

File a Complaint against this licensee

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

Board Public Action History:

View Orders | View Other License for this Person

No Orders Found

4W

RECEIVED
7-14-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

☑ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☑ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Nitrous Oxide Corp

Physical Address: 107 Feldspar Street
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 107 Feldspar Street

City: Tooele State: Zip Code: UT 84074 Telephone: 706-513-5331 (cell)

Fax: 866-481-8761

E-mail: david.strickland@airgas.com Website: www.AirgasNitrousOxide.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7am to 7pm Tue: 7am to 7pm Wed: 7am to 7pm Thu: 7am to 7pm Fri: 7am to 7pm Sat: 7am to 7pm Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Strickland

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

☑ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: David Strickland Telephone: (Cell) 706-513-5331

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A		

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Cola Lin
Print Name of Authorized Person

4/5/2020
Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Airgas Inc.

Corporation Name: Nitrous Oxide Corp.

Mailing Address: 259 North Radnor-Chester Road, Suite 100

City: Radnor State: PA Zip: 19087

Telephone: (610) 687-5253 Fax:

Contact Person: Lola Lin

For any corporation non-publicly traded, disclose the following:

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

a) N/A
Name Address

b)
Name Address

c)
Name Address

d)
Name Address

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

3) What was the price paid per share? NA

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

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

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.

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

Details for Nitrous Oxide Corp.

License Information

Name:	Nitrous Oxide Corp.
City, State, Zip, Country:	Tooele UT 84074 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class C
License Number:	11633920-1710
Obtained By:	Application
License Status:	Active
Original Issue Date:	02/14/2020
Expiration Date:	08/14/2020
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A

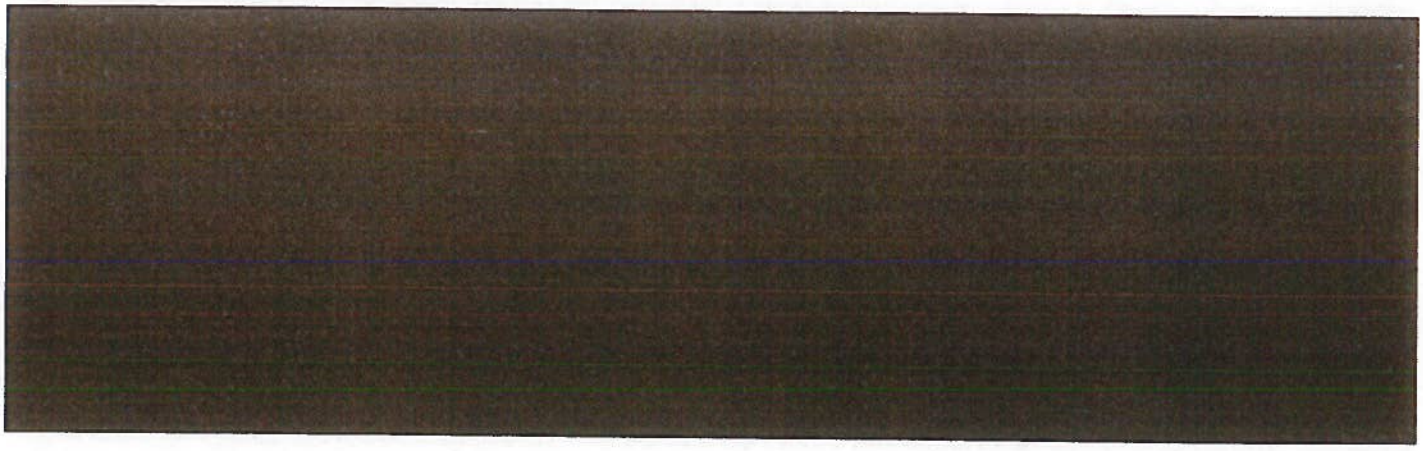
Specialty(s):

Manufacturer, Wholesaler, Distributor

Reports require Adobe® Acrobat® Reader™ Free download

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at https://secure.utah.gov/bes/bes. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.



FDA Registration Status					
Firm Name	**FDA Establishment Identifier**	**DUNS**	**Business Operations**	**Address**	**Expiration Date**
NITROUS OXIDE CORP.		49509475	MANUFACTURE;	107 S FELDSPAR ST, TOOELE, Utah (UT) 84074, United States (USA)	12/31/2020

Airgas
an Air Liquide company

NITROUS OXIDE CORP.
FEIN: 23-2359281
Incorporated in the State of DE on 11/26/1984

Airgas, Inc. – Parent Company
Address: 259 N. Radnor-Chester Road
Suite 100, Radnor, PA 19087
Ownership: 100%

Martin J. Wehner **Director**
Business Address: 2530 Sever Road NW, Lawrenceville, GA 30043
Business Phone: (678) 407-7532
Ownership: 0%

Andrew R. Cichocki **Director**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor, PA 19087
Business Phone: (610) 687-5253
Ownership: 0%

Nicolas Droin **Director and Vice President**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor, PA 19087
Business Phone: (610) 687-5253
Ownership: 0%

Roger Weber **Vice President and General Manager**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

Richard Thompson **VP – Finance**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

Lola Lin **Secretary**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

Jim Cook **Assistant Secretary**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

BOOK 0213 PAGE 644

State of Delaware

Office of Secretary of State

I, MICHAEL HARKINS, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT BEFORE PAYMENT FOR STOCK OF JACKSON/AGEN, INC. FILED IN THIS OFFICE ON THE EIGHTH DAY OF FEBRUARY, A.D. 1985, AT 10 O'CLOCK A.M.

Michael Harkins, Secretary of State

AUTHENTICATION: 1043370&

DATE: 02/08/1985

725039028

725039028

BOOK 0213 PAGE 645
FILED
FEB 8 1985 10AM
Michael Markin
SECRETARY OF STATE

CERTIFICATE OF AMENDMENT

OF

CERTIFICATE OF INCORPORATION

BEFORE PAYMENT OF CAPITAL

OF

JACKSON/ADEN, INC.

I, the undersigned, being the sole director of Jackson/Aden, Inc., a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware,

DO HEREBY CERTIFY:

FIRST: That Article I of the Certificate of Incorporation be and it hereby is amended to read as follows: "The name of the Corporation is Nitrous Oxide Corp."

SECOND: That the corporation has not received any payment for any of its stock.

THIRD: That the amendment was duly adopted in accordance with the provisions of section 241 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, I have signed this certificate this 6th day of February, 1985.

C.D.L. Perkins
Director

RECEIVED FOR RECORD
FEB 8 1985
LEO J. DUGAN, Jr., Recorder

State of Delaware

Office of Secretary of State

I, GLENN C. KENTON, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF JACKSON/ADEN, INC. FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 1984, AT 10 O'CLOCK A.M.

Glenn C. Kenton

Glenn C. Kenton, Secretary of State

AUTHENTICATION: 0377186

DATE: 11/26/1984

734331017

CERTIFICATE OF INCORPORATION

OF

JACKSON/ADEN, INC.

FIRST: Name. The name of the Corporation is JACKSON/ADEN, INC.

SECOND: Registered Office. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

THIRD: Purposes. The nature of the business or purposes to be conducted or promoted is:

> To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware and to do all things and exercise all powers, rights and privileges which a business corporation may now or hereafter be organized or authorized to do or to exercise under the laws of the State of Delaware.

FOURTH: Capitalization. The total number of shares of stock which the Corporation shall have authority to issue is one thousand (1,000) shares of Common Stock and the par value of each such shares is One Dollar ($1.00) amounting in the aggregate to One Thousand Dollars ($1,000.00).

FIFTH: Incorporator. The name and mailing address of the incorporator is as follows:

Name	Mailing Address
Todd R. Craun	Werco, Inc. One Aldwyn Center Villanova, PA 19085

SIXTH: Additional Powers of Board of Directors. The Board of Directors shall have power, without stockholder action, to make By-Laws for the Corporation and to amend, alter or repeal any By-Laws.

The powers and authorities herein conferred upon the Board of Directors are in furtherance and not in limitation of those conferred by the laws of the State of Delaware. In addition to the powers and authorities herein or by statute expressly conferred upon it, the Board of Directors may exercise all such powers and do all such acts and things as may be exercised or done by the Corporation, subject, nevertheless, to

the provisions of the laws of the State of Delaware, of this Certificate of Incorporation and of the By-Laws of the Corporation.

SEVENTH: Meetings of Stockholders/Voting by Ballot. Meetings of stockholders may be held within or without the State of Delaware, as the By-Laws may provide. The books of the Corporation may be kept (subject to any provisions contained in the statutes) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or in the By-Laws of the Corporation. Elections of directors need not be by ballot unless by By-Laws of the Corporation provide otherwise.

EIGHTH: Right to Amend Certificate of Incorporation. The Corporation reserves the right at any time and from time to time to amend, alter, change or repeal any provision contained in this Certificate of Incorporaiton, and other provisions authorized by the laws of the State of Delaware at the time in force may be added or inserted in this Certificate of Incorporation, in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of whatsoever nature conferred upon stockholders, directors or any other persons whomsoever by and pursuant to this Certificate of Incorporation in its present form or as hereafter amended are granted subject to the rights reserved in this Article EIGHTH.

THE UNDERSIGNED, being the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to this General Corporation Law of the State of Delaware does make this Certificate, hereby declaring and certifying that this is may act and deed and the fact herein stated are true, and accordingly have hereunto set my hand this 21st day of November, 1984.

Todd R. Craun (Seal)

Commonwealth of Pennsylvania
County of Delaware

On this the 21st day of November A.D. 1984, before me, the undersigned Officer personally appeared Todd R. Craun known to me (satisfactory proven) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In Witness Whereof, I have hereunto set my hand and official seal.

Irene C. Maffei
Notary Public

IRENE C. MAFFEI, Notary Public
Radnor Twp., Delaware Co.
My Commission Expires May 23, 1988

RECORD OF INCORPORATOR'S ACTION BY WRITTEN CONSENT

THE UNDERSIGNED, Todd R. Craun, the incorporator of Jackson/Aden, Inc., a Delaware corporation, formed pursuant to Sections 101 and 102 of the Delaware General Corporation Law, signed this statement pursuant to Section 107 and 108 of the Delaware General Corporation Law to set forth action taken as follows:

FIRST: The Certificate of Incorporation of Jackson/Aden, Inc. was filed in the Office of the Secretary of State on November 26, 1984, and a certified copy thereof was recorded on November 26, 1984, in the Office of the Recorder of New Castle County, Delaware, and the undersigned has caused a copy of such Certificate of Incorporation to be inserted in the Minute Book of the Corporation.

SECOND: The form of By-Laws annexed hereto are hereby adopted as the By-Laws for the regulation of the affairs of this Corporation and the same is to be inserted in the Minute Book of this Corporation.

THIRD: The Board of Directors is hereby authorized and empowered to issue the stock of this Corporation up to the aggregate amount authorized by its Certificate of Incorporation, and to accept full payment for such stock.

FORTH: The following named director is hereby elected as director of this Corporation to hold office until his successor is elected and shall qualify:

C.D.L. Perkins

FIFTH: The foregoing is a complete record of the incorporator's action.

Todd R Craun Incorporator

Airgas
Airgas Nitrous Oxide

Product List

Bulk Nitrous Oxide (Cryogenic liquid)

Airgas
an Air Liquide company

Roger Weber
Vice President & General Manager
Nitrous Oxide Corporation
Airgas an Air Liquide Company
6801 West Quaker Road
Disputanta VA 23842
(804) 721-4094
http://www.airgas.com
roger.weber@airgas.com

Re: State of Utah Department of Commerce
Division of Occupational & Processional Licensing
License # 11633920-1710, Pharmacy – Class C

Date: 28.April.2020

Dear sir(s),

Due to the COVID-19 pandemic in the United States, Mr. Travis Drebing with the State of Utah Department of Commerce, Division of Occupational & Processional Licensing has relayed to the Nitrous Oxide Corporation that on-site inspections are on hold, due to this world-wide pandemic, which may also slow down the awarding of the permanent license.

We understand that the application is requesting an inspection report from the home state (Utah) but, we are unable to provide this, due to these circumstances that are beyond our control.

Please understand our time-sensitive situation in obtaining licensing, as we are deemed an essential business by the federal government in being able to support the medical industry.

Airgas is listed as an essential supplier as indicated by the FDA Drug Shortage Unit and the National Emergency Management Association (NEMA).

In advance, thank you for your special consideration.

Respectfully, Roger Weber

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/18/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA Inc.
500 Dallas Street, Suite 1500
Houston, TX 77002
Attn: Houston.Certs@marsh.com

014166-AIRGA-GAWU-19-20

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Union Fire Ins Co Pittsburgh PA	19445
INSURER B : N/A	N/A
INSURER C : Illinois National Insurance Company	23817
INSURER D : American Home Assurance Company	19380
INSURER E : New Hampshire Insurance Company	23841
INSURER F :	

INSURED
American Air Liquide Inc.
Airgas, Inc.
259 N Radnor Chester Road
Radnor, PA 19087-5240

COVERAGES **CERTIFICATE NUMBER:** HOU-003381112-10 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 7032369	07/01/2019	07/01/2020	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	1,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$	2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$	6,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$	6,000,000
								$	
A	AUTOMOBILE LIABILITY			CA 7269735 (AOS)	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident)	$	5,000,000
A	X ANY AUTO			CA 7269736 (VA)	07/01/2019	07/01/2020	BODILY INJURY (Per person)	$	
A	OWNED AUTOS ONLY / SCHEDULED AUTOS			CA 7269787 (MA)	07/01/2019	07/01/2020	BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 031132411 (FL)	07/01/2019	07/01/2020	X PER STATUTE [ ] OTH-ER		
E	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N	N/A		WC 031132408 (MA,ND,OH,WA,WI, WY)	07/01/2019	07/01/2020	E.L. EACH ACCIDENT	$	2,000,000
D	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC 031132410 (CA)	07/01/2019	07/01/2020	E.L. DISEASE - EA EMPLOYEE	$	2,000,000
				Please see Acord 101			E.L. DISEASE - POLICY LIMIT	$	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

American Air Liquide Inc.
Airgas, Inc.
259 N Radnor Chester Road
Radnor, PA 19087-5240

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.
Freeman M. Wade

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AGENCY CUSTOMER ID: 014166
LOC #: Houston

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	American Air Liquide Inc. Airgas, Inc. 259 N Radnor Chester Road Radnor, PA 19087-5240
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued: Effective Dates: 7/1/2019 - 7/1/2020
Carrier: New Hampshire Insurance Company: Policy No.: WC 031132409 (AL, AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, ME, MI, MO, MS, MT, NE, NM, NV, OK, OR, RI, SC, SD, TN, TX, WV)
Carrier: New Hampshire Insurance Company: Policy No.: WC 031132412 (AK, AZ, NC, NH, NJ, PA, UT, VA, VT)
Carrier: AIU Insurance Company: Policy No.: WC 031132413 (IL, KY, MN, NY)

NAMED INSUREDS ON THE ABOVE REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:
American Air Liquide Inc.
American Air Liquide Holdings, Inc.
Air Liquide Helium America, Inc.
Air Liquide Advanced Technologies U.S. LLC
Air Liquide America L.P.
AL America Holdings, Inc.
Air Liquide USA LLC
Air Liquide Industrial U.S. LP
Air Liquide Large Industries U.S. LP
Air Liquide Electronics U.S. LP
Air Liquide Global E&C Solutions US Inc.
Air Liquide Technical Services LLC
Air Liquide America Specialty Gases LLC
Air Liquide Global E&C Solutions Mexico LLC
Air Liquide Holdings LLC
Air Liquide LLC
Air Liquide Advanced Materials Inc.
Air Liquide Advanced Materials LLC
Lurgi, Inc.
Plains Nitrogen, LLC
Progressive Resources LLC
WellGen Services, LLC
Airgas, Inc.
Airgas Carbonic, Inc.
Airgas Carbonic, Inc. d.b.a. Airgas Dry Ice
Airgas Data, LLC
Airgas Doral, Inc.
Airgas Merchant Gases, LLC
Airgas On-Site Safety Services, Inc.
Airgas Priority Nitrogen, LLC
Airgas Safety, Inc.
Airgas Specialty Products, Inc.
Airgas USA, LLC
Nitrous Oxide Corporation
Radnor Funding Corp.
Tool Plus, Inc.
Red-D-Arc Inc.

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NITROUS OXIDE CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

2049053 8300

SR# 20202577792

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

Authentication: 202709305

Date: 04-03-20

4X

RECEIVED 7/2/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

☑ New MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☑ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Nitrous Oxide Corp

Physical Address: 1226 Rialto Road

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

Mailing Address: 1226 Rialto Road

City: Yazoo City State: MS Zip Code: 39194-9485 Telephone: 662-746-7607

Fax: 662-746-7687

E-mail: Danny.Boyd@Airgas.com Website: www.AirgasNitrousOxide.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12am to 12pm Tue: 12am to 12pm Wed: 12am to 12pm Thu: 12am to 12pm Fri: 12am to 12pm Sat: 12am to 12pm Sun: 12am to 12pm Holidays: 12am to 12pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Danny Boyd

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

☑ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: Danny Boyd Telephone: 662-746-7607

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A		

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Nicolas Drain
Print Name of Authorized Person

6/22/2020
Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Airgas Inc.

Corporation Name: Nitrous Oxide Corp.

Mailing Address: 259 North Radnor-Chester Road, Suite 100

City: Radnor State: PA Zip: 19087

Telephone: (610) 687-5253 Fax: _____

Contact Person: Lola Lin

For any corporation non-publicly traded, disclose the following:

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

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? NA

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

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

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.

MISSISSIPPI

Board of Pharmacy

Nitrous Oxide Corp

Permit No.:
18083/16.1

1226 Rialto Road
Yazoo City, MS 39194-9485

Manufacturer

Permit Holder:
Danny R Boyd

This permit is not transferable or assignable.

Issued: 10/20/2017
Renewed: 5/19/2020
Expires: 12/31/2020

Susa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

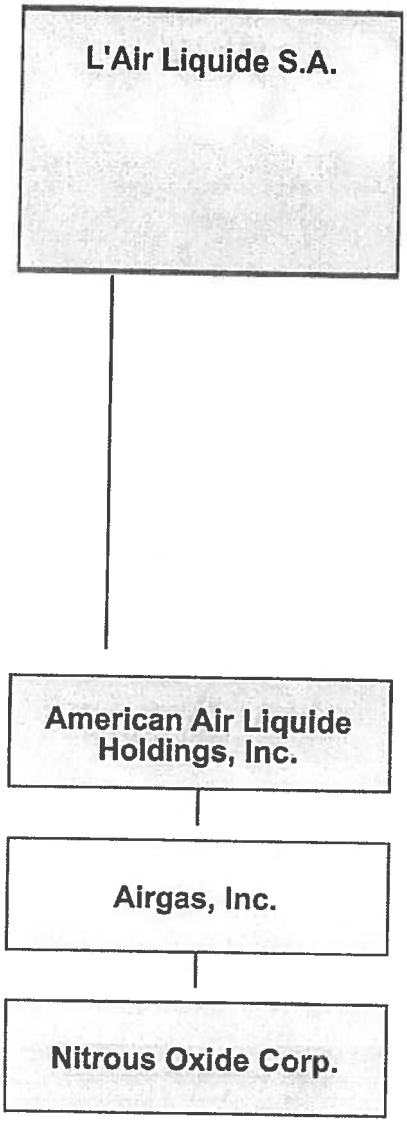
Airgas
Airgas Nitrous Oxide

Nitrous Oxide Corp
Product List

A list of drugs/devices to be manufactured/repackaged:

- Nitrous Oxide, Liquid, USP, 99%.

Nitrous Oxide Organizational Structure



Delaware

The First State

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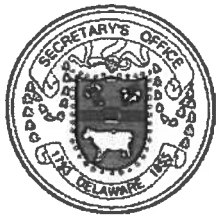
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



2049053 8300

SR# 20202577792

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

Authentication: 202709305

Date: 04-03-20

State of Delaware

Office of Secretary of State

I, GLENN C. KENTON, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF JACKSON/ADEN, INC. FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 1984, AT 10 O'CLOCK A.M.

Glenn C. Kenton

Glenn C. Kenton, Secretary of State

AUTHENTICATION: 0377186

734331017

DATE: 11/26/1984

CERTIFICATE OF INCORPORATION

OF

JACKSON/ADEN, INC.

FIRST: Name. The name of the Corporation is JACKSON/ADEN, INC.

SECOND: Registered Office. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

THIRD: Purposes. The nature of the business or purposes to be conducted or promoted is:

> To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware and to do all things and exercise all powers, rights and privileges which a business corporation may now or hereafter be organized or authorized to do or to exercise under the laws of the State of Delaware.

FOURTH: Capitalization. The total number of shares of stock which the Corporation shall have authority to issue is one thousand (1,000) shares of Common Stock and the par value of each such shares is One Dollar ($1.00) amounting in the aggregate to One Thousand Dollars ($1,000.00).

FIFTH: Incorporator. The name and mailing address of the incorporator is as follows:

Name	Mailing Address
Todd R. Craun	Werco, Inc. One Aldwyn Center Villanova, PA 19085

SIXTH: Additional Powers of Board of Directors. The Board of Directors shall have power, without stockholder action, to make By-Laws for the Corporation and to amend, alter or repeal any By-Laws.

The powers and authorities herein conferred upon the Board of Directors are in furtherance and not in limitation of those conferred by the laws of the State of Delaware. In addition to the powers and authorities herein or by statute expressly conferred upon it, the Board of Directors may exercise all such powers and do all such acts and things as may be exercised or done by the Corporation, subject, nevertheless, to

the provisions of the laws of the State of Delaware, of this Certificate of Incorporation and of the By-Laws of the Corporation.

SEVENTH: Meetings of Stockholders/Voting by Ballot. Meetings of stockholders may be held within or without the State of Delaware, as the By-Laws may provide. The books of the Corporation may be kept (subject to any provisions contained in the statutes) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or in the By-Laws of the Corporation. Elections of directors need not be by ballot unless by By-Laws of the Corporation provide otherwise.

EIGHTH: Right to Amend Certificate of Incorporation. The Corporation reserves the right at any time and from time to time to amend, alter, change or repeal any provision contained in this Certificate of Incorporaiton, and other provisions authorized by the laws of the State of Delaware at the time in force may be added or inserted in this Certificate of Incorporation, in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of whatsoever nature conferred upon stockholders, directors or any other persons whomsoever by and pursuant to this Certificate of Incorporation in its present form or as hereafter amended are granted subject to the rights reserved in this Article EIGHTH.

THE UNDERSIGNED, being the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to this General Corporation Law of the State of Delaware does make this Certificate, hereby declaring and certifying that this is may act and deed and the fact herein stated are true, and accordingly have hereunto set my hand this 21st day of November, 1984.

Todd R. Craun (Seal)

Commonwealth of Pennsylvania
County of Delaware

On this the 21st day of November A.D. 1984, before me, the undersigned Officer personally appeared Todd R. Craun known to me (satisfactory proven) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In Witness Whereof, I have hereunto set my hand and official seal.

Irene C. Maffei
Notary Public

IRENE C. MAFFEI, Notary Public
Radnor Twp., Delaware Co.
My Commission Expires May 23, 1988

RECORD OF INCORPORATOR'S ACTION BY WRITTEN CONSENT

THE UNDERSIGNED, Todd R. Craun, the incorporator of Jackson/Aden, Inc., a Delaware corporation, formed pursuant to Sections 101 and 102 of the Delaware General Corporation Law, signed this statement pursuant to Section 107 and 108 of the Delaware General Corporation Law to set forth action taken as follows:

FIRST: The Certificate of Incorporation of Jackson/Aden, Inc. was filed in the Office of the Secretary of State on November 26, 1984, and a certified copy thereof was recorded on November 26, 1984, in the Office of the Recorder of New Castle County, Delaware, and the undersigned has caused a copy of such Certificate of Incorporation to be inserted in the Minute Book of the Corporation.

SECOND: The form of By-Laws annexed hereto are hereby adopted as the By-Laws for the regulation of the affairs of this Corporation and the same is to be inserted in the Minute Book of this Corporation.

THIRD: The Board of Directors is hereby authorized and empowered to issue the stock of this Corporation up to the aggregate amount authorized by its Certificate of Incorporation, and to accept full payment for such stock.

FORTH: The following named director is hereby elected as director of this Corporation to hold office until his successor is elected and shall qualify:

C.D.L. Perkins

FIFTH: The foregoing is a complete record of the incorporator's action.

Todd R Craun Incorporator

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/18/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 500 Dallas Street, Suite 1500 Houston, TX 77002 Attn: Houston.Certs@marsh.com 014166-AIRGA-GAWU-19-20	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED American Air Liquide Inc. Airgas, Inc. 259 N Radnor Chester Road Radnor, PA 19087-5240	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** National Union Fire Ins Co Pittsburgh PA — 19445 **INSURER B :** N/A — N/A **INSURER C :** Illinois National Insurance Company — 23817 **INSURER D :** American Home Assurance Company — 19380 **INSURER E :** New Hampshire Insurance Company — 23841 **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** HOU-003381112-10 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			GL 7032369	07/01/2019	07/01/2020	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 2,000,000
							MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$ 6,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 6,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			CA 7269735 (AOS)	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 5,000,000
A	X ANY AUTO			CA 7269736 (VA)	07/01/2019	07/01/2020	BODILY INJURY (Per person)	$
A	OWNED AUTOS ONLY / SCHEDULED AUTOS			CA 7269787 (MA)	07/01/2019	07/01/2020	BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC 031132411 (FL)	07/01/2019	07/01/2020	X PER STATUTE [ ] OTH-ER	
E	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		WC 031132408 (MA,ND,OH,WA,WI, WY)	07/01/2019	07/01/2020	E.L. EACH ACCIDENT	$ 2,000,000
D	(Mandatory in NH)			WC 031132410 (CA)	07/01/2019	07/01/2020	E.L. DISEASE - EA EMPLOYEE	$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			Please see Acord 101			E.L. DISEASE - POLICY LIMIT	$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

American Air Liquide Inc.
Airgas, Inc.
259 N Radnor Chester Road
Radnor, PA 19087-5240

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Freeman M. Wade

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AGENCY CUSTOMER ID: 014166
LOC #: Houston

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	American Air Liquide Inc. Airgas, Inc. 259 N Radnor Chester Road Radnor, PA 19087-5240
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued: Effective Dates: 7/1/2019 - 7/1/2020
Carrier: New Hampshire Insurance Company: Policy No.: WC 031132409 (AL, AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, ME, MI, MO, MS, MT, NE, NM, NV, OK, OR, RI, SC, SD, TN, TX, WV)
Carrier: New Hampshire Insurance Company: Policy No.: WC 031132412 (AK, AZ, NC, NH, NJ, PA, UT, VA, VT)
Carrier: AIU Insurance Company: Policy No.: WC 031132413 (IL, KY, MN, NY)

NAMED INSUREDS ON THE ABOVE REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:
American Air Liquide Inc.
American Air Liquide Holdings, Inc.
Air Liquide Helium America, Inc.
Air Liquide Advanced Technologies U.S. LLC
Air Liquide America L.P.
AL America Holdings, Inc.
Air Liquide USA LLC
Air Liquide Industrial U.S. LP
Air Liquide Large Industries U.S. LP
Air Liquide Electronics U.S. LP
Air Liquide Global E&C Solutions US Inc.
Air Liquide Technical Services LLC
Air Liquide America Specialty Gases LLC
Air Liquide Global E&C Solutions Mexico LLC
Air Liquide Holdings LLC
Air Liquide LLC
Air Liquide Advanced Materials Inc.
Air Liquide Advanced Materials LLC
Lurgi, Inc.
Plains Nitrogen, LLC
Progressive Resources LLC
WellGen Services, LLC
Airgas, Inc.
Airgas Carbonic, Inc.
Airgas Carbonic, Inc. d.b.a. Airgas Dry Ice
Airgas Data, LLC
Airgas Doral, Inc.
Airgas Merchant Gases, LLC
Airgas On-Site Safety Services, Inc
Airgas Priority Nitrogen, LLC
Airgas Safety, Inc.
Airgas Specialty Products, Inc.
Airgas USA, LLC
Nitrous Oxide Corporation
Radnor Funding Corp.
Tool Plus, Inc.
Red-D-Arc Inc.

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Airgas
an Air Liquide company

NITROUS OXIDE CORP.
FEIN: 23-2359281
Incorporated in the State of DE on 11/26/1984

Airgas, Inc. – Parent Company
Address: 259 N. Radnor-Chester Road
Suite 100, Radnor, PA 19087
Ownership: 100%

Andrew R. Cichocki **Director**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor, PA 19087
Business Phone: (610) 687-5253
Ownership: 0%

Nicolas Droin **Director and Vice President**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor, PA 19087
Business Phone: (610) 687-5253
Ownership: 0%

Richard Thompson **VP – Finance**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

Lola Lin **Secretary**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

Jim Cook **Assistant Secretary**
Business Address: 259 N. R
adnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

4Y

RECEIVED
6/15/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5 S Corp ☐ 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: Recovery DME, Inc.

Physical Address: 9449 Balboa Ave. Ste 110, San Diego, CA 92123
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 9449 Balboa Ave. Ste 110, San Diego, CA 92123

City: San Diego State: CA Zip Code: 92123

Telephone: 800-214-8618 Fax: 800-579-3460

E-mail: nic@recoverydme.com Website: www.recoverydme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 Fri: 8 to 5 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nicolas Izatt

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: Braces, TENS, Walkers,

**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: Parley Call Telephone: 702-205-5402

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare: PTAN: 6861120001 _____ _____

Medi-Cal NPI: 1417255761 _____ _____

_____ _____ _____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name. No

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Nicolas Izatt

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

Nicolas Izatt

Print Name of Authorized Person

6/9/20

Date

Board Use Only	Received: JUN 17 2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION S Corp

State of Incorporation: California

Parent Company if any: _____

Corporation Name: Recovery DME, Inc.

Mailing Address: 9449 Balboa Ave. Ste 110

City: San Diego State: CA Zip: 92123

Telephone: 800-214-8618 Fax: 800-579-3460

Contact Person: Nicolas Izatt

For any corporation non-publicly traded, disclose the following:

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

37% a) Nicolas Izatt ; 5 Eaglenest Drive, Woodland Hills, UT,
Name Address

33% b) Rebekkah Thomas . Whispering Oaks Circle, Granite Bay, C
Name Address

30% c) Parley Call Spider Creek Ct., Las Vegas, NV
Name Address

d) _____
Name Address

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

3) What was the price paid per share? 12

4) What date did the corporation actually receive the cash assets? 12,000

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

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER JAMES FREAD, STATE FARM AGENCY 9923 CHANNEL RD StateFarm LAKESIDE, CA 92040	CONTACT NAME: State Farm General Insurances PHONE (A/C, No, Ext): 619-938-1600 FAX (A/C, No): 619-938-1607 E-MAIL ADDRESS: james@agentjames.biz
INSURED RECOVERY DME, INC. 9449 BALBOA AVE STE 110 SAN DIEGO, CA 92123	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : State Farm General Insurance Company — 25151 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	Y		90-C6-X842-8 G	08/01/2019	08/01/2020	EACH OCCURRENCE	$ 2,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

10 notice for non-payment of premium, 30 days all others.

CERTIFICATE HOLDER

NSC
PO BOX 100142
Columbia, SC 29202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

James M. Fread

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Recovery DME
ASSISTING YOU ON THE ROAD TO RECOVERY!

9449 Balboa Ave. Ste 110, San Diego, CA 92123
Ph: 800-214-8618 Fax: 800-579-3460

Officers and Shareholders List

Owner Name	Owership %	Officer Title	Tax ID	Phone Number	Address
Nicolas Izatt	37%	President & CEO			S Eaglenest Drive, Woodland Hills, UT 84653
Rebekkah Thomas	33%	Vice President & Secreta			Whispering Oaks Circle, Granite Bay, CA 95746
Parley Call	30%	Shareholder			Spider Creek Court, Las Vegas, NV 89149

State of California
Secretary of State

S

Statement of Information
(Domestic Stock and Agricultural Cooperative Corporations)
FEES (Filing and Disclosure): $25.00.
If this is an amendment, see instructions.
IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FV00485

FILED

In the office of the Secretary of State
of the State of California

MAR-02 2018

This Space for Filing Use Only

1. CORPORATE NAME
RECOVERY DME INC.

2. CALIFORNIA CORPORATE NUMBER
C3393528

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. **If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**
☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed **to Item 17**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

	CITY	STATE	ZIP CODE
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 9449 BALBOA AVE, STE 110, SAN DIEGO, CA 92123			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 9449 BALBOA AVE, STE 110, SAN DIEGO, CA 92123			
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4			

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

	ADDRESS	CITY	STATE	ZIP CODE
7. CHIEF EXECUTIVE OFFICER/ NICOLAS IZATT	32693 RITTER CT, TEMECULA, CA 92592			
8. SECRETARY REBBEKKAH THOMAS	4425 WHISPERING OAKS CIRCLE, GRANITE BAY, CA 95746			
9. CHIEF FINANCIAL OFFICER/ NICOLAS IZATT	32963 RITTER CT, TEMECULA, CA 92592			

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

	ADDRESS	CITY	STATE	ZIP CODE
10. NAME NICOLAS IZATT	32693 RITTER CT, TEMECULA, CA 92592			
11. NAME				
12. NAME				

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS
NICOLAS IZATT

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, **IF AN INDIVIDUAL** CITY STATE ZIP CODE
32693 RITTER CT, TEMECULA, CA 92592

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
DURABLE MEDICAL EQUIPMENT

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

03/02/2018	NICOLAS IZATT	CEO	
DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE

Alex Padilla
California Secretary of State

Step Three: Confirm the Entity and Select the Filing for Submission

C3393528 - RECOVERY DME INC.

Jurisdiction:	CALIFORNIA
Status:	ACTIVE
Registration Date:	05/03/2011
Agent for Service of Process:	NICOLAS IZATT 32693 RITTER CT TEMECULA CA 92592
Entity Address:	9449 BALBOA AVE, STE 110 SAN DIEGO CA 92123
Entity Mailing Address:	9449 BALBOA AVE, STE 110 SAN DIEGO CA 92123

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Recovery DME
9449 Balboa Avenue, Suite #110
San Diego, CA 92123

LICENSE NUMBER: 74163
EXPIRATION DATE: 7/10/2020

Instate Retail Firm

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

State of California

Department of Public Health
Food and Drug Branch

Home Medical Device Retail Exemptee License

Damon Hamelin
9449 Balboa Avenue, Suite #110
San Diego, CA 92123

LICENSE NUMBER: 26111
FIRM LICENSE NUMBER: 74163

EXPIRATION DATE: 10/4/2020

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the provisions of Part 5, SEC. 36. Section 111656.4 inclusive, of the California Health and Safety Code, and is not transferable to any other person.

License Printed: 10/24/2019

OSP 07 102308

State of California

Department of Public Health
Food and Drug Branch

Home Medical Device Retail Exemptee License

Nicolas Zeb Izatt
9449 Balboa Avenue, Suite #110
San Diego, CA 92123

LICENSE NUMBER: 25974
FIRM LICENSE NUMBER: 74163

EXPIRATION DATE: 10/5/2020

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the provisions of Part 5, SEC. 36. Section 111656.4 inclusive, of the California Health and Safety Code, and is not transferable to any other person.

License Printed: 9/17/2019

Certificate of Accreditation

Exemplary Provider® Award

Granted To

Recovery DME Inc.

dba Recovery DME

9449 Balboa Ave Ste 110 San Diego, CA 92123

for demonstrating
Outstanding Healthcare Delivery Practices
and
Compliance to

Safety • Honesty • Caring®

Accreditation Quality Standards

DMEPOS

Durable Medical Equipment, Prosthetics, Orthotics and Supplies

EXPIRATION DATE: OCTOBER 31, 2022

Sandra Carey

Founder & CEO, The Compliance Team, Inc.

027290

October 15, 2019

Date

DMEPOS

PHARMACY

RURAL HEALTH

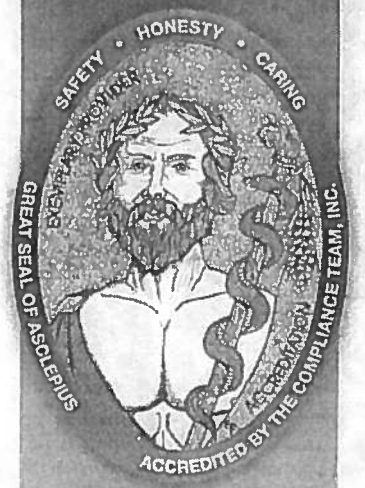
PATIENT-CENTERED MEDICAL HOME

CLINIC

PHYSICIAN

INFUSION

OCULARIST



The Promise of HEALTHCARE EXCELLENCE

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

■ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

■ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc.

Physical Address: 12075 Pritchard Rd. Jacksonville, FL 32220
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: Attn QRA - Facility Licensing 7000 Cardinal Pl.

City: Dublin State: OH Zip Code: 43017

Telephone: 904-378-8940 Fax: 904-378-8940

E-mail: licensure@cardinalhealth.com Website: www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12A to 11:59P Tue: 12A to 11:59P Wed: 12A to 11:59P Thu: 12A to 11:59P Fri: 12A to 11PM Sat: N/A to Sun: 9P to 11:59P Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Grant Thompson

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

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
■ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: N/A Telephone: N/A

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

2160117		

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ■

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- ■ Practitioner — Name: N/A
- ■ Advanced Practitioner of Nursing — Name: N/A
- ■ Physician's Assistant — Name: N/A
- ■ Physical Therapist — Name: N/A
- ■ Occupational Therapist — Name: N/A
- ■ Registered Nurse — Name: N/A
- ■ Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ■

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ■ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

K. Chamberlain

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

Keegan Chamberlain

Print Name of Authorized Person

05/26/2020

Date

Board Use Only	Received: 6/10/2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Ohio

Parent Company if any: AssuraMed Group, Inc.

Corporation Name: RGH Enterprises, Inc

Mailing Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip: 44087

Telephone: 330-963-6998 Fax: 614-652-0674

License Contact Person: Cynthia Rhodes

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1._____ %: _____

2._____ %: _____

3._____ %: _____

4._____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 04/09/1990

Registration number issued: 770802

Stock Exchange: NYSE under CAH

Include with the application for a publicly traded corporation

List of officers and directors.

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

CardinalHealth

12075 Pritchard Road
Jacksonville, Florida 32220

Officer Name	Title
Wayne R. Robinson	Senior Vice President, Tax
Scott B. Zimmerman	Vice President and Treasurer
Matthew Douglas Sullivan	Corporate Secretary
Keegan David Chamberlain	Director, Regulatory Management

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/28/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A: Greenwich Insurance Company	22322
	INSURER B: Markel Bermuda Limited	AA3190829
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570077164521 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			RGD943716714	06/30/2019	06/30/2020	EACH OCCURRENCE	$5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$5,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A						E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
B	Products Liab			13970010567UMB2019 Prod Comp Ops & Pharm Lia SIR applies per policy terms & conditions	06/30/2019	06/30/2020	Per Occurence Aggregate	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

As respects to Products Liability policy evidenced above, Aon Risk Solutions (U.S.) is generating and distributing this certificate in an administrative capacity. Aon Bermuda Ltd. is the broker for the defined policy. Florida Agency For Health Care Administration is a Certificate Holder as respects to Evidence of Insurance For Edgepark Medical Supplies and The Attached List Of Locations: 21051 SW 115th Avenue, Tualatin, OR 97062, 1360 Madeline Road, Suite #500, Elgin, IL 60124, 5400 Sandshell Drive, Suite #160, Ft. Worth, TX 76137, 3980 Earlstone St., Ontario, CA 91761, 4234 Surles Court, Suite 100, Durham, NC 27703, 384 Hazelwood Logistics Center Drive, Hazelwood, MO 63042, 4 Liebich Lane, Halfmoon, NY 12065, 1810 Summit Commerce Park, Twinsburg, OH 44087, 8510 Westside Industrial Drive, Jacksonville, FL 32219, Uromed, Inc., 7340 Mcginnis Ferry Road, Suwanee,

CERTIFICATE HOLDER

Florida Agency For Health Care
Administration
2727 Mahan Drive, Ms#34
Tallahassee FL 32308 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570077164521

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570077164521	
CARRIER: See Certificate Number: 570077164521 / NAIC CODE	EFFECTIVE DATE

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
	[X] Claims Made							

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077164521	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570077164521	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles

GA 30024, Uromed, Inc., 8917 Western Way, Suite 12, Jacksonville, FL 32256, Rgh Enterprises, Inc., 1265 South River Road, Suite 200, Cranbury, NJ 08512, Rgh Enterprises, Inc., 2584 NE 181St Ave., Bldg. F, Gresham, OR 92730.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077164521	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077164521	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Addendum

Named Insured Listing for June 30, 2019 - June 30, 2020 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Access Closure, Inc.
Acuity GPO, LLC
Aero-Med, Ltd.
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
AssuraMed Acquisition Corp.
AssuraMed Group, Inc.
AssuraMed Holding, Inc.
AssuraMed Intermediate Holding, Inc.
AssuraMed, Inc.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, Inc.
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, Inc.
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 246, Inc.
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.
Cardinal Health 251, LLC
Cardinal Health 252, LLC
Cardinal Health 253, LP

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AGENCY CUSTOMER ID: 570000070825

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077164521	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077164521	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insured Listing

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077164521	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077164521	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies, Inc.
Instant Diagnostic Systems, Inc.
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd.
Kinray I, LLC
KPR Australia Pty. Ltd.
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc.

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AGENCY CUSTOMER ID: 570000070825

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077164521	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077164521	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, Inc.
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
UroMed, Inc.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, INC., an Ohio corporation, Charter No. 770802, having its principal location in Hudson, County of Summit, was incorporated on April 9, 1990 and is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of April, A.D. 2020.

Ohio Secretary of State

Validation Number: 202011200728

CardinalHealth

May 26, 2020

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, Inc 12075 Pritchard Rd. Jacksonville, FL 32220

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State MDEG License. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☑ New MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

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

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Secure Medical Products, Inc.

Physical Address: 390 SW 12th Avenue

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

Mailing Address: same as physical address

City: Deerfield Beach State: FL Zip Code: 33442

Telephone: 866-767-9764 Fax: 754-277-7664

E-mail: karlasecuremedproducts@outlook.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 4pm Tue: 8am to 4pm Wed: 8am to 4pm Thu: 8am to 4pm Fri: 8am to 4pm Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Paulina Lacs - Member/President

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

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☑ Orthotics and Prosethics
Other: _____

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

Name:_____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Mcare #776998001	NPI #1154887644	

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Pauline Lacs

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

Pauline Lacs

Print Name of Authorized Person

06/01/2020

Date

Board Use Only	Received: 6/10/2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: Ark Medical Solutions

Corporation Name: Secure Medical Products, Inc.

Mailing Address: 390 SW 12th Avenue

City: Deerfield Beach State: Florida Zip: 33442

Telephone: 866-767-9764 Fax: 754-227-7664

Contact Person: Paulina Lacs

For any corporation non-publicly traded, disclose the following:

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

	Name	Address
a)	Paulina Lacs	390 SW 12th Avenue Deerfield Beach FL 33442
b)	N/A	N/A
c)	N/A	N/A
d)	N/A	N/A

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

3) What was the price paid per share? 1800.00

4) What date did the corporation actually receive the cash assets? 03/10/2020

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. (see attached)

List of officers and directors. (see attached)

BUSINESS BILL OF SALE

The business property, assets and name described below are hereby sold and transferred from the named seller to the named buyer. The seller is the legal and sole owner of the business, which is free of liens, warrants, mortgages, debts, and all other encumbrances.

Seller: Ralph J. Amato Jr.

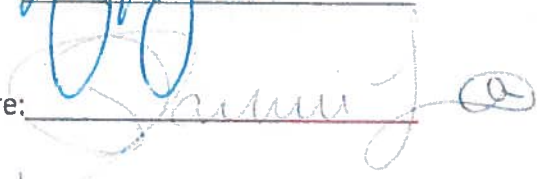
Buyer: Ark Medical Solutions, LLC

Business Name: Secure Medical Products, Inc.

Business Address: 390 S. W. 12 th Av. Deerfield Beach, Fl 33442

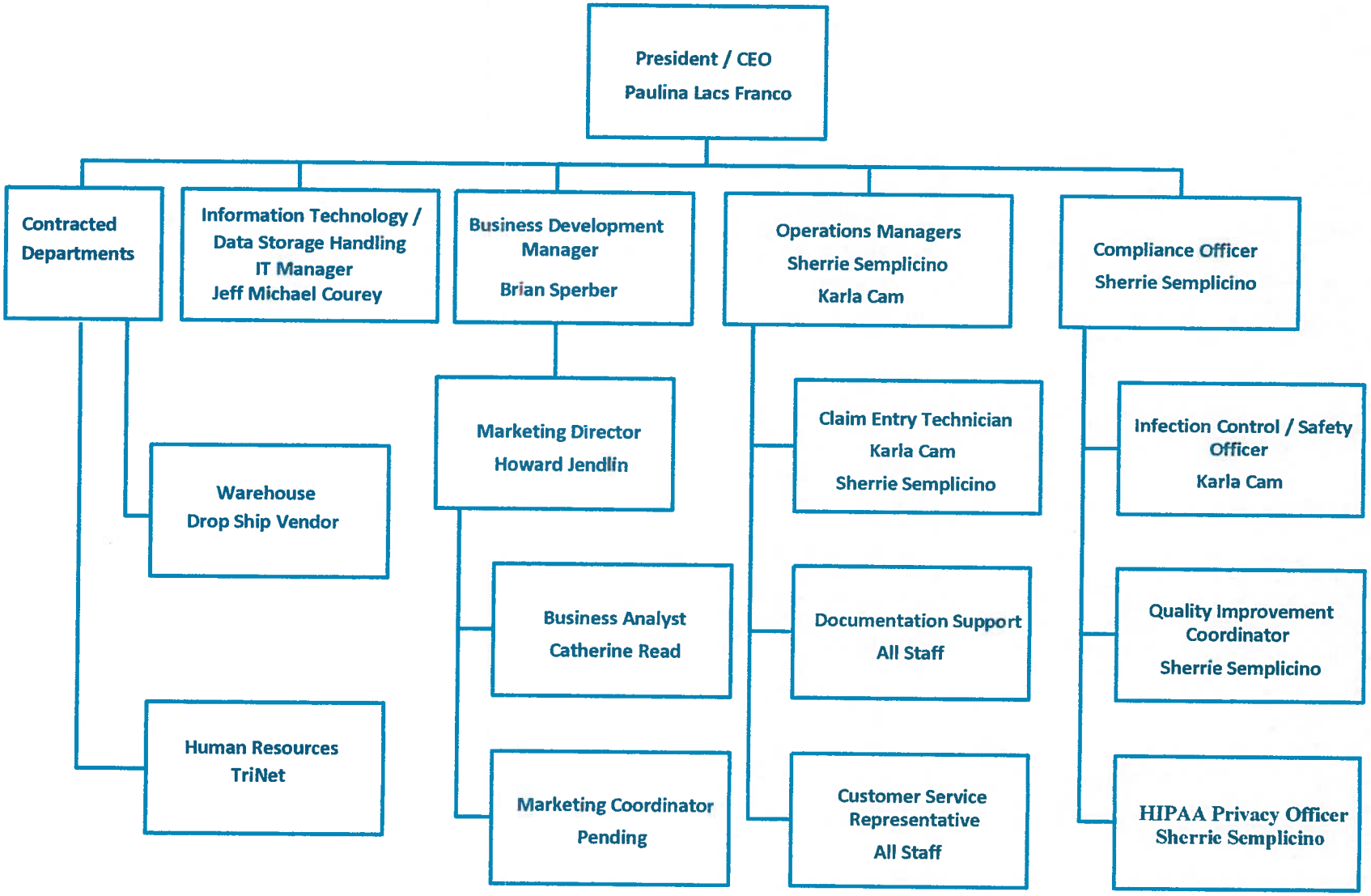
Assets: Medicare PTAN as listed in the Sales Contract

Seller Signature:

Buyer Signature: 

Date: 3/10/20

Secure Medical Products, Inc.



SECUMED-01 REDELSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/3/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # L094577 Seeman Holtz Property & Casualty, LLC 301 Yamato Road #2250 Boca Raton, FL 33431	CONTACT NAME: PHONE (A/C, No, Ext): (561) 451-1900 FAX (A/C, No): (561) 451-4532 E-MAIL ADDRESS: csr@seemanholtzpc.com
INSURED Secure Medical Products, Inc. 390 SW 12th Ave. Deerfield Beach, FL 33442	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Benchmark Insurance Company — 41394 INSURER B : Employers Prefered Insurance Company — 10346 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			R1019 G1340-1	4/3/2020	4/3/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER						MED EXP (Any one person)	$ 5,000
	X POLICY [ ] PRO-JECT [ ] LOC						PERSONAL & ADV INJURY	$ 1,000,000
	OTHER						GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
							Prof. Liability	$ Included
A	AUTOMOBILE LIABILITY			R1019 G1340-1	4/3/2020	4/3/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	[ ] UMBRELLA LIAB [X] OCCUR			UM1019 1341-1	4/3/2020	4/3/2021	EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 5,000,000
	[ ] DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EIG4536169-00	4/3/2020	4/3/2021	X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Blanket Additional Insured where required by written contract

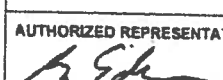
CERTIFICATE HOLDER

National Supplier Clearinghouse
2300 Springdale Drive, Bldg 1
Camden, SC 29020

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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State of Florida
Department of State

I certify from the records of this office that SECURE MEDICAL PRODUCTS, INC. is a corporation organized under the laws of the State of Florida, filed on January 17, 2019.

The document number of this corporation is P19000006889.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on March 27, 2020, and that its status is active.

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

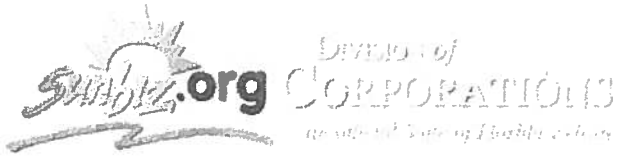
Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-seventh day of March, 2020

Secretary of State

Tracking Number: 2519206663CC

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

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



Detail by Entity Name

Florida Profit Corporation
SECURE MEDICAL PRODUCTS, INC.

Filing Information

Document Number	P19000006889
FEI/EIN Number	83-3628922
Date Filed	01/17/2019
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	07/16/2019
Event Effective Date	NONE

Principal Address

390 SW 12TH AVE
DEERFIELD BEACH, FL 33442

Changed: 03/27/2020

Mailing Address

390 SW 12TH AVE
DEERFIELD BEACH, FL 33442

Changed: 03/27/2020

Registered Agent Name & Address

Lacs, Paulina
390 SW 12TH AVE
DEERFIELD BEACH, FL 33442

Name Changed: 03/27/2020

Address Changed: 03/27/2020

Officer/Director Detail

Name & Address

Title COO

LACS, PAULINA
390 SW 12TH AVE
DEERFIELD BEACH, FL 33442

Annual Reports

Report Year	Filed Date
2020	03/27/2020

Document Images

03/27/2020 -- ANNUAL REPORT	View image in PDF format
07/16/2019 -- Amendment	View image in PDF format
01/17/2019 -- Domestic Profit	View image in PDF format

STOCK TRANSFER AGREEMENT
SECURE MEDICAL SUPPLIES, INC

THIS **STOCK TRANSFER AGREEMENT** (this "Agreement") is made and entered into as of this 10th day of March, 2020 (the "Effective Date"), by and between:

RALPH J. AMATO, JR. an individual with an address at 1194 Hillsboro Mila #46 Deerfield Beach, Fl 33062 ("Transferor");

and

ARK MEDICAL SOLUTIONS, LLC, a Florida limited liability company ("Transferee")

(Transferor and Transferee may be referred to hereafter individually as a "Party" or collectively as the "Parties").

RECITALS

WHEREAS, Transferor is the owner of 100 (100%) percent of the issued and outstanding shares of stock in Secure Medical Supplies INC, a Florida Business Corporation with an address at 390 S.W. 12th Avenue, Deerfield Beach, Florida 33442 ("Corporation"), owning one hundred (100) shares of such stock; and

WHEREAS, Transferor desires to transfer and convey to Transferee, and Transferee desires to accept from Transferor, one hundred (100) shares of stock in the Corporation, such that Transferee will become the sole owner of one hundred (100) shares of stock of Corporation, which constitutes the entire issued and outstanding stock of such Corporation, pursuant to the terms and conditions hereof.

NOW, THEREFORE, in consideration of the premises, the mutual covenants herein contained, and other good and valuable consideration, the Parties, intending to be legally bound, hereby agree as follows:

1. TRANSFER; PURCHASE PRICE.

1.1 Transfer. On the basis of the representations, warranties and covenants, and subject to the terms and conditions set forth in this Agreement, on the Closing Date, Transferor hereby agrees to transfer and deliver to Transferee, and Transferee hereby agrees to accept and acquire from Transferor, one hundred (100) shares of stock in the Corporation (collectively, the "Stock"), in consideration of the Purchase Price set forth in Section 1.2 of this Agreement.

1.2 **Purchase Price**. In consideration of the Stock, Purchaser shall pay to Transferor an amount equal to one hundred eighty thousand ($180,000.00) Dollars (the "Purchase Price").

2. REPRESENTATIONS, WARRANTIES AND COVENANTS.

2.1 Representations, Warranties and Covenants of Transferor. Transferor represents and warrants to Transferee that the statements set forth in this Section 2.1 are true, accurate and complete as of the Effective Date, and shall be true, accurate and complete as of the Closing Date:

2.1.1 Transferor has full power, authority and legal capacity to enter into and perform Transferor's obligations under this Agreement and to carry out the transaction contemplated hereby.

2.1.2 This Agreement constitutes a legal, valid and binding obligation of Transferor, enforceable against Transferor in accordance with its terms.

2.1.3 The execution, delivery and performance by Transferor of this Agreement, and the consummation by Transferor of the transactions contemplated hereby, have been duly authorized by all necessary corporate action of the Corporation and Transferor, and no other action is necessary on the part of the Corporation or Transferor to authorize this Agreement or to consummate the transactions contemplated hereby.

2.1.4 Transferor is transferring the Stock free and clear of all liens, claims, pledges, security interests, charges, assessments, and encumbrances of any kind.

2.1.5 The Corporation is a Business Corporation duly incorporated, validly existing and in good standing under the laws of the State of Florida.

2.1.6 The representations and warranties of Transferor set forth in this Agreement, and the documents furnished by Transferor in connection with this Agreement, do not contain any material misstatement of fact or omit to state a material fact necessary to make the statements contained therein, in the circumstances in which they were made, not misleading.

2.2 Representations, Warranties and Covenants of Transferee. Transferee represents and warrants to Transferor and the Corporation that the statements set forth in this Section 2.2 are true, accurate and complete as of the Effective Date, and shall be true, accurate and complete as of the Closing Date:

2.2.1 Transferee has full power, authority and legal capacity to enter into and perform Transferee's obligations under this Agreement and to carry out the transaction contemplated hereby.

2.2.2 This Agreement constitutes a legal, valid and binding obligation of Transferee, enforceable against Transferee in accordance with its terms.

2.2.3 Transferee is purchasing the Stock for Transferee's own use, and Transferee has no intent to sell, transfer, or otherwise dispose of all or any portion of the Stock.

2.2.4 Transferee has the necessary capital to enter into this Agreement, and has and shall have the financial resources to timely satisfy the Purchase Price and carry out the obligations contemplated hereby.

2.2.5 Transferee is not bound by any agreement, instrument or governmental order prohibiting Transferee's acquisition of the Stock hereunder.

2.2.6 Transferee acknowledges that (i) the Stock have not been registered under the Securities Act or any state securities laws, (ii) there is no public market for the Stock and there can be no assurance that a public market will develop, (iii) Transferee must bear the economic risk of its investment in the Stock for an indefinite period of time, and (iv) the Stock is subject to the restrictions on transferability set forth in any Shareholders' Agreement.

2.2.7 The representations and warranties of Transferee set forth in this Agreement, and the documents furnished by Transferee in connection with this Agreement, do not contain any material misstatement of fact or omit to state a material fact necessary to make the statements contained therein, in the circumstances in which they were made, not misleading.

2.3 Survival. Each representation and warranty set forth herein shall survive the Closing Date and remain in full force and effect thereafter.

3. CLOSING.

3.1 Closing. The closing of the transactions contemplated hereunder ("Closing") shall take place on or about March 10, 2020 ("Closing Date"), at such time and place as mutually agreed to by the Parties; provided, however, that the Closing shall not take place unless and until such time as all of the conditions set forth in this Section 3 have been satisfied (or waived, in writing, by the Party for whose benefit such condition has been established). This Agreement may be terminated by Transferor or Transferee if the Closing has not occurred within sixty (60) days of the scheduled Closing Date, provided that the terminating Party has fulfilled its obligations under this Agreement and is not responsible for the delay.

3.2 Conditions to Transferee's Obligation to Close. The obligation of Transferee to consummate the transactions contemplated by this Agreement shall be subject to the satisfaction and fulfillment, prior to or on the Closing Date, of the following express conditions precedent, unless waived by Transferee in writing:

3.2.1 The representations, warranties and covenants of Transferor made pursuant to this Agreement shall be true, accurate and complete in all material respects at and as of the Closing Date, as though such representations, warranties and covenants were made at and as of such time except to the extent affected by the transactions herein contemplated.

3.2.2 All of the agreements and covenants of Transferor to be performed on or before Closing shall have been performed.

3.2.3 All documents and instruments required to be delivered by Transferor to Transferee at or prior to the Closing shall have been so delivered, in a form reasonably acceptable to Transferee.

3.2.4 There shall be no federal, state or local law or regulation enacted or issued, or writ, order, judgment, injunction or decree issued by any governmental entity, which materially restrains the transactions contemplated under this Agreement.

3.3 Conditions to Transferor's Obligation to Close. The obligation of Transferor to consummate the transactions contemplated by this Agreement shall be subject to the satisfaction and fulfillment, prior to or on the Closing Date, of the following express conditions precedent:

3.3.1 The representations, warranties and covenants of Transferee made pursuant to this Agreement shall be true, accurate and complete in all material respects at and as of the Closing Date, as though such representations, warranties and covenants were made at and as of such time except to the extent affected by the transactions herein contemplated.

3.3.2 All of the agreements and covenants of Transferee to be performed on or before Closing shall have been performed.

3.3.3 All documents and instruments required to be delivered by Transferee to Transferor at or prior to the Closing shall have been so delivered, in a form reasonably acceptable to Transferor and the Corporation.

3.3.4 There shall be no federal, state or local law or regulation enacted or issued, or writ, order, judgment, injunction or decree issued by any governmental entity, which materially restrains the transactions contemplated under this Agreement.

3.4 Closing Deliverables by Transferee. At or prior to the Closing, Transferee shall deliver to Transferor and the Corporation:

3.4.1 The Purchase Price payable in accordance with Section 1.3

3.4.2 Shareholders' Agreement or a joinder thereto executed by Transferee.

3.5 Closing Deliverables by Transferor. At or prior to the Closing, Transferor shall deliver to Transferee:

3.5.1 Good, valid and marketable title to the Stock, free and clear of liens, claims, pledges, security interests, charges, assessments, and encumbrances of any kind.

3.5.2 Fully executed assignment documents conveying Transferor's stock certificates to Transferee in accordance with this Agreement. Notwithstanding, Corporation and Transferee shall be responsible any applicable authorities, including, without limitation, any taxing or permitting authorities, banks, vendors, as may be required to effectuate the intention of this Agreement and the transfer of stock ownership provided herein.

3.5.3 All documentation required by the landlord to effectuate the assignment of the lease for the leased premises at which Corporation is located, all documentation related thereto.

3.5.4 All other documents and instruments as may be reasonably necessary to effect the transaction contemplated herein.

4. RELEASE.

4.1 By Transferor. Transferor hereby covenants, agrees, represents and warrants for and on behalf of Transferor and Transferor's heirs, executors, administrators, representatives, agents, successors and assigns, that Transferor shall fully and unconditionally releases, waives, acquits and forever discharges Transferee and his heirs, executors, administrators, representatives, agents, successors and assigns (each a "Transferee Releasee") of and from any and all Claims, whether known or unknown, foreseen or unforeseen, direct or indirect, fixed or contingent, any of them had, may now have, or may at any time in the future have, against any Transferee Releasee for any event, cause or circumstance occurring on or before the Closing Date, except for any Claim (i) arising out of any inaccuracy in, or breach of, any representation, warranty, covenant or agreement of Transferee contained in this Agreement, or (ii) in which Transferor seeks contribution or indemnification pursuant to this Agreement.

4.2 By Transferee. Transferee hereby covenants, agrees, represents and warrants for and on behalf of Transferee and Transferee's heirs, executors, administrators, representatives, agents, successors and assigns, that Transferee shall fully and unconditionally releases, waives, acquits and forever discharges Transferor and his heirs, executors, administrators, representatives, agents, successors and assigns (each a "Transferor Releasee") of and from any and all Claims, whether known or unknown, foreseen or unforeseen, direct or indirect, fixed or contingent, any of them had, may now have, or may at any time in the future have, against any Transferor Releasee for any event, cause or circumstance occurring on or after the Closing Date, except for any Claim (i) arising out of any inaccuracy in, or breach of, any representation, warranty, covenant or agreement of Transferor contained in this Agreement, or (ii) in which Transferee seeks contribution or indemnification pursuant to this Agreement.

5. RESIGNATION.

5.1 Resignation. As of the Closing Date, Transferor shall resign as an officer and/or director of the Corporation, to the extent applicable, and Corporation shall accept such resignation. The resignation of Transferor shall be reflected in the books and records of the Corporation.

5.1 Employment Status. The Parties acknowledge that Transferor is not an employee of Corporation.

6. MISCELLANEOUS.

6.1 Entire Agreement. This Agreement and the Exhibits attached hereto constitutes the complete and exclusive statement of the agreement among the Parties with respect to the subject matter hereof and shall supersede all prior written and oral statements, including any prior representation, statement, condition, or warranty, with respect to such subject matter. No agreements, promises, covenants, representations, warranties or indemnities have been made or relied upon by any of the Parties hereto, other than those that are expressly herein set forth.

6.2 Amendment: Waiver. No amendment, modification, or waiver of any provision of this Agreement shall be binding unless in writing and signed by the Party against whom the operation of such amendment, modification, or waiver is sought to the enforced. No delay in the exercise of any right shall be deemed a waiver thereof, nor shall the waiver of a right or remedy in a particular instance constitute a waiver of such right or remedy generally.

6.3 Assignment. This Agreement may not be assigned by any Party without the prior written consent of the other Parties.

6.4 Binding Effect. This Agreement shall be binding upon and inure to the benefit of the Parties hereto, and their respective heirs, executors, administrators, successors and permitted assigns.

6.5 Severability. If any provision of this Agreement shall be deemed by a court of competent jurisdiction to be legally invalid or unenforceable, then the validity and enforceability of the remainder of the Agreement shall not be affected and such provision shall be deemed modified to the minimum extent necessary to make such provision consistent with applicable law, and, in its modified form, such provision shall then be enforceable.

6.6 No Strict Construction. The Parties hereto have participated jointly in the negotiation and drafting of this Agreement. In the event an ambiguity or question of intent or interpretation arises, this Agreement shall be construed as if drafted jointly by the Parties hereto, and no presumption or burden of proof shall arise favoring or disfavoring any Party hereto by virtue of the authorship of any of the provisions of this Agreement.

6.7 Titles and Captions. All articles, section and paragraph titles and captions contained in this Agreement are for convenience only and are not deemed a part of the context hereof.

6.8 Use of Certain Terms. All pronouns and any variations thereof are deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the persons may require. The words "include" and "including" shall be deemed to be followed by the phrase "without limitation"; and the terms "hereof," "herein" and "hereunder" and words of similar

import shall be deemed to refer to this Agreement (or such other cross-referenced document) as a whole and not to any particular provision, unless the context clearly indicates otherwise.

6.9 Governing Law; Venue. All issues and questions concerning the construction, validity, enforcement and interpretation of this Agreement shall be governed by, and construed in accordance with, the laws of the State of Florida without giving effect to any choice of law or conflict of law rules or provisions that would cause the application of the laws of any other jurisdiction. In the event of any litigation arising from this Agreement, the Parties hereto agree that the forum for said litigation shall be the state or federal courts sitting in the State of Florida.

6.10 Notices. Any and all notices and other correspondence required or permitted to be given in connection with, or pursuant to, this Agreement shall be in writing and delivered by hand, by recognized national overnight courier that provides receipt against delivery, or by deposit in the United States mail, registered or certified mail, return receipt requested, with full postage or charges prepaid. The notice shall be addressed to the recipient at the address set forth above, or to such other addresses as the Parties may, from time-to-time, designate by written notice to each other in the foregoing manner. Notices given by mail shall be deemed effectively given on the earlier of the date shown on the proof of receipt of such mail or, unless the recipient proves that the notice was received later or not received, three (3) days after the date of mailing thereof.

6.11 Further Assurances. Each Party agrees to promptly execute and deliver to the other Parties such further documents, instruments and assurances and take such further actions as the other Parties may reasonably request in order to carry out the intent and purpose of this Agreement and to establish and protect the rights and remedies created or intended to be created hereunder.

6.12 Counterparts; Attestation. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original as against any Party whose signature appears thereon, and all of which shall together constitute one and the same instrument. This Agreement shall become binding when one or more counterparts hereof, individually or taken together, shall bear the signatures of all the Parties reflected herein as the signatories. Facsimile signatures shall have the same authority and effect as original signatures. The absence of a witness's signature, if such signature is required hereunder, shall not defeat or undermine the execution hereof or the validity of a Party's signature as long as each Party's respective signature is affixed to the signature page hereof.

(SIGNATURE PAGE FOLLOWS)

IN WITNESS WHEREOF, the Parties have executed this Agreement on the date first written above.

WITNESS:

TRANSFEROR:

RALPH J. AMATO, JR.

WITNESS:

TRANSFEREE:

Accepted and Agreed to:

SECURE MEDICAL SUPPLIES, INC

By: _____

Chief Executive Officer

STOCK PURCHASE AGREEMENT

This Stock Purchase Agreement (the "Agreement") is made and entered into as of March 10, 2020, between Ark Medical Solutions, LLC (the "Buyer") and Ralph J. Amato, Jr. (the "Seller").

This Agreement sets forth the terms and conditions upon which Seller is selling to Buyer and Buyer is purchasing from Seller one hundred percent (100%) of the shares (the "Shares") of Secure Medical Supplies INC. (the "Company") in a private stock sale transaction.

In consideration of the mutual agreements contained herein, the parties agree as follows:

I. SALE OF THE SHARES AND OTHER ASSETS

1.01 Assets Being Sold. Subject to the terms and conditions in this Agreement, Seller is selling the Shares and the following assets to Buyer:

a. All tangible and intangible assets of the Company free and clear of all debts, encumbrances, liens or charges;
b. All telephone numbers currently used on the Company's premises;
c. All furniture, fixtures, equipment, supplies, inventory, goodwill, customer records, and insurance contracts.
d. The Company's Medicare supplier number including related licenses and accreditations.

1.02 Consideration. The Total Purchase Price of the items listed above shall be one hundred eighty thousand dollars ($180,000) to be paid by Buyer to Seller as follows:

a. At Closing, Buyer will send sixty-six thousand dollars ($66,000) in immediately available funds by wire transfer to Transaction Trust Services, LLC. This distribution reflects a credit for the $10,000 deposit in escrow that Buyer previously provided to Transaction Trust Services, LLC.
b. Buyer will pay Seller the remaining balance of one hundred four thousand dollars ($104,000) as follows:
    1. Buyer will pay to Seller the sum of ten thousand dollars ($10,000) per month for a period of nine (9) months beginning sixty (60) days after the Closing.
    2. Buyer will pay to Seller fourteen thousand dollars ($14,000) in the tenth month.
    3. Buyer will personally guarantee a Promissory Note.

1.03 Effective Date. The Closing of the transaction will take place on or about March 10, 2020 or at such other date and time as the parties agree in writing.

1.04 Delivery by the Seller. Seller has instructed the transfer agent, upon receipt of the Settlement Funds, to deliver to Buyer at Closing the certificate representing the Shares purchased.

II. RELATED TRANSACTIONS

2.01 Seller and Buyer acknowledge that Seller is the only shareholder in Secure Medical Supplies INC.

III. REPRESENTATIONS AND WARRANTIES OF SELLER

3.01 Authority; No Violation. The execution and delivery of this Agreement by the Seller, and the consummation by Seller of the transaction contemplated hereby have been duly approved. Neither the execution and delivery of this Agreement nor the consummation of the transaction will constitute a violation or default under any term or provision of the Certificate of Incorporation or bylaws of the Company, or of any contract, commitment, indenture, other agreement or restriction of any kind or character to which the Seller is a party or by which the Seller is bound.

3.02 Litigation. To the knowledge of the Seller, there are no actions, proceedings, or investigations pending or threatened against the Seller. There is no event or condition of any kind or character pertaining to the shares of the Seller that may materially and adversely affect this private stock sale.

3.03 Sole Shareholder. Seller represents that he is the sole shareholder in the Company.

3.04 Consents and Approvals. Except as set forth herein, no consent, waiver, approval, order, permit or authorization of, or declaration or filing with, or notification to, any person or governmental body is required on the part of Seller or Company in connection with the execution and delivery of this Agreement or the compliance by Seller with any of the provisions herein.

3.05 Default. Company is not in default under or in violation of any provisions of its Articles of Incorporation or bylaws. Company is not in default under any surety or other bonds and contracts, and, to the knowledge of Seller, there has been no occurrence nor exists any condition or circumstance that, with either notice or passage of time or both, would result in or constitute a default by Company under any of such surety and other bonds and contracts.

3.06 Subsidiaries. Company does not own or control (directly or indirectly) any shares of capital stock of or other equity interest in any corporation, partnership, joint venture or other entity.

3.07 Debt. Company has paid in full all debt of the Company prior to the Closing Date.

3.08 Transactions. Company has not sold any durable medical equipment since its inception.

IV. REPRESENTATIONS AND WARRANTIES BY BUYER.

The Buyer hereby represents and warrants as follows:

4.01 Authority; No Violation. The execution and delivery of this Agreement by the Buyer, and the consummation by the Buyer of the transaction contemplated hereby has been duly approved. Neither the execution and delivery of this Agreement nor the consummation of the transaction will constitute a violation or default under any term or provision of the Certificate of Incorporation or bylaws of the Company, or of any contract, commitment, indenture, other agreement or restriction of any kind or character to which the Buyer is a party or by which the Buyer is bound.

4.02 Litigation. To the knowledge of the Buyer, there are no actions, proceedings, or investigations pending or threatened against the Buyer. There is no event or condition of any kind or character pertaining to the acquisition of the Shares from the Seller that may materially and adversely affect this private stock sale.

4.03 Representations Regarding the Acquisition of the Shares.

a. The Buyer understands the speculative nature and the risks of investments associated with the Company and confirms that it is able to bear the risk of the investment, and that there may not be any public market for the Shares purchased herein;

b. Neither the Buyer nor the Seller are under an obligation to register or seek an exemption under any federal and/or state securities acts for any sale or transfer of the Shares to the Buyer, and Buyer is solely responsible for determining the status, in its hands, of the shares acquired in the transaction and the availability, if required, of exemptions from registration for purposes of sale or transfer of the Shares;

c. The Buyer has sufficient knowledge and experience in financial and business matters, and is sufficiently familiar with investments of the type represented by the Shares, including familiarity with previous private and public purchases of speculative and restricted securities, that Buyer is capable of evaluating the merits and risks associated with purchase of the Shares; and

d. In evaluating the merits of the purchase of the Shares, Buyer has relied on those representations and warranties made by Seller herein and the representations and warranties made by Seller during the due diligence process.

e. Seller will maintain a surety bond for the premises until a bond has been obtained by Buyer.

f. Seller will maintain the current insurance for the premises until the Buyer has obtained insurance.

V. SURVIVAL OF REPRESENTATIONS; INDEMNIFICATION.

5.01 Survival of Representations. All representations, warranties, and agreements made by any party in this Agreement or pursuant hereto shall survive the execution and delivery hereof and any investigation at any time made by or on behalf of any party.

VI. MISCELLANEOUS

6.01 Closing is contingent upon the following:

a. A valid Assignment of Lease executed by the landlord, Buyer and Seller.

b. Satisfactory transfer of all licenses associated with the Company.

c. A valid Stock Transfer Agreement executed by the Buyer and Seller.

d. Resignation of all officers and directors of the Company as of the Closing Date.

e. A certificate of good standing for the Company from the Florida Department of State.

f. The surety bond for the Company remains in place until Buyer's bond application has been approved.

g. Any and all current insurance remains in place until Buyer's insurance application has been approved.

6.02 Expenses. Each of the parties shall bear its own expenses incurred in conjunction with the Closing hereunder.

6.03 Parties in Interest. All the terms and provisions of this Agreement shall be binding upon, shall inure to the benefit of, and shall be enforceable by the heirs, beneficiaries, representatives, successors, and assigns of the parties hereto.

6.04 Prior Agreements; Amendments. This Agreement supersedes all prior agreements and understandings between the parties with respect to the subject matter hereof. This Agreement may be amended only by a written instrument duly executed by the parties hereto or their respective successors or assigns.

6.05 Headings. The section and paragraph headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretations of this Agreement.

6.06 Confidentiality. Each party hereby agrees that all information provided by the other party and identified as "confidential" will be treated as such, and the receiving party shall not make any use of such information other than with respect to this Agreement. If the Agreement shall be

terminated, each party shall return to the other all such confidential information in their possession, or will certify to the other party that all such confidential information that has not been returned has been destroyed.

6.07 Indemnification.

a. Seller hereby agrees to indemnify and hold Company and Buyer harmless from and against all damages to and liabilities of Company and Buyer by reason of or resulting from (i) a breach of any representation or warranty of Seller contained in or made pursuant to this Agreement or (ii) the failure of the Seller duly to perform or observe any term, provision, covenant or agreement to be performed or observed by him pursuant to this Agreement.
b. Seller hereby agrees to indemnify, defend and hold Buyer harmless from and against all damages to and liabilities of the Company and Buyer arising before the Closing Date.
c. Buyer hereby agrees to indemnify, defend and hold Seller harmless from and against all damages to and liabilities of Seller by reason of or resulting from (i) a breach of any representation or warranty of Buyer contained in or made pursuant to this Agreement, (ii) any failure of Buyer duly to perform or observe any term, provision, covenant or agreement to be performed or observed by Buyer pursuant to this Agreement, or (iii) any liability of Seller related to any third party consents or approvals identified herein.
d. Buyer hereby agrees to indemnify, defend and hold Seller harmless from and against all damages to and liabilities of the Company and Seller arising after the Closing Date.

6.08 Further Accommodations. In case at any time after the Closing any further action is necessary, appropriate or convenient to carry out the purposes of this Agreement, each of the Parties will take such further action as any other Party reasonably may request, all at the sole cost and expense of the requesting Party.

6.09 Notices. All notices, requests, demands, and other communications hereunder shall be in writing and shall be deemed to have been duly given if delivered or mailed (registered or certified mail, postage prepaid, return receipt requested) to the parties at their address specified herein, with a copy sent as follows:

If to the Seller:
Ralph J. Amato, Jr.
1194 Hillsboro Mila #46
Deerfield Beach, FL 33062

If to the Buyer:
Paulina Lacs
390 S.W. 12th Avenue
Deerfield Beach, FL 33442

With a copy to:

Coleen F. Middleton, Esq.
The Law Offices of Coleen F. Middleton, Esq. PLLC
1229 Chestnut Street
PMB 202
Philadelphia, PA 19107

6.10 Counterparts. This Agreement may be executed simultaneously in several counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

6.11 Applicable Law. This Agreement shall be governed by, and construed in accordance with the laws of the State of Florida.

IN WITNESS WHEREOF, this Agreement has been duly executed and delivered by the Buyer, the Seller and the Company on the date first above written.

BUYER: Paulina Lacs

Name: Paulina Lacs

Title: Member

SELLER:

Name: Ralph F. Amato Jr

Title: As PRESIDENT

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☑New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☑ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Sleep Data Holdings, LLC

Physical Address: 5471 Kearny Villa Rd., Ste 200 San Diego, Ca. 92123
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 5471 Kearny Villa Rd., Ste 200

City: San Diego State: CA Zip Code: 92123

Telephone: 800-619-4672 Fax: 619-299-6222

E-mail: mail@sleepdata.com Website: www.sleepdata.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm Fri: 8am to 5pm Sat: closed to Sun: closed to Holidays: closed major Holidays only to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Bretton Hevener

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

☐ Medical Gases**
☑ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: Mary Paige Davis Telephone: 800-619-4672

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

6615780001, 6615780002	6615780005	1366990897
6615780003,6615780004	1144767542	1053865204
1316226251	1699055962	10026790500

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: _____
- Advanced Practitioner of Nursing — Name: _____
- Physician's Assistant — Name: _____
- Physical Therapist — Name: _____
- Occupational Therapist — Name: _____
- Registered Nurse — Name: _____
- Respiratory Therapist — Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Roseanne Rodriguez

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

Roseanne Rodriguez

Print Name of Authorized Person

5/29/2020

Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP General_____ Limited X

Partnership Name: Sleep Data Holdings, LLC

Mailing Address: 5471 Kearny Villa Rd., Ste 200

City: San Diego State: CA Zip: 92123

Telephone: 619-299-6299 Fax: 619-299-6222

Contact Person: Roseanne Rodriguez

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

Name	G or L	Percentage
David French	L	99.5
French Investment Group	L	.5

List names of 4 largest partners and percentage of ownership:

Name: David French %: 99.5

Name: French Investment Group %: .5

Name: _____ %: _____

Name: _____ %: _____

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/13/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Patriot Risk & Insurance Services 2415 Campus Drive, Suite #200 Irvine, CA 92612 www.patrisk.com 0K07568	CONTACT NAME: PHONE (A/C, No, Ext): (949) 486-7900 FAX (A/C, No): (949) 486-7950 E-MAIL ADDRESS:
INSURED: Sleep Data Holdings, LLC 5471 Kearny Villa Road, Suite #200 San Diego CA 92123	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Travelers Casualty Insurance Company of America 19046 INSURER B : Markel Insurance Company 38970 INSURER C : Underwriters at Lloyd's, London 15642 INSURER D : Landmark American Insurance Company 33138 INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 50554454 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ✓ POLICY ☐ PRO-JECT ☐ LOC OTHER:			6802N7110041942	8/1/2019	8/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$2,000,000 $300,000 $5,000 $2,000,000 $4,000,000 $4,000,000
A	AUTOMOBILE LIABILITY ✓ ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BA3N1169201942	8/1/2019	8/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
A	✓ UMBRELLA LIAB ✓ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION $			CUP2N7354321942	8/23/2018	8/23/2019	EACH OCCURRENCE AGGREGATE	$2,000,000 $2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC015348501	8/1/2019	8/1/2020	✓ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
C	Cyber Liability			MBG19C001177	8/1/2019	8/1/2020	Ea Claim: $1,000,000 / Agg: $1,000,000 Deductible: $25,000 Per Claim	
D	Professional Liability			LHM777424	8/1/2019	8/1/2020	Ea Claim: $1,000,000 / Agg: $3,000,000 Deductible: $5,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: locations- 5471 Kearny Villa Rd., Ste 200, San Diego, Ca. 92123; 2125 S El Camino Real., Ste 204, Oceanside, Ca. 92054; 1415 Ridgeback Rd., Ste 1, Chula Vista, Ca. 91913; 488 E Valley Prkwy., Ste 105, Escondido, Ca. 92025

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dave Jacobson

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4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

VM

☒ 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: Acertis Pharmaceuticals, LLC

Physical Address: 2050 Cabot Boulevard West, Suite 200-A

City: Langhorne State: PA Zip Code: 19047

Telephone Number: (267) 938-4800 Fax Number: (267) 938-4849

Toll Free Number: N/A

E-mail: kfarley@virtusrx.com Website: http://www.virtusrx.com

Facility Manager: Kathleen Farley

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: _____

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment D

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Kathleen Farley
Print Name of Authorized Person

05/15/2020
Date

Board Use Only	Date Processed:_____	Amount: 600.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Virtus Pharmaceuticals, LLC

Mailing Address: 2050 Cabot Boulevard West, Suite 200

City: Langhorne State: PA Zip: 19047

Telephone: (267) 938 -4815 Fax: (267) 938-3839

Contact Person: Timothy E. Wheeler

For any corporation non-publicly traded, disclose the following:

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

a) Virtus Pharmaceuticals, LLC — 2050 Cabot Blvd, Suite 200, Langhorne, PA 19047
Name — Business Address

b) n/a
Name — Business Address

c) n/a
Name — Business Address

d) n/a
Name — Business Address

2) Provide the number of shares issued by the corporation. n/a

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

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

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment E

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

Attachment A

Resident State Licenses and Verification

Enclosed are copies of the resident state Pennsylvania licenses. The license verification form is currently pending with the resident state licensing agency, the Pennsylvania Department of Health. Upon receipt, the completed form will be provided to your office.

361

Certificate of Registration

Certificate No. 3000010020
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Distributor (Prescription)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

ACERTIS PHARMACEUTICALS, LLC
2050 CABOT BOULEVARD
SUITE 200A
LANGHORNE, PA 19047

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: May 06, 2019
Expiration Date: The Last Day of June, 2021

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

362

Certificate of Licensure

Certificate No. 8000003004
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

ACERTIS PHARMACEUTICALS, LLC
2050 CABOT BOULEVARD
SUITE 200A
LANGHORNE, PA 19047

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: May 06, 2019
Expiration Date: The Last Day of June, 2021

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

363

Certificate of Registration

Certificate No. 3000010020
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Distributor (Prescription)

ACERTIS PHARMACEUTICALS, LLC
2050 CABOT BOULEVARD
SUITE 200A
LANGHORNE, PA 19047

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: May 06, 2019
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Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Certificate of Licensure

Certificate No. 8000003004
(A certificate starting with a number 4. 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

ACERTIS PHARMACEUTICALS, LLC
2050 CABOT BOULEVARD
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Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Attachment B

Regarding DEA Registration

Acertis Pharmaceuticals, LLC (Acertis) is a virtual manufacturer of prescription drugs and controlled substances. Acertis utilizes contract manufacturers to produce its products and a licensed third party to distribute. Acertis will never physically handle any products. As such, DEA registration is not required. Provided below is the information for Acertis' third party distributor and contract manufacturers.

Third Party Distributor:

Woodfield Distribution, LLC
1113 Gillingham Lane, Suite A
Sugarland, TX 77478

Contract Manufacturers:

Catalent Pharma Solutions
2725 Scherer Drive North
St. Petersburg, FL 33716

Epic Pharma, LLC
227-15 North Conduit Avenue
Laurelton, NY 11413

Attachment C

Facility Manager Resume

Mark I. Sedar

From: Valenti, Amanda C. @porziols.com>
Sent: Friday, June 12, 2020 12:41 PM
To: Mark I. Sedar
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Hi Mark,

Kathleen is the company's Chief Operating Officer. She is a full-time employee.

Regards,

Amanda

From: Mark I. Sedar [pharmacy.nv.gov]
Sent: Tuesday, June 02, 2020 10:53 AM
To: Valenti, Amanda C.
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

EXTERNAL MESSAGE

Good morning Amanda,

Thanks for sending over the license. I am missing the $25K Surety Bond and I have a question regarding the resume of the FM Kathleen Farley. Her resume meets the requirements that we require, but it appears she is only a consultant? Ms. Farley would not meet our requirements outlined below if she is not a full-time employee.

Per NAC 639.5935 Representative of wholesaler: General requirements; exceptions; approval; enforcement. (NRS 639.070, 639.100)

4. A representative of a wholesaler designated pursuant to this section:
   (a) Must be actively involved in and aware of the actual daily operation of the wholesaler;
   (b) Must be employed full-time in a managerial level position with the wholesaler;
   (c) Must be physically present at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leave, vacation leave and other authorized absences; and
   (d) May serve in this representative capacity for only one wholesaler at a time.

Thank you,

Mark Sedar

From: Valenti, Amanda .com>
Sent: Monday, June 1, 2020 1:05 PM

To: Mark I. Seda. pharmacy.nv.gov>
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

Hi Mark,

Attached please find the updated home state licenses for Acertis Pharmaceuticals, LLC.

Best Regards,

Amanda

From: Mark I. Sea macy.nv.gov]
Sent: Thursday, May 28, 2020 6:49 PM
To: Valenti, Amanda C.
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

EXTERNAL MESSAGE

Thanks, Amanda. Good timing, the hardcopy of the application showed up in the mail yesterday. One additional item, can you supply an updated Home State License. The license in the application expires in May 2020.

Mark Sedar

From: Valenti, Amanda C. porziols.com>
Sent: Thursday, Mav 28, 2020 3:23 PM
To: Mark I. Sedar pharmacy.nv.gov>
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

Hi Mark,

I have attached the current Delaware Certificate of Good Standing for Acertis Pharmaceuticals, LLC.

Please let me know if you need anything else in order to process this application.

Thank you!

Amanda

From: Mark I. Sedar @pharmacy.nv.gov]
Sent: Wednesday, May 20, 2020 10:36 AM
To: Valenti, Amanda C.
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

EXTERNAL MESSAGE

Good morning Amanda,

KATHLEEN M. FARLEY, MBA

Wood Hollow Dr
Pittstown, N.J.
-7499 @gmail.com 3576

SENIOR EXECUTIVE PHARMACEUTICAL GENERICS, BRANDED OPERATIONS AND SUPPLY CHAIN

Restructuring/Revitalizing ♦ Matrix Organization ♦ Transformational Leadership
Global Regulatory Experience ♦ Executive Talent Development ♦ Executive Black Belt

Extensive global leadership experience in Pharmaceutical, Chemical, Biotech, Medical Device and OTC technical operations, manufacturing and supply chain. Proven record of success in managing a broad range of multi-million dollar operations in both Branded and Generic Pharmaceuticals and in transforming Clinical/Development start-up's to Commercial manufacturing operations. Additional experienced and expertise in start-up/shut downs of operations in Asia Pacific and Latin America. Manufacturing Advisory Board member for Gilead Sciences.

PROFESSIONAL EXPERIENCE

CORE STRATEGY SOLUTIONS LLC **Jan 2012 – Present**
President/Owner
Independent Consultant providing advice on short-term and long-term strategies aimed at optimizing Global Manufacturing Operations and Supply Chain. Previous clients include Laurus Labs of India, American Securities and numerous PE's.

- Advisory board member to Gilead Sciences.
- Part-time professor at Rutgers MBA program, ranked #3 in the US. Taught Supply Chain Strategy to graduate level MBA students.

EPIC Pharmaceuticals, Laurelton, NY **Jan 2017 –April 2018**
VP/GM Operations
Full P&L responsibility for ~$250M Revenues for Epic Pharma a Generic pharmaceuticals company with product lines including oral solid doses in CII's and Antibiotics. Hired in January as VP Operations responsible for Quality, Manufacturing, Supply Chain, Engineering & Facilities, IT and was promoted in July to the VP/GM position to include site Regulatory, R&D, HR and Finance with full CMO accountability and solid dotted line for Sales/Marketing of Epic private label. Additionally, Full Supply chain responsibility for Puracap companies (OTC, Brand and international generics) was included in April 2017 which included Developing and implementing a New Products Launch Committee, Network and Vendor management organizations as well as a Portfolio (Market diversification) initiative to focus and strengthen our pipeline.

MANNKIND CORP, Danbury CT **Aug 2013 – Dec 2015**
Vice President, Strategic/Technical Operations
Key Relationship lead to Partner (Sanofi), including manufacturing/supply chain, to manage and ensure that both parties met the strategic intent of the Supply Agreement for AFREZZA (inhaled insulin). Responsible for Manufacturing, Technical Operations, External CMO's (Med Devices), EtE Supply Chain including Clinical supply, ERP system implementation and Continuous Improvement (LEAN.)

- Led organization to achieve the first Commercial launch of Afrezza, 6 months earlier than planned by transforming culture and mindset from Development/R&D to GMP/FDA commercial environment.

MANNKIND CORP, Danbury CT (Cont)
Vice President, Strategic/Technical Operations

- Key negotiator on the supply agreement with Sanofi and building a sustainable EtE supply chain that satisfied potential partners Business Continuity requirements for key Vendors and CMO's.
- Developed the Overall EtE Strategic Supply Plan within a 90-day window of starting with the company and was presented and approved by the Board of Directors.
- Reduced COGs by 30% against approved budget for launch including estimated headcount.

TEVA PHARMACEUTICALS, Horsham, PA **Oct 2009 – Jan 2012**
Vice President, US Technical Operations, Solid Dose & Liquids/Creams/Ointments

Head of US manufacturing operations, Technical Services, Engineering and Third party supply for Generic and Branded solid dose and specialty products. Responsibilities included oversight of 8 manufacturing facilities that supply 10 billion doses as well as external suppliers that produce an additional 8 billion doses to the US, supporting $6B in sales and 400+ product families. Total Budget responsibility of $500M (ex-product cost) and ~3000 employees. Member of Teva's Global Leadership team (Top 1%) to provide long-range strategic options for the Manufacturing/Operations division to the CEO.

- Established "FDA Readiness" at sites by establishing site councils and implementing metrics focused on customer complaints, site scorecards, "right the first time" concepts and quality systems upgrades.
- Implemented contingency and scenario planning at both regional and site level into long-range strategies to address WIP, Equipment and Headcount needs.
- Led the US "Product Optimization" effort by developing and implementing a functional review of all technical issues related to commercial products and drove accountability throughout the organization, including R&D, to resolve the issues.
- Redirected the Company "network" strategy focused on cost containment to a more holistic view of appropriate investment in WIP, assets and talent development. Created a "launch" platform site at one of the US sites from the original planned shutdown.

MERCK & CO, INC. PHARMACEUTICALS, Whitehouse Station, NJ **1981 – 2009**
Vice President, Manufacturing Franchise Head *(2007 – 2009)*

Head of the manufacturing operations area, responsible for end-to-end supply of Merck's top 5 products representing $8.5B in sales. Senior member of Merck's top two Franchise Operating Committees acting as liaison to the manufacturing division to translate and implement the strategic direction of the corporation. Developed the Long Range Strategic plan for the Diabetes/Obesity and BRIE (Bone, Respiratory, Immunology, and Endocrinology) Franchises.

- Spearheaded overall integration of the manufacturing division into the corporate Franchise concept by developing key roles/responsibilities, standards of work, LEAN business practices and Customer-focused interfaces.
- Redesigned and optimized Merck's top selling Singulair ($4B) supply chain with an overall savings of $100M in operating spend, time cycles and inventory efficiencies using LEAN methodology. Created a long range supply vision for addressing Patent expiry in 2012.

MERCK & CO, INC. PHARMACEUTICALS, (cont)

Latin American Operations Executive *(1997 – 2007)*
Vice President *(2005 – 2007),* ***Exec/SR director*** *(2001 – 2005),* ***Director Operations*** *(1997 – 2001)*
Regional P&L responsibility for manufacturing operations in Latin America. Supported $1B+ in sales with budget responsibility $150M+ and 1000 employees. Senior member of the LA Executive committee responsible for the long-term strategic direction of the business.

- Reorganized and restructured Latin America from 4 Merck owned facilities, 4 Licensees and 1 Joint Venture with 2000+ employees in 1997 to 3 Merck facilities and less than 800 employees in 2005. All, while providing world-class quality of supply and customer service levels.
- Implemented continuous improvements objectives during 2005-2007, reducing operating by 10% sales and marketing write-offs by 50% and headcount by 50% while meeting a 30% increasing demand in volume and complexity in regulatory environment.

International Manufacturing Services *(1993 – 1997)*
Director Mfg. Services *(1994 – 1997),* ***Technical Operations Mgr.*** *(1993 – 1994)*
Technical advisor to Asia Pacific and Latin America for API (Chemical/Agricultural) and Brazil operations. Capital team leader and project engineer for start-up of facility and operations in China, Korea, and Mexico.

- Created, developed and implemented the Emerging Markets strategy to take advantage of early registration process in Mexico which resulted in $500M+ NPV savings for Vioxx alone. Led first worldwide launch of Crixivan as a result of implementation of this strategy.
- Revitalized the Japan Chemical facility to become FDA approved, enabling the facility to supply the US in both API and Agricultural products.

Technical Operations *(1981 – 1993)*
Held a series of positions with increasing responsibility as a chemical (API) technical expert in commercializing new chemical entities from research lab scale to full commercial plant scale. Positions included Technical Advisor to international API facilities and Project Engineer responsible for the transfer of chemical operations to a third party plant in Mexico.

EDUCATION

MBA, Communications, Fordham University, Lincoln Center, New York, NY

BS, Chemical Engineering / Biomedical Engineering,
Michigan State University, East Lansing, MI

PROFESSIONAL ASSOCIATIONS

Society of Women Engineers

Attachment D

Proof of FDA Registration

Verified
MS
3/27/20

Begin forwarded message:

From: <edrls@fda.hhs.gov>
Date: March 19, 2019 at 6:48:16 PM EDT
To: <hpatel@virtusrx.com>
Subject: Labeler Code Request Approved
Reply-To: <edrls@fda.hhs.gov>

eDRLS - Electronic Drug Registration & Listing System

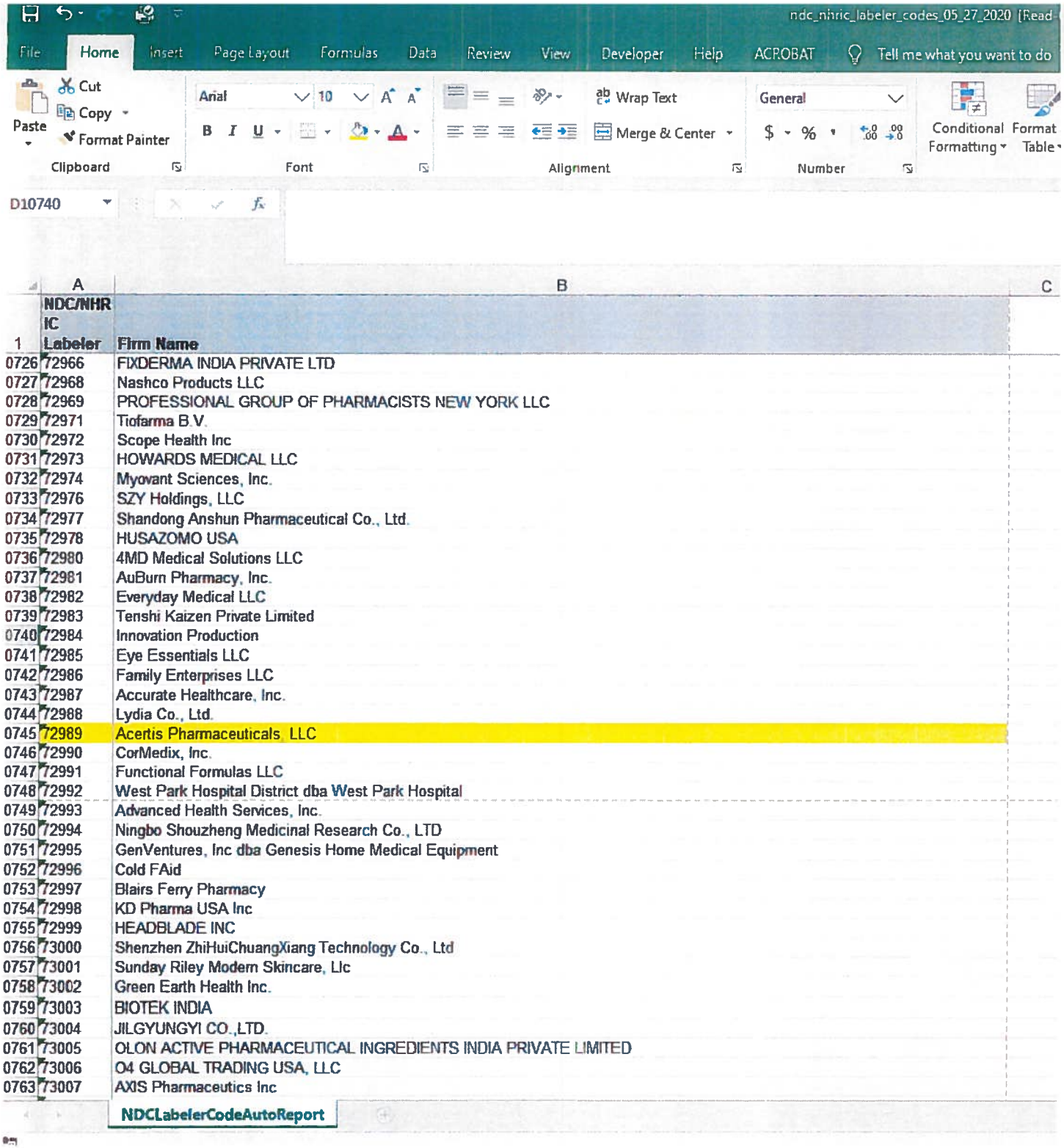
Current Date: 19-MAR-2019
Labeler DUNS: 969483143
Labeler Name: Acertis Pharmaceuticals, LLC
Labeler Code: 72989

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).


ndc_nhric_labeler_codes_05_27_2020 [Read
File
Home
Insert
Page Layout
Formulas
Data
Review
View
Developer
Help
ACROBAT
Tell me what you want to do
Cut
Copy
Format Painter
Paste
Clipboard
Arial
10
Font
Wrap Text
Merge & Center
Alignment
General
Number
Conditional Formatting
Format Table
D10740
NDC/NHRIC Labeler
Firm Name
0726 72966 FIXDERMA INDIA PRIVATE LTD
0727 72968 Nashco Products LLC
0728 72969 PROFESSIONAL GROUP OF PHARMACISTS NEW YORK LLC
0729 72971 Tiofarma B.V.
0730 72972 Scope Health Inc
0731 72973 HOWARDS MEDICAL LLC
0732 72974 Myovant Sciences, Inc.
0733 72976 SZY Holdings, LLC
0734 72977 Shandong Anshun Pharmaceutical Co., Ltd.
0735 72978 HUSAZOMO USA
0736 72980 4MD Medical Solutions LLC
0737 72981 AuBurn Pharmacy, Inc.
0738 72982 Everyday Medical LLC
0739 72983 Tenshi Kaizen Private Limited
0740 72984 Innovation Production
0741 72985 Eye Essentials LLC
0742 72986 Family Enterprises LLC
0743 72987 Accurate Healthcare, Inc.
0744 72988 Lydia Co., Ltd.
0745 72989 Acertis Pharmaceuticals, LLC
0746 72990 CorMedix, Inc.
0747 72991 Functional Formulas LLC
0748 72992 West Park Hospital District dba West Park Hospital
0749 72993 Advanced Health Services, Inc.
0750 72994 Ningbo Shouzheng Medicinal Research Co., LTD
0751 72995 GenVentures, Inc dba Genesis Home Medical Equipment
0752 72996 Cold FAid
0753 72997 Blairs Ferry Pharmacy
0754 72998 KD Pharma USA Inc
0755 72999 HEADBLADE INC
0756 73000 Shenzhen ZhiHuiChuangXiang Technology Co., Ltd
0757 73001 Sunday Riley Modern Skincare, Llc
0758 73002 Green Earth Health Inc.
0759 73003 BIOTEK INDIA
0760 73004 JILGYUNGYI CO.,LTD.
0761 73005 OLON ACTIVE PHARMACEUTICAL INGREDIENTS INDIA PRIVATE LIMITED
0762 73006 O4 GLOBAL TRADING USA, LLC
0763 73007 AXIS Pharmaceutics Inc
NDCLabelerCodeAutoReport

Attachment X

LLC Officer Information

Acertis Pharmaceuticals, LLC

Vinod Melvani
Chief Executive Officer

Kathleen Farley
Chief Operating Officer

Debra Cesard
Chief Financial Officer

Attachment F

Delaware Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACERTIS PHARMACEUTICALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MAY, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

5554757 8300

SR# 20204916350

Authentication: 203005842

Date: 05-28-20

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACERTIS PHARMACEUTICALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JULY, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

5554757 8300

SR# 20195791928

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

Authentication: 203148232

Date: 07-02-19

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 404004988

Application/License No. _____

Acertis Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2050 Cabot Blvd West Suite 200, Langhorne, PA 19047 (Address of Applicant/Principal), as PRINCIPAL, and The Ohio Casualty Insurance Company (Surety Company), a corporation organized under the laws of the state of NH (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 62 Maple Ave., Keene, NH 03431 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 2, 2020 (Effect iv eDate).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of June, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

CFO

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

The Ohio Casualty Insurance Company
Surety Company's Representative

David G. Galla, Attorney-in-fact
print name

SIGNED and SEALED in the presence of

Witness

Witness

Countersigned by:

Nevada Resident Agent

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No 8200422-973235

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Kathleen V. DePolis; David G. Galla; Patricia L. Zeczkowski

all of the city of Grayslake state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of January, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 30th day of January, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 3rd day of June, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Bayshore Pharmaceuticals LLC

Physical Address: 788 Morris Turnpike, Suite 200

City: Short Hills NJ Zip Code: 07078

State: Telephone Number: 973-315-1818 Fax Number: 973-376-5500

Toll Free Number: cat

E-mail: catrina.purcell@bayshoreus.com Website: http://www.bayshoreus.com

Facility Manager: Mark Moshier

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Sunrise Pharmaceuticals
Address: 665 East Lincoln Ave; Rahway, NJ 07065

Name: Cerovene
Address: 612 Corporate Way; Valley Cottage, NY 10989

Name: Beximco Pharmaceuticals Ltd
Address: 17 Dhanmondi R/A Road No. 2; Dhaka, India 1205

Name: Centaur Pharmaceuticals Pvt. Ltd.
Address: Plot No. 4, International Biotech Park; Hinajewadi, Phase-II, Pune-411057, India

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Mark A Mochier
Print Name of Authorized Person

6/15/2020
Date

Board Use Only	Date Processed:	Amount: 700.00

Bayshore

Officer -

Mark Moshier, President

Bayshore Pharmaceuticals

788 Morris Turnpike, Suite 200

Short Hills, NJ 07078

Ownership -

80% - IPCA Pharmaceuticals US

51 Cragwood Road

South Plainfield, NJ 07080

908-412-6561

10% - SP Ventures XII LLC

29 Cambridge Drive

Short Hills, NJ 07078

201-341-3327

10% - Paradiso Development LLC

92 Candace Lane

Chatham, NJ 07928

973-635-4841

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NEW JERSEY

Parent Company if any: _____

Mailing Address: 788 MORRIS TURNPIKE, SUITE 200

City: SHORT HILLS State: NJ Zip: 07078

Telephone: 973-315-1818 Fax: _____

Contact Person: CATRINA PURCELL CATRINA.PURCELL@BAYSHOREUS.COM

For any corporation non-publicly traded, disclose the following:

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

a) See Attached Bayshore Ownership Sheet
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

3) What was the price paid per share? _____

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738084

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 – "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

788 MORRIS TPKE. STE 200 SHORT HILLS, NJ 07078-

Reg. No.
5004254

BAYSHORE PHARMACEUTICALS, LLC
788 MORRIS TPKE, STE 200
SHORT HILLS, NJ 07078-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 13BSBII7821

Application/License No. _____

Bayshore Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 788 Morris Turnpike, Suite 200, Short Hills NJ 07078 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Bond T-11, Hartford CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 2, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of June, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY
Hartford Fire Insurance Company

Surety Company's Representative

Amy Jo Francis, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

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

BAYSHORE PHARMACEUTICALS, LLC
0600370149

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 15, 2011.

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:

THOMAS E DURKIN III
101 HUDSON STREET
SUITE 2100
JERSEY CITY, NJ 07302

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of May, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6107670876

Verify this certificate online at

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

Bayshore

Mark Moshier

Cambridge Drive

Short Hills,

As an experienced executive and entrepreneur in the specialty pharmaceutical industry, Mr. Moshier has extensive experience in organizational re-structuring, sales/marketing, operations, strategic sourcing and procurement, strategic planning, product portfolio selection, and general management. He has proven experience in establishing and building the US business for international based manufacturing companies (India, EU, and Asia.)

March 2011-Present	President of Bayshore Pharmaceuticals
2007-2010	Executive Vice President Global API Sourcing at Mylan Laboratories
2006-2007	President of Matrix Laboratories US Operations
2002-2006	Founder/President of Shore Pharm LLC (sold to Matrix Laboratories – India)
1992 – 2002	Began career in generic industry as National Sales Manager at SST Corporation and Betachem Inc
1984	BS Degree from Syracuse University

Verified 6/1/20 MS

FDA Documentation

-----Original Message-----
From: CDER Electronic Drug Registration and Listing [mailto:EDRLS@fda.hhs.gov]
Sent: Tuesday, August 16, 2011 01:12 PM
To: 'mark.moshier@bayshoreus.com'
Subject: RE: LABELER CODE eREQUEST

Dear Mark Moshier,

No additional information is needed. We have assigned BayShore Pharmaceuticals LLC a labeler code 76385. If you have any further questions regarding this matter, please contact us by either email (edrls@fda.hhs.gov) or phone (301-210-2840

Thank you.

Regards,

Makini Mbughuni, eDRLS Team

From: Mark Moshier [mailto:mark.moshier@bayshoreus.com]
Sent: Tuesday, August 16, 2011 12:51 PM
To: Mark Moshier; CDER Electronic Drug Registration and Listing
Subject: Re: LABELER CODE eREQUEST

Dear Makini
Please let me know if you need any additional information to complete this request and, if possible, advise of the timing of the Labeler Code being issued.
Thanks and regards
Mark

-----Original Message-----
From: Mark Moshier [mailto:mark.moshier@bayshoreus.com]
Sent: Tuesday, August 2, 2011 04:31 PM
To: 'CDER Electronic Drug Registration and Listing', 'mark.moshier@bayshoreus.com'
Subject: Re: LABELER CODE eREQUEST

Dear Makini,
Response are in CAPS below.
Please let me know if any additional information is required and thank you for your assistance.
Regards
Mark

-----Original Message-----
From: CDER Electronic Drug Registration and Listing [mailto:EDRLS@fda.hhs.gov]
Sent: Tuesday, August 2, 2011 03:59 PM
To: 'mark.moshier@bayshoreus.com'
Subject: LABELER CODE eREQUEST

Dear Mark Moshier:

eDRLS is in receipt of Labeler Code Request SPL for the firm Bayshore Pharmaceuticals, LLC. Kindly provide/ confirm the following information so we can assist you on the assignment of your labeler code:

1) Name of the firm
BAYSHORE PHARMACEUTICALS LLC
2) Business type (Corporation, LLC, Proprietorship, etc.)
LLC
3) Address where drug activity is taking place
51 JFK PARKWAY 1ST FLOOR WEST, SHORT HILLS, NJ 07078
4) Type of drug activity taking place (manufacturer, distributor, contract manufacturer, repacker, relabeler, analytical lab)
MARKETING/DISTRIBUTION
5) Type of drug product (Rx or OTC, also Human or vet)
HUMAN RX and OTC
6) US agent information (if firm is located outside of the United States of America)
N/A

Regards,
Makini Mbughuni, eDRLS Team

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

PRINT

Current through June 17, 2020

You have searched Finished drug products

Search Results: *'76385'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
BENZTROPINE MESYLATE	76385-103-10	5 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-103	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
BENZTROPINE MESYLATE	76385-104-01	1 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-104	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
BENZTROPINE MESYLATE	76385-105-01	2 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-105	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
BENZTROPINE MESYLATE	76385-104-10	1 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-104	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
BENZTROPINE MESYLATE	76385-105-10	2 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-105	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
BENZTROPINE MESYLATE	76385-103-01	5 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-103	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
Carvedilol	76385-112-50	12.5 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-112	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-110-50	3.125 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-110	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-113-01	25 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-113	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-113-50	25 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-113	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-111-01	6.25 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-111	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-110-01	3.125 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-110	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-112-01	12.5 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-112	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-111-50	6.25 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-111	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
Pindolol	76385-132-01	10 mg/1	TABLET	ORAL	ANDA211712	Bayshore Pharmaceuticals LLC	76385-132	pindolol	PINDOLOL	HUMAN PRESCRIPTION DRUG	02/01/2020	N/A	ANDA
Primaquine Phosphate	76385-102-01	15 mg/1	TABLET	ORAL	ANDA204476	Bayshore Pharmaceuticals, LLC	76385-102	Primaquine Phosphate	PRIMAQUINE PHOSPHATE	HUMAN PRESCRIPTION DRUG	08/01/2014	N/A	ANDA
Sotalol	76385-116-01	160 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-116	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/06/2017	N/A	ANDA
Sotalol	76385-115-50	120 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-115	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/06/2017	N/A	ANDA
Sotalol	76385-115-01	120 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-115	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/06/2017	N/A	ANDA
Sotalol	76385-114-01	80 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-114	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/15/2017	N/A	ANDA
Sotalol	76385-114-50	80 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-114	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/15/2017	N/A	ANDA
Sotalol	76385-116-50	160 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-116	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/06/2017	N/A	ANDA
Sotalol Hydrochloride	76385-125-01	80 mg/1	TABLET	ORAL	ANDA207429	Bayshore Pharmaceuticals LLC	76385-125	Sotalol Hydrochloride Tablets AF	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/21/2020	N/A	ANDA
Sotalol Hydrochloride	76385-125-50	80 mg/1	TABLET	ORAL	ANDA207429	Bayshore Pharmaceuticals LLC	76385-125	Sotalol Hydrochloride Tablets AF	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/21/2020	N/A	ANDA
Sotalol Hydrochloride	76385-126-01	120 mg/1	TABLET	ORAL	ANDA207429	Bayshore Pharmaceuticals LLC	76385-126	Sotalol Hydrochloride Tablets AF	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/21/2020	N/A	ANDA

Showing 1 to 50 of 53 entries Previous 1 2 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Bayshore

Bayshore Pharmaceuticals LLC Ownership

80% - IPCA Pharmaceuticals US

51 Cragwood Road

South Plainfield, NJ 07080

10% - SP Ventures XII LLC

29 Cambridge Drive

Short Hills, NJ 07078

10% - Paradiso Development LLC

92 Candace Lane

Chatham, NJ 07928

Bayshore Pharmaceuticals LLC
788 Morris Turnpike, Suite 200
Short Hills, NJ 07078
973-315-1818

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Estreno Pharmaceuticals LLC

Physical Address: 1560 Sawgrass Corporate Parkway, 4th Floor, Suite 453

City: Sunrise State: FL Zip Code: 33323 Telephone Number: 1-800-674-3512 Fax Number: 1-954-206-0687

Toll Free Number: 1-800-674-3512

E-mail: egettenberg@estrenopharma.com Website: estrenopharma.com

Facility Manager: Ellen Gettenberg

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A New Company
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☑

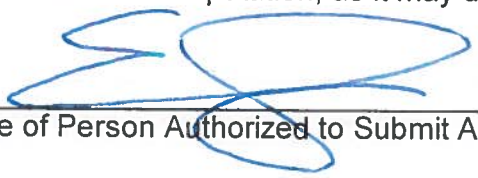
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

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

Ellen Gettenberg
Print Name of Authorized Person

6/15/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: ACE Pharma Holdings LLC

Mailing Address: 385 W John Street Suite 100

City: Hicksville State: NY Zip: 11801

Telephone: 1-800-674-3512 Fax: 1-954-206-0687

Contact Person: Ellen Gettenberg

For any corporation non publicly traded, disclose the following:

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

a) Atul Sharma (50%) . Ocean Drive #4 Hallandale Beach, FL 33009
Name Business Address

b) Rajneesh Ahuja (50%) Ocean Drive Hallandale Beach, FL 33009
Name Business Address

c) Ace Pharma Holdings LLC W John Street Suite 100 Hicksville NY 11801
Name Business Address

d) _____
Name Business Address

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

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

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

Include with the application for a non publicly traded corporation

List of officers and directors

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

Florida dbpr Department of Business & Professional Regulation

Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Halsey Beshears, Secretary

Ron DeSantis, Governor

JANUARY 22, 2020

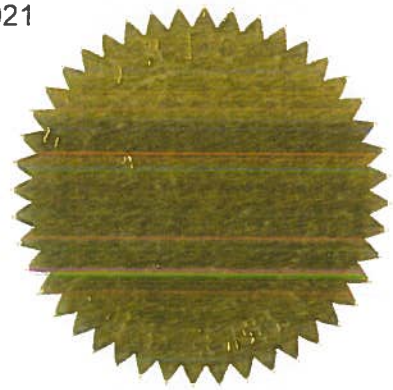
NAME:	ESTRENO PHARMACEUTICALS LLC
ADDRESS:	1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUITE #453, SUNRISE FL 33323
PROFESSION:	PRESCRIPTION DRUG MANUFACTURER - VIRTUAL
LICENSE NUMBER:	45:12
STATUS:	CURRENT
ISSUE DATE:	SEPTEMBER 12, 2019
EXPIRATION DATE:	SEPTEMBER 30, 2021

To Whom It May Concern:

The license is in a CURRENT status and EXPIRES SEPTEMBER 30, 2021

Verification by:

Ian Howard
Regulatory Specialist I
Florida Department of Business and Professional Regulation



You may also access online verification at https://www.myfloridalicense.com/wl11.asp?mode=0&SID=

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
4510	

The RX DRUG MANU V
Named below
Under the provisions of Chapter FS.
Expiration date: APR 30, 2021

ESTRENO PHARMACEUTICALS, LLC
1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR #453
SUNRISE FL 33323

ISSUED: 04/30/2019

DISPLAY AS REQUIRED BY LAW

SEQ # L1904300000676

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ESTRENO PHARMACEUTICALS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESTRENO PHARMACEUTICALS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

7066788 8300

SR# 20205957812

Authentication: 203190942

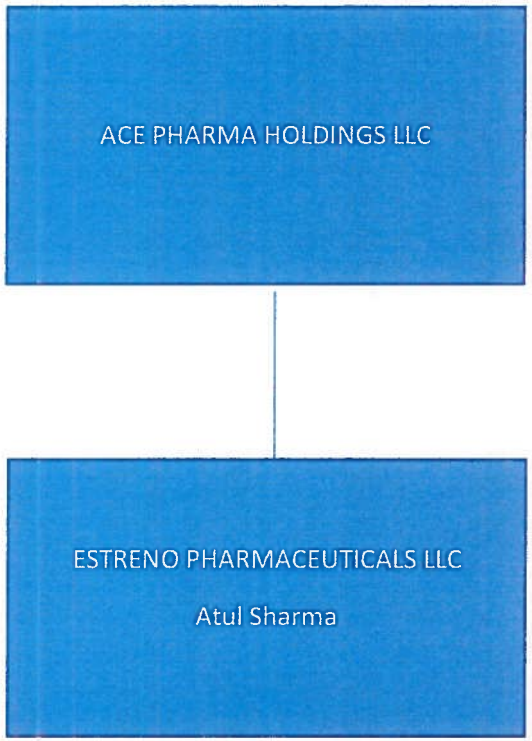
Date: 06-29-20

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

Estreno
Pharmaceuticals LLC

Estreno Pharmaceuticals LLC

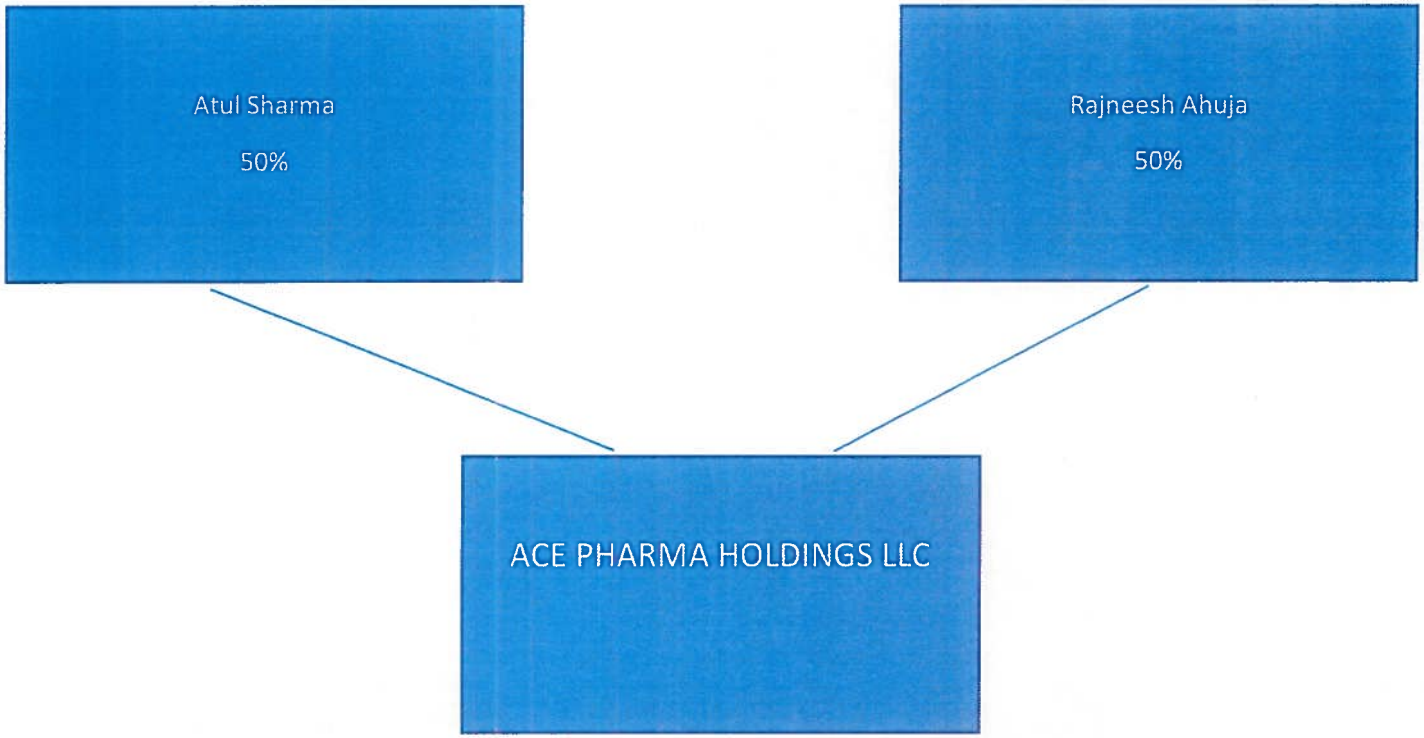
ORGANIZATIONAL CHART



Estreno
Pharmaceuticals LLC

ACE Pharma Holdings LLC

ORGANIZATIONAL CHART



Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **estreno**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Estreno Pharmaceuticals, LLC	3015157527	116831644	MANUFACTURE;	1560 Sawgrass Corporate Parkway FL 4, Sunrise, Florida (FL) 33323, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Thursday, Jun 11, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified MS 7/8/20

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **Estreno**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Estreno Pharmaceuticals, LLC	3015157527	116831644	MANUFACTURE;	1560 Sawgrass Corporate Parkway FL 4, Sunrise, Florida (FL) 33323, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Wednesday, Jul 8, 2020

Officer List

Owner:

ACE Pharma Holdings LLC
FEIN: 83-3097687

Delaware Limited Liability Company

Atul Sharma, Member
Ocean Driv
Hallandale Beach, FL 33009

Rajneesh Ahuja, Member
Ocean Drive
Hallandale Beach, FL 33009

Ellen Gettenberg, Chief Operating Officer
Queen Palm Lane
Tamarac, FL 33319

List of Employees Handling Devices:

Ellen Gettenberg

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NLP5932481

Application/License No. APP07272020

Estreno Pharmaceuticals LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1560 Sawgrass Corporate PKWY, 4th Flr, Sunrise, FL 33323 (Address of Applicant/Principal), as PRINCIPAL, and Old Republic Surety Company (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 445 S Moorland Rd, Brookfield, WI 53005 (Address of Surety), as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 27, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint

JEAN JOHNSON, TODD HOPKINS, BARBARA MICEK, KATIE JORGENSEN, ERIC KIRCHNER, OF SIOUX FALLS, SD

its true and lawful Attorney(s)-in-Fact, with full power and authority, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bail deposit, surety bonds guaranteeing payment of benefits, workers compensation, mine bonds guaranteeing payment of benefits, coroners bonds, waste management bonds, lien bonds, subdivision bonds, or black lung bonds) as follows:

ALL WRITTEN INSTRUMENTS

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice president, or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds, and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company
(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned andsealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits ofthe authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER, that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification there of authorizing the execution and delivery of any bond, undertaking; recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 19TH day of JUNE, 2020

OLD REPUBLIC SURETY COMPANY

Karen J. Huffner
Assistant Secretary

SEAL

Alan Paylic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA-SS

On this 19TH day of JUNE, 2020, personally came before me, Alan Paylic and Karen J Huffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say; that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

NOTARY PUBLIC

Kathryn R. Pearson
Notary Public
My commission expires: 9/28/2022

(Expiration of notary commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

40-8000

Signed and sealed at the City of Brookfield, WI this 27th day of July, 2020

SEAL

Karen J. Huffner
Assistant Secretary

OLD REPUBLIC SURETY COMPANY

POACRS 012020

ELLEN GETTENBERG

Ft. Lauderdale, Florida 33319 Mobil

SUMMARY

Highly dynamic, strategic, and business oriented professional with extensive experience in marketing, sales, and sales operations in generic and specialty pharmaceuticals. Proven track record of successful start-up of a generic pharmaceutical company, obtaining significant share and profit for the organization. Recognized thought leader and creative thinker with ability to build relationships and work with cross-functional teams. Solid relationships with the majority of customers at the executive and purchasing levels. Areas of expertise:

- Strategic pipeline / portfolio planning
- Product Launches
- Market Share Growth
- Senior Leadership Team
- Market Analysis / Competitive Intel
- Vision Creation / Implementation
- Event Planning
- Corporate Messaging
- CDR
- Trade Show Creation / Development
- Negotiation
- Cross-Functional Teams
- Marketing Collateral

PROFESSIONAL EXPERIENCE

Estreno Pharmaceuticals LLC, Sunrise, FL **Present**
Start-up pharmaceutical company

Chief Operating Officer

President

ECI Pharmaceuticals LLC, Ft. Lauderdale, FL **2013 – 4/2019**
Start-up pharmaceutical company

Vice President, Commercial Operations (2015 – present)
Director, Business Development (2013 – 2014)
Responsible for Sales Operations, Sales and Marketing, and Business Development to the retail trade. Also manage all sales communication, market research, supply chain management, pricing and forecasting for complete product line for start-up company.

- Directly increased gross sales from <$10million to >$125million in less than three years.
- Created commercial infrastructure to support rapid growth.
- Implemented EDI and iContracts for electronic transmission of purchase orders, invoicing, and chargeback reconciliation. In the process of implementing SAP B1 (companywide ERP system) and Tracelink for track and trace regulations, ensuring company will be compliant for DQSCA in November 2017.
- Identify product opportunities to expand existing business with new products.
- Developed and maintain ongoing relationships with all customers, including wholesalers, retailers, GPOs.
- Manage and maintain daily business operations: order processing, returns, customer service, demand planning.
- Work with Accounting to oversee gross to net sales calculation and reconciliation, commissions and profit share calculations, and necessary accruals to ensure accurate visibility to net profits.

ACELLA PHARAMCEUTICALS, LLC, Alpharetta, GA **2011- 2013**
Specialty pharmaceutical company with focus on Dermatologicals, Nutritionals, and Women's Health.

Director, Marketing
Responsible for managing all product management, market research, pricing and forecasting for complete product line for start up company.

- Doubled market share of flagship hormone product in 9 months while not exceeding $100k budget. Efforts included traditional advertising campaign as well as social media, direct to physician tele-detailing and involvement in patient advocacy groups.
- Implemented proprietary forecasting model to create sales and financial budgets and objectives.
- Identified opportunities to maximize gross profits on products with limited competition. Incremental annual sales of $7million in 2011.

APOTEX CORP., Weston, FL **2004 – 2010**
Largest Canadian-owned global pharmaceutical company. Apotex products are sold in the US and in more than 115 countries worldwide.

Director, Marketing (2007 –2010)
Associate Director, Marketing (2006 –2007)
Sr. Product Manager (2004 –2006)
Managed US Marketing team, oversaw product and marketing strategy development, worked on cross-functional team on planning and business development and delivered disciplined headcount and budget management. Oversaw all US marketing activities and related projects which maximized Apotex Corp. growth and profitability across all dosage forms and therapeutic categories.

- Recognized by senior executive team for creating portfolio strategy of potential early development opportunities and exclusive launches.
- Established current US commercially-driven pipeline strategy to deliver high profit launches to US market. Increased number of first to files in most recent two years by approximately 20% after implementing strategy.
- Identified third party opportunities for technologies and capabilities out of scope for internal development.
- Drove product selection for US market by making final recommendation, including market research, forecast and financial analysis for all candidates. Selected 8 -10 products bi-monthly for US pipeline.
- Maintained database of potential opportunities. Consistently reviewed candidates for trends.
- Prioritized pipeline 5+ years out for maximum growth and profit opportunities.
- Created balanced portfolio of all launch types to ensure active annual launch calendar 5+ years out.
- Conducted category analyses of all therapeutic classes and/or dosage forms, including Oncology, Topical Creams and Ointments, Respiratory, Nasals, Ophthalmic, XR/SR, Injectable, transdermal products.
- Held recurring pipeline discussions with customers for input and feedback.
- Sponsored key strategic business solution of an automated forecasting system that streamlined processes for product selection to be used by all markets, US, Canada, and International.
- Delivered joint IS / Marketing project of proprietary forecasting software that increased efficiencies in accuracy, revision control and organization.
- Lead key IS initiative delivering solution resulting in savings of $70K annually.
- Restructured department to 8 professionals covering portfolio management, product management, market research and marketing communications to meet corporate operational efficiencies.

IVAX PHARMACEUTICALS, INC., Miami, FL **1999 - 2004**
Manufacturer of endocrinology, cardiovascular, central nervous system, analgesic / anti-inflammatory, anti-diarrhea and anti-infective pharmaceuticals.

Marketing Manager
Led product management and marketing for Clozapine, specialty generic product for treatment of schizophrenia, ONXOL (paclitaxel) Injection, generic product for treatment of breast and ovarian cancer that had brand sales of $1B in 2000, and Cyclosporine, generic immunosuppressive used in post transplant therapy.

- Increased Clozapine market share to > 50% during tenure.
- Launched ONXOL, the first generic injectable product for treatment of cancer.
- Oversaw company media and advertising campaign, including creation of new website.
- Handled event planning and collateral for IVAX national sales meetings and industry trade shows.
- Took on additional responsibilities of launching new products and managing all IVAX generic manufactured products.

BAUSCH & LOMB PHARMACEUTICALS, INC., Tampa, FL **1998 – 1999**
Bausch & Lomb is an eye health care company that manufactures and sells a wide variety of eye care products.

Product Manager Multisource
Responsible for product management and sales promotion for full line of generic ophthalmic pharmaceuticals.

RUGBY® LABORATORIES, INC., Norcross, GA **1991 – 1998**
Rugby® Laboratories, Inc. is a subsidiary of Watson Pharmaceuticals, Inc. The company now focuses on providing a wide array of over-the-counter (OTC) products to pharmacies, retailers, and managed healthcare facilities, as well as military and government accounts across US. Until 1998, the company marketed a full line of generic Rx products in addition to OTC.

Product Manager (1995 - 1998)
Associate Product Manager, OTC (1994 - 1994)
Territory Sales Representative (1991 - 1994)

EDUCATION

Bachelor of Arts (BA), Mathematics / Economics, Boston University, Boston, Massachusetts

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Nestlé HealthCare Nutrition, Inc.

Physical Address: 1007 US Hwy 202/206, Building JR2

City: Bridgewater State: NJ Zip Code: 08807

Telephone Number: 908-333-9298 Fax Number: N/A

Toll Free Number: N/A

E-mail: Shawn.fanning@us.nestle.com Website: www.nestlehealthscience.us

Facility Manager: Shawn Fanning

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors and Nursing Home Pharmacies.

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment C

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attachment D
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

SF

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

Shawn Fanning
Print Name of Authorized Person

June 24, 2020
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Nestlé Holdings, Inc.

Mailing Address: 1007 US Hwy 202/206, Building JR2

City: Bridgewater State: NJ Zip: 08807

Telephone: 908-333-9298 Fax: N/A

Contact Person: Shawn Fanning

For any corporation non-publicly traded, disclose the following:

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

a) Nestlé Holdings, Inc., 900 Long Ridge Road, Building #2, Stamford, CT 06902
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. 50,000

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

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

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment E

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

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0741182

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

1007 US HIGHWAY 202/206, BLDG JR2 BRIDGEWATER, NJ 08807-

Reg. No.
5004607

NESTLE HEALTHCARE NUTRITION IN
NESTLE HEALTH SCIENCE
1007 US HIGHWAY 202/206, BLDG JR2
BRIDGEWATER, NJ 08807-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

Shawn Fanning

Profile

- 17+ years of Supply Chain/Operations experience within Nestle.
- 5+ years of experience in Management of Supply Chain Operations within Manufacturing with another 5+ years of Corporate Supply Chain Leadership
- Robust history of Business Planning Processes, Total Delivered Cost Savings and Management, and Service Orientation and Metrics
- Responsibility for complex sourcing networks with up to 6 DCs and 15 Contract Manufacturers.
- Product offerings ranging from nutrition to start your day off right, products for an aging population, Medical Devices, and institutional sole source of nutrition for the critically ill.
- Active participant in the divestment and acquisitions of multiple brands/segments of the business, including management presentations, due diligence, and off-boarding/on-boarding of the affected business.
- Strong appreciation for the power for good talented resources and the importance within a team and organization.

Education

University of Wisconsin Bachelor of Business Administration
Operations and Materials Management - 2004 completion
Magna Cum Laude, 3.64 GPA

University of Wisconsin, Certificate in Information Technology - 2004

APICS – CPIM Certification - 2004
Completed Certification with examination in Strategic Management of Resources, Execution and Control of Operations, Detailed Scheduling and Planning, Master Planning of Resources, and Basics of Supply Chain Management.

Employment

Nestlé Health Science
Bridgewater, NJ

Vice President of Supply Chain

2017 - Present

- Leading and managing the Supply Chain function for NHS U.S. with sales of >$1 Billion. The responsibilities include a wide variety of product types with varied degrees of velocities, formats, shelf life, and sources. Includes both retail and hospital channels of business and divesting businesses such as Nutrament and Medical Devices.
- Responsibilities include Demand and Supply, Import/Export, Warehousing and Transportation, Customer Facing Supply Chain, Data and Project Management teams, Contract Manufacturing, Procurement, and Customer Service
- Member of U.S. Leadership team, reporting to the Business Executive Officer for the region.
- Continuous improvement efforts in use of technology; ranging from statistical forecasting implementation to automation in our Customer Service Functions. Strong mitigation of rising transportation costs through a variety of initiatives including boundary realignments, UBER Freight, Packaging simplicity, backhaul management, and other optimization projects.
- Key Stakeholder in the Monthly Business Planning (S&OP) process
- Strong appreciation for people development with many engrained processes to keep development front of mind for Supply Chain leaders

Nestlé Health Science

Head of Supply Chain

2014 - 2017

Florham Park, NJ

- Responsibility for leading a team of professionals in Demand & Supply Planning, Import/Export, Project Management, and Physical Logistics. Involved challenging supply constrained circumstances and dynamically growing demand.
- Product offerings ranging from nutrition to start your day off right, products for an aging population, Medical Devices, and institutional sole source of nutrition for the critically ill.
- Management includes a high complexity product portfolio through several manufacturing strategies and sources as well as a DC network between 4-6 DCs for each product.
- Responsibilities focused on the strategic direction of our operation with daily coaching to several reports on the management of daily/tactical challenges.

Nestlé Nutrition
Florham Park, NJ

Associate Director of Demand and Supply - Performance Nutrition

2013-2014

- Responsible for all aspects of Demand & Supply Planning for Performance Nutrition business unit. Forecast demand for the US Market, managing and directing the consensus demand plan at multiple levels, ensuring robust S&OP business processes and facilitating interaction between Sales, Marketing and Operations.
- Ensure effective supply planning for all finished products, to guarantee high levels of customer service with an optimum inventory. Maintain a close relationship with the factories to ensure supply plans are optimized for total delivered cost while also responding effectively to market demand.
- Provide orientation, training & development to individual team members in support of high performance team goals
- Develop team to ensure growth and learning and active succession planning process.
- Coordinate budget planning and target setting activities with Sales, Marketing, Manufacturing and Finance in support of yearly operation plan

Nestlé Nutrition
Florham Park, NJ

Supply Planning Manager

2012-2013

- Daily and Weekly management of the Supply Plan and Operations link for the Puree and Juice Businesses with 156 SKUs with a total average value of $36.5M
- Re-established Customer Service Levels above 99% within the Puree business after challenging operational times by detailed monitoring and communication of plans and outlook. Appropriate customer service levels were maintained through a proper stock unbundling at a SKU level to absorb volatility that would have otherwise affected the business further.
- Effectively managed potential salvage to minimal write-off costs. Management of 2013 discontinuation of 6 SKUs to an average of $4,000 per SKU in write-offs.
- Assisted in Supply Planning Infant Formula during challenging times for the operations.
- Assisted in Demand Planning for Juice during short-handed resources within demand planning.

Nestlé Nutrition
Eau Claire, WI

Performance and Supply Chain Manager

2006-2012

- Transformed Supply Chain Operations to an operational review format through establishment of Daily, Weekly, and Monthly meetings and metrics.
- Training of Material Planners, Production Schedulers, and Warehouse Supervisors
- Development and management of Operations Performance department within the facility. This includes the launch of Focus Improvement Pillar and DMAIC Problem Solving Methodologies (eg White Belts, Green Belts, etc.)
- Successfully recruited valuable and effective professionals for planning responsibilities.

- Oversee an annual materials procurement budget of over $164 million including 400+ materials.
- Created programs/procedures to reduce waste and decrease costs close to $100,000 annually.
- Reduced working capital figures from 7 weeks of raw materials stock cover down to 3 weeks. Packaging stock cover from over 5 weeks down to 2 weeks.
- Worked on assignment over-seas in Switzerland for 5 weeks on several projects including one to investigate and prepare for a Schedule Attainment improvement initiative.

Industrial Performance Manager & ERP Implmentation Site Coordinator *2005-2006*

- Led implementation of SAP system for procurement, finance, distribution, and master data in Eau Claire and Gateway operations.
- Led in analyzing capacity utilizations for Eau Claire and Gateway for strategic projects or operations forecasting.
- Identified, assisted, and implemented cost savings projects ranging from $15,000 to $750,000.

Materials Planner *2004-2005*

- Experienced in production planning, material planning, and day-to-day logistics operations.
- Engaged in product portfolio reorganizations and business merges.

Intern, Warehousing and Purchasing *2003-2004*

- Created and developed Supplier Service Level Tool for market-wide use.
- Assisted in Supervising Receiving and Shipping activities.

From: Biella,Alexandre,BRIDGEWATER,NHSc Bridgewater Regulatory Affairs <Alexandre.Biella@us.nestle.com>
Sent: Tuesday, April 14, 2020 10:13 AM
To: Miele, Kerry M.; George,Angela,BRIDGEWATER,NHSc Bridgewater Legal and Compliance
Cc: Fazio, Frank (PLS)
Subject: FW: Labeler Code Request Approved

Follow up
Completed

EXTERNAL MESSAGE

Our Labeler Code confirmatory message...

Alexandre Biella
Office: +1 (908) 333-9298
Mobile: +1 (732) 266-4690

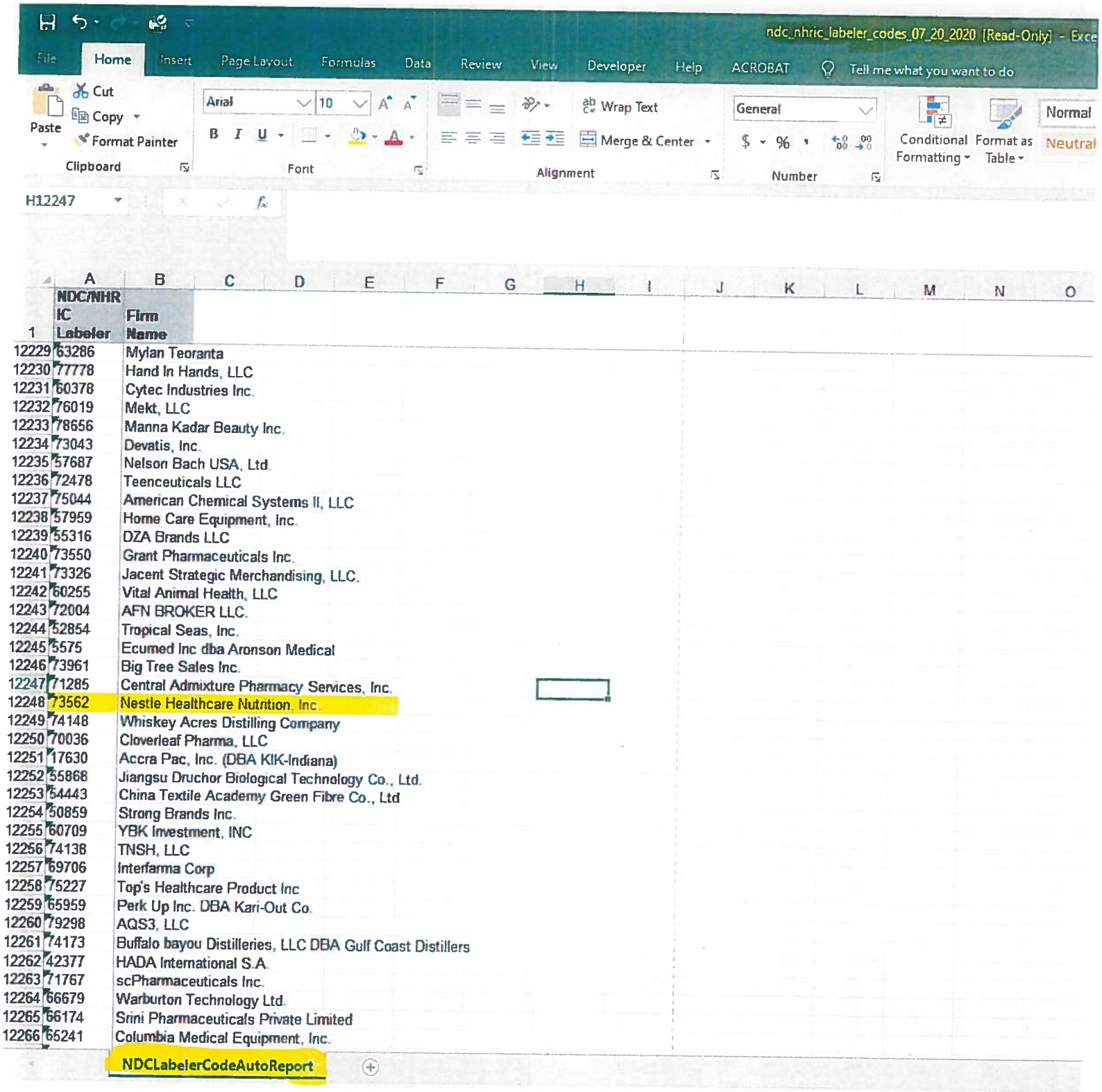
From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Tuesday, January 14, 2020 8:28 AM
To: Biella,Alexandre,BRIDGEWATER,NHSc Bridgewater Regulatory Affairs <Alexandre.Biella@us.nestle.com>
Subject: Labeler Code Request Approved

This message is from an EXTERNAL SENDER. BE CAUTIOUS, particularly with links and attachments.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 14-JAN-2020
Labeler DUNS: 006247332
Labeler Name: Nestle Healthcare Nutrition, Inc.
Labeler Code: 73562

Verified
WS
7/20/20


ndc_nhric_labeler_codes_07_20_2020 [Read-Only] - Exce
File
Home
Insert
Page Layout
Formulas
Data
Review
View
Developer
Help
ACROBAT
Tell me what you want to do
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Copy
Format Painter
Paste
Clipboard
Arial
10
Font
Wrap Text
Merge & Center
Alignment
General
Number
Conditional Formatting
Format as Table
Normal
Neutral
H12247
NDC/NHRIC Labeler
Firm Name
12229 63286 Mylan Teoranta
12230 77778 Hand In Hands, LLC
12231 60378 Cytec Industries Inc.
12232 76019 Mekt, LLC
12233 78656 Manna Kadar Beauty Inc.
12234 73043 Devatis, Inc.
12235 57687 Nelson Bach USA, Ltd.
12236 72478 Teenceuticals LLC
12237 75044 American Chemical Systems II, LLC
12238 57959 Home Care Equipment, Inc.
12239 55316 DZA Brands LLC
12240 73550 Grant Pharmaceuticals Inc.
12241 73326 Jacent Strategic Merchandising, LLC.
12242 60255 Vital Animal Health, LLC
12243 72004 AFN BROKER LLC.
12244 52854 Tropical Seas, Inc.
12245 5575 Ecumed Inc dba Aronson Medical
12246 73961 Big Tree Sales Inc.
12247 71285 Central Admixture Pharmacy Services, Inc.
12248 73562 Nestle Healthcare Nutrition, Inc.
12249 74148 Whiskey Acres Distilling Company
12250 70036 Cloverleaf Pharma, LLC
12251 17630 Accra Pac, Inc. (DBA KIK-Indiana)
12252 55868 Jiangsu Druchor Biological Technology Co., Ltd.
12253 54443 China Textile Academy Green Fibre Co., Ltd
12254 50859 Strong Brands Inc.
12255 60709 YBK Investment, INC
12256 74138 TNSH, LLC
12257 69706 Interfarma Corp
12258 75227 Top's Healthcare Product Inc
12259 65959 Perk Up Inc. DBA Kari-Out Co.
12260 79298 AQS3, LLC
12261 74173 Buffalo bayou Distilleries, LLC DBA Gulf Coast Distillers
12262 42377 HADA International S.A.
12263 71767 scPharmaceuticals Inc.
12264 66679 Warburton Technology Ltd.
12265 66174 Srini Pharmaceuticals Private Limited
12266 65241 Columbia Medical Equipment, Inc.
NDCLabelerCodeAutoReport

Attachment D

Nature of Business

Nestlé HealthCare Nutrition, Inc. (Nestlé) is a virtual manufacturer of prescription drugs. Nestlé will utilize contract manufacturers to produce its products and a licensed third party logistics provider to warehouse and distribute its products. Nestlé will never physically manufacture or ship any products. Provided below is the name and address for Nestlé's contract manufacturers and third party distributor.

Contract Manufacturers:

Adare Pharmaceuticals Srl.
Via Martin Luther King 13
Pessano Con Bornago, Milan, 20060 Italy
FDA Registration #: 1000573478

Confab Laboratories Inc.
4355 Sir-Wilfrid-Laurier Blvd.
St-Hubert, Quebec J3Y 3X3
FDA Registration #: 3000198340

Third Party Distributor:

Cardinal Health 105, Inc.
501 Mason Road, Suite 200
La Vergne, TN 37086

Attachment E

Corporate Officer and Director Information

Nestlé HealthCare Nutrition, Inc.
1007 US Hwy 202/206, Building JR2
Bridgewater, NJ 08807

Corporate Officers:

Anna Mohl
President and Business Executive Officer

James Pepin
Vice President - General Counsel and Secretary to the Board

Luis Briz Ordieres
Vice President - Finance and Treasurer

David Harbeck
Vice President - Director and Medical Nutrition Sales

Directors:

Anna Mohl
Luis Briz Ordieres
David Harbeck

Each corporate officer and director may be reached at the facility address provided above.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NESTLE HEALTHCARE NUTRITION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NESTLE HEALTHCARE NUTRITION, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 1972.

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

Jeffrey W. Bullock, Secretary of State

786792 8300

SR# 20202235891

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

Authentication: 202615073

Date: 03-18-20

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 9351954

Application/License No. _____

Nestle HealthCare Nutrition, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1007 US Hwy 202/206, Building JR2, Bridgewater, NJ 08807 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 Zurich Way, 5th Floor, Schaumburg, IL 60196 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 9, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of June, 2020.

APPLICANT/PRINCIPAL

Nestle HealthCare Nutrition, Inc.

Authorized Representative

SURETY COMPANY

Fidelity and Deposit Company of Maryland

Surety Company's Representative

Annette Audinot, Attorney-in-fact
print name
NV Non-Resident License # 611035

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness
Kelly O'Malley

Witness
Abby Simkin

Countersigned by:

N/A
Nevada Resident Agent

Nestle HealthCare Nutrition, Inc. CORPORATE Seal 1972 DELAWARE

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Annette Audinot, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 11th day of July, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 11th day of July, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 9th day of June, 2020.

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND
1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition
As Of December 31, 2019

ASSETS

Bonds		$ 255,279,821
Stocks		21,280,401
Cash and Short Term Investments		2,878,421
Reinsurance Recoverable		25,356,035
Federal Income Tax Recoverable		140,480
Other Accounts Receivable		20,383,843
TOTAL ADMITTED ASSETS		$ 325,319,001

LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses		$ 795,381
Ceded Reinsurance Premiums Payable		43,024,327
Remittances and Items Unallocated		0
Payable to parents, subs and affiliates		0
Securities Lending Collateral Liability		0
TOTAL LIABILITIES		$ 43,819,708
Capital Stock, Paid Up	$ 5,000,000	
Surplus	276,499,293	
Surplus as regards Policyholders		281,499,293
TOTAL		$ 325,319,001

Securities carried at $164,223,431 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2019 would be $322,248,132 and surplus as regards policyholders $288,428,424.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2019.

Laura J Lazarczyk
Corporate Secretary

State of Illinois
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 25th day of February, 2020.

Daryl Joiner
Notary Public

DARRYL JOINER
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires 2/24/2022

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: AndersonBrecon Inc. d/b/a PCI of Illinois

Physical Address: 5775 Logistics Parkway

City: Rockford State: IL Zip Code: 61109

Telephone Number: 815-387-4985 Fax Number: N/A

Toll Free Number: N/A

E-mail: eric.badertscher@pciservices.com Website: www.pciservices.com

Facility Manager: Eric Badertscher

Professional qualifications and experience of facility manager: Actively involved and aware of daily operations and has direct responsibility for quality agreements, regulatory inspections and customer audits.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Clinical Trial participants (Researchers)

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☑ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Otsuka
Address: 2440 Research Boulevard, Rockville, MD 20850

Name: Myovant Sciences, Inc.
Address: 2000 Sierra Point Parkway, 9th Floor, Brisbane, CA 94005

Name: United Therapeudics Corp.
Address: 1040 Spring Street, Silver Springs, MD 20910

Name: Sage Therapeutics
Address: 215 First Street, Cambridge, MA 02142

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Eric Bodertscher
Print Name of Authorized Person

1/3/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Illinois

Parent Company if any: Packaging Coordinators, Inc.

Mailing Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Telephone: 215-613-3603 Fax: 215-613-3691

Contact Person: Jeannie Lynne Metzinger

For any corporation non-publicly traded, disclose the following:

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

a) N/A
Name Business Address

b) N/A
Name Business Address

c) N/A
Name Business Address

d) N/A
Name Business Address

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

3) What was the price paid per share? Zero par value

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

AndersonBrecon Inc. d/b/a PCI of Illinois Business Information Sheet

Corporate Officers / Owners

Name	Title	Home Address, DOB, SSN	Contact Information	Share of Company
Remy Hauser	Director	Resenbergweg Zug, Switzerland	6000 6001	None
Sujit John	Director	Clover Lane Princeton, Township,	2600 2601	None
Salim Haffar	Director/CEO	Alda Road Mamaroneck, N	-2636 -1675	None
Serge Dupuis	Director/CFO	Saratoga Farm Road Malta, N	-1621 (I , -1675	None
Jeannie Lynne Metzinger	Senior Vice President of Global Quality & Regulatory	Redgate Road Dresher, PA	(H - 8906 -3603	None
Bradley Karl Payne	Senior Vice President of Global Operations	Kater Street, Philadelphia, PA	2441 ?441	None

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO
004.003922

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

EXPIRES
12/31/2020

LICENSED WHOLESALE DRUG DISTRIBUTOR

ANDERSONBRECON INC
DBA PCI OF ILLINOIS
ERIC BADERTSCHER
5775 LOGISTICS PKWY
ROCKFORD, IL 61109-3608

BRYAN A SCHNEIDER
SECRETARY

JESSICA BAER
DIRECTOR

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

13387428

File Number 4831-278-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ANDERSONBRECON INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1968, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 22ND *day of* JULY ***A.D.*** 2020 .

Authentication #: 2020400426 verifiable until 07/22/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 2289469

Application/License No. _____

AndersonBrecon Inc. d/b/a PCI of Illinois (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 5775 Logistics Parkway, Rockford, IL 61109 (Address of Applicant/Principal), as PRINCIPAL, and North American Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New Hampshire (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1450 North American Lane, Suite 1100, Schaumburg, IL 60173 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 10, 2019 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10th day of September, 20 19.

APPLICANT/PRINCIPAL

COMPANY

AndersonBrecon Inc. d/b/a PCI of Illinois

Authorized Representative

SURETY

North American Specialty Insurance Company

Surety Company's Representative

Thelma M. Lett, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness Bonnie Rice

Witness

Witness Andrea Allman

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
DOLORES WASHBURN, Notary Public
City of Philadelphia, Phila. County
My Commission Expires June 28, 2021

Countersigned by:

N/A
Nevada Resident Agent

SWISS RE CORPORATE SOLUTIONS

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY
WESTPORT INSURANCE CORPORATION

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Kansas City, Missouri and Washington International Insurance Company a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Kansas City, Missouri, and Westport Insurance Corporation, organized under the laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri does hereby make, constitute and appoint:

CAROLYN E. WHEELER, VICKI NOBINGER, MARY Y. VOLMAR, LORETTA M. JONES, SANDRA KING, BONNIE L. RICE, RACHEL A. CHAVERIAT, JULIE KARNES,

REBECCA HOBBS, SANDY McELHANEY, MARIAH SMITH, ANDREA ALLMAN, JESSICA FREDERICK, MICHELLE LUTE-HEATHERLY and THELMA M. LETT JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

ONE HUNDRED TWENTY FIVE MILLION ($125,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on March 24, 2000 and Westport Insurance Corporation by written consent of its Executive Committee dated July 18, 2011.

"RESOLVED, that any two of the President, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."

NORTH AMERICAN SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1973 NEW HAMPSHIRE

WASHINGTON INTERNATIONAL INSURANCE COMPANY CORPORATE SEAL NEW HAMPSHIRE

By _____
Steven P. Anderson, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company
& Senior Vice President of Westport Insurance Corporation

By _____
Mike A. Ito, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company
& Senior Vice President of Westport Insurance Corporation

WESTPORT INSURANCE CORPORATION CORPORATE SEAL MISSOURI

IN WITNESS WHEREOF, North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 14th day of February, 20 19.

North American Specialty Insurance Company
Washington International Insurance Company
Westport Insurance Corporation

State of Illinois
County of Cook ss:

On this 14th day of February, 20 19, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Senior Vice President of Westport Insurance Corporation and Michael A. Ito Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Senior Vice President of Westport Insurance Corporation, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.

OFFICIAL SEAL
M. KENNY
Notary Public - State of Illinois
My Commission Expires
12/04/2021

M. Kenny, Notary Public

I, Jeffrey Goldberg, the duly elected Vice President and Assistant Secretary of North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 10th day of September, 20 19.

Jeffrey Goldberg, Vice President & Assistant Secretary of Washington International Insurance Company &
North American Specialty Insurance Company & Vice President & Assistant Secretary of Westport Insurance Corporation

Logistics Parkway - Employee Access List for Vault/Cage	
EE Name	**Job Title**
Bravo,Teresa	Warehouse Technician1,Clinical
Brue,Jeffrey	Lead, Warehouse
Clark,Steven K	Supervisor, Warehouse
Colon,Rafael	Warehouse Technician2,Clinical
Ditsworth,James E	Warehouse Technician2,Clinical
Elder,Charles O	Wrhs Tech3, Clinicals/Class C
Freet,William	Manager, Warehouse
Johnson,Joseph W	Warehouse Technician2,Clinical
Licht,Jason L	Warehouse Technician1,Clinical
Loyola,Alejandro	Wrhs Tech2, Clinicals/Class C
Mackenzie,Theresa C	Wrhs Tech3, Clinicals/Class C
Mandujano,Alexiz	Warehouse Person 3/CDL
Mock,Dale	Lead, Warehouse
Pickering,Josh R	Wrhs Tech2, Clinicals/Class C
Rivera,Audon	Supervisor, Warehouse
Rodriguez Rucoba, Rafael	Production Line Leader 2
Russom,Josh M	Supervisor, Warehouse
Sierra,Adriana	Warehouse Technician1,Clinical
Smaha,Randy T	Clinical Materials Management
White,Austin	Lead, Warehouse

Curriculum Vitae

Personal Information			
Name:	Eric Badertscher		
Date of Hire:	07/07/02	Department:	Regulatory Affairs
Location :	Rockford	Time in Current Position:	1 Year 8 Months

PCI Experience

Title:	From Date:	To Date:	Major Responsibilities:
Regulatory Affairs Manager	01/2014	Present	*--Host Regulatory and customer audits, perform required regulatory submissions, manage regulatory registrations.* *-- Actively engaged in all daily operations of the warehouse*
Senior Quality Engineer	09/2008	01/2014	*--Perform Exception and customer complaint investigations, manage continuous improvement projects. Manage vendor management program, perform audits of suppliers and internal processes.*
Quality Manager	09/2006	08/2008	*--Manage the quality department, including tech writing and batch record review, host Regulatory and customer audits, manage the release of product.*
Quality Engineer	09/2005	08/2006	*-- Perform Exception and customer complaint investigations, manage continuous improvement projects.*
Quality Supervisor	07/2002	08/2005	*--Supervise the quality department, including the release of material, tech writing and batch record review. Manage the pest control program.*

Professional Experience prior to joining PCI

Title:	From Date:	To Date:
Operations Supervisor-Overhaul and Repair	09/1997	12/2001
Loan Officer	01/1997	8/1997
Aircraft Armament Systems Specialist	07/1987	12/1996

Education:

Name of School:	Major/Minor	Status (Complete/Attending)	Degree/Diploma
Rockford College	Business Administration	Attending	N/A
Northern Illinois University	Business Administration	Complete	Master's Degree
University of Maryland	Business Management/ Management	Complete	Bachelor's Degree
Community College of the Air Force	Aircraft Armament	Complete	Associate's Degree

Other Training / Certifications / Professional Licenses / Awards / Publications :

Basic HACCP Certification (International HACCP Alliance-2014)
Certified Quality Auditor (ASQ-2009)
Lean Sigma Green Belt (The SAM Institute-2005)

Signature: _____ Date: 9/10/15

Certificate Number No. 26967 BOOK 55 PAGE 1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

Whereas, *Articles of Incorporation duly signed and verified of*

ANDERSON PACKAGING, INC.

have been filed in the Office of the Secretary of State on the 2nd *day of* January *A. D. 19*68*, as provided by "THE BUSINESS CORPORATION ACT" of Illinois, in force July 13, A. D. 1933.*

Now Therefore, I, PAUL POWELL, *Secretary of State, of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate of incorporation and attach thereto a copy of the Articles of Incorporation of the aforesaid corporation.*

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, Done at the City of Springfield this* 2nd *day of* January *A.D. 19* 68 *and of the Independence of the United States the one hundred and* 92nd.

Paul Powell

SECRETARY OF STATE.

BOOK 55 PAGE 2

FORM B C A-47

BEFORE ATTEMPTING TO EXECUTE THESE BLANKS BE SURE TO READ CAREFULLY THE INSTRUCTIONS ON THE BACK THEREOF.

(THESE ARTICLES MUST BE FILED IN DUPLICATE)

(Do not write in this space)

Date Paid 1-2-68
Initial License Fee $ .50
Franchise Tax $ 150.00
Filing Fee $ 75.00
Clerk

STATE OF ILLINOIS, } ss.
WINNEBAGO COUNTY

TO PAUL POWELL, Secretary of State:

The undersigned,

Name	Number	Address Street	City	State
Ralph S. Zahm	501 7th Street		Rockford,	Illinois

being one or more natural persons of the age of twenty-one years or more or a corporation, and having subscribed to shares of the corporation to be organized pursuant hereto, for the purpose of forming a corporation under "The Business Corporation Act" of the State of Illinois, do hereby adopt the following Articles of Incorporation:

ARTICLE ONE

The name of the corporation hereby incorporated is: ANDERSON PACKAGING, INC.

ARTICLE TWO

The *address* of its initial registered office in the State of Illinois is: 1313 Samuelson Road

~~State~~, in the City of Rockford (61101 (Zip Code)) County of Winnebago and the *name* of its initial Registered Agent at *said address* is: John R. Anderson

ARTICLE THREE

The duration of the corporation is: Perpetual

BOOK 55 PAGE 3

ARTICLE FOUR

The purpose or purposes for which the corporation is organized are:

To conduct a general manufacturing and mercantile business.

ARTICLE FIVE

PARAGRAPH 1: The aggregate number of shares which the corporation is authorized to issue is...100,000....., divided into.....no.....classes. The designation of each class, the number of shares of each class, and the par value, if any, of the shares of each class, or a statement that the shares of any class are without par value, are as follows:

Class	Series (If any)	Number of Shares	Par value per share or statement that shares are without par value
Common	None	100,000	$10.00

PARAGRAPH 2: The preferences, qualifications, limitations, restrictions and the special or relative rights in respect of the shares of each class are:

None

BOOK 55 PAGE 4

ARTICLE SIX

The class and number of shares which the corporation proposes to issue without further report to the Secretary of State, and the consideration (expressed in dollars) to be received by the corporation therefor, are:

Class of shares	Number of shares	Total consideration to be received therefor:
Common	100	$ 1,000
		$

ARTICLE SEVEN

The corporation will not commence business until at least one thousand dollars has been received as consideration for the issuance of shares.

ARTICLE EIGHT

The number of directors to be elected at the first meeting of the shareholders is: three

ARTICLE NINE

PARAGRAPH 1: It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be $.....

PARAGRAPH 2: It is estimated that the value of the property to be located within the State of Illinois during the following year will be $.....

PARAGRAPH 3: It is estimated that the gross amount of business which will be transacted by the corporation during the following year will be $.....

PARAGRAPH 4: It is estimated that the gross amount of business which will be transacted at or from places of business in the State of Illinois during the following year will be $.....

NOTE: If all the property of the corporation is to be located in this State and all of its business is to be transacted at or from places of business in this State, or if the incorporators elect to pay the initial franchise tax on the basis of its entire stated capital and paid-in surplus, then the information called for in Article Nine need not be stated.

The incorporator elects to pay the initial franchise tax on the basis of the corporation's entire stated capital and paid in surplus.

BOOK 55 PAGE 5

Ralph S. Zahm
.....
.....
.....
.....
.....
.....
} Incorporators

NOTE: There may be one or more incorporators. Each incorporator shall be either a corporation, domestic or foreign, or a natural person of the age of twenty-one years or more. If a corporation acts as incorporator, the name of the corporation and state of incorporation shall be shown and the execution must be by its President or Vice-President and verified by him, and the corporate seal shall be affixed and attested by its Secretary or an Assistant Secretary.

OATH AND ACKNOWLEDGMENT

STATE OF ILLINOIS } ss.
Winnebago .....County }

I, Ruth H. Baxter ....., A Notary Public, do hereby certify that on the 22 day of Dec. 196 7,

Ralph S. Zahm .....

personally appeared before me and being first duly sworn by me acknowledged the signing of the foregoing document in the respective capacities therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.

Place (NOTARIAL SEAL) Here

Ruth H. Baxter
Notary Public

FORM B C A-47

ARTICLES OF INCORPORATION

ANDERSON PACKAGING, INC.

The following fees are required to be paid at the time of issuing certificate of incorporation: *Filing fee*, $20.00; *Initial license fee* of 50c per $1,000.00 or 1/20 of 1% of the amount of stated capital and paid-in surplus the corporation proposes to issue without further report (Article Six); *Franchise tax* of 1/20 of 1% of the *issued*, as above noted. However, the minimum *annual franchise* tax is $10.00 and varies monthly on $20,000 or less, as follows: January, $15; February, $14.17; March, $13.34; April, $12.50; May, $11.67; June, $10.84; July, $10.00; Aug., $9.17; Sept., $8.34; Oct., $7.50; Nov., $6.67; Dec., $5.84; (See Sec. 133, BCA).

In excess of $20,000 the *franchise tax* per $1,000.00 is as follows: Jan., $0.75; Feb., .7084; March, .6667; April, .625; May, .5834; June, .5417; July, .50; Aug., .4584; Sept., .4167; Oct., .375; Nov., .3334; Dec., .2917. All shares issued in excess of the amount mentioned in Article Six of this application must be reported within 60 days from date of issuance thereof, and franchise tax and license fee paid thereon; otherwise, the corporation is subject to a penalty of 1% for each month on the amount until reported and subject to a fine of not to exceed $500.00.

The same fees are required for a subsequent issue of shares except the filing fee is $1.00 instead of $20.00.

FILED
JAN 2 1968
Secretary of State

(Rev. 1—Req. 4—50M—9-65) 18803

572

35.00 pd

1-[illegible]910

Articles of Incorporation of

Anderson Packaging, Inc.

Return to Rockford S. Bank

WINNEBAGO COUNTY } SS
STATE OF ILLINOIS }

Filed for Record on the 3rd day
of January A.D. 1968 at 4:35
o'clock P.M. Recorded in [illegible].55
of Corp Record Page 1

William M. Thoo

STATE OF ILLINOIS,

Office of the

Secretary of State

Certificate Number 23150

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

Whereas, *Articles of amendment to the Articles of Incorporation duly signed and verified of*

ANDERSON PACKAGING, INC.

have been filed in the Office of the Secretary of State, on the 22nd *day of* May *A. D. 19* 75 *, as provided by "THE BUSINESS CORPORATION ACT" of Illinois, in force July 13, A. D. 1933.*

Now Therefore, I, MICHAEL J. HOWLETT, *Secretary of State, of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate of amendment, and attach thereto a copy of the Articles of Amendment to the Articles of Incorporation of the aforesaid corporation.*

In Testimony Whereof, *I hereto set my hand, and cause to be affixed the Great Seal of the State of Illinois,*

Done at the City of Springfield this 22nd *day of* May *A.D. 19* 75 *and of the Independence of the United States the one hundred and* 99th.

Michael J. Howlett

SECRETARY OF STATE.

207-L

FORM BCA-55

(Do not write in this space)
Date Paid 5-22-75
License Fee $
Franchise Tax $
Filing Fee $ 25.00
Clerk

(File in Duplicate)

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
OF

ANDERSON PACKAGING, INC.

(Exact Corporate Name)

To MICHAEL J. HOWLETT
Secretary of State
Springfield, Illinois

3724 44

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of Section 55 of "The Business Corporation Act" of the State of Illinois, hereby executes the following Articles of Amendment:

ARTICLE FIRST: The name of the corporation is:

ANDERSON PACKAGING, INC.

ARTICLE SECOND: The following amendment or amendments were adopted in the manner prescribed by "The Business Corporation Act" of the State of Illinois: Paragraph 1 of Article Five of the Articles of Incorporation is amended to read as follows:

"The aggregate number of shares which the corporation is authorized to issue is 100,000, divided into one class. The designation of each class, the number of shares of each class, and the par value, if any, of the shares of each class, or a statement that the shares of any class are without par value, are as follows:

Class	Series (If any)	Number of Shares	Par value per share or statement that shares are without par value
Common	None	100,000	No par value

FILED

MAY 23 1975

Michael J. Howlett

SECRETARY OF STATE

(Disregard separation into classes if class voting does not apply to the amendment voted on.)

ARTICLE THIRD: The number of shares of the corporation outstanding at the time of the adoption of said amendment or amendments was 2105; and the number of shares of each class entitled to vote as a class on the adoption of said amendment or amendments, and the designation of each such class were as follows:

Class	Number of Shares
Common	2,105

(Disregard separation into classes if class voting does not apply to the amendment voted on.)

ARTICLE FOURTH: The number of shares voted for said amendment or amendments was 2105; and the number of shares voted against said amendment or amendments was 0. The number of shares of each class entitled to vote as a class voted for and against said amendment or amendments, respectively, was:

Class	Number of Shares Voted	
	For	Against

(Disregard these items unless the amendment restates the articles of incorporation.)

Item 1. On the date of the adoption of this amendment, restating the articles of incorporation, the corporation had _____ shares issued, itemized as follows:

Class	Series (If Any)	Number of Shares	Par value per share or statement that shares are without par value

Item 2. On the date of the adoption of this amendment restating the articles of incorporation, the corporation had a stated capital of $_____ and a paid-in surplus of $_____ or a total of $_____.

(Disregard this Article where this amendment contains no such provisions.)

ARTICLE FIFTH: The manner in which the exchange, reclassification, or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for in, or effected by, this amendment, is as follows:

(Disregard this Paragraph where amendment does not affect stated capital or paid-in surplus.)

ARTICLE SIXTH: Paragraph 1: The manner in which said amendment or amendments effect a change in the amount of stated capital or the amount of paid-in surplus, or both, is as follows:

(Disregard this Paragraph where amendment does not affect stated capital or paid-in surplus.)

Paragraph 2: The amounts of stated capital and of paid-in surplus as changed by this amendment are as follows:

	Before Amendment	After Amendment
Stated capital.....$		$
Paid-in surplus.....$		$

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its _____ President, and its corporate seal to be hereto affixed, attested by its _____ Secretary, this 24th day of April, 19 75.

ANDERSON PACKAGING, INC.
(Exact Corporate Name)

By Lorin C. Hecox
Its President

Place (CORPORATE SEAL) Here

ATTEST:
Ralph T. Anderson
Its Secretary

STATE OF ILLINOIS }
COUNTY OF WINNEBAGO } ss.

I, Robert E. Guzzardo, a Notary Public, do hereby certify that on the 24th day of April 19 75, Lorin Hecox personally appeared before me and, being first duly sworn by me, acknowledged that he signed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES AUG. 29, 1978
Issued thru Illinois Notary Assoc.

Robert E. Guzzardo
Notary Public

Place (NOTARIAL SEAL) Here

Form BCA-55

Box 4533 File 278-1

ARTICLES OF AMENDMENT
to the
ARTICLES OF INCORPORATION
of
ANDERSON PACKAGING, INC.

FILED
MAY 22 1975
Michael J. Howlett
Secretary of State

FILE IN DUPLICATE

Filing Fee $25.00

Filing Fee for Re-Stated Articles $100.00

(49795—30M—3-73) 10

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CP USA, LLC", CHANGING ITS NAME FROM "CP USA, LLC" TO "PACKAGING COORDINATORS, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF JUNE, A.D. 2012, AT 8:01 O'CLOCK P.M.

5118926 8100

120755957

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

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9655272

DATE: 06-19-12

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:01 PM 06/19/2012
FILED 08:01 PM 06/19/2012
SRV 120755957 - 5118926 FILE

CERTIFICATE OF AMENDMENT

OF THE

CERTIFICATE OF FORMATION

OF

CP USA, LLC

1. The name of the limited liability company is CP USA, LLC (the "Company").

2. The Certificate of Formation of the Company is hereby amended as follows:

   a. FIRST: The name of the limited liability company formed hereby is Packaging Coordinators, LLC.

   b. The following is hereby deleted in its entirety:

   FOURTH: The name and address of the authorized person is Richard B. Goldstein, Fried, Frank, Harris, Shriver & Jacobson LLC, One New York Plaza, New York, New York 10004.

3. This Certificate of Amendment shall be effective upon filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of the Certificate of Formation of CP USA, LLC this 19th day of June, 2012.

CP USA, LLC

By: _____
Name: William T. Mitchell, III
Title: President and Chief Executive Officer

State of Delaware

The Official Website for the First State

The Secretary of State of Delaware issued a certificate for PACKAGING COORDINATORS, LLC whose file number is 5118926 on 06/19/2012 under request number 120755957 for authentication number 9655272.

Back

FLC

L-101 NJSA 42(1/94)

FILED
MAY 22 2012
STATE TREASURER

New Jersey Department of the Treasury
Division of Revenue
Registration of Foreign Limited Liability Company

This form may be used to obtain authorization for a foreign Limited Liability Company to conduct business in New Jersey, pursuant to New Jersey State law. Applicants must insure strict compliance with NJSA 42, the New Jersey Limited Liability Company Act, and insure that all applicable filing requirements are met. This form is intended to simplify filing with the STATE. Applicants are advised to seek out private legal assistance before submitting filings to the STATE'S OFFICE.

1. Name of Limited Liability Company: 0600 3P7094

   CP USA, LLC

2. Alternate name of Limited Liability Company:

   N/A

3. The purpose for which this Limited Liability Company is organized is: To conduct the business of providing commercial packaging services to the pharmaceutical, medical device and biotech industries.

4. Limited Liability Company State:

   Formed under the laws of the State of Delaware

5. Original Date of formation:

   April 27, 2012

6. Registered Agent Name & Address (must be in NJ):

   Corporation Service Company, 830 Bear Tavern Road, West Trenton, NJ 08628

7. Date Limited Liability Company intends to start business activity in NJ:

8. Other provisions (list below or attach to certificate):

The undersigned represent(s) that this Limited Liability Company has been formed under the laws of the state of origin and continues to exist as an active, valid Limited Liability Company or registered Limited Liability Partnership in that state. The undersigned also attest(s) that they are authorized to sign this certificate on behalf of the Limited Liability Company and that this filing complies with New Jersey State law as detailed in NJSA 42.

Name: Catalent USA Packaging, LLC (the Sole Member) Date: May 8, 2012

Samrat S. Khichi
SVP, General Counsel & Secretary

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
CERTIFICATE OF AUTHORITY

CP USA, LLC
0600387094

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Foreign Limited Liability Company organized under the laws of Delaware, has complied with all the requirements of Title 42:2B of the New Jersey Statutes, and that the business or activity of said Foreign Limited Liability Company to be carried on within the State of New Jersey is such as may be lawfully carried on by Foreign Limited Liability Company filed under the laws of this State for similar business or activity. The Certificate of Authority was duly filed May 22nd, 2012.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this at Trenton, this 22nd day of May, 2012

Andrew P Sidamon-Eristoff
State Treasurer

Certificate Number: 1249766625

Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JUNE 1, 2012

4831-278-1

C T CORPORATION SYSTEM
600 S 2ND ST
SPRINGFIELD, IL 62704

RE ANDERSONBRECON INC.

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF AMENDMENT FOR THE ABOVE NAMED CORPORATION.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

SINCERELY,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

FORM **BCA 10.30** (rev. Dec. 2003)
ARTICLES OF AMENDMENT
Business Corporation Act

Secretary of State
Department of Business Services
Springfield, IL 62756
217-782-1832
www.cyberdriveillinois.com

Remit payment in the form of a check or money order payable to Secretary of State.

FILED
JUN 0 1 2012
JESSE WHITE
SECRETARY OF STATE

File # 4831-278-1 Filing Fee: $50 Approved: ✓

Submit in duplicate — Type or Print clearly in black ink — Do not write above this line

1. Corporate Name **(See Note 1 on page 4.)**: **Anderson Packaging, Inc.**

2. Manner of Adoption of Amendment:
The following amendment to the Articles of Incorporation was adopted on **May 24** (Month & Day), **2012** (Year) in the manner indicated below:

Mark an "X" in one box only.

- ☐ By a majority of the incorporators, provided no directors were named in the Articles of Incorporation and no directors have been elected. **(See Note 2 on page 4.)**
- ☐ By a majority of the board of directors, in accordance with Section 10.10, the Corporation having issued no shares as of the time of adoption of this amendment. **(See Note 2 on page 4.)**
- ☐ By a majority of the board of directors, in accordance with Section 10.15, shares having been issued but shareholder action not being required for the adoption of the amendment. **(See Note 3 on page 4.)**
- ☐ By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. At a meeting of shareholders, not less than the minimum number of votes required by statute and by the Articles of Incorporation were voted in favor of the amendment. **(See Note 4 on page 4.)**
- ☑ By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by shareholders having not less than the minimum number of votes required by statute and by the Articles of Incorporation. Shareholders who have not consented in writing have been given notice in accordance with Section 7.10. **(See Notes 4 and 5 on page 4.)**
- ☐ By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by all the shareholders entitled to vote on this amendment. **(See Note 5 on page 4.)**

3. Text of Amendment:
   a. When amendment effects a name change, insert the New Corporate Name below. Use page 2 for all other amendments.
   Article I: Name of the Corporation: **AndersonBrecon Inc.** (New Name)

(Name Change Amendment to become effective as of June 1, 2012)

(All changes other than name include on page 2.)

Printed by authority of the State of Illinois. February 2008 - 5M - C 173.14

Text of Amendment

b. If amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety.
For more space, attach additional sheets of this size.

4. The manner, if not set forth in Article 3b, in which any exchange, reclassification or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for or effected by this amendment, is as follows (If not applicable, insert "No change"):

No Change

5. a. The manner, if not set forth in Article 3b, in which said amendment effects a change in the amount of paid-in capital is as follows (if not applicable, insert "No change"):
(Paid-in capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts.)

No Change

b. The amount of paid-in capital as changed by this amendment is as follows (if not applicable, insert "No change"):
(Paid-in Capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts.)
(See Note 6 on page 4.)

No Change

	Before Amendment	After Amendment
Paid-in Capital:	$_____	$_____

Complete either Item 6 or Item 7 below. All signatures must be in BLACK INK.

6. The undersigned Corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated May 24, (Month & Day), 2012 (Year) — Anderson Packaging, Inc. (Exact Name of Corporation)

_____ (Any Authorized Officer's Signature)

John G. Clou, Executive Vice President, General Counsel & Secretary (Name and Title (type or print))

7. If amendment is authorized pursuant to Section 10.10 by the incorporators, the incorporators must sign below, and type or print name and title.

OR

If amendment is authorized by the directors pursuant to Section 10.10 and there are no officers, a majority of the directors, or such directors as may be designated by the board, must sign below, and type or print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated _____ (Month & Day), _____ (Year)

_____	_____
_____	_____
_____	_____
_____	_____

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Praxair Distribution, Inc.

Physical Address: 145 Shimersville Road

City: Bethlehem State: PA Zip Code: 18015

Telephone Number: (484) 387-2935 Fax Number: (515) 965-6645

Toll Free Number: 1-800-772-9247

E-mail: Michele_Carmona@Praxair.com Website: WWW.Praxair.com

Facility Manager: John Goddard

Professional qualifications and experience of facility manager: BS in Chemistry, eighteen years of industry experience, 12yrs management experience, and 5 years in current facility manager role.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☑ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☑ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

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.

John Goddard

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

John Goddard

Print Name of Authorized Person

03/03/20

Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Praxair, Inc.

Mailing Address: 2301 SE Creekview Drive

City: Ankeny State: Iowa Zip: 50021

Telephone: (515) 257-5073 Fax: (515) 965-6645

Contact Person: Michele Carmona

For any corporation non-publicly traded, disclose the following:

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

a) N/A
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

3) What was the price paid per share? _____

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

Praxair Distribution, Inc.
2301 SE Creekview Drive, Ankeny, IA 50021

DIRECTORS/OFFICERS

President: Dick Marini

Treasurer: Tamara Volmer

Secretary: Anthony M Pepper

STATE OF INCORPORATION

Delaware
File # with State of DE: 712918
Incorporated: 10/26/1988

FEDERAL EMPLOYER IDENTIFICATION NUMBER

94-1693764

States that Praxair Distribution, Inc. is licensed in:

AL,AR,AZ,CA,CO,CT,DC,DE,GA,IA,ID,IL,KS,KY,LA,MA,MD,MI,MN,MO,MS,MT,NC,ND,NE,NH,NJ,NV,NY,OH,
OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WI,WV,WY

WORKERS COMPENSATION / EMPLOYERS' LIABILITY INSURANCE

Insurer	Marsh USA Inc.
Address	1166 Avenue of the Americas, New York, NY 10036-2774
Policy Number	MWC 313504-19
Policy Expiration	10/1/2020

For further inquiries, please contact:

Praxair Distribution, Incorporated
Attn: Michele Carmona
2301 SE Creekview Drive, Ankeny, IA 50021
Michele_Carmona@Praxair.com
Office Phone: 515-257-5073
Office Fax: 515-965-6645

Pennsylvania Department of Health

Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

Certificate(s): **1000003625** issued: 3/26/2015 expires: 4/30/2021

Praxair Distribution Inc 145 Shimersville Rd; Bethlehem, PA 18015

Back to DD&C Home

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Assembly Version 4.0.18274.4

Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Certificate of Registration

Certificate No. 1000003625
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Manufacturer (Prescription)
Distributor (Prescription)

PRAXAIR DISTRIBUTION INC
145 SHIMERSVILLE RD
BETHLEHEM, PA 18015

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: March 26, 2015
Expiration Date: The Last Day of April, 2020

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRAXAIR DISTRIBUTION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRAXAIR DISTRIBUTION, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20201879201

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

Authentication: 202508913

Date: 03-03-20

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Praxair Distribution**

CSVExcel

Filter: Bethlehem

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Praxair Distribution, Inc.	1000121428	065591187	MANUFACTURE;	145 Shimersville Rd, Bethlehem, Pennsylvania (PA) 18015, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries (filtered from 82 total entries)
Previous1Next
Data Current through: Thursday, Mar 19, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified NS 3/16/2020

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Praxair Distribution, Inc.
Business Trade Name:
GTS/Welco

145 Shimersville Rd
BETHLEHEM , PA 18015
Registration Number: 2529486
FEI Number*: 1000121428
Status: Active
Date Of Registration Status: 2020

Owner/Operator:
PRAXAIR, INC.[6]
145 Shimersville Rd.
Bethlehem, PA US 18015
Owner/Operator Number: 9924021[7]

Official Correspondent:
Kevin J Brady
145 Shimersville Rd.
Bethlehem, PA 18015
Phone: 610-7587239

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9924021&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 04/06/2020

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9924021&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9924021&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

SURETY RIDER

To be attached to and form a part of

Bond No. 5753874-0112

dated effective October 11, 1995
(MONTH-DAY-YEAR)

executed by Praxair Distribution, Inc. , as Principal,
(PRINCIPAL)

and by SAFECO Insurance Company of America , as Surety,

in favor of Nevada Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Bond Amount from:

Fifteen Thousand & 00/100 ($15,000.00)

To:

Twenty Five Thousand & 00/100 ($25,000.00)

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective March 3, 2020
(MONTH-DAY-YEAR)

Signed and Sealed March 3, 2020
(MONTH-DAY-YEAR)

Praxair Distribution, Inc.
(PRINCIPAL)

By: Christopher M. Tiberio, Executive Director Insurance
(PRINCIPAL)

SAFECO Insurance Company of America
(SURETY)

By: Maureen McNeill
Maureen McNeill, Attorney-in-Fact

S-0443/GEEF 10/99

Individual Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be the person described in and who executed the foregoing instrument and ____he____ thereupon acknowledged to me that ____he___ executed the same.

_____
Notary Public

Partnership/L.L.C. Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and _____he_____ thereupon acknowledged to me that ___he___ executed the same as and for the act and deed of said firm.

_____
Notary Public

Corporate Acknowledgment

State of Connecticut
County of Fairfield

On the 25th day of June, 2020, before me personally appeared Christopher M. Tiberio to me known, who being by me duly sworn, did depose and say the ____he____ is the Executive Director Insurance of the Praxair Distribution, Inc. the corporation described in and which executed the foregoing instrument that _____he_____ knows the seal of said corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the board of directors of said corporation, and that _____he_____ signed his name thereto by like order.

Barbara J. Cahill
Notary Public

My Commission Expires on: 2/29/2024

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

American States Insurance Company
First National Insurance Company of America
General Insurance Company of America
Safeco Insurance Company of America

Certificate No: 8201332

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American States Insurance Company is a corporation duly organized under the laws of the State of Indiana, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America are corporations duly organized under the laws of the State of New Hampshire (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Maureen McNeill all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

American States Insurance Company
First National Insurance Company of America
General Insurance Company of America
Safeco Insurance Company of America

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be Assistant Secretary of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America, which are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorney-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 3rd day of March, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

SURETY RIDER

To be attached to and form a part of

Bond No. 5753874-0112

dated effective October 11, 1995
(MONTH-DAY-YEAR)

executed by Praxair Distribution, Inc.
(PRINCIPAL), as Principal,

and by SAFECO Insurance Company of America, as Surety,

in favor of Nevada Department of Taxation
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Bond Amount from:

Fifteen Thousand & 00/100 ($15,000.00)

To:

Twenty Five Thousand & 00/100 ($25,000.00)

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective March 3, 2020
(MONTH-DAY-YEAR)

Signed and Sealed March 3, 2020
(MONTH-DAY-YEAR)

Praxair Distribution, Inc.
(PRINCIPAL)

By: Christopher M. Tiberio, Executive Director Insurance
(PRINCIPAL)

SAFECO Insurance Company of America
(SURETY)

By: Maureen McNeill
Maureen McNeill, Attorney-in-Fact

S-0443/GEEF 10/99

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

American States Insurance Company
First National Insurance Company of America
General Insurance Company of America
Safeco Insurance Company of America

Certificate No: 8201332

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American States Insurance Company is a corporation duly organized under the laws of the State of Indiana, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America are corporations duly organized under the laws of the State of New Hampshire (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Maureen McNeill all of the city of Pennsylvania, state of PA each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

American States Insurance Company
First National Insurance Company of America
General Insurance Company of America
Safeco Insurance Company of America

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be Assistant Secretary of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America, which are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorney-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 4th day of March, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

Individual Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be the person described in and who executed the foregoing instrument and ____he____ thereupon acknowledged to me that ____he___ executed the same.

_____
Notary Public

Partnership/L.L.C. Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and _____he_____ thereupon acknowledged to me that ___he___ executed the same as and for the act and deed of said firm.

_____
Notary Public

Corporate Acknowledgment

State of Connecticut
County of Fairfield

On the 10th day of March, 2020, before me personally appeared Christopher M. Tiberio to me known, who being by me duly sworn, did depose and say the ____he____ is the Executive Director Insurance of the Praxair Distribution, Inc. the corporation described in and which executed the foregoing instrument that _____he_____ knows the seal of said corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the board of directors of said corporation, and that _____he_____ signed his name thereto by like order.

Barbara Cahill
Notary Public

My Commission Expires on: 2/29/2020

John Goddard
_ comcast.net
·2935

Objective

To secure a position within a company that will utilize my experience as a manager and a chemist and broaden my knowledge and skills.

Education

Juniata College, Huntingdon PA, 1991-1995
Kutztown University, Kutztown PA, 2000-2002 BS in Chemistry

Experience

Praxair Distribution

Facility Manager, Bethlehem PA July 2015-Current
Responsibilities include all safety, quality, and financial goals and metrics for the facility, planning of the facility budget and project planning. Managing all regulatory aspects including, FDA and EPA. Managing facility audits including regulatory agency, internal, and customer.

Operations Manager, Pasadena TX December 2013-June 2015
Responsibilities include managing the quality control, production and distribution of a 50 employee ISO 9001-2008 and ISO 17025 accredited Industrial hygiene gas manufacturing facility including two satellite locations, project management, and ensuring all safety, quality, and financial goals of the facility are maintained.

Operations Support Manager, November 2012-December 2013
Responsibilities included training of plant management, implementation of Praxair policies and procedures in Specialty Gas acquisitions, streamlining production processes, performing internal audits and implementing the resulting corrective actions.

Facility Manager, Bethlehem PA April 2011-October 2012
Responsibilities included all safety, quality, and financial goals and metrics for the facility, planning of the facility budget and project planning.

Production Manager, Bethlehem PA January 2008-April 2011
Responsibilities included the daily scheduling of up to 50 employees and two supervisors, accountable for overall production including the laboratories to ensure on time delivery of orders, conducting safety and procedural meetings, and maintaining all safety and quality objectives.

Laboratory Manager, Bethlehem PA 2005-2007
Responsibilities included scheduling and training laboratory employees in three separate labs, maintaining all SOP's, following all EPA and ISO17025 requirements, conducting internal audits, performing routine and preventative maintenance on instruments and communicating with customers.

John Goddard
[redacted]@comcast.net
2935

Chemist Bethlehem, PA 2002-2005
Responsibilities included analyzing gaseous mixtures per the EPA Protocol and per FDA/NF regulations. Instrumentation included, NDIR, FTIR, GC, ICP and specific process analyzers.

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Profounda, Inc.

Physical Address: 10501 S. Orange Avenue, Suite 124

City: Orlando State: Florida Zip Code: 32824

Telephone Number: 407-270-7790 Fax Number: _____

Toll Free Number: _____

E-mail: todd@profounda.com Website: www.profounda.com

Facility Manager: Todd MacLaughlan

Professional qualifications and experience of facility manager: CEO - 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
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☑ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Knight Therapeutics
Address: 3400 De Maisonneuve Blvd. W. Suite 1055 Quebec H3Z388

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Todd MacLaughlan

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

TODD MACLAUGHLAN

Print Name of Authorized Person

6/24/20

Date

Board Use Only	Date Processed:	Amount: 600.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DELAWARE

Parent Company if any: _____

Mailing Address: 10501 S. Orange Avenue, Suite 124

City: Orlando State: Florida Zip: 32824

Telephone: 407-270-7790 Fax: _____

Contact Person: Todd MacLaughlan

For any corporation non-publicly traded, disclose the following:

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

a) Todd Maclaughlan 10501 S. Orange Avenue, Suite 124 Orlando Florida 32824
Name Business Address

b) Joddes Limited 6111 Royalmount Ave. Montreal, QC H4P 2T4
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 29,790,000

3) What was the price paid per share? $0.16

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

±

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Profounda**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Profounda Inc	3011873350	078862060	MANUFACTURE;	10501 S Orange Ave, STE 124, Orlando, Florida (FL) 32824, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, May 12, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified NS 6/24/20

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **Profounda**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Profounda Inc	3011873350	078862060	MANUFACTURE;	10501 S Orange Ave, STE 124, Orlando, Florida (FL) 32824, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Monday, Jun 29, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

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EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

PRINT

Current through June 29, 2020

You have searched Finished drug products

Search Results: *'69051'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
+ IMPAVIDO	69051-300-01	50 mg/1	CAPSULE	ORAL	NDA204684	Profounda Inc	69051-300	miltefosine	MILTEFOSINE	HUMAN PRESCRIPTION DRUG	10/29/2015	N/A	NDA	2 BLISTER PACK in 1 CARTON (69051-300-01) > 14 CAPSULE in 1 BLISTER PACK	Antileishmanial [EPC]

Showing 1 to 1 of 1 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

RESUME

Todd MacLaughlan

Windsor Pointe Dr

Orlandc

Summary

An experienced Pharmaceutical entrepreneurial executive with a background in Sales, Marketing, Business Development and General management. Experience includes early stage genomic activities to drug development and late stage marketing of global brands, fund raising and start-up experience.

profounda.com

Specialties: Marketing, Business Development, Licensing, General Management, Strategy, Operations, pharmaceuticals, biotech, product acquisition, Brand and Generic drugs, etc

Experience

CEO
Profounda, Inc

March 2013 – Present. Orlando, Florida Area

Leading development activities for new Rx ANDA and OTC products.

CEO
ECLIPSE PHARMACEUTICALS

2007 – 2014 (7 years) Orlando, FL

Provide Pharmaceutical Business Development and Licensing consulting expertise working with an experienced team of BD&L professionals

Senior Vice President Business Development
inVentiv Health

December 2009 – March 2011 (1 year 4 months) Somerset, NJ

Coordinated business development efforts for consulting and contract sales organizations

Capabilities Leader (VP/General Manager) Sterile
Cardinal Health

2006 – 2007 (1 year) Somerset, NJ

Managed $300 Million Sterile and Biotechnology contract services business with global responsibility for five product development and manufacturing plants.

General Manager
CIMA LABS
January 2005 – September 2006 (1 year 9 months) Eden Prairie, MN

Full P&L responsibility for $75 million, 300 person oral solid drug delivery company that formulated and manufactured Rx and OTC products under GMP conditions for multiple small and large global leading pharmaceutical companies in addition to supporting drug delivery solutions for Cephalon's pipeline, the parent company for Cima Labs.

VP Business Development
Watson
2002 – 2004 (2 years) – Morristown, NJ

Global business development responsibility for both brand and generic business. Led business development team in in-licensing, out-licensing, development, commercialization agreements and also authorized generic agreements which accounted for 25% of the EPS in 2003.

VP Business Development
Bayer Corporation
2001 – 2003 (2 years) – West Haven, CT

Led business development team of 5 people and commercialization agreements for Cipro & Avelox and partnering efforts on behalf of North America for Vardenafil which resulted in a co-promotion with GSK.

Senior Director Licensing
Searle
1992 – 1998 (6 years) Skokie, IL

Lead Monsanto / Searle's deal making around various drug discovery efforts allowing various genomic tools and chemistry libraries including the Biotech deal of the Year with Millennium Pharmaceuticals. Also led in-licensing efforts for phase III products in Women's Health and business development and licensing efforts in the Cardiovascular therapeutic area.

Senior Sales Representative - Product Manager
Allergan Canada **Markham, ON Canada**
1985 – 1987 (2 years)

Led marketing efforts for Allergan Canada's Rx contact lens business, OTC saline and gas perm lens products.

Sales Representative
Syntex Canada **Ottawa, ON Canada**
1982 – 1985 (3 years)

Pharmaceutical sales

Education:

MBA – Northwestern University – Graduated 1999
BSc (hons) Chemistry – University of Prince Edward Island – Graduated 1982

PROFOUNDA

Enclosed please find PROFOUNDA, INC.'s application for licensure pursuant to the statutes of your state. Please allow the information in this cover sheet to supplement application information.

DESCRIPTION OF OPERATIONS

Current Address (As of 4/15/2018):

PROFOUNDA, INC.

10501 S. Orange Ave. Suite 124

Orlando, FL 32824

Previous Address:

PROFOUNDA, INC.

5790 Hoffner Ave, STE 507

Orlando, FL 32822

PROFOUNDA, INC. is a virtual manufacturer (Rx) and as such does not currently manufacture Rx product at the applicant location, however PROFOUNDA has the ability and does store and distribute Rx and Cosmetic products from the Orlando location under Florida Drug Manufacture License #20332 . As a virtual manufacturer, PROFOUNDA has been assigned Drug Establishment number 3011873350. All of PROFOUNDA's contract manufacturers have or will have FDA Establishment numbers. Profounda is registered with the FDA as a labeling and packaging facility under FDA Labeler Code 69051, DUNS number 078862060.

DOMICILE LICENSE/VERIFICATION (STATE)

PROFOUNDA, INC. is located in Florida. PROFOUNDA, INC. has a license in the State of Florida #20332.

OFFICERS

Todd MacLaughlan, CEO

Home Address:

8895 Windsor Pointe Dr.

Orlando, FL 32829

CONTRACT MANUFACTURERS

1. Haupt Pharma Amareg GmbH (HPA) (*Impavido (miltefosine)*)
   FDA drug establishment registration 3008293991
   Donaustaufe
   D-93055, Regensburg, Germany

2. Carton Service, Inc. DBA Pharma Packaging Solutions (*Impavido (miltefosine)*)
   FDA drug establishment registration 3002763532
   JD Varnell Industrial Parkway
   Clinton, TN 37716

None of the contract manufacturers will distribute PROFOUNDA products

THIRD PARTY LOGISTICS PROVIDERS

PROFOUNDA, INC. has entered into an agreement with the third party logistic provider – Life Science Logistics. 1105 Northfield Drive. #400, Brownsberg, IN 46112

LABELER CODES

The FDA has assigned PROFOUNDA INC. labeler code 69051.

SAMPLES

PROFOUNDA INC. distributes samples in the following manner: PROFOUNDA, INC. is currently only distributing Cosmetic samples (Rhinase). PROFOUNDA, INC is not distributing samples for Rx products nor do we plan to.

OTHER STATES LICENSES

PROFOUNDA, INC. has a Drug Manufacture License in the State of Florida #20332.

See Attached Appendix II for States we currently hold a license.

All other necessary State Licenses are being sought simultaneously with this application.

CONTROLLED SUBSTANCES

PROFOUNDA, INC. does not manufacture, store or distribute any controlled substances and is therefore not required to be registered with the DEA. No DEA number is assigned.

CURRENT PRODUCT LIST

Product Name (Cosmetic)	**ID Number (NDC or other)**	**CMO Name**
Rhinase Nasal Mist	69051-201-00	
Rhinase Nasal Gel	69051-201-00	
Rhinase Combo-Pack (Mist and gel)	69051-500-01	
Xynase Nasal Mist	69051-700-01	
(Prescription)		
Impavido (Miltefosine)	69051-300-01	Haupt Pharma Amareg GmbH (HPA) Carton Services, Inc. DBA Pharma packaging Solutions

FDA New Drug Application (NDA) 204684

PROFOUNDA, INC. does not currently contract manufacture or distribute any products, drugs or devices other than those they own the rights to.

Todd MacLaughlan, CEO

Profounda, Inc.

PROFOUNDA

Appendix I to Profounda State Licensing Info Sheet

Distribution Center

Profounda is located in a Business/Warehouse Center Complex located in Orlando Florida. The Complex has 24 hour security cameras in addition to Profounda internal nest camera security system as well as a monitored alarm system.

The Profounda Distribution Center is located within the Warehouse/Office space occupied by Profounda Inc. The total space is approximately 3600 sq. feet and consists of warehouse/storage/distribution space, kitchen/team room, open office space as well as upstairs open office space. Profounda's offices are only accessible to employees and invited guests. Front Entry is only open weekdays Monday-Friday during business hours of 8:30 – 5pm.

The distribution space has a shipping and receiving area, storage area, packaging area and a quarantine area. The space is locked with limited access to authorized Profounda personnel.

The space temperature controlled and is electronically monitored daily for temperature and humidity. There are Standard Operating Procedures to cover the distribution operations conducted at Profounda.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

PROFOUNDA INC
10501 S. ORANGE AVENUE
SUITE 124
ORLANDO FL 32824

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

20332 ISSUED: 05/17/2020

PRESCRIPTION DRUG MANUFACTURER
PROFOUNDA INC

HAS REGISTERED under the provisions of Ch.499 FS.
Expiration date APR 30, 2022 L2005170001749

DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
20332	

The PRESCRIPTION DRUG MANUFACTURER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: APR 30, 2022

PROFOUNDA INC
10501 S. ORANGE AVENUE
SUITE 124
ORLANDO FL 32824

ISSUED: 05/17/2020

DISPLAY AS REQUIRED BY LAW

SEQ # L2005170001749

STATE		LICENSE TYPE	LIC. NUMBER	EXP.
Arizona		Non resident manufacturer	M001204	10/31/2021
Arkansas		Wholesale Distributor	WD04730	12/31/2020
Connecticut		Out of State Manufacturer of Drugs, Cosmetics & Medical Devices	CSM-0000824-OOS	No expiration date
District of Col.		Non Resident Distributor	DM0001338	5/30/2020
Florida		Prescription Drug Manufacturer	20332	4/30/2020
Louisiana		Distributor of Legend Drugs	9443	12/31/2019
Minnesota		Manufacturer	461297	5/31/2020
New Hampshire		Prescription Drug/Device Manufacturer Wholesaler/Distributor	6363	6/30/2019
New Mexico		Wholesale Distributor	WD000012255	12/31/2020
North Dakota		Virtual Manufacturer	Whol1998	6/30/2019
Ohio		Lic. to distribute dangerous drug	12654800	6/30/2019
South Dakota		Wholesale or other Drug Distributor	600-2607	12/31/2019
Tennessee	Eddie	pending		
Vermont		Wholesale Drug Outlet	39.0108959	7/31/2021

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROFOUNDA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROFOUNDA, INC." WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2013.

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

5346993 8300

SR# 20203873215

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

Authentication: 202927919

Date: 05-13-20

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 5289495

Application/License No. _____

Profounda Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 10501 S Orange Ave STE 124 Orlando, FL 32824 (Address of Applicant/Principal), as PRINCIPAL, and SureTec Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2103 CityWest Boulevard, Suite 1300 Houston, TX 77042 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 1, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Bond No. 5289495

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of July, 2020.

APPLICANT/PRINCIPAL
Profounda Inc

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

Notary Public State of Florida
Donnie James Taylor
My Commission GG 221249
Expires 05/23/2022

SURETY COMPANY
SureTec Insurance Company

Surety Company's Representative

Eric Fauerbach, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

POA #: 5289495

SureTec Insurance Company
LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Eric Fauerbach

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Profounda Inc
Obligee: Nevada State Board of Pharmacy
Amount: $ 25,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903029

_____
Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 1st day of July 2020, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Sovereign Pharmaceuticals, LLC

Physical Address: 7590 Sand Street

City: Fort Worth State: TX Zip Code: 7 6 8

Telephone Number: 817-284-0429 Fax Number: 817-284-0531

Toll Free Number: 817-284-0429

E-mail: hburke@sovpharma.com Website: www.sovpharm.com

Facility Manager: Paul Hafey

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Acella Pharmaceuticals, LLC
Address: 1880 McFarland Parkway, Suite 110, Alpharetta, GA 3005

Name: E5 Pharma, LLC
Address: 225 NE Mizner BLVD, Suite 770, Boca Raton, FL 33432

Name: Edenbridge Pharmaceuticals, LLC
Address: 169 Lackawanna Ave, Suite 110, Parsippany, NJ 07054

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Harold A Deas

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

Harold A. Deas, Jr
Print Name of Authorized Person

March 17, 2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE (Limited Liability Company)

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: Acella Pharmaceuticals, LLC

Mailing Address: 7590 Sand Street

City: Fort Worth State: TX Zip: 76118

Telephone: 817-284-0429 Fax: 817-284-0531

Contact Person: Harold A. Deas, Jr

For any corporation non-publicly traded, disclose the following:

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

a) Acella Holdings, LLC 1880 McFarland Parkway, Suite 110- B, Alpharetta, GA 30005
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

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

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

TEXAS
Department of
State Health Services

License Number: 0036171 ***Current Date: 04/15/2020 10:22 AM***

Name:	**SOVEREIGN PHARMACEUTICALS LLC**
License Type:	**Prescription Drug Manufacturer**
License Status:	**Current**
Expiry Date:	**01/01/2022**
Effective Rank Date:	**09/20/1993**
Modifier(s):	**Contract Manufacturer**
	Prescription
	Controlled Substance

Addresses

Physical Loc	Address	**SOVEREIGN PHARMACEUTICALS LLC** **7590 SAND ST** **FORT WORTH , TX** **TARRANT** **76118** **US**
Mailing Address	Address	**SOVEREIGN PHARMACEUTICALS LLC** **FORT WORTH , TX** **TARRANT** **76118** **US**

Food & Drug Owner

Licensee's Role:	**Food & Drug License**
Related Party Role:	**Food & Drug Owner**

Related Party Name	License	Address
SOVEREIGN PHARMACEUTICALS LLC	**Owner #A034679** **Status:** **Current** **Expiration Date:**	**FORT WORTH , TX** **TARRANT** **76118** **US**

OWNERS INFORMATION SHEET

Names of Persons	Names of Business	Addresses	Position Held	Marketing Start Date	Marketing Status	Percent of Interest of Person in Business
	Acella Holdings, LLC (Parent Company)	McFarland Parkway, Suite Alpharetta,	Owner	09/06/2013		100%
Harold A. Deas	Sovereign Pharmaceuticals, LLC	Sand Street Fort Worth,	CEO	01/02/2020	*N/A	0%
Paul Hafey	Sovereign Pharmaceuticals, LLC	Sand Dr. Fort Worth, T	President	01/02/2020	*N/A	0%

*Sovereign Pharmaceuticals, LLC is a contract manufacturing company that does not market products directly. Products are marketed and licensed under our clients.

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

Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Sovereign Pharmaceuticals, LLC (file number 801211201), a Domestic Limited Liability Company (LLC), was filed in this office on December 29, 2009.

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

Delayed Effective date: January 02, 2010

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 15, 2020.

Ruth R. Hughs
Secretary of State

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **Sovereign Pharmaceuticals, LLC**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Sovereign Pharmaceuticals, LLC	3003229412	623168267	ANALYSIS; LABEL; MANUFACTURE; PACK; REPACK;	7590 Sand Street, Fort Worth, Texas (TX) 76118, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Wednesday, Apr 15, 2020

Verified 5/11/2020 MS

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM) PRINT

New Search (default.cfm)

Search Results for **Sovereign**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Sovereign Pharmaceuticals, LLC	3003229412	623168267	ANALYSIS; LABEL; MANUFACTURE; PACK; REPACK;	7590 Sand Street, Fort Worth, Texas (TX) 76118, United States (USA)	12/31/2020
Sovereign Technologies		040602202	MANUFACTURE;	1108 9th Ave NE, Hickory, North Carolina (NC) 28601, United States (USA)	12/31/2020

Showing 1 to 2 of 2 entries
Previous1Next
Data Current through: Monday, May 11, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

PAUL D. HAFEY

Silverado Trail, Keller, T[illegible] ·8500 (C) [illegible]YAHOO.COM

SUMMARY OF QUALIFICATIONS:

Over 39 years of experience providing strategic leadership in Product Development, Analytical Development, Quality Assurance and Business Development. Experienced with various Product and Process Development equipment, Analytical instrumentation and Project Management. Experienced with FDA, EMEA, MHRA, DEA, OSHA, ICH guidelines, CMC, cGMPs and USP/NF. Ability to communicate effectively within and across departments and with outside clients. Experienced with bulk drug substances, generic, DESI, OTC and NCE/NME pharmaceutical products.

CAREER SUMMARY:

Sovereign Pharmaceuticals LLC **4/08 – Present**
FORT WORTH, TX

President and CEO 10/16 – Present
Responsibilities include Manufacturing, Packaging, Quality Control, Quality Assurance, Research and Development, Analytical Development, Business Development and Administration of the company.

- Managing 14 direct reports and 250 total personnel
- Responsible for the day to day operations of the company
- Responsible for the fiscal oversight of the company
- Continuation of VP of R&D and RA responsibilities
- Responsible for building industry relationships to drive growth
- Grew production revenue 2 fold in 3 years
- Responsible for building a dynamic team to drive revenue growth
- Responsible for driving efficiency to increase profits
- Emphasized safety to drive down worker compensation claims
- Oversite of the financial health of the company
- Responsible for project management
- Accountable for Regulatory inspections, FDA, DEA etc.

Vice President
Research and Development and Regulatory Affairs 4/08 – 10/16
Responsibilities include pre-formulation, formulation, clinical supplies manufacturing, intellectual property (patents), process development, process scale up and process transfer, laboratory metrology and Regulatory Affairs. Analytical responsibilities include analytical method development and validation. Client responsibilities include interactions with clients and management of client projects.

- Managing a group of 24 people, Ph.D., M.S., B.S.
- Developing and managing department and project budgets
- Strategic planning for the growth of the company
- Responsible for acquiring new clients and projects
- Grew R&D revenue 10 fold in 10 years

- Responsible for development of formulations and processes
- Responsible for development of analytical methods and method validation
- Responsible for project management
- Responsible for CMC of IND, NDA and ANDA applications
- Responsible for establishing department procedures
- Accountable for the development and protection of Intellectual Property
- Responsible for production, labeling and shipping of clinical supplies for nonclin tox, phase 1, 2, 3, 4 and BA/BE studies.
- Designed and managed a 90 site international clinical study.
- Responsible for Regulatory Affairs
- Responsible for Metrology
- Participated in drafting of DSCSA law through GPhA subcommittee
- Participate in tradeshows to advertise company and increase revenue

UCB PHARMACEUTICALS (Formerly Celltech) 1/93 – 4/08
Rochester, NY

Associate Director
Global Drug Product Research and Development 11/06 – 4/08
Responsibilities include pre-formulation, formulation, clinical supplies manufacturing, intellectual property (patents) and performance of due diligence. Shared responsibilities with process group include process development, process scale up, process transfer and pilot plant.

- Managing a group of 6 people, Ph.D., B.S.
- Responsible for development of Global formulations and processes
- Responsible for IND and IMPD applications
- Established Global SOPs
- Accountable for the protection of Intellectual Property
- Responsible production of clinical supplies for phase 1 and 2
- Perform due diligence

Associate Director
Global Pharmaceutical Technology Development 7/05 – 11/06
Responsibilities include pre-formulation, formulation, process development, process scale up, process transfer, validation, clinical supplies manufacturing, pilot plant, intellectual property (patents) and performance of due diligence. Established the group as a cost effective pre-formulation, formulation and analytical development group for new products while maintaining regulatory and cGMP standards.

- Managing a group of 24 people, Ph.D., M.S., B.S. and A.A.S
- Responsible for development of Global formulations and processes
- Responsible for IND and IMPD applications

- Established Global SOPs
- Established technical transfer requirements from process to manufacturing
- Accountable for reformulation of key products
- Accountable for the development of commercial processes
- Accountable for the protection of Intellectual Property
- Responsible for production of ICH batches and clinical supplies
- Responsible for NDA and ANDA applications
- Participated in Due diligence activities

CELLTECH PHARMACEUTICALS (Formerly Medeva)
Rochester, NY

Director Product Development 10/01 – 07/05

Responsibilities include re-establishing a product development group at the Rochester site. Established the group as a cost effective pre-formulation, formulation and analytical development group for new products while maintaining regulatory and cGMP standards.

- Grew the group from 2 to 13 people. 7 Ph.D., 3 M.S., 3 B.S.
- Reformulated Pennkinetic product with 70% reduction in manufacturing time.
- Accountable for product life cycle management.
- Accountable for the formulation development of NCEs
- Accountable for development of new delivery systems.
- Established a system for capturing intellectual property and implemented a scientific review committee.
- Responsible for maintaining intellectual property. Took patent filings from no patents being submitted to 4 patents submitted and 5 additional patentable products under review in the last 2 ½ years.
- Participate in 3 and 5 year strategic planning process.
- Team leader for the New Opportunities Committee (NOC)
- Responsible for the review of IND, NDA and ANDA applications and supplements
- Direct interaction with FDA, such as end of phase 2 meetings, PAIs, telecons
- Established a Contract Services business to utilize excess capacity. Developed the business plan, responsible for bid proposals, contract review, promotional materials and tradeshows. Established cash flow within 4 months of inception, 21 months ahead of schedule.

Incubator Project 04/01 - 10/01

One of three individuals company wide selected to review the company's intellectual property portfolio for the identification and development of new products.

- Review of Celltech Rochester's intellectual property (Patents, trademarks and trade names)
- SWOT analysis of Celltech Rochester's proprietary delivery system
- Identified 105 target products for development using Celltech's delivery system
- Assisted in writing a business plan for launching a subsidiary company

Director, Analytical and Information Development 12/97 – 04/01
Directed the development and validation of stability indicating analytical methods for new and existing products. Responsible for the development of CMC sections, specifically method development, method validation and setting specifications.

- Managing a group of 28 people, Ph.D., M.S., B.S. and A.A.S.
- Responsible for development of methods, validation of methods and specifications for excipients, intermediates and finished products for NDA filings and stability testing.
- Responsible for the transfer of methods and specifications between outside laboratories to Medeva's laboratories and the transfer of methods between Medeva laboratories
- Team leader for projects and team sponsor of projects.
- Writing and review of CMC sections.
- Writing proposals for projects estimating costs, time, personnel resources and equipment needs.
- Strategic planning by developing FTE resource charts, 5 year plans and risk assessment.
- Provide support for due diligence auditing for the purchase of new products.
- Development of API sources.
- Responsible for master batch records and SOPs.
- Interaction with the FDA on site, via teleconference and at CDER.
- Several successful NDA/ANDA filings.
- Additional duties include Technical Program Coordination group

Director, Technical Program Coordination 10/96 - 12/97
Responsible for the coordination and oversight of technical projects. Lead the methylphenidate site transfer team. Designed and built 2 analytical laboratories and pilot plant facility. Worked with other sites on technical issues such as blend uniformity, content uniformity, tablet appearance or any other trouble shooting activity required.

- Review of reports and other documentation used for FDA filings
- Coordinate contract work.
- Project team leader for product site transfer using SUPAC guidelines.

- Team leader for the transfer of methylphenidate products from the California facility to the Rochester facility. ($200 million product)
- Responsible for capital and expense budgeting for Pharmaceutical Sciences Department.

Interim Assignment To Medeva Americas (California site) 11/95 - 10/96

- Work directly on 483 issues to bring subsidiary company into CGMP compliance. Interim Quality Control Manager and Quality Assurance Manager.

Manager Research and Development (Texas site) 1/93 - 10/95

- Managed a group of 10 people.
- Overall operation of the Research Analytical Laboratory including method development, method validation and method evaluation and stability testing.
- Vendor and internal auditing.
- Auditing of contract manufactures and contract laboratories.
- Development of new products.
- IQ, OQ & PQ of equipment and processes.
- Designed and built a new lab and water system for the facility. Assisted in the development and training of SOPs, Product Specifications and Raw Material Specifications.
- Evaluated new products for purchasing.
- Reviewed technical documents for FDA filing.

ROXANE LABORATORIES, INC., SUBS. BOEHRINGER INGELHEIM LTD. 8/79 - 12/92

Section Head Quality Assurance 7/92 - 12/92

- Responsible for the quality of 16 packaging lines, 6 tablet presses and compounding of drug products.
- Supervised 19 people working a 24 hour/7day work scheduled.
- Responsible for QA oversight of aseptic filing and Nitrogen testing of packaged product headspace.
- Sampling performed using the Mil Standard 105E.

Assistant Analytical Chemist IV 11/89 -6/92

- Launched chemotherapy division (one of 3 people), a $200 million product line
- Responsible for setting up an Analytical/QC Lab: Calibration schedules & records; Stability schedules & records.
- Qualification of equipment.
- Method development and validation.
- Hazardous waste disposal; Safety.
- Performed Raw Material Testing; Stability testing. FDA record keeping.
- Technical reports for NDA & ANDA filings.

Assistant Analytical Chemist III 1/89 - 11/89

Senior Technical Associate (Revised to Assistant Analytical Chemist II, January 1989) in Analytical Development 1/84 - 1/89

- Emphasis on method development, method evaluation and troubleshooting dissolutions of pharmaceutical products, used in meeting FDA requirements.
- Trained new laboratory personnel.

Technical Associate in Analytical Development 1/82 - 1/84

- Emphasis on method validations used in ANDA filings to FDA and troubleshooting of products.
- Conducted some method development work.

Technical Assistant in Analytical Development 3/80 - 1/82

- Performed dissolutions and assays to determine stability of active ingredients in drug formulations with the use of HPLC and UV spectrophotometry as well as extractive/colorimetric methods.
- Conducted some method evaluation work.

Laboratory Technician in Research and Development 8/79 - 3/80

- Formulated, mixed and manufactured pharmaceuticals.
- Worked in a high potency suite.
- Performed physical testing and packaging. Implemented stability program.

INSTRUMENTATION AND SKILLS: HPLC with Vista CDS 401 computer, Technicon Sasdra System, UV/Fluorometric spectrophotometry, TLC, Atomic Absorption, FT-IR, GC with FID and NPD, PASCAL programming. Other duties include hazardous waste disposal, Hazardous spill clean up team and safety committee. Microsoft Office (Word, Excel, Outlook), PowerPoint presentations, Microsoft Project

PUBLICATIONS: 2 HPLC Methods, USP/NF

PATENTS: 3 product patents

MEMBERSHIPS: American Chemical Society, AAPS

EDUCATION: **Bachelor of Arts**, Capital University,
Multidiscipline Major: **Chemical Laboratory Administration**
(Chemistry, Business Administration, Accounting (minor))

Associates of Arts, The Ohio State University.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107269311

Application/License No. _____

Sovereign Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7590 Sand Street, Fort Worth, TX 76118 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Indemnity & Surety Co. (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 7590 Sand Street, Fort Worth, TX 76118 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 01, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of June, 2020.

APPLICANT/PRINCIPAL

Paul Harley

Authorized Representative

SURETY COMPANY

Christy L M. Owens

Surety Company's Representative

FEDERAL CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

Christopher M. Owens, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Cartrina Richey
Witness

Witness

Countersigned by:

Nevada Resident Agent

TRAVELERS

Agency Name or Code _____
Producer Name _____

Bond Express – GENERAL SURETY APPLICATION

(Specific applications are required for Motor Vehicle Dealer Bonds, Mortgage Broker Bonds, and Lost Instrument Bonds.)
This application must be fully completed, as well as signed, witnessed, and dated by the Applicant and all other Indemnitors.
THIS IS A LEGAL DOCUMENT - PLEASE TYPE OR PRINT LEGIBLY.

Bond No. _____

Applicant's Name in full *(As it should appear on the bond)*	Phone 817-284-0429 Fax Email phafey@sovpharm.com	☐ Sole Ownership ☐ Corporation ☐ Partnership ☒ LLC
Sovereign Pharmaceuticals, LLC		
Business Address *(Street Address, City, State and Zip Code)*		Social Security Number
7590 Sand Street, Fort Worth Texas 76118		**75-2913512 (FEIN)**

Type of Bond Required	Amount of Bond	Applicant's Current Occupation	Business License Number
	$ 25,000	**Pharmaceutical manufacturer**	
Number of years under current ownership	Years experience	Market value of primary residence	Balance of mortgage
Four Months	**30**	$	$

Currently bonded? ☐ Yes ☒ No If yes, give name of surety and reason for change

1

Has the Applicant or anyone involved professionally or personally ever

a Experienced any prior or pending losses, been declined by another surety company, or had a bond(s) non-renewed?	☐ Yes ☒ No
b Had any unresolved lawsuits or judgments against them?	☐ Yes ☒ No
c Failed in business or declared bankruptcy in the past seven years?	☐ Yes ☒ No
d Been convicted of a felony or crime involving dishonesty, including theft or fraud?	☐ Yes ☒ No
e Had their license suspended, revoked or denied, or been subject to any legal/administrative proceedings resulting in disciplinary action?	☐ Yes ☒ No
f Been party to a surety bond claim?	☐ Yes ☒ No

(If any answers are yes, please provide details on a separate page.)

Obligee Name and Address

N/A

GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER

Name			Social Security Number	Percent Ownership
Acella Holdings, LLC			**32-0418747 (FEIN)**	**100%**
Address	City	State Zip		Telephone
McFarland Parkway, S	**Alpharetta,**			**678-325-5186**
Name			Social Security Number	Percent Ownership
Address	City	State Zip		Telephone
Name			Social Security Number	Percent Ownership
Address	City	State Zip		Telephone
Name			Social Security Number	Percent Ownership
Address	City	State Zip		Telephone

2

COMPLETE FOR PROBATE/COURT BONDS

****PLEASE PROVIDE COPIES OF ALL APPLICABLE COURT DOCUMENTS INCLUDING WILLS, PETITIONS, COURT ORDERS, TRUSTS, ETC.***

Name of	Applicant's relationship to Deceased/Minor/Incompetent	Is the Applicant indebted to the estate or trust?	Does the Applicant share in the estate?
☐ Deceased _____ Date of Death _____		☐ Yes ☐ No	☐ Yes ☐ No
☐ Minor _____ DOB/Age _____	Date Appointed	If yes, please explain	If yes, what %?
☐ Incompetent* _____ DOB/Age _____ (including Veteran)			
*Describe condition of ward			

3

Applicant's qualifications for handling estate	List liabilities/debts of estate or trust
List assets of estate or trust Bonds _____ Stocks _____ Real Estate _____ Cash _____ Other _____	Name and Address of Attorney Area of expertise

Does the estate include an ongoing business? ☐ Yes ☐ No If yes, please provide a description.	Will the attorney remain involved throughout the duration of this estate? ☐ Yes ☐ No
Is this bond required on the demand of an interested person other than the court? ☐ Yes ☐ No If yes, who?	Are guardianship/conservatorship funds to be used for support of the minor/incompetent? ☐ Yes ☐ No If yes, please provide copies of monthly expenditures and income.
Does the presiding court require an annual accounting be filed? ☐ Yes ☐ No	Is there a will or trust? ☐ Yes ☐ No If so, please provide a copy.
List all heirs, relationship to the deceased, and the percentage they share in the estate: .	Are there any disputes among the heirs? ☐ Yes ☐ No If yes, please provide details.
Submission Checklist: ☐ Wills & Codicils ☐ Court Papers ☐ Financial Inventory ☐ Attorney or Applicant Resume	

COMPLETE FOR PUBLIC OFFICIAL BONDS

***We will consider all public official bonds $50,000 and under except: special bond issues and bonds for tax collectors, treasurers & their subordinates, and deputies who collect money. (Please contact us for guidance on these exceptions.)**

Has the Applicant experienced any public official losses in the last five years? ☐ Yes ☐ No (If yes, please provide details)			
Official Title of Applicant	☐ Elected ☐ Appointed	Term of office in years	Start Date: _____ End Date: _____
Has the Applicant previously occupied this position? ☐ Yes ☐ No			If yes, during what period?
Does the Applicant currently have E&O or Liability Insurance? ☐ Yes ☐ No If so, please provide the following information Company:_____ Limit:_____ Policy number _____			

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INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s), all hereinafter referred to as "Indemnitors," hereby certify that the declarations made and answers given are the truth without reservation, and are made for the purpose of inducing TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, ST. PAUL FIRE AND MARINE INSURANCE COMPANY, any of their present or future direct or indirect parent companies, any of the respective present or future direct or indirect affiliates or subsidiaries of such companies and parent companies, and/or any of the aforementioned entities' successors or assigns, hereinafter referred to, individually and/or collectively, as "Company," to furnish a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of similar nature given in substitution or renewal thereof (all comprehended in the word "Bond" as herein used). Indemnitors agree that Company may decline the Bond applied for or may cancel or terminate same without incurring liability whatsoever to Indemnitors. In consideration of Company executing said Bond or the forbearance of cancellation of said Bond, Indemnitors do undertake and agree as follows:

Indemnitors will pay all premiums, as they fall due, until Company has been provided with competent legal evidence that the Bond has been duly discharged. Indemnitors will at all times indemnify and exonerate Company from and against any and all loss, cost and expense of whatever kind which it may incur or sustain as a result of or in connection with the furnishing of the Bond and/or the enforcement of this Agreement, including unpaid premiums, interest, court costs and counsel fees, and any expense incurred or sustained by reason of making any investigation. To this end Indemnitors promise: a) to promptly reimburse Company for all sums paid and b) to deposit with Company on demand an amount sufficient to discharge any claim made against the Company on the Bond. This sum may be used by Company to pay such claim or be held by Company as collateral security against loss or cost on the Bond.

5 Indemnitors hereby expressly authorize Company to access credit records and to make such pertinent inquiries as may be necessary from third party sources for underwriting purposes, claim purposes and/or debt collection. To the extent required by law, Company will, upon request, provide notice whether or not a consumer report has been requested by Company, and if so, the name and address of the consumer reporting agency furnishing the report.

Regardless of the date of signature(s), this Agreement is effective as of the date of execution of the Bond and is continuous until Company is satisfactorily discharged from liability pursuant to the terms and conditions contained herein. An Indemnitor may terminate participation in this Agreement with respect to future renewals or substitution bonds or undertakings by providing written notice to Company of such intent to terminate. Such notice shall be addressed to Travelers Bond & Specialty Insurance, Attention: Senior Vice President Commercial Surety, One Tower Square, Hartford, Connecticut 06183 and shall become effective sixty (60) days after Company's receipt of the same. Termination hereunder shall not relieve the terminating Indemnitor(s) from liability with respect to any renewals or substitution bonds or undertakings issued, or for which Company has obligated itself to issue, before the effective date of termination.

Attention: Any person who knowingly and with intent to defraud a surety company or any other person files an application for a surety bond containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act and may be subject to civil and/or criminal penalties.

Signed this 20th **day of** April, 2020.

If Indemnitor is an Individual, sign below:

Instructions: Signatures of individual Indemnitors must be witnessed. Indemnitors must include their Social Security Number. All signatures must be dated with names printed or typed on the line provided.

(Witness Signature) (Date)

(Print or Type Name)

(Indemnitor Signature) (Date)

(Print or Type Name)

(SSN)

(Witness Signature) (Date)

(Print or Type Name)

(Indemnitor Signature) (Date)

(Print or Type Name)

(SSN)

(Witness Signature) (Date)

(Print or Type Name)

(Indemnitor Signature) (Date)

(Print or Type Name)

(SSN)

If Indemnitor is a Corporation, Limited Liability Company or Partnership, sign below:

Instructions: If the entity is: 1) a corporation, an authorized officer should sign on behalf of the corporation, 2) a limited liability company, a manager or member should sign on behalf of the LLC, or 3) a partnership, a partner should sign on behalf of the partnership. Please provide the entity's federal tax identification number on the line provided.

The undersigned hereby affirms to Company as follows: I am a duly authorized official of the business entity Indemnitor on whose behalf I am executing this Agreement. In such capacity I am familiar with all of the documents which set forth and establish the rights which govern the affairs, power and authority of such business entity including, to the extent applicable, the certificate or articles of incorporation, bylaws, corporate resolutions and/or partnership, operating or limited liability agreements of such business entity. Having reviewed all such applicable documents and instruments and such other facts as deemed appropriate, I hereby affirm that such entity has the power and authority to enter into this Agreement and that I am duly authorized to execute this Agreement on behalf of such entity.

Sovereign Pharmaceuticals, LLC
(Indemnitor Name)

75-2913512
(Federal Tax ID)

(Seal)
(Indemnitor Signature)

Harold A. Deas, Jr - Chief Executive Officer **4/20/2020**
(Print or Type Name and Title) (Date)

(Seal)

(Witness Signature)

(Print or Type Name and Title) (Date)

4KK

Please note that an initial application was submitted to your office on 10/30/19. As advised by your office, a new application is now required to be submitted to provide notification of the ownership change. (See Attachment B)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

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

- ☐ Publicly Traded Corporation – Pages 1,2,3,4
- ☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
- ☐ Partnership - Pages 1,2,3,7,8
- ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Tusker Medical Inc.

Physical Address: 155 Jefferson Drive, Suite 200

City: Menlo Park State: CA Zip Code: 94025

Telephone Number: 650-223- 6900 Fax Number: 650-223-6768

Toll Free Number: _____

E-mail: CCustodio@tuskermed.com Website: http://www.tuskermed.com/

Facility Manager: Cirilo Custodio

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: _____

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment D

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attachment E
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Cirilo Custodio
Print Name of Authorized Person

06/24/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Smith & Nephew Consolidated, Inc.

Mailing Address: 155 Jefferson Drive, Suite 200

City: Menlo Park State: CA Zip: 94025

Telephone: 650-223- 6900 Fax: 650-223-6768

Contact Person: Cirilo Custodio

For any corporation non-publicly traded, disclose the following:

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

a) Smith & Nephew Consolidated, Inc.
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. 1,000

3) What was the price paid per share? $1

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

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment F

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

Attachment A

Regarding the Resident State License and Verification Form

A copy of the updated California resident state license and completed license verification form is attached.

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

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

LICENSE VERIFICATION

Name: Tusker Medical Inc.

Address: 155 Jefferson Drive, Suite 200

City: Menlo Park State: CA Zip: 94025

I hereby authorize the California Department of Public Health to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
111219	Valid	2-27-2020	2-27-2021

Has this license been encumbered in any way?	Type of Encumbrance: (if any
☐ Yes ☐ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

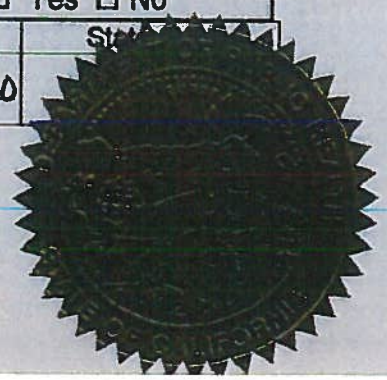
Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☐ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☐ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☐ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☐ Yes ☐ No

Signature of State Official	Title	State	Date	St
[signature]	Office Technician	CA	4-2-2020	



OSP 07 102306

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Tusker Medical Inc.
155 Jefferson Drive, Suite 200
Menlo Park, CA 94025

LICENSE NUMBER: 111219
EXPIRATION DATE: 2/27/2021

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 4/16/2020

Attachment B

Regarding the Ownership Change

Tusker Medical Inc. was acquired by Smith & Nephew Consolidated, Inc. Enclosed is legal documentation of the change.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"TRUMPET MERGER CORP.", A DELAWARE CORPORATION,

WITH AND INTO "TUSKER MEDICAL, INC." UNDER THE NAME OF 'TUSKER MEDICAL, INC.', A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2020, AT 11:38 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

5934790 8100M
SR# 20200491362

Authentication: 202242968
Date: 01-23-20

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

EXECUTION

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:38 AM 01/23/2020
FILED 11:38 AM 01/23/2020
SR 20200491362 - File Number 5934790

CERTIFICATE OF MERGER

OF

TRUMPET MERGER CORP.

(a Delaware corporation)

WITH AND INTO

TUSKER MEDICAL, INC.

(a Delaware corporation)

January 23, 2020

Pursuant to Section 251 of the General Corporation Law of the State of Delaware (the "DGCL"), Tusker Medical, Inc., a Delaware corporation (the "Company"), hereby certifies the following information relating to the merger of Trumpet Merger Corp., a Delaware corporation ("Merger Sub"), with and into the Company (the "Merger"):

FIRST. The name and state of incorporation of each of the constituent corporations in the Merger (the "Constituent Corporations") are as follows:

Name	State of Incorporation
Trumpet Merger Corp.	Delaware
Tusker Medical, Inc.	Delaware

SECOND. The Agreement and Plan of Merger, dated as of **January 23, 2020** (the "Merger Agreement"), by and among the Company, Merger Sub, Smith & Nephew Consolidated, Inc., a Delaware corporation, and Apple Tree Life Sciences, Inc., a Delaware corporation, setting forth the terms and conditions of the Merger, has been approved, adopted, executed, and acknowledged by each of the Constituent Corporations in accordance with the requirements of Section 251 of the DGCL.

THIRD. The corporation surviving the Merger is the Company (the "Surviving Corporation") and the name of the Surviving Corporation shall remain "Tusker Medical, Inc."

FOURTH. At the effective time of the Merger, in accordance with Section 251 of the DGCL, the Certificate of Incorporation of the Company as in effect immediately prior to the Merger shall be amended and restated to read, in its entirety, as set forth in Exhibit A attached hereto, and, as so amended, shall be the certificate of incorporation of the Surviving Corporation.

IN WITNESS WHEREOF, the undersigned has caused this Certificate of Merger to be executed on the date first written above.

TUSKER MEDICAL, INC.

By: Michael Zagger

Name: Michael Zagger

Title: Vice President

[Signature Page to Certificate of Merger]

Exhibit A

See attached.

FINAL

AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF TUSKER MEDICAL, INC.

FIRST. The name of the corporation (the "Corporation") is Tusker Medical, Inc.

SECOND. The address of the Corporation's registered office in the State of Delaware is 251 Little Falls Drive, Wilmington, county of New Castle, Delaware 19808. The name of its registered agent at such address is the Corporation Service Company.

THIRD. The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware, Section 101, *et. seq.*, as amended from time to time (the "DGCL"), or successor provisions.

FOURTH. The total number of shares of stock which the Corporation shall have authority to issue is 1,000. All such shares are to be common stock, par value of $1 per share, and are to be of one class.

FIFTH. Unless and except to the extent that the bylaws of the Corporation shall so require, the election of directors of the Corporation need not be by written ballot.

SIXTH. In furtherance and not in limitation of the powers conferred by the laws of the State of Delaware, the Board of Directors of the Corporation is expressly authorized to make, alter and repeal the bylaws of the Corporation.

SEVENTH. A director of the Corporation shall not be liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except to the extent such exemption from liability or limitation thereof is not permitted under the DGCL as the same exists or may hereafter be amended. Any amendment, modification or repeal of the foregoing sentence shall not adversely affect any right or protection of a director of the Corporation hereunder in respect of any act or omission occurring prior to the time of such amendment, modification or repeal.

EIGHTH. The Corporation may indemnify and advance expenses to, to the fullest extent permitted by law, any person made or threatened to be made a party to an action or proceeding, whether criminal, civil, administrative or investigative, by reason of the fact that he or she, or his or her testator or intestate is or was a director, officer, employee or agent of the Corporation or any predecessor of the Corporation, or serves or served at any other enterprise as a director, officer, employee or agent at the request of the Corporation or any predecessor to the Corporation. Without limiting the generality or the effect of the foregoing, the Corporation may enter into one or more agreements with any person that provide for indemnification greater or different than that provided in this Article Eighth. Any amendment, modification or repeal of the foregoing sentences of this Article Eighth shall not adversely affect any right or protection of a director or officer of the Corporation hereunder in respect of any act or omission occurring prior to the time of such amendment, modification or repeal.

NINTH. The Corporation reserves the right at any time, and from time to time, to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, and other provisions authorized by the laws of State of Delaware at the time in force may be added or

inserted in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of any nature conferred upon stockholders, directors or any other persons by and pursuant to this Certificate of Incorporation in its present form or as hereafter amended are granted subject to the rights reserved in this Article Ninth, in any case, subject to the limitations contained in the last sentence of Article Eighth.

Attachment C

Facility Manager's Resume

CIRILO T. CUSTODIO, III

) Hanchett Ave,
ahoo.com 4740

EXPERIENCE

PIVOT MEDICAL, A STRYKER SPORTS MEDICINE COMPANY, Sunnyvale, CA — February 2012 to Present
Unit Manager, Pivot Operations

- Managed production of over 50 sterile disposable devices and reusable instruments used for hip arthroscopy. Launched 29 new products in 4 years. Devices include bone anchors, suture passers, blades, drill bits, cannulas, guides and obturators.
- Within 2 years prior to the acquisition by Stryker, increased Production throughput from over 30K finished devices in 2012 to over 63K finished devices in 2013. After acquisition, Production ramped up to145K finished devices in 2015.
- Responsible for a 12 person manufacturing team and a Team Lead. Performs annual reviews and all hiring and onboarding activities.
- Generated over 50 ECOs to improve manufacturing documentation and Quality System documents. Trains Production and Quality technicians and engineers to updated procedures.
- Active in Stryker's Integrative Business Planning process where forecasts are reviewed and supply plans are submitted on a monthly cadence.
- Performs daily prioritization of components through Incoming Inspection and communicates these to Quality Inspectors.
- Collaborates with Buyer to set delivery schedules for large POs and to ensure supplier deliveries are on-time.
- Leads Manufacturing Transfer activities to domestic and international contract manufacturers.
- Active participant in internal audits, corporate audits, and audits by our Notified Body.
- Compiles production metrics and presents to Senior Management at quarterly Business Unit Review and annual Management Review meetings.
- Completed project to design a sterilization shipper box that would maximize sterilization tote capacity at Sterigenics (Hayward, CA). Coordinates sterilization of product through Gamma Irradiation and Ethylene Oxide.
- Attends R&D project meeting and interacts with all levels of the organization to ensure successful Operations.

TDC MEDICAL, INC., Sunnyvale, CA — October 2009 to February 2012
(A division of Vention Medical)
Operations Project Manager

- Managed high volume production of a daily disposable device to treat emphysema. Project leader for clinical manufacturing of a sleep apnea device. Supported assembly of an active implantable neurostimulator device.
- Engaged in material procurement, inventory reporting, and inventory control. Scheduled production and planned resource allocation. Wrote semi-annual technician reviews.
- Reorganized the stockroom and reduced the number of inventory locations in the MRP system, thereby, reducing time to kit parts and minimizing transaction errors.
- Led time study activities to identify processes for cycle time reduction.
- Developed order fulfillment system to support international clinical studies.
- Wrote manufacturing process instructions, component specifications, inspection records, and routers. Compiled DCOs and generated process deviations and NCMRs.
- Issued work orders, compiled DHR documentation, reviewed for accuracy, and closed work orders. Trained technicians and ensured that training records are current and complete.
- Supported incoming inspection and in-process inspection.

PARACOR MEDICAL, INC., Sunnyvale, CA — November 2005 to October 2009
Manufacturing Manager

- Supervised staff of up to 15 assemblers manufacturing a nitinol-based Class III device to treat Congestive Heart Failure.
- Issued Device History Records (DHRs), scheduled training, worked with cross functional groups and manufactured product under FDA QSR and in an ISO13485 certified manufacturing environment.
- Managed all aspects of Raw Material and Finished Goods inventory. Communicated with suppliers to ensure incoming parts are delivered on-time and meet material specifications. Tracked inventory accuracy on a monthly basis.
- Interacted with FDA and external auditing agencies, initiated Process Auditing and participated as an auditor for quarterly Internal Audits.
- Created a Process Certification Training Program, with successful implementation within 4 months from date of hire.

- Set monthly objectives, monitored production team's performance and reported monthly throughput numbers against these objectives.
- Responsible for all clinical shipments in support of the PEERLESS-HF pivotal trial.
- Wrote and reviewed – Work Instructions through the change control system, Non-Conformance Reports, CAPAs and Process FMEAs.
- Monitored production processes using SPC.
- Lead role in 5S implementation. Organized web-based training sessions and ran group training exercises using blended learning techniques to facilitate understanding and retention of 5S principles.
- Improved performance of manufacturing group for DHR completion accuracy and reduction of cycle times.
- Modified assembler interaction with MFP database which allowed increased accuracy of inventory, while maintaining proper material lot traceability. Generated method of measuring inventory accuracy.
- Conducted bi-monthly meetings to communicate build priorities to QA and Production staff.
- As company's Safety Officer, conducted quarterly Safety Committee meetings and controlled Hazardous Materials/Waste.

OPERON BIOTECHNOLOGIES, Alameda, CA — May 1997 to July 2005

(Acquired & Operated by/under the following Companies: Qiagen Sciences KK, Japan, Qiagen Operon, and Operon Technologies)

Project Manager, Tokyo Japan, August 2003 to July 2005

- Intra-company transferee on a 2-year assignment in Tokyo, Japan involving custom oligonucleotide production.
- Managed multiple projects, designed experiments, and wrote reports aimed to increase production efficiencies and expand production capabilities thereby increasing the company's competitiveness within the Japanese oligo market.
- Continued technology transfer, machine installation, validation and scale-up activities.
- Monitored product quality, failure rates, and production numbers.
- Recommended ways to improve all aspects of manufacturing through weekly meetings with the company President and constant interaction with the Production Manager.

Project Manager, Alameda, CA, June 2001 to July 2003

- Worked closely with Director of Manufacturing to facilitate global expansion.
- Traveled to Japan to provide direct support for sister DNA synthesis company: Sawady Technology Co., Ltd.
- Managed project to transfer synthesis technologies and associated production process, including cross-cultural training to Sawady personnel.
- Recommended synthesizer implementation strategies, organized set-up and validation at Cologne (Germany) and Germantown, Maryland manufacturing sites.
- Managed capacity expansion activities. Achieved company goal of increasing oligo production capacity by 2000 oligos per month over 2 quarters in California.

DNA Production Manager, Alameda, CA, July 2000 to June 2001

- Responsible for all aspects of the DNA synthesis lab, including continual assessment of product flow, implementation of production changes, management of staff through production slots, prioritization of customer orders, and inventory maintenance.
- Actively managed large-scale projects, including a $2.5 million expansion project which doubled synthesis capacity both domestically and internationally, and a Valve Rebuild project which resulted in monthly savings of over $10,000 to the company.
- Developed, wrote, and implemented SOPs for specific production duties including a machine maintenance program.
- Managed a staff of 4 supervisors and 15 lab technicians over 3 shifts. Conducted all interviews and hiring duties. Responsible for completing annual performance evaluations for all staff and recommending bonuses and promotions.

Staff Scientist, Alameda, CA, February 1998 to June 2000

- Involved in extensive experiments to improve detritylation, coupling, oxidation, and capping reactions. Results were utilized to decrease production costs and/or decrease turnaround time.

Lab Technician, Alameda, CA, May 1997 to January 1998

- Performed daily production duties including synthesizer set-up, routine system maintenance, and chemical preparation.

EDUCATION

- ***UNIVERSITY OF CALIFORNIA AT BERKELEY***
  B.A., Molecular & Cell Biology, December 1995

Attachment D

FDA Registration

U.S. Department of Health & Human Services

A A A

FDA U.S. FOOD & DRUG ADMINISTRATION

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Establishment Registration & Device Listing

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New Search Back To Search Results

Establishment:
Tusker Medical Inc.
155 Jefferson Dr
Menlo Park , CA 94025
Registration Number: 3012130335
FEI Number*: 3012130335
Status: Active
Date Of Registration Status: 2020

Owner/Operator:
Tusker Medical
155 Jefferson Drive
Menlo Park, CA US 94025
Owner/Operator Number: 10051128

Official Correspondent:
Pavan Sethi
155 Jefferson Drive
Menlo Park, CA 94025
Phone: 1-408-5137529

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Silver Spring, MD 20993
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For Government | For Press

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Industry
Health Professionals
FDA Archive

U.S. Department of Health & Human Services

Verified MS 11/2/20

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or Business Trade Name :** *tusker*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
Tusker Medical Inc.[9]	CA/USA	3012130335	2020
• Tympanostomy Tube Delivery Product With Drug - Tympanostomy Tube Delivery System [10]			Manufacturer

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3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=tusker®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName20%ASC
8. ../cfrl/rl.cfm?start_search=1&establishmentName=tusker®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
9. ./rl.cfm?rid=239720
10. ./rl.cfm?lid=651000&lpcd=QJA
11. ./rl.cfm

Page Last Updated: 06/29/2020

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Attachment E

Nature of Business

Tusker Medical Inc. (Tusker) is a prescription device manufacturer. Tusker will physically manufacture and sell its product. Tusker will utilize a third party logistics provider (3PL) to distribute its product to its customers. Provided below is the information for Tusker's 3PL.

RxCrossroads 3PL LLC
1001 Cheri Way
Suite 100
Fairdale, KY 40118

Attachment F

Corporate Officer and Director Information

Tusker Medical Inc.

Corporate Officers:

Scott Schaffner
President

Michael Zagger
Vice President

Simon Fraser
Secretary

Bettina Thomas
Treasurer

Attachment G

Delaware Certificate of Good Standing

Service Request# 2020358482?

555

State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8382747
TUSKER MEDICAL
155 JEFFERSON DRIVE,
SUITE 200
MENLO PARK, CA 94025

05-12-2020

DESCRIPTION		AMOUNT
5934790 - TUSKER MEDICAL, INC.		
8100H Certified Copy History - 1 Copies		
	Certification Fee	$400.00
	Document Page Fee	$90.00
	Expedite Certified 24 Hour	$50.00
5934790 - TUSKER MEDICAL, INC.		
Entity Status - Long Form		
	Certification Fee	$175.00
	Expedite Fee, 24 Hour	$60.00
	TOTAL CHARGES	$775.00
	TOTAL PAYMENTS	$775.00
	BALANCE	$0.00

Delaware

The First State

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

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTEENTH DAY OF JANUARY, A.D. 2016, AT 7:05 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SECOND DAY OF FEBRUARY, A.D. 2016, AT 1:39 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ADVANCED ENT SOLUTIONS, INC." TO "TUSKER MEDICAL, INC.", FILED THE FIRST DAY OF MARCH, A.D. 2016, AT 7:35 O`CLOCK P.M.

CERTIFICATE OF CORRECTION, FILED THE TWENTY-THIRD DAY OF MARCH, A.D. 2016, AT 5:34 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CORRECTION IS THE TWENTY-THIRD DAY OF MARCH, A.D. 2016 AT 5:28 O'CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

5934790 8310

SR# 20203584827

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

Authentication: 202897443

Date: 05-12-20

Delaware

The First State

RESTATED CERTIFICATE, FILED THE NINTH DAY OF JUNE, A.D. 2017, AT 8:10 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2018, AT 5:13 O`CLOCK P.M.

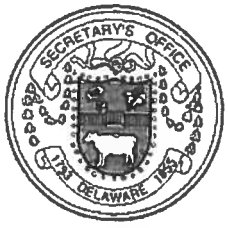
CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SECOND DAY OF MARCH, A.D. 2019, AT 5:55 O`CLOCK P.M.

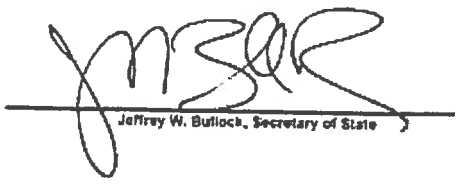
CERTIFICATE OF MERGER, FILED THE TWENTY-THIRD DAY OF JANUARY, A.D. 2020, AT 11:38 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "TUSKER MEDICAL, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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





5934790 8310

SR# 20203584827

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

Authentication: 202897443

Date: 05-12-20

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "TUSKER MEDICAL, INC." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTEENTH DAY OF JANUARY, A.D. 2016, AT 7:05 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SECOND DAY OF FEBRUARY, A.D. 2016, AT 1:39 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ADVANCED ENT SOLUTIONS, INC." TO "TUSKER MEDICAL, INC.", FILED THE FIRST DAY OF MARCH, A.D. 2016, AT 7:35 O`CLOCK P.M.

CERTIFICATE OF CORRECTION, FILED THE TWENTY-THIRD DAY OF MARCH, A.D. 2016, AT 5:34 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CORRECTION IS THE TWENTY-THIRD DAY OF MARCH, A.D. 2016 AT 5:28 O'CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

5934790 8100H
SR# 20203584827

Authentication: 202918600
Date: 05-12-20

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

Attachment H

Surety Bond

JPMORGAN CHASE BANK, N.A.
GLOBAL TRADE SERVICES
131 SOUTH DEARBORN, 6th FLOOR
MAIL CODE: IL1-0236
CHICAGO, IL 60603-5506
SWIFT: CHASUS33

DATE : 22 Jun 2020

IRREVOCABLE STANDBY LETTER OF CREDIT REFERENCE NO.: NUSCGS033579

TO: NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY,
SUITE 206
RENO NV 89521

DEAR SIR/MADAM,

WE HEREBY ISSUE OUR IRREVOCABLE STANDBY LETTER OF CREDIT IN YOUR FAVOR.

BENEFICIARY	: NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PARKWAY, SUITE 206 RENO NV 89521
ACCOUNT PARTY	: TUSKER MEDICAL, INC 155 JEFFERSON DRIVE, SUITE 200 MENLO PARK, CA 94025
DATE OF EXPIRY	: 31-MAY-2021
PLACE OF EXPIRY	: OUR COUNTER
AMOUNT	: USD 25,000.00
APPLICABLE RULE	: ISP LATEST VERSION

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF SMITH AND NEPHEW, INC., 1450 E BROOKS RD, MEMPHIS, TN, 38116-1804 FOR THE ACCOUNT OF TUSKER MEDICAL, INC., 155 JEFFERSON DRIVE, SUITE 200, MENLO PARK, CA 94025, WE HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF USD 25,000.00.

2. WE HAVE BE INFORMED BY OUR CLIENT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/LICENSEE.

3. THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/ LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. PURSUANT TO NRS 639.515(4), UPON THE IMPOSITION OF ANY FINES OR COSTS BY THE BOARD AGAINST THE APPLICANT/LICENSEE, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT JPMORGAN CHASE BANK, N.A., 10420 HIGHLAND MANOR DRIVE, 4TH FLOOR, TAMPA, FLORIDA 33610, ATTN: STANDBY LETTER OF CREDIT DEPT.

5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD

OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED, PAYMENT SHALL BE MADE TO THE BOARD, TO BENEFICIARY'S ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THE CREDIT, WE SHALL GIVE THE BOARD A NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE AND RETURN THE DOCUMENTS TO BENEFICIARY.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE PRINCIPAL SUM BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELLED IN WHOLE OR IN PART ONLY UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION WHICH SHALL BE IN THE FORM OF ATTACHMENT B, ATTACHED HERETO AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD.

12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

13. THIS CREDIT MAY NOT BE TRANSFERRED OR ASSIGNED, EITHER IN WHOLE OR IN PART.

14. THIS CREDIT SHALL BE PERPETUAL UNTIL IT IS CANCELLED AS PROVIDED HEREIN. THEREFORE, JPMORGAN CHASE BANK, N.A. HAS EXECUTED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE ISSUANCE DATE STATED ABOVE.

15. IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT SHALL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT FOR ADDITIONAL 1 YEAR PERIODS FROM THE PRESENT OR EACH FUTURE EXPIRATION DATE, UNLESS AT LEAST 90 DAYS PRIOR TO THE CURRENT EXPIRY DATE WE SEND NOTICE IN WRITING TO YOU AT THE ABOVE ADDRESS, THAT WE ELECT NOT TO AUTOMATICALLY EXTEND THIS LETTER OF CREDIT FOR ANY ADDITIONAL PERIOD. HOWEVER IN NO EVENT SHALL THIS LETTER OF CREDIT BE AUTOMATICALLY EXTENDED BEYOND THE FINAL EXPIRY DATE OF MAY 31, 2022.

Continuation of our Reference NUSCGS033579

16.THIS LETTER OF CREDIT IS SUBJECT TO AND GOVERNED BY THE LAWS OF THE STATE OF NEW YORK, WITHOUT REGARD TO PRINCIPLES OF CONFLICT OF LAWS AND, EXCEPT AS OTHERWISE EXPRESSLY STATED HEREIN, IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES, INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590 ("ISP98") AND IN THE EVENT OF ANY CONFLICT, THE ISP98 WILL CONTROL.

All inquiries regarding this transaction may be directed to our Client Service Group at the following Telephone Number or Email Address quoting our reference NUSCGS033579.
Telephone Number: 1-800-634-1969
Email Address: gts.client.services@jpmchase.com

Yours Faithfully,
JPMorgan Chase Bank, N.A.,

Authorized Signature
Ruxandra Cravcenco
ED - Operations Manager

Continuation of our Reference NUSCGS033579

ATTACHMENT A

CERTIFICATE OF DRAWING

JPMORGAN CHASE BANK, N.A.
10420 HIGHLAND MANOR DRIVE, 4TH FLOOR
TAMPA, FLORIDA 33610
ATTN: STANDBY LETTER OF CREDIT DEPT

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: NUSCGS033579

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE
206 RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. A LAWFUL ORDER IMPOSING FINES AND/OR COSTS AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. NUSCGS033579 (CREDIT).

2. THE UNDERSIGNED IS AUTHORIZED UNDER THE TERMS OF THE CREDIT TO PRESENT THIS CERTIFICATE OF DRAWING AS THE SOLE MEANS FOR DEMANDING PAYMENT ON THE CREDIT.

3. THE BOARD IS THEREFORE MAKING A DRAWING UNDER THE CREDIT IN THE AMOUNT OF USD_____ .

4. THE AMOUNT DEMANDED DOES NOT EXCEED THE PRINCIPAL SUM.

5. SUMS RECEIVED SHALL BE USED BY THE BOARD IN ACCORDANCE WITH THE TERMS OF THE CREDIT.

6. THE AMOUNT OF DRAWING REQUESTED SHALL BE PAYABLE TO THE BOARD IN LAWFUL, IMMEDIATELY AVAILABLE FUNDS TO BE RECEIVED BY THE BOARD AT THE ABOVE ADDRESS NO LATER THAT 11:00 AM EASTERN TIME ON _____.

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE OF DRAWING ON THIS DAY OF , 20 .

NEVADA STATE BOARD OF PHARMACY

BY:
LARRY L. PINSON, PHARM.D.
EXECUTIVE SECRETARY
.

Continuation of our Reference NUSCGS033579

ATTACHMENT B

CERTIFICATE FOR CANCELLATION

JPMORGAN CHASE BANK, N.A.
10420 HIGHLAND MANOR DRIVE, 4TH FLOOR
TAMPA, FLORIDA 33610
ATTN: STANDBY LETTER OF CREDIT DEPT

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: NUSCGS033579

BENEFICIARY: NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. THE LICENSE FOR WHICH THE CREDIT WAS ISSUED HAS EXPIRED, BEEN REVOKED, BEEN CANCELLED, OR OTHERWISE IS NO LONGER IN EFFECT, THEREBY MAKING THE CANCELLATION OF THE CREDIT APPROPRIATE.

2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT.

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE OF CANCELLATION ON THIS DAY OF , 20 .

NEVADA STATE BOARD OF PHARMACY

BY:
LARRY L. PINSON, PHARM.D.
EXECUTIVE SECRETARY

tusker

June 23, 2020

SHIPPED VIA FEDEX

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

Dear Sir or Madam:

Enclosed please find a completed Application for Out-of-State Wholesaler License providing notification of a change in ownership for Tusker Medical Inc. **Please note that an initial application was submitted to your office on October 30, 2019, but a license has not yet been issued. As advised by your office, a new application and fee are required to be submitted.** Kindly process the application along with the following enclosed:

- A cashier's check or money order for $500.00 made payable to: "Nevada State Board of Pharmacy."
- Attachment A: Regarding the Resident State License and Verification Form.
- Attachment B: Regarding the Ownership Change.
- Attachment C: Facility Manager's Resume.
- Attachment D: FDA Registration.
- Attachment E: Nature of Business.
- Attachment F: Corporate Officer and Director Information.
- Attachment G: Delaware Certificate of Good Standing.
- Attachment H: Surety Bond.

Should you need further information, please feel free to contact me.

Very truly yours,

Cirilo Custodio
Primary Contact

Enclosures

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:05 PM 01/15/2016
FILED 07:05 PM 01/15/2016
SR 20160255927 - File Number 5934790

CERTIFICATE OF INCORPORATION OF ADVANCED ENT SOLUTIONS, INC.

ARTICLE I

The name of the corporation is Advanced ENT Solutions, Inc. (the "*Company*").

ARTICLE II

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

ARTICLE III

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

ARTICLE IV

This Company is authorized to issue one class of shares to be designated Common Stock. The total number of shares of Common Stock the Company has authority to issue is 10,000,000 with par value of $0.0001 per share.

ARTICLE V

The name and mailing address of the incorporator are as follows:

David McIntyre
4970 El Camino Real, Suite 220
Los Altos, CA 94022

ARTICLE VI

In furtherance and not in limitation of the powers conferred by statute, the board of directors of the Company is expressly authorized to make, alter, amend or repeal the bylaws of the Company.

ARTICLE VII

Elections of directors need not be by written ballot unless otherwise provided in the bylaws of the Company.

ARTICLE VIII

To the fullest extent permitted by the Delaware General Corporation Law, as the same exists or as may hereafter be amended from time to time, a director of the Company shall not be personally liable to the Company or its stockholders for monetary damages for breach of fiduciary duty as a director. If the Delaware General Corporation Law is amended to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Company shall be

eliminated or limited to the fullest extent permitted by the Delaware General Corporation Law, as so amended.

Neither any amendment nor repeal of this Article, nor the adoption of any provision of this Certificate of Incorporation inconsistent with this Article, shall eliminate or reduce the effect of this Article in respect of any matter occurring, or any cause of action, suit or claim accruing or arising or that, but for this Article, would accrue or arise, prior to such amendment, repeal or adoption of an inconsistent provision.

ARTICLE IX

Subject to any provisions in the bylaws of the Company related to indemnification of directors or officers of the Company, the Company shall indemnify, to the fullest extent permitted by applicable law, any director or officer of the Company who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (a "***Proceeding***") by reason of the fact that he or she is or was a director, officer, employee or agent of the Company or is or was serving at the request of the Company as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by such person in connection with any such Proceeding. The Company shall be required to indemnify a person in connection with a Proceeding initiated by such person only if the Proceeding was authorized by the Board.

The Company shall have the power to indemnify, to the extent permitted by the Delaware General Corporation Law, as it presently exists or may hereafter be amended from time to time, any employee or agent of the Company who was or is a party or is threatened to be made a party to any Proceeding by reason of the fact that he or she is or was a director, officer, employee or agent of the Company or is or was serving at the request of the Company as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by such person in connection with any such Proceeding.

A right to indemnification or to advancement of expenses arising under a provision of this Certificate of Incorporation or a bylaw of the Company shall not be eliminated or impaired by an amendment to this Certificate of Incorporation or the bylaws of the Company after the occurrence of the act or omission that is the subject of the civil, criminal, administrative or investigative action, suit or proceeding for which indemnification or advancement of expenses is sought, unless the provision in effect at the time of such act or omission explicitly authorizes such elimination or impairment after such action or omission has occurred.

ARTICLE X

Except as provided in ARTICLE VIII and ARTICLE IX above, the Company reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

I, the undersigned, as the incorporator of the Company, have signed this Certificate of Incorporation on JANUARY 15, 2016

David McIntyre, Incorporator

Exhibit A

See attached.

FINAL

AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF TUSKER MEDICAL, INC.

FIRST. The name of the corporation (the "Corporation") is Tusker Medical, Inc.

SECOND. The address of the Corporation's registered office in the State of Delaware is 251 Little Falls Drive, Wilmington, county of New Castle, Delaware 19808. The name of its registered agent at such address is the Corporation Service Company.

THIRD. The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware, Section 101, *et. seq.*, as amended from time to time (the "DGCL"), or successor provisions.

FOURTH. The total number of shares of stock which the Corporation shall have authority to issue is 1,000. All such shares are to be common stock, par value of $1 per share, and are to be of one class.

FIFTH. Unless and except to the extent that the bylaws of the Corporation shall so require, the election of directors of the Corporation need not be by written ballot.

SIXTH. In furtherance and not in limitation of the powers conferred by the laws of the State of Delaware, the Board of Directors of the Corporation is expressly authorized to make, alter and repeal the bylaws of the Corporation.

SEVENTH. A director of the Corporation shall not be liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except to the extent such exemption from liability or limitation thereof is not permitted under the DGCL as the same exists or may hereafter be amended. Any amendment, modification or repeal of the foregoing sentence shall not adversely affect any right or protection of a director of the Corporation hereunder in respect of any act or omission occurring prior to the time of such amendment, modification or repeal.

EIGHTH. The Corporation may indemnify and advance expenses to, to the fullest extent permitted by law, any person made or threatened to be made a party to an action or proceeding, whether criminal, civil, administrative or investigative, by reason of the fact that he or she, or his or her testator or intestate is or was a director, officer, employee or agent of the Corporation or any predecessor of the Corporation, or serves or served at any other enterprise as a director, officer, employee or agent at the request of the Corporation or any predecessor to the Corporation. Without limiting the generality or the effect of the foregoing, the Corporation may enter into one or more agreements with any person that provide for indemnification greater or different than that provided in this Article Eighth. Any amendment, modification or repeal of the foregoing sentences of this Article Eighth shall not adversely affect any right or protection of a director or officer of the Corporation hereunder in respect of any act or omission occurring prior to the time of such amendment, modification or repeal.

NINTH. The Corporation reserves the right at any time, and from time to time, to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, and other provisions authorized by the laws of State of Delaware at the time in force may be added or

inserted in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of any nature conferred upon stockholders, directors or any other persons by and pursuant to this Certificate of Incorporation in its present form or as hereafter amended are granted subject to the rights reserved in this Article Ninth, in any case, subject to the limitations contained in the last sentence of Article Eighth.

2

Delaware Division of Corporations

Division of Corporations Survey

401 Federal Street, Suite 4
Dover, DE 19901
Fax: 302-739-7219

On a scale of 1 (unacceptable) to 10 (outstanding), please rate the following questions.

1. How would you rate the **overall quality** of service provided by the Division of Corporations?
   1 2 3 4 5 6 7 8 9 10 NA

2. How would you rate the **convenience** of our services?
   1 2 3 4 5 6 7 8 9 10 NA

3. How would you rate the **promptness** of service provided?
   1 2 3 4 5 6 7 8 9 10 NA

4. How would you rate the **accessibility** of the Division of Corporations staff?
   1 2 3 4 5 6 7 8 9 10 NA

5. How would you rate the **training/information** you received from the Division of Corporations staff?
   1 2 3 4 5 6 7 8 9 10 NA

6. How would you rate the **written materials** received from the Division of Corporations? (Were they easy to read and helpful? i.e., guidelines, forms, DCIS Manual.)
   1 2 3 4 5 6 7 8 9 10 NA

7. Were Division of Corporations **staff attentive and helpful** relative to your comments and concerns?
   1 2 3 4 5 6 7 8 9 10 NA

8. Did Division of Corporations staff display **professionalism & courtesy**?
   1 2 3 4 5 6 7 8 9 10 NA

9. Are Division of Corporations staff **knowledgeable**?
   1 2 3 4 5 6 7 8 9 10 NA

Please let us know about experiences and incidents with the Division of Corporations (i.e., staff, equipment, connectivity, customer service) that impressed or disappointed you.

Comments: _____

_____

Company name and contact information: _____

If you would prefer, you may take this survey online at
https://surveymonkey.com/r/corporationssurvey

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH MW00710

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 See Attachment A

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Zealand Pharma US, Inc.

Physical Address: 293 Boston Post Road West - #330

City: Marlborough State: MA Zip Code: 01752

Telephone Number: 908-500-0465 Fax Number: 508-842-8928

Toll Free Number: N/A

E-mail: mnguyen@zealandpharma.com Website: www.zealandpharma.com

Facility Manager: Matthew Nguyen

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment D

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attachment E
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

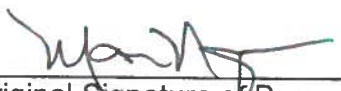
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Matthew Nguyen
Print Name of Authorized Person

5/13/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Zealand Pharma A/S

Mailing Address: 293 Boston Post Road West - #330

City: Marlborough State: MA Zip: 01752

Telephone: 908-500-0465 Fax: 508-842-8928

Contact Person: Matthew Nguyen

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Zealand Pharma A/S (Name) Sydmark 11 2860 Soborg Denmark (Business Address)

b) _____ (Name) _____ (Business Address)

c) _____ (Name) _____ (Business Address)

d) _____ (Name) _____ (Business Address)

2) Provide the number of shares issued by the corporation. 1,000

3) What was the price paid per share? $0.0001

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment F

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. See Attachment G

Attachment A

Regarding the Changes

All of Valeritas, Inc.'s assets have been acquired by Zealand Pharma US, Inc., a wholly owned subsidiary of Zealand Pharma A/S, in a cash purchase and the assumption of certain liabilities related to the ongoing business of Valeritas, Inc. In addition to the change of ownership, the company changed its name to and will continue operations as Zealand Pharma U.S., Inc. Enclosed is documentation of the name and ownership change.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:	:	Chapter 11
	:	
	:	Case No. 20-10290 (LSS)
VALERITAS HOLDINGS, INC., *et al.*,[1]	:	
	:	(Jointly Administered)
Debtors.	:	
	:	**Re: D.I. 25, 129, 188, and 232**

NOTICE OF CLOSING OF SALE

PLEASE TAKE NOTICE that, on March 20, 2020, the United States Bankruptcy Court for the District of Delaware (the "Court") entered the *Order (I) Authorizing the Sale of Substantially All of the Debtors' Assets Free and Clear of Liens, Claims, Encumbrances, and Interests, (II), Approving the Agreement, (III), Authorizing the Assumption and Assignment of Certain Executory Contracts and Unexpired Leases, and (IV) Granting Related Relief* [D.I. 232], authorizing the sale of substantially all of the assets of Valeritas Holdings, Inc. and its affiliated debtors (collectively, the "Debtors") to Zealand Pharma A/S or its designee (the "Purchaser").

PLEASE TAKE FURTHER NOTICE that, on April 2, 2020, the sale of the Debtors' assets to the Purchaser closed.

PLEASE TAKE FURTHER NOTICE that copies of all of the filings in the Debtors' chapter 11 cases are available free of charge on the website of the Court-appointed claims and noticing agent in these chapter 11 cases, KCC, at https://www.kccllc.net/Valeritas. Additionally, if you have an inquiry regarding these chapter 11 cases generally or need further information regarding this notice, **please either visit KCC's website or contact KCC at (877) 709-4747 (toll-free).**

[*Remainder of Page Intentionally Left Blank*]

[1] The debtors in these chapter 11 cases, along with the last four digits of each debtor's federal tax identification number, are: Valeritas Holdings, Inc. (8907); Valeritas, Inc. (1056); Valeritas Security Corporation (9654); Valeritas US, LLC (0007). The corporate headquarters and the mailing address for the debtors is 750 Route 202 South, Suite 600, Bridgewater, New Jersey 08807.

Dated: April 2, 2020
Wilmington, Delaware

Respectfully submitted,

DLA PIPER LLP (US)

/s/ Maris J. Kandestin

Maris J. Kandestin (DE 5294)
1201 North Market Street, Suite 2100
Wilmington, Delaware 19801
Telephone: (302) 468-5700
Facsimile: (302) 394-2341
Email: maris.kandestin@us.dlapiper.com

-and-

Rachel Ehrlich Albanese (admitted *pro hac vice*)
1251 Avenue of the Americas
New York, New York 10020
Telephone: (212) 335-4500
Facsimile: (212) 335-4501
Email: rachel.albanese@us.dlapiper.com

Counsel to the Debtors and Debtors in Possession

ZEALAND PHARMA US, INC.

COMMON STOCK PURCHASE AGREEMENT

This Common Stock Purchase Agreement (the "***Agreement***") is made as of August 8, 2018 by and between **Zealand Pharma US, Inc.** , a Delaware corporation (the "***Company***") and **Zealand Pharma A/S** ("***Purchaser***"). Certain capitalized terms used below are defined in the terms and conditions set forth in **Exhibit A** attached to this Agreement, which are incorporated by reference.

Total shares of Stock purchased:	1,000 shares of Common Stock (the "***Stock***")
Purchase Price per share:	$0.0001
Total Purchase Price:	$0.10
Form of Payment:	Cash: $0.10

[Remainder of page intentionally left blank]

Additional Terms/Acknowledgements: The undersigned Purchaser acknowledges receipt of, and understands and agrees to, this Common Stock Purchase Agreement, including the terms and conditions set forth in **Exhibit A** attached to this Agreement, which are incorporated by reference.

COMPANY:

Zealand Pharma US, Inc.

By: _____

Name: Britt Meelby Jensen
Title: Chief Executive Officer

E-mail: _____

Address: _____

_____

_____

PURCHASER:

Zealand Pharma A/S

By: _____

Name: Britt Meelby Jensen
Title: Chief Executive Officer

E-mail: _____

Address: Smedeland 36
2600 Glostrup, Copenhagen
Denmark

EXHIBIT A

TERMS AND CONDITIONS INCORPORATED INTO COMMON STOCK PURCHASE AGREEMENT

1. Purchase and Sale of Stock. Purchaser agrees to purchase from the Company, and the Company agrees to sell to Purchaser, the number of shares of Stock for the consideration set forth in the cover page to this Agreement. The closing of the transactions contemplated by this Agreement, including payment for and delivery of the Stock, will occur at the offices of the Company immediately following the execution of this Agreement, or at such other time and place as the parties may mutually agree.

2. Investment Representations. In connection with the purchase of the Stock, Purchaser represents to the Company the following:

(a) Purchaser is aware of the Company's business affairs and financial condition and has acquired sufficient information about the Company to reach an informed and knowledgeable decision to acquire the Stock. Purchaser is purchasing the Stock for investment for Purchaser's own account only and not with a view to, or for resale in connection with, any "distribution" thereof within the meaning of the Securities Act of 1933, as amended (the "*Act*").

(b) Purchaser understands that the Stock has not been registered under the Act by reason of a specific exemption therefrom, which exemption depends upon, among other things, the bona fide nature of Purchaser's investment intent as expressed in this Agreement.

(c) Purchaser further acknowledges and understands that the Stock must be held indefinitely unless the Stock is subsequently registered under the Act or an exemption from such registration is available. Purchaser further acknowledges and understands that the Company is under no obligation to register the Stock. Purchaser understands that the certificate evidencing the Stock will be imprinted with a legend that prohibits the transfer of the Stock unless the Stock is registered or such registration is not required in the opinion of counsel for the Company.

(d) Purchaser is familiar with the provisions of Rule 144 under the Act as in effect from time to time, that, in substance, permits limited public resale of "restricted securities" acquired, directly or indirectly, from the issuer of such securities (or from an affiliate of such issuer), in a non-public offering subject to the satisfaction of certain conditions.

(e) Purchaser further understands that at the time Purchaser wishes to sell the Stock there may be no public market upon which to make such a sale, and that, even if such a public market then exists, the Company may not be satisfying the current public information requirements of Rule 144, and that, in such event, Purchaser may be precluded from selling the Stock under Rule 144 even if the minimum holding period requirement had been satisfied.

(f) Purchaser further warrants and represents that Purchaser has either (i) preexisting personal or business relationships, with the Company or any of its officers, directors or controlling persons, or (ii) the capacity to protect Purchaser's own interests in connection with the purchase of the Stock by virtue of the business or financial expertise of Purchaser or of professional advisors to Purchaser who are unaffiliated with and who are not compensated by the Company or any of its affiliates, directly or indirectly.

(g) Purchaser acknowledges that Purchaser has read all tax related sections and further acknowledges Purchaser has had an opportunity to consult Purchaser's own tax, legal and financial advisors regarding the purchase of common stock under this Agreement.

(h) Purchaser acknowledges and agrees that in making the decision to purchase the common stock under this Agreement, Purchaser has not relied on any statement, whether written or oral, regarding the subject matter of this Agreement, except as expressly provided in this Agreement and in the attachments and exhibits to this Agreement.

(i) If the Purchaser is not a United States person (as defined by Section 7701(a)(30) of the Internal Revenue Code of 1986, as amended (the "***Code***")), the Purchaser has satisfied itself as to the full observance of the laws of its jurisdiction in connection with any invitation to subscribe for the Stock or any use of this Agreement, including (i) the legal requirements within its jurisdiction for the purchase of the Stock, (ii) any foreign exchange restrictions applicable to such purchase, (iii) any governmental or other consents that may need to be obtained and (iv) the income tax and other tax consequences, if any, that may be relevant to the purchase, holding, redemption, sale, or transfer of the Stock. The Purchaser's subscription and payment for and continued beneficial ownership of the Stock will not violate any applicable securities or other laws of the Purchaser's jurisdiction.

3. Restrictive Legends. All certificates representing the Stock will have endorsed thereon legends in substantially the following forms (in addition to any other legend which may be required by other agreements between the parties to this Agreement):

(a) "THE SHARES REPRESENTED BY THIS CERTIFICATE HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933 AS AMENDED. THEY MAY NOT BE SOLD, OFFERED FOR SALE, PLEDGED OR HYPOTHECATED IN THE ABSENCE OF AN EFFECTIVE REGISTRATION STATEMENT AS TO THE SECURITIES UNDER SAID ACT OR AN OPINION OF COUNSEL SATISFACTORY TO THE CORPORATION THAT SUCH REGISTRATION IS NOT REQUIRED."

(b) "THE SHARES REPRESENTED BY THIS CERTIFICATE ARE SUBJECT TO A RIGHT OF FIRST REFUSAL OPTION IN FAVOR OF THE CORPORATION AND/OR ITS ASSIGNEE(S) AS PROVIDED IN THE BYLAWS OF THE CORPORATION."

(c) "THE SHARES REPRESENTED BY THIS CERTIFICATE ARE SUBJECT TO A TRANSFER RESTRICTION, AS PROVIDED IN THE BYLAWS OF THE CORPORATION."

(d) Any legend required by appropriate blue sky officials.

4. Market Stand-Off Agreement. Purchaser will not sell, dispose of, transfer, make any short sale of, grant any option for the purchase of, or enter into any hedging or similar transaction with the same economic effect as a sale of, any Common Stock or other securities of the Company held by Purchaser (other than those included in the registration), including the Stock (the "***Restricted Securities***"), during the 180-day period following the effective date of the Company's first firm commitment underwritten public offering of its Common Stock (or such longer period as the underwriters or the Company will request in order to facilitate compliance with FINRA Rule 2241 or NYSE Member Rule 472 or any successor or similar rule or regulation) . Purchaser agrees to execute and deliver such other agreements as may be reasonably requested by the Company and/or the managing underwriters that are consistent with the foregoing or that are necessary to give further effect to the foregoing provision. In order to enforce the foregoing covenant, the Company may impose stop-transfer instructions with respect to Purchaser's Restricted Securities until the end of such period. The underwriters of the Company's stock are intended

third party beneficiaries of this Section 4 and have the right, power and authority to enforce the provisions hereof as though they were a party to this Agreement.

5. Miscellaneous.

(a) Waiver of Information Rights. Purchaser hereby acknowledges and agrees that, except for such information as required to be delivered to Purchaser by the Company pursuant to any other agreement by and between the Company and Purchaser, Purchaser has no right to receive any information from the Company by virtue of such Purchaser's purchase of the Shares, ownership of the Shares, or as a result of Purchaser being a holder of record of stock of the Company. Without limiting the foregoing, to the fullest extent permitted by law, Purchaser hereby waives Purchaser's inspection rights under Section 220 of the Delaware General Corporation Law and all such similar information and/or inspection rights that may be provided under the law of any jurisdiction, or any federal, state or foreign regulation, that are, or may become, applicable to the Company, the Company's capital stock or the Shares (the "***Inspection Rights***"). Purchaser hereby covenants and agrees never to directly or indirectly commence, voluntarily aid in any way, prosecute, assign, transfer, or cause to be commenced any claim, action, cause of action, or other proceeding to pursue or exercise the Inspection Rights.

(b) Notices. All notices required or permitted hereunder will be in writing and will be deemed effectively given: (i) upon personal delivery to the party to be notified; (ii) when sent by confirmed electronic mail or facsimile if sent during normal business hours of the recipient, and if not during normal business hours of the recipient, then on the next business day; (iii) five calendar days after having been sent by registered or certified mail, return receipt requested, postage prepaid; or (iv) one business day after deposit with a nationally recognized overnight courier, specifying next day delivery, with written verification of receipt. All communications will be sent to the other party to this Agreement at such party's address hereinafter set forth on the signature page hereof, or at such other address as such party may designate by 10 days' advance written notice to the other party hereto.

(c) Successors and Assigns. This Agreement will inure to the benefit of the successors and assigns of the Company and, subject to the restrictions on transfer herein set forth, be binding upon Purchaser, Purchaser's successors, and assigns.

(d) Attorneys' Fees. The prevailing party in any suit or action hereunder will be entitled to recover from the losing party all costs incurred by it in enforcing the performance of, or protecting its rights under, any part of this Agreement, including reasonable costs of investigation and attorneys' fees.

(e) Governing Law; Venue. This Agreement will be governed by and construed in accordance with the laws of the State of Delaware. The parties agree that any action brought by either party to interpret or enforce any provision of this Agreement will be brought in, and each party agrees to, and does hereby, submit to the jurisdiction and venue of, the appropriate state or federal court for the district encompassing the Company's principal place of business.

(f) Further Execution. The parties agree to take all such further actions as may reasonably be necessary to carry out and consummate this Agreement as soon as practicable, and to take whatever steps may be necessary to obtain any governmental approval in connection with or otherwise qualify the issuance of the securities that are the subject of this Agreement.

(g) Independent Counsel. Purchaser acknowledges that this Agreement has been prepared on behalf of the Company by Cooley LLP, counsel to the Company and that Cooley LLP does not represent, and is not acting on behalf of, Purchaser. Purchaser has been provided with an opportunity to consult with his, her or its own counsel with respect to this Agreement.

(h) Entire Agreement; Amendment. This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes and merges all prior agreements or understandings, whether written or oral, with respect to the subject matter hereof. This Agreement may not be amended, modified or revoked, in whole or in part, except by an agreement in writing signed by each of the parties hereto.

(i) Severability. If one or more provisions of this Agreement are held to be unenforceable under applicable law, the parties agree to renegotiate such provision in good faith. In the event that the parties cannot reach a mutually agreeable and enforceable replacement for such provision, then (i) such provision will be excluded from this Agreement, (ii) the balance of the Agreement will be interpreted as if such provision were so excluded and (iii) the balance of the Agreement will be enforceable in accordance with its terms.

(j) Counterparts. This Agreement (including any schedules and/or exhibits hereto or thereto) may be executed in two or more counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument. Counterparts may be delivered via facsimile, electronic mail (including pdf or any electronic signature complying with the U.S. federal ESIGN Act of 2000, Uniform Electronic Transactions Act or other applicable law) or other transmission method and any counterpart so delivered will be deemed to have been duly and validly delivered and be valid and effective for all purposes.

[End of Exhibit A to Common Stock Purchase Agreement]

EMERGENCY ALERTS

HIDE ALERTS

Coronavirus Update

Stay informed about coronavirus - COVID-19. Learn more. *Apr. 29th, 2020, 9:00 am*

Read more

Mass.gov

Manufacturer and distributor registration information

Learn about registration for manufacturers and distributors of medical devices and pharmaceuticals.

Medical device manufacturer and distributor registration

This policy is intended to assist manufacturers and/or distributors of medical devices in Massachusetts to ascertain whether they need to obtain a controlled substances registration from the Massachusetts Department of Public Health (MDPH). Such a controlled substances registration would be required under Massachusetts law and regulation (M.G.L. c. 94C and 105 CMR 700.000) if a company were to manufacture, distribute or dispense controlled substances in the Commonwealth, or possess controlled substances with the intent of

manufacturing, distributing or dispensing. Please note that in accordance with Massachusetts law the term "controlled substance" denotes any prescription pharmaceutical (i.e., either a federally controlled substance or a "legend" drug). Thus, any medical device that contains a prescription pharmaceutical is considered to be a controlled substance in Massachusetts regardless of its standing as a medical device.

If you are a manufacturer and/or a distributor in Massachusetts and your company does not manufacture, dispense or distribute controlled substances within the Commonwealth, or possess controlled substances for such purposes your company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

Thus, for example, a manufacturer or distributor of a medical device is not required to register if:

1. the device does not contain any prescription pharmaceutical; or
2. the device does contain a prescription pharmaceutical but is not manufactured, stored, dispensed, or distributed within the Commonwealth.

Pharmaceutical manufacturer and distributor registration

This policy is intended to assist manufacturers and/or distributors of prescription pharmaceuticals to ascertain whether they need to obtain a controlled substances registration from the Massachusetts Department of Public Health (MDPH). Such a controlled substances registration would be required under Massachusetts law and regulation (M.G.L. c. 94C and 105 CMR

Matthew H. Nguyen, PharmD

Higgins Farm Road, Stockton NJ

Summary of Qualifications

Result-oriented and experienced executive with a wide range of skill sets including:

- New product planning, strategic marketing, and commercialization
- Extensive understanding, practical experience and successful commercial leadership of early and late phase product development
- Demonstrated success in developing and leading cross-functional teams (sales, marketing, medical affairs, managed care, alliance, agency)
- Proven ability to align cross-functional teams around a shared product vision
- Adept in building teams, as well as mentoring their managers and members
- Experienced in L&A and M&A for pharmaceutical and medical device businesses across multiple therapeutic areas
- Directly responsible for securing multiple rounds of private and public financing rounds

Background highlighted by a record of achievement and career strengthened by education in both science and business.

Experience

ZEALAND PHARMA US, Inc.

Vice President, Strategy & Operations — April 2020 – *Present*

- Develop and execute managed care and distribution strategy for all US commercialized products
- Manage analytics and commercial effectiveness team supporting marketed and pre-launch activities
- Responsible for directing patient services offering to support prescription pull-through efforts

VALERITAS Inc.

Chief Commercial Officer — February 2016 – April 2020

- Company Officer and member of Board of Directors as of November 2015
- Managed & coordinated activities to ensure completion of Company financing rounds from September 2006 – April 2020
- Managed P&L and all commercial activities across sales, marketing, managed care, and medical affairs that generated accelerating revenue growth for V-Go Wearable Insulin Delivery business
- Prior positions included: SVP, Commercial (October 2015 – Jan 2016) & VP, Integrated Healthcare Management & Medical Affairs (September 2006 – Sept 2015)

Additional Experience

JOHNSON & JOHNSON – *New Business Development Director*	April 2005 – September 2006
SANOFI AVENTIS	June 2000 – April 2005
Acomplia Marketing Director	December 2004 – April 2005
Director, Analytics & Commercial Effectiveness	June 2004 – December 2004
Senior Manager, New Products & Commercialization	August 2001 – June 2004
Senior Manager, Health Economics	June 2000 – August 2001
KNOLL PHARMACEUTICAL COMPANY	
Senior Manager, Clinical Affairs	June 1999 – June 2000
Health Economics Manager	June 1998 – June 1999

Education

Master of Business Administration	Degree Conferred – May 2004
Rutgers University (Executive MBA)	
Fellow, Health Economics & Outcomes Research	July 1996 – June 1998
Janssen Pharmaceutica Inc.	
Doctor of Pharmacy	Degree Conferred – January 1996
Philadelphia College of Pharmacy & Science	
Bachelor of Science in Pharmacy	Degree Conferred – January 1994
Philadelphia College of Pharmacy & Science	

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing New Search Back To Search Results

Verified MS 9/6/2020

Establishment:
Zealand Pharma US, Inc.
293 Boston Post Road W
Suite 330
Marlborough , MA 01752
Registration Number: 1226572
FEI Number*: 3003154078
Status: Active
Date Of Registration Status: 2020

Owner/Operator:
Zealand Pharma U.S.[6]
293 Boston Post Road W
Suite 330
Marlborough, MA US 01752
Owner/Operator Number: 9042783[7]

Official Correspondent:
Michael Reed
293 Boston Post Road W
Suite 330
Marlborough, MA 01752
Phone: 508-6305326

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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U.S. Department of Health & Human Services

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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or FEI Number :** *3003154078*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
Zealand Pharma US, Inc.[9]	MA/USA	1226572	2020
• Set, Administration, Intravascular - V-go[10]			Repackager/Relabeler; Specification Developer; Complaint File Establishment
• Pump, Infusion, Insulin - V-go[11]			Repackager/Relabeler; Specification Developer; Complaint File Establishment

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6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3003154078&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName20%ASC
8. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3003154078&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
9. ./rl.cfm?rid=58079
10. ./rl.cfm?lid=445859&lpcd=FPA
11. ./rl.cfm?lid=445859&lpcd=LZG
12. ./rl.cfm

Page Last Updated: 08/03/2020

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Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)

Attachment E

Nature of Business

Zealand Pharma US, Inc. (Zealand) is a virtual manufacturer of prescription devices. Zealand will use third parties to manufacturer and ship its product. Below is the contact information for the third parties.

Contract Manufacturers:

Viant Medical SUZHOU EPZ Co., Ltd (formerly known as MedPlast healthcare EPZ Co., Ltd.)
288 Shengpu Road, Suzhou
Industrial Park, Suzhou
Jiangsu Province
Jiangsu, CN 215021
FDA Registration Number: 3006194679

Advance Technology Ltd.
3rd Floor Block B, Building 13A, No.12 Z
The 6th Ganli road, Ganli industrial par
Shenzhen, Guangdong CN 518112
FDA Registration Number: 3009515470

Third Party Logistics Provider:

Cardinal Health 105, Inc.
501 Mason Road, Suite 200
La Vergne, TN 37086

Attachment F

Corporate Officer Information

Zealand Pharma US, Inc.

Emmanuel Dulac
CEO

Matthew Dallas
CFO

Ravinder Singh Chahil
Secretary

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZEALAND PHARMA US, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZEALAND PHARMA US, INC." WAS INCORPORATED ON THE EIGHTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7008137 8300

SR# 20203018628

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202802612

Date: 04-21-20

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K40483627

Application/License No. _____

Zealand Pharma US, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 293 Boston Post Road West, Suite 330, Marlborough, MA 01752 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of IN (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Hall's Mill Road , Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 21, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of July, 2020.

APPLICANT/PRINCIPAL
Zealand Pharma US, Inc.

By: _____
Authorized Representative
Matthew Dacus, CEO

SURETY COMPANY
Federal Insurance Company

By: _____
Surety Company's Representative

Wendy Lee Wadkins, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness Anli Seefontein

_____
Witness Melissa Owens

SIGNED and SEALED in the presence of:

_____
Witness Pablo Rios, Jr.

_____
Witness Danielle M. Bechard

Countersigned by:

_____
Non-Nevada Resident Agent Wendy Lee Wadkins
License #3091632

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY,** an Indiana corporation, **VIGILANT INSURANCE COMPANY,** a New York corporation, **PACIFIC INDEMNITY COMPANY,** a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Wendy Lee Wadkins

Surety Bond Number: K40483627
Obligee: Nevada State Board of Pharmacy

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **1st** day of **November, 2019.**

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **1st** day of **November, 2019,** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this July 21, 2020.

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: BioCryst Pharmaceuticals, Inc.

Physical Address: 4505 Emperor Boulevard, Suite 200

City: Durham State: NC Zip Code: 27703

Telephone Number: (919) 859-1302 Fax Number: N/A

Toll Free Number: N/A

E-mail: abarnes@biocryst.com Website: www.biocryst.com

Facility Manager: Raj Yash Kapadia

Professional qualifications and experience of facility manager: 20 years of experience in logistics, project management with extensive experience in supply change/warehouse management in the pharmaceutical industry.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: AndersonBrecon Inc. - A PCI Pharma Services Company
Address: 4545 Assembly Drive, Rockford, IL 61109

Name: Jubilant HollisterStier LLC
Address: 3525 North Regal Street, Spokane, WA 99207

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Alan Barnes
Original Signature of Person Authorized to Submit Application, no copies or stamps

Alane Barnes
Print Name of Authorized Person

July 16, 2020
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: BioCryst Pharmaceuticals, Inc.

Mailing Address: 4505 Emperor Boulevard, Suite 200

City: Durham State: NC Zip: 27703

Telephone: (919) 859-1302 Fax: N/A

Contact Person: Alane Barnes

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: 11/15/1991

Registration number issued: 333-237820

Stock Exchange: Nasdaq

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

BCRX 10K - BioCryst Pharmaceuticals, Inc. - Annual Report - March 13, 2020

March 13, 2020

Security BCRX / BioCryst Pharmaceuticals, Inc. (09058V103)
ISIN US09058V1035
LEI 549300Z0INP1Z5NP6J59
Form Type 10-K
File Date 2020-03-13

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2019

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934.**

For the transition period from to .

Commission File Number 000-23186

BIOCRYST PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

DELAWARE	**62-1413174**
(State of other jurisdiction of incorporation or organization)	**(I.R.S. employer identification no.)**

4505 Emperor Blvd., Suite 200, Durham, North Carolina 27703
(Address of principal executive offices)

(919) 859-1302
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Stock, $.01 Par Value	BCRX	The NASDAQ Global Select Market

Securities registered pursuant to Section 12(g) of the Act:

Title of class
None

Indicate by a check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by a check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by a check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by a check mark whether the registrant submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (Section 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Away

605

2020

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1631

LICENSE/CERTIFICATE: Virtual Manufacturer
TYPE
Expiration Date 12/31/2020

LICENSEE OR CERTIFICATOR
BIOCRYST PHARMACEUTICALS INC
4505 EMPEROR BLVD STE 200
DURHAM NC 27703

LICENSED 2020 NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

Food & Drug Protection Division

Drug License Search

Go Back New Search

Your search for biocryst returned the following results...

BioCryst Pharmaceuticals, Inc.
4505 Emperor Blvd., Suite 200
Durham, NC 27703

License Type: 092
License Number: 976
Description: Virtual Manufacturer

Status: Inactive
Issue Date: 12/15/2015
Expiration Date: 12/31/2016

BIOCRYST PHARMACEUTICALS INC
4505 EMPEROR BLVD STE 200
DURHAM, NC 27703

License Type: 092
License Number: 1631
Description: Virtual Manufacturer

Status: Active – in good standing
Issue Date: 6/18/2020
Expiration Date: 12/31/2020

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOCRYST PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2280050 8300

SR# 20206348722

Authentication: 203325741

Date: 07-22-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOCRYST PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2280050 8300

SR# 20201047452

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202374526

Date: 02-12-20

List of Officers

Jon Stonehouse
President and Chief Executive Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908
Email: jstonehouse@biocryst.com

Anthony Doyle
Chief Financial Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7930
Email: adoyle@biocryst.com

Megan Sniecinski
Sr. Vice President and Chief Business Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-226-5875
Email: msniecinski@biocryst.com

Alane Barnes
Sr. Vice President and Chief Legal Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7930
Email: abarnes@biocryst.com

William Sheridan
Sr. Vice President and Chief Medical Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7906
Email: bsheridan@biocryst.com

Y.S. Babu
Sr. Vice President, Drug Discovery (CSO)
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 205-444-4606
Email: babu@biocryst.com

RAJ KAPADIA

Raleigh, NC

Global Supply Chain and Operations Executive

Global Supply Chain | Global Strategy | Global Distribution & Transportation

Motivated and passionate global supply chain and operations executive with broad experience in Pharmaceutical, BioDevice, Computer/Electronics and Health Care industries. Proven track record of delivering bottom-line results in managing global supply chains, global manufacturing operations, global procurement operations, strategic planning, and global distribution/transportation. Flexible and versatile with ability to maintain a sense of humor under pressure. Poised and competent with demonstrated ability to easily transcend cultural differences and thrive in deadline-driven environments. Excellent team building skills including the hiring/development/mentoring of key talent.

AREAS OF EXPERTISE

- Global Manufacturing and Operations Management
- Supply/Demand Planning
- Procurement Operations and Strategic Global Sourcing
- Merger, Acquisition, Divestiture and IP0
- Global Sales with P&L Responsibility
- Distribution and Warehouse Operations
- Transportation Management
- Strategic Planning
- Lean & Six Sigma – Green Belt
- Project Management (PMO)
- Supplier, Vendor and Alliance Management
- ERP Leadership (SAP, JDE, WMS, etc.)
- cGMP and ISO

PROFESSIONAL EXPERIENCE

BIOCRYST PHARMACEUTICALS, INC., Durham, NC **2020 - Present**

Executive Director, Global Supply Chain Management

Direct Reports: 4 – Director Global Supply Chain, Director Clinical Supply Chain, Assoc. Director Supply Chain Europe and Procurement Operations Manager. Manage overall supply chain operations, including purchasing and inventory of raw materials, selection of and contracting with CMO vendors, and distribution of finished goods to supply product to patients globally.

- Build and lead supply chain organization responsible for ensuring the uninterrupted supply of clinical and commercial products within the product forecast and budget.
- Plans and implements activities related to the timely, cost-effective procurement, inventory control, planning and quality control of production materials, and distribution and logistics.
- Ensures the availability of materials in the supply chain, as scheduled, and the maintenance of inventory at minimum acceptable levels.
- Responsible for sourcing and supplying raw materials, utilities and outside services, as well coordinating global procurement efforts, negotiating and contract management with CMOs, 3PLs, or other distribution partners, as needed.
- Works collaboratively with other functions to support clinical and commercial supply chain, including coordination with finance/accounting on matters involving inventory-carrying costs, with Clinical Operations to maintain adequate supply of clinical trial material, with R&D for new product development.
- Key leadership role supporting the launching planning and subsequent commercialization of BCX7353, upon approval.

SEQIRUS (formerly Novartis Vaccines), Holly Springs, NC **2018 - 2020**
Head, Strategy, Alliance Management and Project Management Office
Direct Reports: 3 –Senior Project Managers and 1- Senior Alliance & New Market Entry Manager. Lead Project Management Office (PMO) and oversee major site projects including Technology Transfers, New Market Entry, Launch Campaign Coordination, Commercial Readiness, and Site Risk Management/Business Continuity. Provide support for 5 year strategic plan, site budget, site KPI's and site capital approval team.
Revenue Accountability: $80.0M

- Member of Site Leadership Team (SLT) for the Holly Springs location that produces cell based flu vaccine
- Manage all Contract Manufacturing Operations (CMO) relationships globally that includes operational and contractual oversight. Our current 7 CMO's are responsible for 75% of Seqirus annual production volumes.
- Manage the relationship with the US Government (BARDA/HHS) to deliver site commitments, budget (>$80M in revenue annually) and all related contractual obligations to ensure on time achievement of milestones, delivery of product and associated revenue.
- Responsible for Seqirus local brand intitiatives including creation of website for colleagues to order branded materials, building local sponsorship relationships with the SAS Championship, Carolina Hurricanes and WakeMed while strengthening our relationship with the North Carolina Biotechnology Center.
- Lead Project Management Office and associated project management resources to plan, coordinate, execute and deliver objectives of key Site projects.
- Coordinate annual preparation of Site 5 Year Plan, Site Budget Workplan and Global Seqirus Strategy.
- Own all Risk Management and Business Continuity activities at the Holly Springs site including quarterly reporting to the Site Leadership Team and Seqirus Executive Team.

ZOETIS (Formerly Pfizer Animal Health), Durham, NC **2009 - 2018**
Vice President VMD and Senior Director Global BioDevice & Automation Operations
Direct Reports: 8 –Director Global Supply Chain, Director Global Site Operations, Director Global Customer Support, Director South Europe/Middle East Field Serice, Director North Europe Field Serivce, Director Asia Field Serivce, Director Americas Field Serivce, and Director VMD Technical Support. Total Span of Control: 140, geographically dispersed. Managed end-to-end global supply chain including customer support, supply & demand planning, procurement, build-to-order BioDevice & Automation manufacturing operations, inventory management, distribution/logistics, field service operations, EH&S, facilities, quality and overall business strategy. Dotted line responsibility for HR, Legal, IT, and Finance within Global BioDevices & Automation function.
Global Spend Accountability: $10.3M Revenue Budget: $80.2M

- Site Leader for Global BioDevices & Automation manufacturing sites in Durham, NC (HQ) and London, Ontario Canada along with 2 global distribution sites in Torce, France and Chapeco, Brazil.
- Served as Acting Vice President for Global BioDevices business unit (including R&D, Engineering and Tech Services, and Global Operations) for 10 months in 2015 during manager's extended medical leave.
- Sales, Marketing and P&L Owner with a revenue budget of $8M for Vaccine Manufacturing Devices (VMD) Division that designs and manufactures custom vaccine production equipment for egg-based vaccine industry (Human Flu and Animal Health).
- Member of Zoetis integration teams including Fort Dodge(Wyeth), Alpharma(King), Synbiotics and KL Automation acquisitions. Member of IPO team that separated the Animal Health business from Pfizer in February 2013.
- Successfully managed ongoing customer service reviews utilizing key performance indicator data and in collaboration with other departments, ensured customer service expectations were delivered consistently.
- Ensured seamless end-to-end fulfillment of customer orders for pharmaceuticals, biologicals, vaccines, medical feed additives and build-to-order BioDevices.

CATALENT PHARMA SOLUTIONS (A Blackstone Company), RTP, NC **2007 - 2009**
Director, Supply Chain and Technical Operations:
Direct Reports: 8 –Sr. Project Managers (4), Senior Manager Contract Management, Senior Manager Supply Chain, Senior Manager Facilities and Senior Manager Transportation/Logistics. Total Span of Control: 40. Areas managed include Contract Management, Project Management, Procurement, Manufacturing Operations, Facilities Management, Distribution/Transportation, Warehousing, Import/Export/DEA and Customer Service.
Global Spend Accountability: $7.7M. Revenue Budget: $60.4M

- Member of Senior Leadership Team (SLT) for the Respiratory, Analytical, Biological and Sterile Manufacturing Operations business unit supporting $70M in annual revenue.
- Implemented Operational Excellence/Lean program into Project Management, Procurement, Manufacturing Operations, Logistics and Customer Service teams. Drove over $400,000 of savings in FY2008 through multiple initiatives within these groups.
- Managed all global procurement processes including RFI/RFQ, strategic sourcing, contract negotiations, and vendor relationship management. Reduced overall spending by 24% during FY2009 and reduced working capital needs by $150,000 via used equipment sales.
- Established and maintained Sales and Operations Planning (S&OP) process for the entire business unit and improved on time delivery (OTD).

NOMACORC (A Noel Group Company), Zebulon, NC **2006 - 2007**
Director, Global Operations & Supply Chain:
Managed global make-to-order synthetic cork supply chain. Managed three (3) FDA compliant and ISO certified manufacturing facilities (US , Belgium and China) that generated over $100M in annual revenue.

- Saved $7M+ during first 12 months assimilating disparate departments and creating synergies.
- Developed global 5 year strategy and long-range planning roadmap that enabled the decision to establish operations in China based on future demand, cost and supply chain optimization. Enabled very short leadtimes for customers in Asia.
- Led the establishment of China manufacturing partnership and implemented late stage customization process for the site. Blank corks were manufactured at both Zebulon and Belgium sites and sent to China for late stage printing and quick-turn delivery to customers in Asia.
- Increased Zebulon Manufacturing Operation capacity by 25% by adding 2 extruders and replacing all legacy cork printing machines with new highly automated printing equipment.
- Led global transportation analysis initiative for Noel Group ($500M parent company) and evaluated all $35m in annual freight spending.
- Provided Noel Group with $5M in savings opportunity via global freight consolidation and outsourcing to a strong 3PL (FedEx SCS).

GLAXOSMITHKLINE, RTP, NC **2004 - 2006**
Associate Director, Supply Chain Distribution:
Managed distribution, logistics, transportation management and overall supply chain strategy in the United States.

- Managed $25M third party contract and relationship with FedEx Supply Chain Services to provide transportation management and freight bill audit/payment services to GSK. Able to effectively renegotiate contract and reduce spending by $5.1M annually.
- Reduced spending by $6M annually by consolidating transportation and focusing on supply chain security, cold chain processes, and strategic supplier relationships.
- Improved on-time delivery from 85% to 94% and created stronger internal and external customer relationship through cultivating relationships with distributors (Cardinal, McKesson, and AmerisourceBergen).

IBM – INTEGRATED SUPPLY CHAIN, RTP, NC **1997 – 2004**

- Named an Executive Resource early in IBM career which facilitated fast-track assignments and promotions across IBM divisions every 18-24 months.
- Significant global experience in Manufacturing Operations, Business & Supply Chain Strategy, Supplier Relationship Management, Strategic Procurement & Sourcing, Acquisition/Divestiture, Logistics, Program Management, Reverse Logistics and Financial Planning & Analysis.

Associate Director, Global Logistics Americas Procurement

- Responsible for all logistics procurement in the Americas region (United States, Canada, and Latin America). Contracts encompassed all transportation, import/export, and all third party distribution/manufacturing & service parts relationships. Span of control included 5 senior level managers, 35 staff procurement professionals, $500M in annual spend, and provided support to all four major IBM divisions (Hardware, Software, Global Services, and Global Finance)

Senior Manager, GARS Americas Operations

- Responsible for all GARS (Global Asset Recovery Services) reverse logistics operations in the Americas (US, Canada, Mexico, and South America) that included eight major ISO certified lease returns & remanufacturing operations, all related distribution, transportation, warehousing, import/export, service parts, scrap, and returned asset reconciliation. Span of control was over 400 staff , $80M budget and $1B in Revenue. Managed the due diligence and divestiture of the US operations in 2002 to Solectron Global Services.

Program Manager, Global Supplier Relationship Management

- Accountable for directing and aligning all GARS reverse logistics operations around the world in the areas of operations, supply chain optimization, network rationalization, metrics, government relations, financial planning and analysis, and strategic supplier strategy. Managed $20M in 3PL relationships and project offices with Solectron, Sanmina-SCI, and Artesyn Solutions.

Manager, RTP Technical Operations

- Managed the Industrial Engineering, Strategic Planning, Facilities/Maintenance Engineering, Procurement, Finance, ISO and Business Controls functions for RTP GARS Remanufacturing Operations. Performed significant process re-engineering and high-velocity/lean sigma process transformations. Department included 12 technical and 3 non-technical direct reports with an annual department budget of $6M.

GlaxoWellcome (formerly Burroughs Wellcome), Greenville, NC **1992 – 1997**

Senior Industrial Engineer

Held various Industrial Engineering and Manufacturing Management positions within Solid Dosage, Sterile Products, Ointments/Creams/Liquids, Chemical Manufacturing and Small Scale Clinical Manufacturing divisions.

SunHealth Consulting Services / Baptist Medical Center, Columbia, SC **1988 - 1992**

Corporate Director, Management Engineering

Provided Management Engineering services to Richland Memorial Hospital as a SunHealth Consultant and then as an in-house Corporate Director Management Engineering at Baptist Medical Center. Both positions were located in Columbia, South Carolina.

EDUCATION

BS Industrial Engineering (Cum Laude), North Carolina State University, Raleigh, North Carolina
Alpha Pi Mu Engineering Honor Society
Attended MBA, University of South Carolina, Columbia, South Carolina (50% Complete)

PROFESSIONAL DEVELOPMENT/CERTIFICATIONS/AFFILIATIONS

Victory Over Sarcoma Board Member (2015 - current)
Pretty in Pink Classic Board Member (2017 – current)
GSK Green Belt Certification (2005)
GSK Executive Leadership Training (2005)
IBM Executive Resource (1999 – 2004)
IBM Executive Leadership Development Center (2000)
IBM Management School - Basic Blue (1999)
IBM Leadership Education - LEAP (1998)
GlaxoWellcome Management School (1996)

AWARDS

Pfizer Global Great Manager Award (2011)
IBM RTP Site Team Player Award (1999)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

- ☒ Publicly Traded Corporation – Pages 1,2,3,4
- ☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
- ☐ Partnership - Pages 1,2,3,7,8
- ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: BioCryst Pharmaceuticals, Inc.

Physical Address: 4505 Emperor Boulevard, Suite 200

City: Durham State: NC Zip Code: 27703

Telephone Number: (919) 859-1302 Fax Number: N/A

Toll Free Number: N/A

E-mail: abarnes@biocryst.com Website: www.biocryst.com

Facility Manager: Raj Yash Kapadia

Professional qualifications and experience of facility manager: 20 years of experience in logistics, project management with extensive experience in supply change/warehouse management in the pharmaceutical industry.

Types of licensed outlets or authorized persons firm will serve:

- ☒ Pharmacies
- ☐ Practitioners
- ☒ Hospitals
- ☒ Wholesalers
- ☐ Other: _____

Type of Products to be handled or wholesaled by firm:

- ☒ Legend Pharmaceuticals, Supplies or Devices
- ☐ Poisons or Chemicals
- ☐ Controlled Substances (include copy of DEA)
- ☐ Other: _____
- ☐ Hypodermic Devices
- ☐ Veterinary Legend Drugs

a 5% ownership interest in the corporation. As such, BioCryst is not currently aware of shareholder interest ownership or management in any type of business or facility licensed by the State of Nevada or another political jurisdiction (Application, Page 2). Likewise, BioCyst does not have direct knowledge of any information that would warrant an affirmative ("yes") answer to disclosure questions 1-5 on pages 2-3 of the application.

As always, should you have any further questions, please do not hesitate to contact our office. We look forward to hearing from you.

Sincerely,

Allyson Snow, J.D.
Attorney

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: AndersonBrecon Inc. - A PCI Pharma Services Company
Address: 4545 Assembly Drive, Rockford, IL 61109

Name Jubilant HollisterStier LLC
Address: 3525 North Regal Street, Spokane, WA 99207

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Alane Barnes
Print Name of Authorized Person

July 16, 2020
Date

Board Use Only	Date Processed _____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: BioCryst Pharmaceuticals, Inc.

Mailing Address: 4505 Emperor Boulevard, Suite 200

City: Durham State: NC Zip: 27703

Telephone: (919) 859-1302 Fax: N/A

Contact Person: Alane Barnes

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: 11/15/1991

Registration number issued: 333-237820

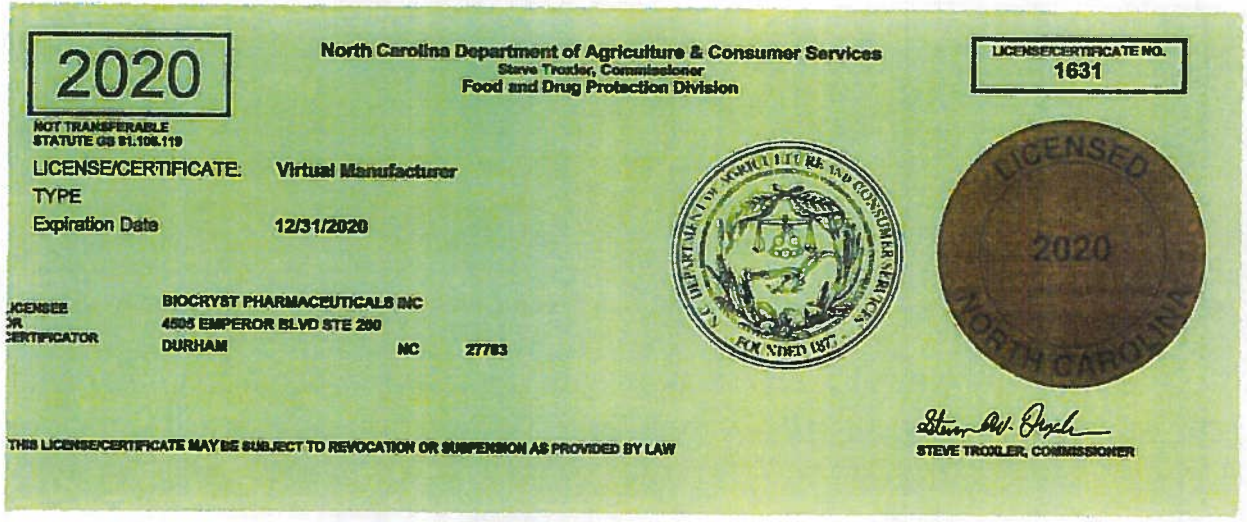
Stock Exchange: Nasdaq

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.



2020

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1631

LICENSE/CERTIFICATE: Virtual Manufacturer
TYPE
Expiration Date 12/31/2020

LICENSEE
OR
CERTIFICATOR
BIOCRYST PHARMACEUTICALS INC
4505 EMPEROR BLVD STE 200
DURHAM NC 27703

LICENSED
2020
NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

Updated List of Board of Directors

Robert A. Ingram
Chairman of the Board
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

George B. Abercrombie
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Steve Aselage
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Theresa Heggie
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Nancy Hutson, Ph.D.
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Kenneth B. Lee, Jr.
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Alan G. Levin
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Jon P. Stonehouse
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Helen Thackray, M.D.
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

EXHIBIT B
Copy of Pending Application Form

BOESEN & SNOW LLC
ATTORNEYS AT LAW

17797 N Perimeter Dr, Ste D107
Scottsdale, AZ 85255
(480) 900-4614
www.BoesenSnowLaw.com

Writer's Direct Dial: (602) 326-4497
E-Mail: ASnow@BSLawUSA.com

July 20, 2020

VIA FEDERAL EXPRESS
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway,
Suite 206
Reno, Nevada 89521

RE: BioCryst Pharmaceuticals, Inc. – Application for Out-of-State Wholesaler License

Dear Sir or Madam:

This firm represents the above-referenced entity. Enclosed for your consideration, please find an application of out-of-state wholesaler license for consideration at the September 2-3, 2020 Board meeting. Enclosed please find the following:

- Complete Out-of-State Wholesaler Application;
- $500.00 check payable to *Nevada State Board of Pharmacy;*
- Copy of North Carolina Virtual Manufacturer Permit;
- Copy of License Confirmation from North Carolina Department of Agriculture[1];
- Certificate of Good Standing from State where business is incorporated (Delaware); and
- List of Officers

Please note that BioCryst Pharmaceuticals, Inc. ("BioCryst"), is a publicly traded company. According to the most recently filed corporation documents, no shareholder holds greater than

[1] Shannon Redd, Information Processing Technician, Food and Drug Protection Division, North Carolina Department of Agriculture, confirmed that primary source verification of permit holders is conducted via their website http://www.ncagr.gov/aspzine/fd/fdpd/search.asp. Email confirmation from Ms. Redd is available upon request.

EXHIBIT A
Updated List of Officers

Jon P. Stonehouse
President; Chief Executive Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908
Email: jstonehouse@biocryst.com

Anthony Doyle
Chief Financial Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 984-227-6986
Email: adoyle@biocryst.com

Megan Sniecinski
Sr. Vice President & Chief Business Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-226-5875
Email: msniecinski@biocryst.com

Alane Barnes
Secretary; Sr. Vice President & Chief Legal Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7930
Email: abarnes@biocryst.com

William P. Sheridan
Sr. Vice President & Chief Medical Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7906
Email: bsheridan@biocryst.com

Yarlagadda S. Babu
Sr. Vice President, Drug Discovery
2190 Parkway Lake Drive
Birmingham, AL 35244
Tel: 205-444-4606
Email: babu@biocryst.com

Charles Gayer
Sr. VP & Chief Commercial Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-226-5808
Email: cgayer@biocryst.com

BOESEN & SNOW LLC
ATTORNEYS AT LAW

17797 N Perimeter Dr, Ste D107
Scottsdale, AZ 85255
(480) 900-4614
www.BoesenSnowLaw.com

Writer's Direct Dial: (602) 326-4497
E-Mail: MBOESEN@bslawusa.com

August 4, 2020

VIA EMAIL msedar@pharmacy.nv.gov

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway,
Suite 206
Reno, Nevada 89521

RE: BioCryst Pharmaceuticals, Inc. – Application for Out-of-State Wholesaler License
Notice of Amendment

Dear Mr. Sedar:

Boesen & Snow represents Biocryst Pharmaceuticals, Inc. There is a pending license application for a nonresident virtual drug manufacturer submitted for the Board of Pharmacy's review. Following a routine review of the submitted application and further review of the company's structure, we found that the list of officers and directors submitted on July 20, 2020 was incomplete. This was an administrative oversight. Please accept our firm's apology. Attached to this letter is a complete list of officers and directors.

We respectfully request the application for Biocryst Pharmaceuticals, Inc. be amended to reflect this updated list. Please do not hesitate to contact our firm with questions or concerns.

Sincerely,

Mark D. Boesen, Pharm.D., J.D.
Attorney

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

■ New Wholesaler or □ Ownership Change (Provide current license number if making changes: WH_____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

■ Publicly Traded Corporation – Pages 1,2,3,4
□ Non Publicly Traded Corporation – Pages 1,2,3,5,6
□ Partnership - Pages 1,2,3,7,8
□ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: RGH Enterprises, Inc.

Physical Address: 12075 Pritchard Rd.

City: Jacksonville State: FL Zip Code: 32220

Telephone Number: 904-378-8940 Fax Number: 614-652-0674

Toll Free Number: N/A

E-mail: licensure@cardinalhealth.com Website: www.edgepark.com

Facility Manager: Grant Thompson

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: Patients, Labs

Type of Products to be handled or wholesaled by firm:

■ Legend Pharmaceuticals, Supplies or Devices
□ Poisons or Chemicals
□ Controlled Substances (include copy of DEA)
■ Other: Mobility Aids, Ambulation Aids, Sickroom Setup and Disposable Supplies
□ Hypodermic Devices
□ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ■
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ■

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Dexcom
Address: San Diego, CA

Name: Coloplast
Address: Minneapolis, MN

Name: Hollister
Address: Chicago, IL

Name: Convatec
Address: Charlotte, NC

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ■

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ■ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ■

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Ken Chamberlain

Original Signature of Person Authorized to Submit Application, no copies or stamps

Keegan Chamberlain

Print Name of Authorized Person

05/26/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Ohio

Parent Company if any: AssuraMed Group, Inc.

Corporation Name: RGH Enterprises, Inc

Mailing Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip: 44087

Telephone: 330-963-6998 Fax: 614-652-0674

Contact Person: Cynthia Rhodes

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 04/09/1990

Registration number issued: 770802

Stock Exchange: NYSE under CAH

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended June 30, 2018

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 1-11373

Cardinal Health, Inc.

(Exact name of registrant as specified in its charter)

Ohio	**31-0958666**
(State or other jurisdiction of incorporation or organization)	***(IRS Employer Identification No.)***
7000 Cardinal Place, Dublin, Ohio	**43017**
(Address of principal executive offices)	***(Zip Code)***

(614) 757-5000

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	*Name of each exchange on which registered*
Common shares (without par value)	**New York Stock Exchange**

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☑ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§229.405 of this chapter) is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of the Form 10-K or any amendment to the Form 10-K. ☑

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☑	Accelerated filer ☐
Non-accelerated filer ☐ (Do not check if a smaller reporting company)	Smaller reporting company ☐
Emerging growth company ☐	

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act ☐

Mark I. Sedar

From: Rhodes, Cynthia <cynthia.rhodes@cardinalhealth.com>
Sent: Monday, August 10, 2020 9:18 AM
To: Mark I. Sedar
Subject: RE: New Applications

Hi Mar,

Yes, RGH Enterprises, Inc. is a wholly owned subsidiary of Cardinal Health, Inc.

Thank you!

Cynthia Rhodes
Manager, Quality and Regulatory Management
7000 Cardinal Place, QRA, Dublin, OH 43017
614.553.3076 tel / 614.668.7595 cell

I am *Essential to care*

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Monday, August 10, 2020 11:45 AM
To: Rhodes, Cynthia <cynthia.rhodes@cardinalhealth.com>
Subject: RE: New Applications

External Email – Please use caution before opening attachments or clicking links

Hi Cynthia,

Question, can you verify that RGH is a "Wholly Owned" subsidiary of Cardinal Health?

As far as the September meeting, we are still finalizing the agenda. I won't have all the details until tomorrow.

Mark Sedar

From: Rhodes, Cynthia <cynthia.rhodes@cardinalhealth.com>
Sent: Friday, August 7, 2020 6:49 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: RE: New Applications

Hi Mark,

EX-21.1 5 a19q4_10kx063019xexhibit211.htm EXHIBIT 21.1

Exhibit 21.1

Subsidiaries of the Registrant

Listed below are majority-owned subsidiaries of Cardinal Health, Inc. as of June 30, 2019. Subsidiaries excluded from the list below would not, considered in the aggregate as a single subsidiary, constitute a "significant subsidiary" of Cardinal Health, Inc. as that term is defined in Rule 1-02(w) of SEC Regulation S-X.

Subsidiary Name	State/Jurisdiction of Incorporation
A+ Secure Packaging, LLC	Tennessee
Access Closure, Inc.	California
Aero-Med, Ltd.	Connecticut
Allegiance Corporation	Delaware
AssuraMed, Inc.	Delaware
Bellwether Oncology Alliance, Inc.	Tennessee
Cardinal Health 2, LLC	Nevada
Cardinal Health 3, LLC	Delaware
Cardinal Health 5, LLC	Delaware
Cardinal Health 6, Inc.	Nevada
Cardinal Health 7, LLC	Delaware
Cardinal Health 100, Inc.	Indiana
Cardinal Health 104 LP	Ohio
Cardinal Health 105, Inc.	Ohio
Cardinal Health 107, LLC	Ohio
Cardinal Health 108, LLC	Delaware
Cardinal Health 110, LLC	Delaware
Cardinal Health 112, LLC	Delaware
Cardinal Health 113, LLC	Wisconsin
Cardinal Health 114, Inc.	Delaware
Cardinal Health 115, LLC	Ohio
Cardinal Health 116, LLC	Delaware
Cardinal Health 118, LLC	Delaware
Cardinal Health 119, LLC	Delaware
Cardinal Health 121, LLC	Delaware
Cardinal Health 122, LLC	Delaware
Cardinal Health 123, LLC	Delaware
Cardinal Health 124, LLC	Delaware
Cardinal Health 126, LLC	Delaware
Cardinal Health 127, Inc.	Kansas
Cardinal Health 200, LLC	Delaware
Cardinal Health 201, Inc.	Delaware
Cardinal Health 222 (Thailand) Ltd.	Thailand
Cardinal Health 247, Inc.	Colorado
Cardinal Health 249, LLC	Delaware
Cardinal Health 414, LLC	Delaware
Cardinal Health Australia 503 Pty. Ltd.	Australia
Cardinal Health Austria 504 GmbH	Austria
Cardinal Health Belgium 505 BVBA	Belgium
Cardinal Health Canada Inc.	Canada
Cardinal Health Canada Holdings Cooperative U.A.	Netherlands
Cardinal Health Chile Limitada	Chile
Cardinal Health Colombia S.A.S.	Colombia
Cardinal Health do Brasil Ltd.	Brazil
Cardinal Health D.R. 203 II Ltd.	Bermuda
Cardinal Health Denmark ApS	Denmark

Subsidiary Name	State/Jurisdiction of Incorporation
Cardinal Health Foundation	Ohio
Cardinal Health France 506 SAS	France
Cardinal Health Funding, LLC	Nevada
Cardinal Health Germany 507 GmbH	Germany
Cardinal Health Germany Manufacturing GmbH	Germany
Cardinal Health International Philippines, Inc.	Philippines
Cardinal Health IPS, LLC	Delaware
Cardinal Health Ireland 419 Designated Activity Company	Ireland
Cardinal Health Ireland 508 Limited	Ireland
Cardinal Health Ireland Unlimited Company	Ireland
Cardinal Health Italy 509 Srl	Italy
Cardinal Health Japan G.K.	Japan
Cardinal Health Korea Limited	Korea
Cardinal Health Malaysia 211 Sdn. Bhd.	Malaysia
Cardinal Health Malta 212 Limited	Malta
Cardinal Health Managed Care Services, LLC	Delaware
Cardinal Health Medical Products India Private Limited	India
Cardinal Health Mexico 244 S. de R.L. de C.V.	Mexico
Cardinal Health Mexico 514 S. de R.L. de C.V.	Mexico
Cardinal Health Middle East FZ-LLC	United Arab Emirates
Cardinal Health Netherlands 502 B.V.	Netherlands
Cardinal Health Norway AS	Norway
Cardinal Health Pharmaceutical Contracting, LLC	Delaware
Cardinal Health Pharmacy Services, LLC	Delaware
Cardinal Health Poland Spółka z ograniczonąa odpowiedzialnośściąa	Poland
Cardinal Health Portugal 513 Unipessoal Lda.	Portugal
Cardinal Health P.R. 120, Inc.	Puerto Rico
Cardinal Health P.R. 218, Inc.	Puerto Rico
Cardinal Health P.R. 220, LLC	Puerto Rico
Cardinal Health Singapore 225 Pte. Ltd.	Singapore
Cardinal Health Spain 511 S.L.	Spain
Cardinal Health Specialty Pharmacy, LLC	Delaware
Cardinal Health Sweden 512 A.B.	Sweden
Cardinal Health Switzerland 515 GmbH	Switzerland
Cardinal Health Systems, Inc.	Ohio
Cardinal Health Technologies, LLC	Nevada
Cardinal Health Technologies Switzerland GmbH	Switzerland
Cardinal Health U.K. 432 Limited	United Kingdom
Cardinal Health Medical Equipment Consulting (Shanghai) Co., Ltd.	China
Cirpro de Delicias S.A. de C.V.	Mexico
Convertors de Mexico S.A. de C.V.	Mexico
Cordis Cashel Company Unlimited	Ireland
Cordis Corporation	Florida
Cordis (Shanghai) Medical Devices Co., Ltd.	China

Subsidiary Name	State/Jurisdiction of Incorporation
Covidien Manufacturing Solutions, S.A.	Costa Rica
Curaspan Health Group, Inc.	Delaware
EPIC Insurance Company	Vermont
Especialidades Medicas Kenmex S.A. de C.V.	Mexico
Griffin Capital, LLC	Nevada
Innovative Therapies, Inc.	Delaware
Instant Diagnostic Systems, Inc.	Alabama
Kendall Patient Recovery BVBA	Belgiuum
Kendall-Gammatron Limited	Thailand
KPR Australia Pty. Ltd.	Australia
KPR Italia S.r.l.	Italy
KPR Switzerland Sales Gmbh	Switzerland
KPR U.S., LLC	Delaware
Leader Drugstores, Inc.	Delaware
Limited Liability Company "Cardinal Health Russia"	Russian Federation
Ludlow Technical Products Canada, Ltd.	Canada
Marin Apothecaries	California
Medicine Shoppe International, Inc.	Delaware
Mediquip Sdn. Bhd.	Malaysia
Mirixa Corporation	Delaware
mscripts, LLC	Delaware
mscripts Systems India Private Limited	India
Nippon Covidien Ltd.	Japan
One Cloverleaf, LLC	Delaware
Outcomes Incorporated	Iowa
Pinnacle Intellectual Property Services, Inc.	Nevada
Pinnacle Intellectual Property Services-International, Inc.	Nevada
Post-Acute Care Center for Research, LLC	Delaware
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.	Mexico
R Cubed, Inc.	Tennessee
RainTree GPO, LLC	Delaware
Renal Purchasing Group, LLC	Tennessee
RGH Enterprises, Inc.	Ohio
Rxealtime, Inc.	Nevada
Sonexus Health, LLC	Texas
TelePharm, LLC	Iowa
The Harvard Drug Group, L.L.C.	Michigan
Tradex International, Inc.	Ohio
WaveMark, Inc.	Delaware

RGH ENTERPRISES, INC.
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330)963-6998

** NO HOME STATE LICENSE REQUIRED FOR DISTRIBUTION OF PRESCRIPTION DEVICES**

Per Florida Drug and Cosmetic Act

Chapter 499, Part 1 DRUGS; DEVICE; COSMETICS; HOUSEHOLD PRODUCTS (ss. 499.001-499-067)

499.01 Permits. —
(1) Before operating, a permit is required for each person and establishment that intends to operate as:
(a) A prescription drug manufacturer;
(b) A prescription drug repackages;
(c) A nonresident prescription drug manufacturer;
(d) A nonresident prescription drug repackager;
(e) A prescription drug wholesale distributor;
(f) An out-of-state prescription drug wholesale distributor;
(g) A retail pharmacy drug wholesale distributor;
(h) A restricted prescription drug distributor;
(i) A complimentary drug distributor;
(j) A freight forwarder;
(k) A veterinary prescription drug retail establishment;
(l) A veterinary prescription drug wholesale distributor;
(m) A limited prescription drug veterinary wholesale distributor;
(n) An over-the-counter drug manufacturer;
(o) A device manufacturer;
(p) A cosmetic manufacturer;
(q) A third party logistics provider; or
(r) A health care clinic establishment.

(e) Prescription drug wholesale distributor permit. - A prescription drug wholesale distributor permit is required for any person who is a wholesale distributor of prescription drugs and that wholesale distributes such prescription drugs in this state. The department may adopt rules for issuing a prescription drug wholesale distributor-broker permit to a person who engages in the wholesale distribution of prescription drugs and does not take physical possession of any prescription drugs.

499.003 Definitions of terms used in this part. As used in this part, the term:
(17) "Drug" means an article that is:
(a) Recognized in the current edition of the United States Pharmacopoeia and National Formulary, official Homeopathic Pharmacopoeia of the United States, or any supplement to any of those publications;
(b) Intended for use in the diagnosis, cure, mitigation, treatment, therapy, or prevention of disease in humans or other animals;
(c) Intended to affect the structure or any function of the body of humans or other animals; or
(d) Intended for use as a component of any article specified in paragraph (a), paragraph (b), or paragraph (c), and includes active pharmaceutical ingredients, but does not include devices or their nondrug components, parts, or accessories.

CardinalHealth

12075 Pritchard Road
Jacksonville, Florida 32220

Officer Name	Title
Wayne R. Robinson	Senior Vice President, Tax
Scott B. Zimmerman	Vice President and Treasurer
Matthew Douglas Sullivan	Corporate Secretary
Keegan David Chamberlain	Director, Regulatory Management

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Grant A. Thompson

1 Burton Drive Stow, OH 4422[illegible] | [illegible]gmail.com

SKILLS & QUALIFICATIONS

- Background in Inventory Management, Operations/Lean Distribution, Project Management, Procurement, and Business Analytics
- BLACK BELT in Lean Six Sigma (Testing completed, certification in progress)
- Performance leader with proven results in operational execution reducing cost for the business while providing value for the customer
- Strong problem solving and analytical skills as well as ability to effectively communicate and interact within all levels of the organization
- Extremely analytical, data driven and proficient with all Microsoft applications as well as Oracle, SAP, Manhattan products DPR (Demand Planning Replenishment) and PkMS (WMS) and various other business intelligence tools such as Alteryx, Tableau, MS Access, etc.

PROFESSIONAL EXPERIENCE

Cardinal Health (Med Solutions and At Home)

Manager, Inventory Management, Supply Chain 2018 – Present

- Acquired responsibility over the ENM team in Med Solutions managing an additional three Inventory Management professionals in addition to the four professionals in the At Home business and all associated responsibilities/deliverables (below)
- Responsible for delivering a plan of $5.3M in associated E&O expense, increasing ENM supplier returns while reducing associated cost
- Implemented several key improvements such as a new redeployment tool factoring in buy nights yielding a $1.5M savings
- Developed scorecarding/dashboard to drive accountability and align expectations around ENM responsibilities with the field teams

Cardinal Health At Home

Manager, Inventory Control 2016 – 2018

- Manage and develop a staff of 4 Inventory Control professionals
- Responsible for delivering on a plan of $1.2M in associated E&O expense and manage cash goal by reducing Supplier Receivable
- Collaborate cross functionally with Accounting, Purchasing, Operations, and other critical areas to achieve key performance targets
- Conduct biweekly, individualized development sessions with direct reports to reduce costs, highlight performance strengths, identify and coach for performance and/or development

Project Manager-Supply Chain 2014 – 2016

- Responsible for creation/execution of cost saving/value-add projects on time and in budget contributing to the success of the business
- Functional lead representing Supply Chain and Operations in Company's #1 $9M Business Project implementing Units of Measure
- Collaborate with Director of Supply Chain to identify gaps in processes/procedures to implement continuous improvement initiatives
- Supply Chain point person in regard to large-scale demand planning, new customer onboarding, and distribution center move planning

Senior Inventory Analyst 2013 – 2014

- Responsible for daily analysis in regard to inventory adjustments with an emphasis on reducing non-product cost of goods sold expense
- Responsible for creating/implementing a program to successfully to maintain appropriate levels of stock within various units of measure of 39K+ skus resulting in cost savings of $180K and Purchase avoidance of $7M

Senior Commodity Buyer 2011 – 2013

- Manage and develop a staff of three procurement professionals
- Responsible for $9.7M average daily inventory in leading product category of disposable and durable medical supplies supporting $208M in annual sales in this product category while managing the highest turns in the company at 21.4 and average fill rates at 99.45%
- Recognized for an improvement idea and project leadership yielding a reduction of average daily inventory for the business by 18% ($8M)
- Execute department strategic goals according to 5 year business plan including the areas of fill rate and inventory turns; vendor performance; reducing cycle time; inventory optimization; sku rationalization; and employee retention, development and training
- Deliver biweekly S&OP meetings reviewing current performance and new account onboarding

Commodity Buyer 2010 – 2011

- Responsible for $5.2M average daily inventory resulting in an average inventory turn of 19.8
- Manage top 30% of all items and top suppliers within the organizations' leading product category while collaborating with various departments in a relationship-style model of category management

Vendor Compliance Supervisor 2008 – 2010

- Responsible for the vendor performance activities for all suppliers (500+) with a focus on continuous improvement in the areas of Lead Time, First Time Fill Rate and Receiving Discrepancies averaging a favorable 16% increase in overall efficiency
- Managed a staff of two analytical Inventory professionals

Operations Lead (Inbound/Outbound) 2006 – 2008

- Responsible for leading a team of inbound receiving employees balancing staffing, inbound deliveries, fluctuating volume while achieving metrics and overall business needs
- Responsible for leading a team of outbound shipping employees ensuring all orders were picked accurately and shipped on time

EDUCATION

Bachelor of Science in Em. Mgmt/Minor Bus. Mgmt. The University of Akron, 3 yrs completed, expected completion Spring 2020

Black Belt/Lean Six Sigma Trained (Moresteam) – 2015
Lean Fullfillment Certified (LeanCor) – 2012
APICS, CSCP – 2011

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, INC., an Ohio corporation, Charter No. 770802, having its principal location in Hudson, County of Summit, was incorporated on April 9, 1990 and is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of April, A.D. 2020.

Ohio Secretary of State

Validation Number: 202011200728

CardinalHealth

May 26, 2020

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, Inc 12075 Pritchard Rd. Jacksonville, FL 32220

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State Wholesaler License. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: NDC Distributors LLC

Physical Address: 1825 65th street

City: Brooklyn State: ny Zip Code: 11204

Telephone Number: 888-694-7757 Fax Number: 516-908-4897

Toll Free Number: _____

E-mail: aglvck@NDCDrug.com Website: NDCDrug.com

Facility Manager: Samuel Ari Gluck

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
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☑ No ☐
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Sun Pharma
Address: Independence way, princeton NJ 08540

Name: Accord health
Address: Boulevard of the gen : Eagleville PA 19403

Name: ANI pharma
Address: main Street west Bardette MN 56623

Name: Bausch health
Address: Somerset corporate BLVD Bridgewater Township NJ 08807

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Samuel Aci Huck
Print Name of Authorized Person

8/3/2020
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: _____

Mailing Address: 1825 65th Street

City: Brooklyn State: dy Zip: 11204

Telephone: 888-694-7757 Fax: 516-908-4897

Contact Person: Samuel Ari Gluck

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Samuel Ari Gluck (Name) 1825 65th Street Brooklyn dy, 11204 (Business Address)

b) _____ (Name) _____ (Business Address)

c) _____ (Name) _____ (Business Address)

d) _____ (Name) _____ (Business Address)

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Ari Gluck

East Street

Brooklyn, NY 11210

Cell: 9

Email

November 2013 to Present – NDC Distributors, LLC (Drug Wholesaler) – Brooklyn, NY

CEO

- Primary Responsibilities as Registered Supervisor (custodian of all drugs), is to ensure the integrity of all drugs in the facility. To implement, adopt and enforce all policies & procedures regarding all warehouse activities such as; receiving, , updating inventory, picking, shipping , shortages, damages, and properly storing quarantined products.
- Responsible for all day to day operations including but not limited to purchasing, sales, proper record-keeping, recalls, returns, quality control, and customer service.
- Create policies and procedures to ensure accurate inventory control
- Implement and enforce full compliance within all Federal and State Regulatory Standards

July 2015 to December 2018- Meadow Park Rehabilitation and HCC, Fresh Meadows, NY

Executive Director

- Responsible for overall operations of the facility
- Direct liaison between ownership and facility administration
- Responsible for developing budgets and all fiscal aspects of the facility.

June 2013 to June 2015 - Meadow Park Rehabilitation and HCC, Fresh Meadows, NY
Administrator/Executive Director

- Responsible for overall operation of the facility.
- Responsible for developing budgets and all fiscal aspects of the facility.
- Participation in collective bargaining disciplinary matters and arbitration.
- Coordination of marketing and Admission programs
- Responsible for maintaining all facility licenses including DEA, CLIA, Medicare and Medicaid.

May 2009 – June 2011 – Executive VP / Registered Agent – Pharmscript, LLC – Mountainside, NJ/Edison, NJ

Long Term Care Pharmacy servicing Skilled Nursing and Assisted Living Facilities

- Setup purchasing department with an average of $30 million annually
- Responsible for maintaining and ensuring that pedigree compliance and authentication of goods were present for all pharmaceuticalpurchases
- Maintained 100% compliance for all pharmaceutical pedigree
- Established agreements with multi-billion dollar wholesalers
- Supervised pre-packaging department of over 300 different pharmaceutical permutations.
- Responsible for all recalls, audits, and inventory management
- Setup a billing department for both third party and facility billing
- Implemented and enforced full compliance within all Federal and State Regulatory Standards

July 2007 – May 2009 – Administrator – Ocean Promenade Rehabilitation and Nursing Center – Rockaway Park, NY

- Supervised all facility operations
- Responsible for all financial and staffing budgets
- Supervised 4 million dollar rehabilitation project for re-modeling the entire facility
- Responsible for collective bargaining matters and arbitration
- Interviewing and hiring of supervisory staff
- Responsible for maintaining all facility licenses including DEA, CLIA, Medicare and Medicaid.

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NABP ACCREDITED

DRUG DISTRIBUTOR

NDC Distributors LLC

located at

1825 65th Street, Brooklyn, NY 11204

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary

4/23/2020 - 4/22/2023
Period of Accreditation

Verified 8/5/20 MS

Accredited Drug Distributors

DRUG DISTRIBUTOR ACCREDITATION

Apply

Criteria

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
NDC Distributors LLC	1825 65th Street Brooklyn, NY 11204	04/23/20

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State of New York
Department of State } ss:

I hereby certify, that NDC DISTRIBUTORS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/03/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of August two thousand and twenty.

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State

202008060132 28

State of New York
Department of State } ss:

I hereby certify, that NDC DISTRIBUTORS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/03/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 31st day of January two thousand and twenty.

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State

202002030459 28

NDC Distributors, LLC

1825 65th Street
Brooklyn NY, 11204
Phone: 888-694-7757

LIST OF OFFICERS AND DIRECTORS

Samuel Ari Gluck is the CEO and owns 100% of NDC Distributors LLC located at 1825 65th Street Brooklyn NY, 11204.

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR
ARI GLUCK

2019-22

THIS IS TO CERTIFY

NDC DISTRIBUTORS LLC.
1825 65TH STREET
BROOKLYN, NY 11204

is duly recorded as a

REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF NOVEMBER, 2019.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF OCTOBER, 2022.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
032046

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

653

Current List of Licenses

State/Federal Agency	Name on License	License Number	Type of License	Date License Acquired	Expiration Date	Contact Information	Notations
Alabama	NDC Distributors, LLC	155067	Wholesale	5/23/2016	12/31/2020	205-981-2280	
Arkansas	NDC Distributors, LLC	WD0-1671	Wholesale	2/1/2016	12/31/2020	501-682-0150	
California	NDC Distributors, LLC	OSD 788	Wholesale	7/14/2020	7/1/2021	916-518-3100	
Colorado	NDC Distributors, LLC	WHO 0008219	Wholesale	5/11/2020	10/31/2020	303-894-7800	
Connecticut	NDC Distributors, LLC	CSW 0003591	Wholesale	7/1/2017	6/30/2021	860-713-6070	
Delaware	NDC Distributors, LLC	A4-0002748	Wholesale	4/16/2020	9/30/2020	302-744-4500	
Florida	NDC Distributors, LLC	232790	Wholesale	7/28/2020	7/31/2022	850-245-4474	
Georgia	NDC Distributors, LLC	PHWH003986	Wholesale	5/20/2016	6/30/2021	404-651-8000	
Idaho	NDC Distributors, LLC	W58169	Wholesale	5/28/2020	12/31/2020	208-334-2356	
Illinois	NDC Distributors, LLC	4003858	Wholesale	7/3/2014	12/31/2020	800-560-6420	
Indiana	NDC Distributors, LLC	48002423A	Wholesale	5/19/2020	9/30/2020	317-234-2067	
Iowa	NDC Distributors, LLC	8178	Wholesale	1/1/2017	12/31/2020	515-281-5944	
Kansas	NDC Distributors, LLC	5-102840	Wholesale	6/30/2021	6/30/2021	785-296-4056	
Kentucky	NDC Distributors, LLC	W01691	Wholesale	3/17/2016	9/30/2020	502-564-7910	
Louisiana	NDC Distributors, LLC	8588	Wholesale	3/18/2016	12/31/2020	225-925-6496	
Maine	NDC Distributors, LLC	WH7000132	Wholesale	5/18/2020	12/31/2020	207-624-8686	
Maryland	NDC Distributors, LLC	D0s768	Wholesale	5/12/2020	5/31/2021	410-764-4755	
Montana	NDC Distributors, LLC	PHA-WDD-LIC-68727	Wholesale	5/29/2020	11/30/2020	406-841-2371	
Minnesota	NDC Distributors, LLC	364434	Wholesale	5/21/2020	5/31/2021	651-201-2825	
Mississippi	NDC Distributors, LLC	18084716 5A	Wholesale	5/22/2020	12/31/2020	601-899-8880	
Missouri	NDC Distributors, LLC	2020004226	Wholesale	2/4/2020	10/31/2021	573-751-0091	
New Hampshire	NDC Distributors, LLC	9350	Wholesale	1/24/2020	6/30/2020	603-271-2350	
New Jersey	NDC Distributors, LLC	5065069	Wholesale	12/6/2016	1/31/2021	973-504-6450	
New Mexico	NDC Distributors, LLC	WD00012782	Wholesale	7/23/2020	12/31/2023	505-222-9830	
New York	NDC Distributors, LLC	320046	Wholesale	11/1/2013	10/31/2022	518-474-3817 ext. 130	
North Carolina	NDC Distributors, LLC	7724	Wholesale	1/27/2020	12/31/2020	919-246-1050	
North Dakota	NDC Distributors, LLC	Wh02446	Wholesale	5/7/2020	6/30/2021	701-328-9535	
Ohio	NDC Distributors, LLC	1265h600	Wholesale	10/27/2017	6/30/2021	614-466-4143	
Oklahoma	NDC Distributors, LLC	88-W-0230	Wholesale	2/6/2020	1/31/2021	405-521-3815	
Oregon	NDC Distributors, LLC	W1-0004523	Wholesale	5/20/2020	9/30/2020	971-673-0001	
Pennsylvania	NDC Distributors, LLC	300001[illegible]120	Wholesale	1/8/2020	1/31/2021	717-783-7156	
Rhode Island	NDC Distributors, LLC	DIS05408	Wholesale	1/7/2020	9/30/2020	401-222-2840	
South Dakota	NDC Distributors, LLC	600 [illegible]58	Wholesale	2/13/2020	12/31/2020	605-362-2737	
Tennessee	NDC Distributors, LLC	4427	Wholesale	8/8/2018	8/31/2020	615-741-2718	
Texas	NDC Distributors, LLC	100[illegible]68	Wholesale	1/15/2015	1/4/2021	512-305-8000	
Utah	NDC Distributors, LLC	11768558 [illegible]10	Wholesale	5/15/2020	9/30/2021	801-530-6628	
Vermont	NDC Distributors, C	39 0134[illegible]8	Wholesale	9/4/2020	7/31/2021	802-828-2373	
Virginia	NDC Distributors, LLC	219001406	Wholesale	7/12/2019	2/28/2021	804-367-4456	
Washington	NDC Distributors, LLC	PHWHFX 60694464	Wholesale	2/28/2020	12/31/2020	360-236-4946	
West Virginia	NDC Distributors, LLC	WD0566[illegible]59	Wholesale	6/20/2019	6/30/2021	304-558-0558	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 3325860

Application/License No. _____

NDC DISTRIBUTORS LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1825 65TH STREET , Brooklyn, New York, 11204 (Address of Applicant/Principal), as PRINCIPAL, and Great American Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 301 E 4th Street CINCINNATI Ohio 45202 United States (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on Jul 07, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10th day of July, 20 20.

APPLICANT/PRINCIPAL
NDC DISTRIBUTORS LLC
COMPANY

Authorized Representative

SURETY
Great American Insurance Company

Surety Company's Representative

John D. Weisbrot, Attorney-in-fact
print name

GREAT AMERICAN INSURANCE COMPANY

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent
Non-

GREAT AMERICAN INSURANCE GROUP

301 East 4th Street
Cincinnati, OH 45202

GAIG.com

GREAT AMERICAN INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS
AS OF DECEMBER 31, 2019

ADMITTED ASSETS

Bonds	$	4,151,708,417
Stocks		1,373,914,922
Mortgage loans on real estate		370,715,151
Real estate (net of encumbrances)		57,455,615
Cash and short-term investments		752,974,261
Other invested assets		766,672,430
Receivable for securities		3,036,261
Investment income due and accrued		38,476,462
Agents' and premium balances		664,425,875
Reinsurance recoverable on loss and loss expense payments		53,513,207
Federal and foreign income taxes		9,584,901
Net deferred tax asset		138,212,352
Receivable from affiliates		11,964,847
Receivable from Federal Crop Insurance Corporation		325,600,767
Company owned life insurance		185,334,724
Funds held as collateral		6,644,421
Funded deductibles		27,370,186
Other admitted assets		37,855,206
Total	$	8,975,460,005

LIABILITIES, CAPITAL AND SURPLUS

Unpaid losses and loss expenses		$	4,097,867,979
Reserve for underwriting expenses			299,977,750
Reserve for unearned premiums			1,469,883,822
Ceded reinsurance premiums payable			144,300,777
Funds held under reinsurance treaties			555,341,414
Retroactive reinsurance ceded			(131,593,738)
Other liabilities			205,005,266
Total liabilities			6,640,783,270
Capital stock	$ 15,440,600		
Paid in surplus	871,833,489		
Special surplus funds	90,949,254		
Unassigned funds	1,356,453,392		
Policyholders' surplus			2,334,676,735
Total		$	8,975,460,005

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners

STATE OF OHIO

SS:

COUNTY OF HAMILTON

Robert J. Schwartz, Vice President and Controller, and Stephen Beraha, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2019

Subscribed and sworn to before me

this 2nd day of March, 2020

Controller

Assistant Secretary

Public Notary

SHARON R. HULEN
Notary Public, State of Ohio
My Commission Expires 12-22-2021

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Apellis Pharmaceuticals, Inc.

Physical Address: 100 Fifth Avenue

City: Waltham State: MA Zip Code: 02451

Telephone Number: 617- 977-5700 Fax Number: N/A

Toll Free Number: N/A

E-mail: David.peters@apellis.com Website: www.apellis.com

Facility Manager: David J. Peters

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)
See Attachment C

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐
As a publicly traded company, shareholders change daily. It is the company's assumption that it shareholders also hold ownership in other Nevada licensed pharmaceuticals companies.

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attachment D
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

DocuSigned by:
David Peters
9B5C4E046507475...

Original Signature of Person Authorized to Submit Application, no copies or stamps

David J. Peters
Print Name of Authorized Person

7/15/2020
Date

[redacted]

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: Apellis Pharmaceuticals, Inc.

Mailing Address: 100 Fifth Avenue

City: Waltham State: MA Zip: 02451

Telephone: 617- 977-5700 Fax: N/A

Contact Person: David J. Peters

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K. See Attachment E

Date of Incorporation: 9/25/2009

Registration number issued: 001-38276

Stock Exchange: NASDAQ

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. See Attachment F

List of officers and directors. See Attachment G

Attachment A

Resident State License and Verification

Enclosed is a copy of the Massachusetts resident state license. The online verification is currently pending and will be provided shortly.

DocuSign Envelope ID: 57EA3619-F866-4DB3-8B9D-2BF66635D017

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
	04/28/2020	04/28/2021	Virtual Drug Manufacturers

ISSUED TO

APELLIS PHARMACEUTICALS INC.
100 FIFTH AVENUE
WALTHAM, MA 02451
ATTN: DAVID J PETERS VICE PRESIDENT, SUPPLY CHAIN

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

831016

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
	04/28/2020	04/28/2021	Virtual Drug Manufacturers

ISSUED TO

APELLIS PHARMACEUTICALS INC.
100 FIFTH AVENUE
WALTHAM, MA 02451
ATTN: DAVID J PETERS VICE PRESIDENT, SUPPLY CHAIN

NEW

Attachment B

Facility Manager's Resume

David J. Peters

Phone 0275 Email: r maine.rr.com

Summary:
Dynamic forward-thinking operations executive with exceptional record of accomplishment in the pharmaceutical industry. Recognized for value creation, building new capabilities, business process optimization, team development, and collaborative leadership. Creative strategic thinker with strong business acumen who can identify solutions and drive results.

Disciplines Include: Expertise across the entire supply operating model, (Plan, Source, Make, Deliver): Supply & Capacity Planning, Sourcing & Selection, Contracts Negotiation, Procurement, Manufacturing, Supplier Relationship and Alliance Partner Management, Logistics, Trade Operations, Strategy

Experience and Accomplishments:

Apellis Pharmaceuticals, Inc.: Vice President, Supply Chain, Sep 2019 to Present
Accountable for Global Clinical and Commercial Supply Chain Management

Ironwood Pharmaceuticals, Inc.: Head of Global Supply Chain, (Sep 2011-Feb 2019)
Built and led all aspects of Ironwood's supply chain capabilities including: sourcing, procurement, manufacturing, supply chain, supplier and customer relationship management, and trade operations

- Supply Chain and Manufacturing:
  - Launched and supplied LINZESS® for treatment of IBS (US, EU, JP, HK, & CH)
  - Generated over $35M in cost savings and avoidance by contract restructurings
  - Exceeded aggressive ex-US revenue targets of $30M and $72M in each of past two years
  - Established Sales & Operations Planning (S&OP) processes for lead products
- Trade Operations:
  - Installed distribution and sales order capabilities including contracting, account management, and reporting. Contracted with suppliers, 3PLs, and wholesalers
  - Launched and supplied ZURAMPIC® and DUZALLO® for treatment of uncontrolled gout
- Procurement and Sourcing:
  - Developed appropriate procurement policy and redesigned business processes that enabled end-user visibility, efficient workflows, greater compliance, and less rework
  - Installed sourcing capability to improve vendor selection and standardize business terms
- Led strategic planning processes and helped structure 2014 corporate strategy planning process
- Hired, developed, and led a diverse team of versatile and high-performing supply chain leaders

Forest Laboratories, Inc.: Director, Supply Chain Strategy, (2H 2011)
Served in a transitional role following the acquisition of Trovis Pharmaceuticals (Clinical Data, Inc.)

- Enabled the launch of VIIBRYD® for the treatment of major depressive disorder
- Developed supply chain strategy framework for VIIBRYD®. Replicated for TUDORZA®, LINZESS®, and other Forest products

Trovis Pharmaceuticals (f.k.a. PGxHealth, Inc.): Director, Supply Chain (1H 2011)
Led supply activities related to the launch of VIIBRYD® including: planning, COGs analysis, 3PL & vendor selections, contracts & CMO management, order & inventory management, artworks, and logistics

- Established business processes for planning, logistics, artworks, and inventory management
- Drove cross-functional 3PL selection process and development of all business terms

David J. Peters

Phone 0275 Ema)maine.rr.com

Maxiom Group: Supply Chain Consultant (2010)
Management consultant to the pharmaceutical industry including, Trovis Pharmaceuticals, above

- Completed supply chain assessments and recommendations for five (5) clients
- Prepared validation and launch plans for multiple clients. Developed planning tools
- Designed and implemented industry benchmark S&OP process for a specialty pharma company

Wyeth: Director, Biotech External Supply Network (2006-2009)
Directed External Manufacturing function for ENBREL® and other global product; 12M units annually. Built and leveraged relationships with executive-level contacts at CMOs and partners. Led technically complex lifecycle projects including: new dosage forms, devices, and product transitions. Developed and managed staff based in US and in EU. Expense and capital budget responsibility of $5M. Supply-spend authority of $250M annually

- Championed a technology project at a CMO that resulted in cost savings of $3M annually
- Drove the design and execution of continuous improvement projects by applying Lean and Six Sigma principles. Reduced product cycle times by 40%
- Established CMO management as a Wyeth best practice
- Developed a product-quality improvement program with a CMO, EU supplier, and JP affiliate
- Resolved international cold chain shipment excursions resulting in risk mitigation of >$25M
- Led Pfizer transition effort resulting in $10M of organizational efficiencies and unspecified tax risk mitigation thru transfer of responsibilities, impacting thirty (30) positions

Wyeth (f.k.a American Home Products): Associate Director, BioPharma Supply Chain (2001-2006)
Supply chain leader for planning and lifecycle management for ENBREL® and MYLOTARG®. Primary contact to Wyeth executive management. Wyeth-Amgen S&OP process owner

- Hired and developed a team of exceptional supply chain professionals
- Designed and implemented planning tools that improved end-to-end visibility, reduced inventories from $1.5B to $800M, and increased customer service levels to 99%
- Established Wyeth BioPharma S&OP process. Recognized as a best practice across Wyeth
- Developed and implemented the division's global inventory reporting process
- Incorporated anti-counterfeiting measures into primary packaging for all products

Genetics Institute (subsidiary of American Home Products): Technical Operations (1992 – 2001)

- Various roles including: production planning, capital projects, and process engineering

RepliGen Corporation: Research Associate, Process Development (1988 – 1992)

Education:
MBA, New Hampshire College – Graduate School of Business, 1995
BS-Biochemistry, University of New Hampshire, 1987

Certifications and Professional Development:
CSCP, (Certified Supply Chain Professional) – APICS, (since 2014)
Training: Facilitation, Leadership Priorities®, Finance, Best Negotiating Practices®, Business Across Borders®, Decision Excellence®, Insights®, APICS Master Planning, SAP, AMA-Project Management

Attachment D

Nature of Business

Apellis Pharmaceuticals, Inc. (Apellis) is a virtual manufacturer of prescription drugs. Apellis' first product, pegcetacoplan, will be used to treat a rare blood disorder. Apellis will use third parties to manufacturer and ship its product. Below is the contact information for the contract manufacturer and party logistics provider.

Contract Manufacturer:

Cangene BioPharma, LLC d/b/a Emergent BioSolutions
1111 South Paca Street
Baltimore, MD 21230

Third Party Logistics Provider:

Cardinal Health 105, Inc.
501 Mason Road
La Vergne, TN 37086

Attachment F

Delaware Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APELLIS PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APELLIS PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4735405 8300

SR# 20205553623

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203065354

Date: 06-08-20

Attachment G

Corporate Officer and Director Information

Apellis Pharmaceuticals, Inc.

Corporate Officers:

Cedric Francois
Chief Executive Officer

Timothy Sullivan
Chief Financial Officer

David Watson
General Counsel

Directors:

Gerald Chan
Sinclair Dunlop
Stephanie Monaghan O'Brien
Paul Fonteyne
Cedric Francois
Alec Machiels

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH N/A
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: AVEO Pharmaceuticals, Inc.

Physical Address: 30 Winter Street

City: Boston State: MA Zip Code: 02108

Telephone Number: 617-588-1960 Fax Number: N/A

Toll Free Number: _____

E-mail: statelicensing@aveooncology.com Website: www.aveooncology.com

Facility Manager: Jason Noto

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 and Specialty Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: None

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Karuna Rubin
Print Name of Authorized Person

19 JUNE 2020
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: N/A

Corporation Name: AVEO Pharmaceuticals, Inc.

Mailing Address: 300 Winter Street

City: Boston State: MA Zip: 02108

Telephone: 617-588-1960 Fax:

Contact Person: Jason Noto

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 10/19/2001

Registration number issued: 3444819

Stock Exchange: AVEO

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
	04/28/2020	04/28/2021	Virtual Drug Manufacturers

ISSUED TO

AVEO PHARMACEUTICALS, INC.
30 WINTER STREET
BOSTON, MA 02108
ATTN: KARUNA RUBIN SENIOR VICE PRESIDENT AND GENERAL COUNSEL

COMMISSIONER OF PUBLIC HEALTH

831017

RECIPIENT'S COPY

NEW

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
	04/28/2020	04/28/2021	Virtual Drug Manufacturers

ISSUED TO

AVEO PHARMACEUTICALS, INC.
30 WINTER STREET
BOSTON, MA 02108
ATTN: KARUNA RUBIN SENIOR VICE PRESIDENT AND GENERAL COUNSEL

NEW

Ownership Information

Company Name: AVEO Pharmaceuticals, Inc.
Address: 30 Winter Street
City, State, Zip: Boston, MA 02108
Phone: 617-588-1960
Website: https://www.aveooncology.com/
E-mail: statelicensing@aveooncology.com

FEIN: 04-3581650
State of Formation: Delaware
Date Incorporated: 10/19/2001
File Number: 344419

Aveo Pharmaceuticals is a Publicly Traded company on the NASDAQ stock exchange under the symbol AVEO

Officers

Michael Bailey, President and Chief Executive Officer
Business Address: 30 Winter Street, Boston, MA 02108
Business Phone: 617-588-1960
Email: mbailey@aveooncology.com
Ownership %: 2

Karuna Rubin, Senior Vice President and General Counsel
Business Address: 30 Winter Street, Boston, MA 02108
Business Phone: 617-588-1960
Email: krubin@aveooncology.com
Ownership %: N/A

Erick Lucera, Chief Financial Officer
Business Address: 30 Winter Street, Boston, MA 02108
Business Phone: 617-588-1960
Email: elucera@aveooncology.com
Ownership %: N/A

Michael Needle, Chief Medical Officer
Business Address: 30 Winter Street, Boston, MA 02108
Business Phone: 617-588-1960
Email: mneedle@aveooncology.com
Ownership %: N/A

Description of Operations

AVEO Pharmaceuticals, Inc. is a VirtualManufacturer. AVEO Pharmaceuticals, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributor and Specialty Pharmacies by their Third-Party Logistics Provider, ICS , who is licensed to ship pharmaceutical products into your state.

AVEO is publicly traded on the NASDAQ (AVEO).

Aveo was incorporated in the State of Delaware on 10/19/2001; File # 344419

Contract Manufacturer Information:
We will be using the contract manufacturer(s) below to produce our product:

Catalent CTS, LLC
10245 Hickman Mills Drive
Kansas City, MO 64137
FEIN: 3002929455

AndersonBrecon (PCI)
4545 Assembly Drive
Rockford, IL 61109
FEIN: 1421377

Catalent manufactures AVEO Pharmaceuticals, Inc.'s product and PCI packages finished product. At no time does Catalent or PCI own the product, contract with AVEO Pharmaceuticals, Inc.'s customers, invoice, nor sell an AVEO Pharmaceuticals, Inc. product. AVEO Pharmaceuticals, Inc.'s products are not Controlled Substances.

Labeler Code: 45629

Third Party Logistic information:
For distribution into the commercial supply channels, ICS acts as AVEO Pharmaceuticals, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of AVEO Pharmaceuticals, Inc.'s product to Specialty Distributor and Specialty Pharmacies throughout the United States. ICS' address is:

ICS
420 International Drive
Brooks, KY 40109
Matthew Letow 469-3665-7744

AVEO Pharmaceuticals, Inc.'s hours of operation are 8:00 am – 5:00pm EST Monday through Friday.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "AVEO PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE NINETEENTH DAY OF OCTOBER, A.D. 2001, AT 2:30 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SECOND DAY OF JANUARY, A.D. 2002, AT 5:30 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SECOND DAY OF MARCH, A.D. 2002, AT 11 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTEENTH DAY OF JANUARY, A.D. 2003, AT 10:30 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FOURTH DAY OF JULY, A.D. 2003, AT 4:29 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3444819 8310

SR# 20201661198

Authentication: 202477844

Date: 02-27-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "GENPATH PHARMACEUTICALS, INC." TO "AVEO PHARMACEUTICALS, INC.", FILED THE FIRST DAY OF MARCH, A.D. 2005, AT 10:38 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE ELEVENTH DAY OF APRIL, A.D. 2005, AT 1:43 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE NINETEENTH DAY OF JANUARY, A.D. 2006, AT 5:36 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SIXTH DAY OF MARCH, A.D. 2007, AT 12:26 O`CLOCK P.M.

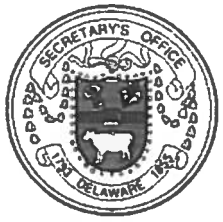
CERTIFICATE OF AMENDMENT, FILED THE TWELFTH DAY OF JUNE, A.D. 2007, AT 10:23 O`CLOCK A.M.

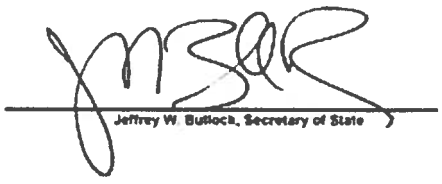
CERTIFICATE OF AMENDMENT, FILED THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2007, AT 3:06 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTEENTH DAY OF MARCH, A.D. 2009, AT 1:13 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWELFTH DAY OF FEBRUARY, A.D. 2010, AT 12:07 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2010, AT 1:47 O`CLOCK P.M.





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SR# 20201661198

Authentication: 202477844

Date: 02-27-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

RESTATED CERTIFICATE, FILED THE SEVENTEENTH DAY OF MARCH, A.D. 2010, AT 8 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-EIGHTH DAY OF MAY, A.D. 2015, AT 5 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SIXTH DAY OF JUNE, A.D. 2017, AT 8:33 O`CLOCK A.M.

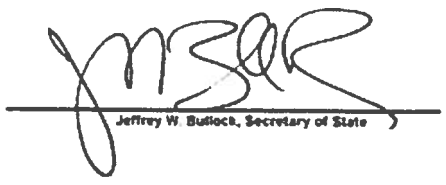
CERTIFICATE OF AMENDMENT, FILED THE THIRTEENTH DAY OF JUNE, A.D. 2019, AT 11:47 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE NINETEENTH DAY OF FEBRUARY, A.D. 2020, AT 8:20 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, 'AVEO PHARMACEUTICALS, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3444819 8310

SR# 20201661198

You may verify this certificate online at corp.delaware.gov/authver.shtml

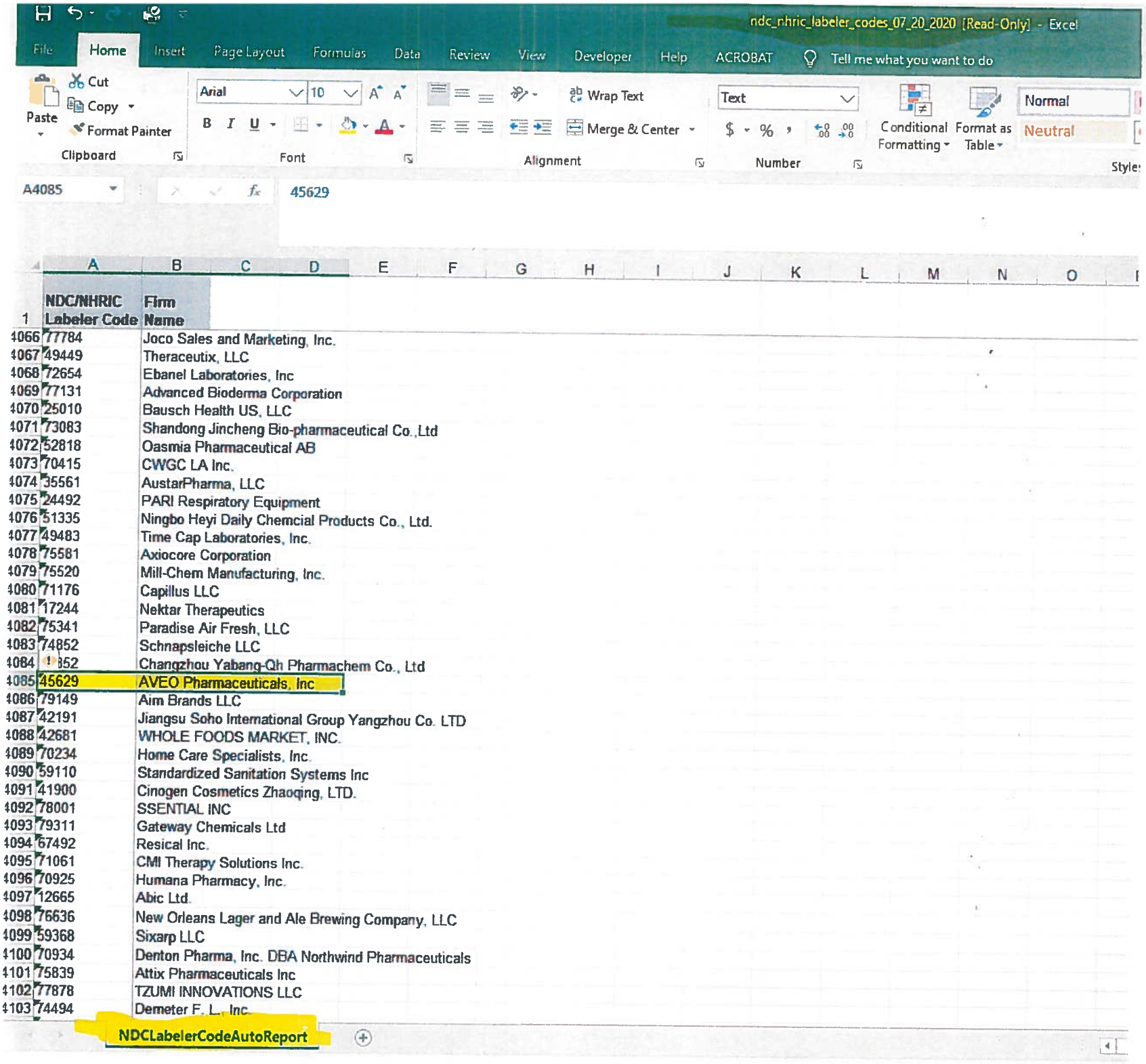
Authentication: 202477844

Date: 02-27-20

Product Information:

- FOTIVDA (Tivozanib) .89mg tablet
- FOTIVDA (Tivozanib) 1.34mg tablet
    - Fotivda (tivozanib) is an oral vascular endothelial growth factor tyrosine kinase inhibitor for the treatment of advanced renal cell carcinoma (RCC)

Labeler code: 45629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File Home Insert Page Layout Formulas Data Review View Developer Help ACROBAT Tell me what you want to do
Cut Copy Format Painter Paste Clipboard
Arial 10 Font
Wrap Text Merge & Center Alignment
Text Number
Conditional Formatting Format as Table
Normal Neutral Style
A4085 45629
NDC/NHRIC Labeler Code
Firm Name
4066 77784 Joco Sales and Marketing, Inc.
4067 49449 Theraceutix, LLC
4068 72654 Ebanel Laboratories, Inc
4069 77131 Advanced Bioderma Corporation
4070 25010 Bausch Health US, LLC
4071 73083 Shandong Jincheng Bio-pharmaceutical Co.,Ltd
4072 52818 Oasmia Pharmaceutical AB
4073 70415 CWGC LA Inc.
4074 35561 AustarPharma, LLC
4075 24492 PARI Respiratory Equipment
4076 51335 Ningbo Heyi Daily Chemcial Products Co., Ltd.
4077 49483 Time Cap Laboratories, Inc.
4078 75581 Axiocore Corporation
4079 75520 Mill-Chem Manufacturing, Inc.
4080 71176 Capillus LLC
4081 17244 Nektar Therapeutics
4082 75341 Paradise Air Fresh, LLC
4083 74852 Schnapsleiche LLC
4084 [illegible]852 Changzhou Yabang-Qh Pharmachem Co., Ltd
4085 45629 AVEO Pharmaceuticals, Inc
4086 79149 Aim Brands LLC
4087 42191 Jiangsu Soho International Group Yangzhou Co. LTD
4088 42681 WHOLE FOODS MARKET, INC.
4089 70234 Home Care Specialists, Inc.
4090 59110 Standardized Sanitation Systems Inc
4091 41900 Cinogen Cosmetics Zhaoqing, LTD.
4092 78001 SSENTIAL INC
4093 79311 Gateway Chemicals Ltd
4094 67492 Resical Inc.
4095 71061 CMI Therapy Solutions Inc.
4096 70925 Humana Pharmacy, Inc.
4097 12665 Abic Ltd.
4098 76636 New Orleans Lager and Ale Brewing Company, LLC
4099 59368 Sixarp LLC
4100 70934 Denton Pharma, Inc. DBA Northwind Pharmaceuticals
4101 75839 Attix Pharmaceuticals Inc
4102 77878 TZUMI INNOVATIONS LLC
4103 74494 Demeter F. L., Inc.
NDCLabelerCodeAutoReport

Jason M. Noto
@yahoo.com
Walpole, M
7487

Biopharmaceutical Marketing & Digital Healthcare Strategist

A commercial strategist with a 20-year record of achievement and demonstrated success in launching orphan and specialty products across the US & global markets. Recognized leadership in digital innovation, omni-channel marketing, complex brand strategy, market access strategy, and breakthrough go-to-market models. Experience in leading various brand teams, along with high level, enterprise-wide, commercial initiatives.

Key Strengths:

- Digital Commercialization Strategy
- Complex Brand Leadership
- Brand & Portfolio Development
- Field Sales & Sales Management
- Strategic Brand Planning
- Multi-Channel Engagement
- Marketing Leadership
- Life Cycle Planning
- KOL Relationship Management
- Interactive Brand Strategy

PROFESSIONAL EXPERIENCE:

AVEO Oncology, Boston, MA
Vice President, Market Access

1798 Consultants, Boston, MA
Vice President, Market Access & Biotech Commercial Strategy (2019 – Present)

- Led brand marketing and market access strategy consulting vertical for the Oncology division of a $5B Boston-based biotech organization
- Developed in-line and pipeline brand plans and CMS / Commercial Access strategic plans to secure favorable coverage ahead of product commercialization
- Led large-scale, digital therapeutics workstream aimed at securing CMS coverage of breakthrough diagnostics to complement traditional therapies
- Established Oncology Clinical Pathways protocol to quantify revenue impact and optimize the rate of preferred positioning across ASCO-validated Pathways

AMAG PHARMACEUTICALS, Waltham, MA
Senior Director, Market Access Strategy & Payer Marketing (2018 - 2019)

- Designed and communicated the market access strategy for the commercial portfolio, establishing short and long-term objectives to improve access and optimize resource utilization.
- Optimized in-market & established pre-launch product positioning through the development & enhancement of an innovative brand value proposition.
- Developed & implemented strategic plans for Commercial, Medicare Part D, State & Managed Medicaid, & Employer / Exchange payer segments, along with additional focus on key GPO, IDN, Hospital, and ACO accounts as appropriate.
- Contributed to the development of the Value and HEOR Dossiers, targeted contract pricing analyses, & optimal distribution strategies in support of widespread payer acceptance.
- Worked closely with brand marketing, sales leadership, HEOR, trade, regional & national account directors to align strategies designed to build access and coverage for the commercial portfolio of products.

AMAG PHARMACEUTICALS, Waltham, MA
Senior Director, Digital Engagement Strategy (2017)

- Responsible for the development of digital customer engagement and launch strategies for all brands within the Amag commercial organization (2017 revenue: $610M).
- Led a team of digital marketing directors tasked with the development and deployment of all branded & unbranded, multi-channel promotional assets across various therapeutic areas.
- Customized an enterprise-wide, Health IT strategic framework to leverage the utility of EHR / EMR systems to optimally position flagship products within leading platform.

SUNOVION PHARMACEUTICALS, Marlborough, MA
Director, Digital & Multi-Channel Marketing (2012 - 2017)

- Led the creation & rollout of product positioning & CNS customer segmentation model across personal and non-personal promotions resulting in 180% YOY growth.
- Responsible for the identification & integration of an enterprise-wide, breakthrough approach to brand promotion utilizing segmentation & affinity of communication medium by individual HCP.
- Oversaw the management & strategic deployment of a $12M+ budget to drive customer interaction and engagement across channels to maximize exposure to critical customer set.

ALKERMES, Waltham, MA
Director, CNS Marketing (2009 – 2012)

- Led the development and execution of the strategic and tactical US launch plan of VIVITROL (injectable naltrexone) into the opioid dependence market
- Responsible for the development and execution of all personal & non-personal HCP launch strategies, communication campaigns, product positioning, KOL management and patient advocacy partnerships designed to build awareness and maximize launch trajectory of VIVITROL
- Developed and executed strategic and tactical marketing plan, encompassing all multi-channel mediums to drive awareness, trial, and usage; Exceeded launch year revenue projections by 18% & year 2 forecast by 22%.
- Responsible for the hiring and direct management of four VIVITROL brand managers.
- Conceptualized and delivered innovative digital strategies to further differentiate the brand across customer segments based on enhanced value proposition.
- Led various HEOR & product distribution work streams to ensure comprehensive commercial coverage to maximize revenue.
- Served as marketing liaison to clinical development for scientific publication planning and placement.

VIROPHARMA, Exton, PA
Senior Product Manager (2007 – 2009)
Rare Disease Commercialization

- Created positioning statement along with product, disease state, and reimbursement messaging for various target audiences to capture product definition and competitive differentiation.
- Established a Centers of Excellence KOL management plan to optimize support and product uptick at launch
- Developed the US budget demand forecast for the prophylaxis indication.
- Responsible for the strategic alliance with patient advocacy (NORD & HAE Association) to ensure broad based support across consumer, HCP, and government factions.
- Led brand name and logo creation initiative from inception of market research through trademark filing, registration, and FDA approval.

BRISTOL-MYERS SQUIBB, Princeton, NJ (2001 – 2007)
Oncology Product Manager (2005 – 2007)

- Contributed to the strategic and tactical development of all ERBITUX (cetuximab) professional promotional materials for colorectal cancer.
- Led the development of professional promotional and managed care materials for the head & neck cancer launch of ERBITUX.
- Responsible for primary & secondary market research relative to professional and managed markets core business objectives.
- Led all sales force communications ranging from competitive intelligence to guidance on the appropriate utilization of promotional materials.

District Business Manager (2003 – 2005)

- Led a group of 10 specialty sales representatives responsible for the promotion and growth of key cardiovascular agents (Plavix / Pravachol).
- Successfully negotiated hospital contracts in key centers of excellence to drive sustained trial & usage in the inpatient setting.
- Grew core business 43% YOY in high decile cardiology & key academic institutions.

PCP & Oncology Sales Representative Roles (2000 – 2003)

- Responsible for the successful launch of ERBITUX in colorectal cancer in Northeastern and Central PA.
- President's Club award winner finishing in the top 2% nationally in NRx & TRx.

EDUCATION & CREDENTIALS:

Boston College
Master of Business Administration (MBA)

Le Moyne College
Business Administration (BS)
Marketing Concentration

July 8, 2020

Via Fed Ex

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To Whom It May Concern:

Enclosed please find the initial application for AVEO Pharmaceuticals, Inc. AVEO Pharmaceuticals is a biopharmaceutical company seeking to advance targeted medicines for oncology and other unmet medical needs.

AVEO Pharmaceuticals, Inc is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from AVEO Pharmaceuticals, Inc's office. AVEO Pharmaceuticals, Inc's product is not a controlled substance. Accordingly, AVEO Pharmaceuticals, Inc. is not required to obtain a DEA registration. At the time of this filing, AVEO Pharmaceuticals, Inc. only holds a license in their home state of Massachusetts.

I hope this narrative is helpful as you review AVEO Pharmaceuticals, Inc.'s application. If you have a question regarding this application, please contact me at 614-370-2801 or via email at stacie.borngrebe@twolabs.com. Please also address all written communication to me. My address is 2123 English Turn Dr. Grove City, OH 43123.

Thank you in advance for your consideration.

Stacie Borngrebe
Licensing Analyst
PharmaLicense

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02434
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Dermira, Inc.

Physical Address: 275 Middlefield Road, Suite 150

City: Menlo Park State: CA Zip Code: 94025

Telephone Number: (650) 421-7200 Fax Number: (650) 365-3410

Toll Free Number: N/A

E-mail: trade@dermira.com Website: www.dermira.com

Facility Manager: Luis Martinez

Professional qualifications and experience of facility manager:
See Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Specialty Distributors, Specialty Pharmacies, Wholesalers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other:
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attached
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Virginia Finnerty-Brooks
Print Name of Authorized Person

5/20/20
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Eli Lilly and Company

Corporation Name: Dermira, Inc.

Mailing Address: 275 Middlefield, Suite 150

City: Menlo Park State: CA Zip: 94025

Telephone: (650) 421-7200 Fax: (650) 365-3410

Contact Person: Joseph Sirna

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 07/02/2004

Registration number issued: 3824464

Stock Exchange: LLY

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/04/2018
Amount: $ 515.00
Permit #: WH02434

DERMIRA, INC.
275 MIDDLEFIELD RD #150
Menlo Park CA 94025

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler

Expires:10/31/2020

DERMIRA, INC.
275 MIDDLEFIELD RD #150
Menlo Park CA 94025

Permit #
WH02434
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Permit Type: Wholesaler
Permit #: WH02434

Expires: 10/31/2020
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

DERMIRA, INC.
275 MIDDLEFIELD RD #150
Menlo Park CA 94025

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

Dermira

Description of Operations

Dermira, Inc. is a Virtual Manufacturer and is 100% wholly owned by Eli Lilly. Dermira's products are manufactured and packaged by a contract manufacturer and will be distributed to specialty pharmacies, retailers, and other wholesalers by their third party logistics provider, who is licensed to ship pharmaceutical products into your state.

NDC: 70428-011-12

Contract Manufacturers:
We are using the following contract manufacturers to produce our products:

Professional Disposables International, Inc (PDI)
2 Nice-Pak Park
Orangeburg, NY 10962
(845) 365-1700
FDA Establishment No: 2411192

Packaging Coordinators, LLC.
3001 Red Lion Rd
Philadelphia, Pennsylvania (PA) 19114
(215) 613 3600
FDA Establishment No: 1000522077

Products:
The above contract manufacturers produce Dermira's product and packages finished product. At no time do they own the product, contract with Dermira's customers, invoice, nor sell a Dermira product. Dermira's products are not Controlled Substances.

Third Party Logistics Information:
For distribution into the commercial supply channels, Dermira will utilize a Third-Party Logistics (3PL) provider to manage the storage and distribution of Dermira's product to customers throughout the United States.

Cardinal Health dba Specialty Pharmaceutical Services
501 Mason Rd.
LaVergne, TN 37086

Cardinal Health dba Specialty Pharmaceutical Services
6640 Echo Ave Suite D
Reno, NV 89506

Dermira's hours of operation are:
8:00 a.m. – 5:00 p.m. (Pacific Time), Monday through Thursday and 8:00 a.m. – 2:00 p.m. Friday

Dermira

Company Information

Dermira, Inc.
275 Middlefield Rd. #150
Menlo Park, CA 94025
(650) 421-7200
trade@dermira.com

FEIN: 27-3267680
State of Formation: Delaware
Date Incorporated: 8/18/10

Officer:

Virginia Finnerty-Brooks – Vice President, Corporate Development & Operations

Business Address: 275 Middlefield Rd. #150, Menlo Park, CA 94025

Business Phone: (650) 303-0473

Renewal License

Wholesale Drug Permit

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

LICENSE NO. WLS 7252
RECEIPT NO. 00163148

VALID UNTIL JANUARY 01, 2021

DERMIRA INC
275 MIDDLEFIELD RD #150
MENLO PARK CA 94025

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

/20/19
/20/19 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WL

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7252

NAME: DERMIRA INC
LICENSE TYPE: WHOLESALER
LICENSE STATUS: CLEAR

ISSUANCE DATE
JANUARY 3, 2018
EXPIRATION DATE
JANUARY 1, 2021
CURRENT DATE / TIME
JULY 22, 2020
11:17:36 AM

CLEAR - A "CLEAR" LICENSE ENTITLES THE INDIVIDUAL OR FIRM TO PERFORM ALL DUTIES AUTHORIZED TO THE SPECIFIC TYPE OF LICENSE, UNLESS (1) A PHARMACIST HAS RENEWED HIS OR HER LICENSE ON INACTIVE STATUS, OR (2) UNLESS THE LICENSE HAS BEEN RESTRICTED BY A DISCIPLINARY ORDER OF THE BOARD. WHEN THE WORD "PROBATION" APPEARS UNDER "CLEAR" BOARD DISCIPLINARY RESTRICTIONS ARE LISTED AT THE BOTTOM OF THE SCREEN.

ADDRESS
275 MIDDLEFIELD RD #150
MENLO PARK CA 94025
SAN MATEO COUNTY

LICENSE RELATIONSHIPS

NAME: MENSAH, KWASI OWUSU
LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)
LICENSE NUMBER: 23023 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DERMIRA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DERMIRA, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4861861 8300

SR# 20202471521

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202682523

Date: 03-30-20

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through June 15, 2020

You have searched Finished drug products

Search Results: *'70428'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Mark Date
Qbrexza	70428-011-12	2.4 g/100g	CLOTH	TOPICAL	NDA210361	Dermira, Inc.	70428-011	glycopyrronium	GLYCOPYRRONIUM TOSYLATE	HUMAN PRESCRIPTION DRUG	06/28/

Showing 1 to 1 of 1 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified
NS
7/23/20

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

±

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

PRINT

Current through July 23, 2020

You have searched Finished drug products

Search Results: *7042*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table: 70428

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Qbrexza	70428-011-12	2.4 g/100g	CLOTH	TOPICAL	NDA210361	Dermira Inc	70428-011	glycopyrronium	GLYCOPYRRONIUM TOSYLATE	HUMAN PRESCRIPTION DRUG	06/29/2018	N/A	NDA	30 POUCH in 1 CARTON (70428-011-12) > 2.8 g in 1 POUCH (70428-011-11)

Showing 1 to 1 of 1 entries (filtered from 36 total records)

Previous 1 Next

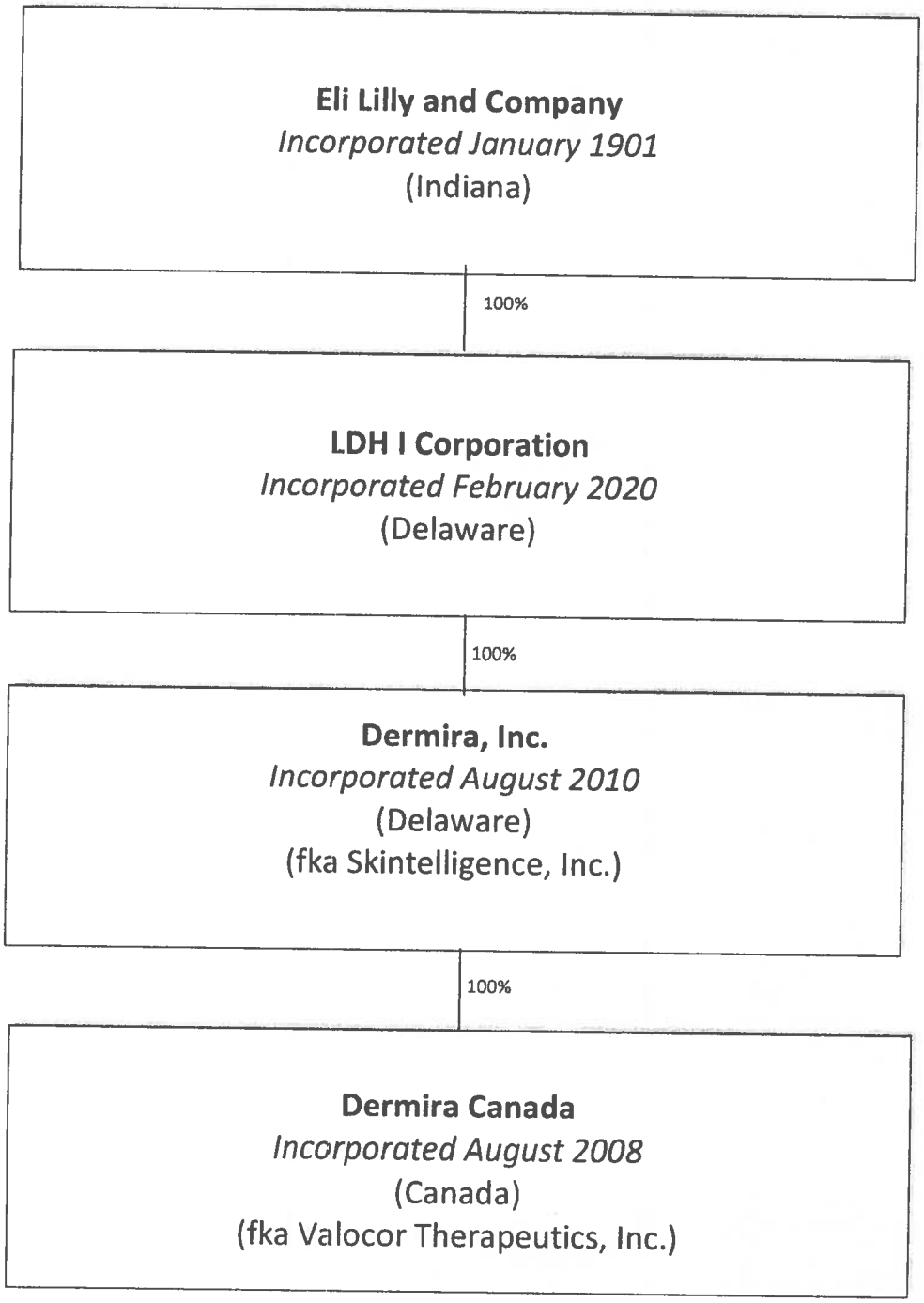
Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

DERMIRA, INC. CORPORATE ORGANIZATIONAL CHART



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"BALD EAGLE ACQUISITION CORPORATION", A DELAWARE CORPORATION,

WITH AND INTO "DERMIRA, INC." UNDER THE NAME OF 'DERMIRA, INC.', A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2020, AT 8:08 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

4861861 8100M
SR# 20201284724

Authentication: 202422231
Date: 02-20-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:08 AM 02/20/2020
FILED 08:08 AM 02/20/2020
SR 20201284724 - File Number 4861861

CERTIFICATE OF MERGER

MERGING

BALD EAGLE ACQUISITION CORPORATION
(a Delaware corporation)

WITH AND INTO

DERMIRA, INC.
(a Delaware corporation)

Pursuant to Section 251(h) of the General Corporation Law of the State of Delaware (the "DGCL"), Dermira, Inc., a Delaware corporation, hereby certifies the following information relating to the merger (the "Merger") of Bald Eagle Acquisition Corporation, a Delaware corporation, with and into Dermira, Inc., a Delaware corporation:

FIRST: The names and state of incorporation of each of the corporations constituent to the Merger are as follows:

Name	State
Bald Eagle Acquisition Corporation	Delaware
Dermira, Inc.	Delaware

SECOND: An agreement and plan of merger entered into by the constituent corporations on January 10, 2020, which expressly provides for the Merger to be governed by Section 251(h) of the DGCL, has been approved, adopted, certified, executed, and acknowledged by each of the constituent corporations in accordance with Section 251(h) of the DGCL.

THIRD: The name of the surviving corporation of the Merger is Dermira, Inc., which shall continue its existence as the surviving corporation under the name Dermira, Inc.

FOURTH: Upon the effectiveness of the filing of this Certificate of Merger, the Certificate of Incorporation of Dermira, Inc., as amended to date, shall be amended and restated in its entirety by reason of the Merger to read as set forth on Exhibit 1 hereto, and as so amended and restated shall be the certificate of incorporation of the surviving corporation until further amended in accordance with the provisions of the DGCL.

FIFTH: The executed agreement and plan of merger is on file at the principal place of business of the surviving corporation, at Lilly Corporate Center, 893 Delaware Street, Indianapolis, Indiana 46285, and will be furnished by the surviving corporation, on request and without cost, to any stockholder of either constituent corporation.

SIXTH: The Merger shall become effective immediately upon the filing of this certificate with the Secretary of State of the State of Delaware.

IN WITNESS WHEREOF, Dermira, Inc. has caused this Certificate of Merger to be executed in its corporate name on this 20th day of February, 2020.

DERMIRA, INC.

By: _____
Name: Thomas G. Wiggans
Title: Chief Executive Officer and Chairman

EXHIBIT 1

AMENDED AND RESTATED
CERTIFICATE OF INCORPORATION
OF
DERMIRA, INC.

1. The name of the Corporation is: Dermira, Inc.

2. The address of the Corporation's registered office in the State of Delaware is 160 Greentree Drive – Suite 101, in the city of Dover, County of Kent, State of Delaware, 19904. The name of its registered agent at such address is: National Registered Agents, Inc.

3. The nature of the business and the purposes to be conducted and promoted by the Corporation are to conduct any lawful business, to promote any lawful purpose and to engage in any lawful act or activity for which corporations may be organized under the DGCL.

4. The total number of shares of stock which the Corporation shall have authority to issue is one-hundred (100) shares of common stock, $0.001 par value per share (the "Common Stock"). Shares of the Common Stock may be issued from time to time as the Board of Directors of the Corporation (the "Board") shall determine and on such terms and for such consideration as shall be fixed by the Board. The amount of the authorized Common Stock of the Corporation may be increased or decreased by the affirmative vote of the holders of a majority of the outstanding shares of Common Stock of the Corporation entitled to vote.

5. Except as otherwise provided by law, the Common Stock shall have the exclusive right to vote for the election of directors and for all other purposes. Each share of Common Stock shall have one vote, and the Common Stock shall vote together as a single class.

6. Elections of directors need not be by written ballot unless required by the Bylaws of the Corporation. Any director may be removed from office either with or without cause at any time by the affirmative vote of the holders of a majority of the outstanding Common Stock of the Corporation entitled to vote, given at a meeting of the stockholders called for that purpose, or by the consent of the holders of a majority of the outstanding Common Stock of the Corporation entitled to vote, given in accordance with DGCL Section 228.

7. In furtherance and not in limitation of the powers conferred upon the Board by law, the Board shall have the power to make, adopt, alter, amend and repeal from time to time the Bylaws of the Corporation by a majority vote at any regular or special meeting or by written consent, subject to the power of the stockholders to alter, amend and repeal Bylaws made by the Board.

8. The Corporation reserves the right at any time, from time to time, to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, and any other provisions authorized by the laws of the State of Delaware at the time in force may be added or inserted, in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of whatsoever nature conferred upon stockholders, directors or any other persons by and pursuant to this Certificate of Incorporation in its present form or as hereafter amended are granted subject to the right reserved in this section.

9. To the fullest extent permitted by the DGCL as it now exists and as it may hereafter be amended, no director of the Corporation shall be personally liable to the Corporation or any of its stockholders for monetary damages for breach of fiduciary duty as a director; provided that nothing contained in this Section 9 shall eliminate or limit the liability of a director (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) pursuant to the provisions of Section 174 of the DGCL, or (iv) for any transaction from which the director derived an improper personal benefit. No repeal or modification of this Section 9 shall apply to or have any adverse effect on any right or protection of, or any limitation of the liability of, a director of the Corporation existing at the time of such repeal or modification with respect to acts or omissions occurring prior to such repeal or modification.

10. The Corporation may indemnify, and advance expenses to, to the fullest extent permitted by law, any person who was or is a party to or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative by reason of the fact that the person is or was a director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise.

LUIS A. MARTINEZ

[redacted] GRANDVIEW AVE • DALY CITY, CA 94015 • PHONE

SUMMARY

Results-oriented individual with the ability to adapt to changing business climates/requirements and develop/execute strategic and tactical plans to meet business and management goals

WORK EXPERIENCE

2017 – 2019 Dermira Menlo Park, CA

Associate Director, Supply Chain Operations

- Responsible for all logistics, development to commercial, for all drug substance, drug product and components.
- Responsible for creation of policies, SOP, import compliance program and system implementations including DAX and Serialization.

2016 – 2017 Coherus BioSciences Redwood City, CA

Associate Director, Supply Chain & Distribution

- Responsible for overseeing the supply chain and distribution of raw materials, commercial product, drug procurement and distribution of final product.
- Part of the Product Development team responsible for supply chain forecasting and projections, drug product packaging and labeling, procurement of comparators, and oversight of all CMO's and vendors relevant to product supply.
- Responsible to deploy disciplines that support a best-in-class supply chain organization including the analytics, systems and data management capabilities, metrics and reports.

2006 – 2015 XenoPort Inc Sunnyvale, CA

Associate Director, Supply Chain Management

- Responsible for accelerated commercial drug supply efforts to support transition and re-launch of Horizant. Evaluated and recommended 3PL services based on current commercial model. Coordinate implementation work plan involving Regulatory, Sales & Marketing, Managed Markets, IT, Finance and Legal to ensure sales order process and distribution process in place prior to go live date.
- Responsible for day-to-day activities related to inventory control, production planning and distribution for drugs at all stages of clinical development up to and including commercialization.
- Drove Sales & Ops process bringing alignment of functions within the organization.
- Responsible for development, implementation and evaluation of operations of Procurement Services. Procurement manages, coordinates and administers supplier purchases and agreements related to goods and services for all departments and research initiatives.
- Responsible for negotiating and vendor/contract management of materials and services. Facilitator of relationships, communications and team building between technical, non-technical and executive staff members.
- Responsible for preparation and oversight of department budget plus development and implementation of standard operational procedures consistent with Good Manufacturing Practices, corporate goals and other regulatory agencies.

Sr. Supply Chain Analyst / Sr. Manager SCM & Procurement / Principal Manager, Supply Chain Management

- Worked closely with Pharmaceutical Operations and Clinical Operations to establish targets, define solutions and meet production requirements.

- Coordinated packaging & labeling, transportation, storage, and distribution of clinical trial material for studies to be conducted in the North America, with future plans to expand into Europe.
- Worked with stakeholders and Legal support to negotiate effective contracts and agreements. Maintained real time cost database and processed invoices while maintaining Sarbanes-Oxley Section 404 Documentation Compliance.
- Acted as primary point of contact for all new vendors and made recommendations as needed while maintaining and expanding sourcing database which included contract manufacturers, raw material providers and other support services.
- Managed Procurement staff and support all daily Purchasing activities in Oracle system capable of handling everything from basic requisition to purchase order process to blanket purchase orders for all contracts and service related activities.
- Managed Shipping & Receiving staff including handling of all International and hazardous materials per extensive regulatory requirements.
- Recruited supply chain team to manage the development and execution of projects and daily work efforts based on best in class processes. Experience with metrics, performance tracking and data integrity analytical skills and understanding of procurement financial systems.

2005 – 2006 Genitope Corporation Redwood City, CA

Sr. Manager, Product Services

- Responsible for executing order administration/customer service and distribution strategies for Genitope's MyVax Personalized Immunotherapy.
- Provided leadership role in developing department infrastructure and building seamless Service Model Plan to support internal and external customer and partner needs. Conducted extensive research to identify and select vendors to handle Service Model tasks best suited/services by outside vendor vs. in-house.
- Integral member of ERP and CRM implementation team responsible for ensuring Service Model requirements and other Marketing's needs were met. Developed department processes and procedures and facilitated customer satisfaction by managing expectations, Customer Service metrics and performance tracking.

2000 – 2005 Corixa Corporation / Coulter Pharmaceutical South San Francisco, CA

Manager, Business Operations – Materials Management

- Managed successful on-time transition of supply chain and sales order distribution transition team responsibilities for Bexxar from Corixa to GlaxoSmithKline.
- Lead risk mitigation and assessment of various in-house and CMO processes. Identified high risk and high cost components to seek Cost of Goods reduction and alternate sourcing opportunities.
- Worked closely with subcontractors, materials suppliers, contract manufacturers, carriers and internal departments to assure that stocking, delivery and shipment schedules were met. Maintained manufacturing schedule and acted as liaison between various vendors, Manufacturing team, Quality Assurance, Clinical and Commercial team.
- Gained knowledge of overall drug development process, validation and GMP manufacturing/labeling requirements through approval and launch of Bexxar and applied lessons learned to new products in Corixa's pipeline.
- Managed domestic and international distribution of in-process and finished goods material, in accordance with cGMP and import/export regulations. Worked with Operations personnel to source/recommend new product storage/packaging components and shipping instructions.

- Anticipated and communicated potential problems and issues with the supply chain to prevent disruptions to the overall production plan.
- Assisted with coordination of labeling and packaging of product for clinical/commercial supply and overall inventory management of labeled and unlabeled product. Performed monthly inventory reconciliations, verified vendor invoices, negotiated and interpreted supply agreements and reviewed performance measures against criteria.
- Leader for Sales Order Entry/Distribution System maintained on JD Edwards and acted as technical and application liaison between various internal departments and partners. Key member of transition from manual process to automated system linking our commercial partner and three vendors. Participated in validation and implementation of JD Edwards system.
- Assisted in creation and improvement of process flow charts, Standard Operating Procedures, and User's Manual for Materials Management Department in accordance with all various regulation and Sarbanes-Oxley compliance.
- Analyzed and captured data to establish Cost of Goods Sold model, set up and reviewed Key Performance Indicator (KPI) reports, FDA Distribution Report, and other historical data reports.
- Managed the daily activities of personnel ensuring support of ongoing clinical and commercial operations, including production planning, inventory control and order administration.

Logistics Specialist

- Responsible for order entry and management of clinical orders to sites in US and Europe. Coordinated logistic efforts for on time delivery of final drug product to over 100 possible sites.
- Maintained order/shipping and inventory records.

1999 – 2000 Circle International Brisbane, CA

Sales Representative (Transportation & Logistic Services)

- Managed and increased client base in designated sales territory, which included a developmental area.
- Developed and implemented operational policies and procedures to meet service quality objectives.
- Presented service contract proposals and solutions for all aspects of Transportation and Logistics, both International and Domestic, to various clients, including Fortune 500 targets.

1991 – 1999 Cho Yang (America), Inc San Francisco, CA

Sales Representative (Ocean Transportation Services)

- Managed and coordinated outside sales efforts to develop and increase account base for international ocean transport and logistics company. Worked with Regional Sales Manager and VP of Sales to target, research and market ocean shipping and related land transport services to major West Coast based corporations.
- Handled and negotiated service contracts and rate offers for shippers, including coordination with conference members, in-house pricing staff, operations department and other parties involved.
- Forecast sales and analyze industry and consumer trends in relation to business plan for California and Utah.

Customer Service Representative & Administrative Assistant, Assistant Line Manager

- Acted as primary liaison between top regional accounts and outside sales team to ensure smooth service contract negotiations and monitor vendor service requirements. Coordinated all aspects of shipping process to ensure maximum allocation and quota capacity along with special cargo handling requirements.

1989 – 1991 University of California San Francisco, CA

Gladstone Foundation, UCSF, Human Resources & Finance Assistant

- Coordinated interviewing process, event set-ups, worked on budgets and Accounting System

Early Parenting Project, SFGH, UCSF, Administrative Assistant

- Developed client database, collected data, maintained financial records, and produced financial reports

1984 - 1988 BankAmerica Cheque Corporation San Francisco, CA

Sr. Clerical Specialist, Personnel Coordinator

- Coordinated staffing, new employee orientations, training and tuition assistance and payroll.
- Developed personnel database management system for headcount and benefit tracking system.

EDUCATION

1985 - 1991 San Francisco State University

B.S., Business Administration-Management, Cum Laude

SKILLS

Language: Fluent in Spanish

Computer: EDI, JD Edwards World, Oracle, One World, OPM, DAX, PC and Mac literate.

Project Management

United States
Securities and Exchange Commission
Washington, D.C. 20549

Form 10-K

Annual report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934
for the fiscal year ended December 31, 2019

Commission file number 001-06351

Eli Lilly and Company

An Indiana corporation | I.R.S. employer identification no. 35-0470950

Lilly Corporate Center, Indianapolis, Indiana 46285 (317) 276-2000

Securities registered pursuant to Section 12(b) of the Exchange Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange On Which Registered
Common Stock (no par value)	LLY	New York Stock Exchange
1.000% Notes due 2022	LLY22	New York Stock Exchange
7 1/8% Notes due 2025	LLY25	New York Stock Exchange
1.625% Notes due 2026	LLY26	New York Stock Exchange
2.125% Notes due 2030	LLY30	New York Stock Exchange
0.625% Notes due 2031	LLY31	New York Stock Exchange
6.77% Notes due 2036	LLY36	New York Stock Exchange
1.700% Notes due 2049	LLY49A	New York Stock Exchange

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 under the Securities Act. Yes ☑ No o

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Exchange Act. Yes o No ☑

Indicate by check mark whether the Registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Exchange Act during the preceding 12 months, and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No o

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). Yes ☑ No o

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 under the Exchange Act.

Large accelerated filer ☒	Accelerated filer o
Non-accelerated filer o	Smaller reporting company ☐
	Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. o

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Act):
Yes ☐ No ☑

Aggregate market value of the common equity held by non-affiliates computed by reference to the price at which the common equity was last sold as of the last business day of the Registrant's most recently completed second fiscal quarter (Common Stock): approximately $93,167,000,000.

Number of shares of common stock outstanding as of February 13, 2020: 956,382,203

Portions of the Registrant's Proxy Statement to be filed on or about March 20, 2020 have been incorporated by reference into Part III of this report.

Securities registered pursuant to Section 12(g) of the Exchange Act: None

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Gamida Cell Inc

Physical Address: 673 Boylston Street, 4th Floor

City: Boston State: MA Zip Code: 02116

Telephone Number: (617) 892-9080 Fax Number: _____

Toll Free Number: _____

E-mail: statelicenses@gamida-cell.com Website: https://www.gamida-cell.com/

Facility Manager: John Schick

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: Hospital Pharmacies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Julian Adams
Print Name of Authorized Person

2/20/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Gamida Cell LTD

Corporation Name: Gamida Cell Inc

Mailing Address: 5 Nahum Heftsadie Street

City: Givaat Shaul State: Jerusalem Zip: 91340

Telephone: 617-892-9080 Fax: N/A

Contact Person: Julian Adams

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 10/02/2000

Registration number issued: 3296329

Stock Exchange: GMDA

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
	11/27/2019	11/27/2020	Virtual Drug Manufacturers

ISSUED TO

GAMIDA CELL INC.
673 BOYLSTON STREET
4TH FLOOR
BOSTON, MA 02116
ATTN: JULIAN ADAMS CHIEF EXECUTIVE OFFICER

COMMISSIONER OF PUBLIC HEALTH

837878

RECIPIENT'S COPY

NEW

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
	11/27/2019	11/27/2020	Virtual Drug Manufacturers

ISSUED TO

GAMIDA CELL INC.
673 BOYLSTON STREET
4TH FLOOR
BOSTON, MA 02116
ATTN: JULIAN ADAMS CHIEF EXECUTIVE OFFICER

NEW

gamida cell

OWNERSHIP

Gamida Cell Inc ("Gamida") is a virtual manufacturer of pharmaceutical products located in Boston, MA. Gamida Cell Inc is 100% owned by Gamida Cell LTD whom is a publicly-traded entity (Nasdaq: GMDA).

PARENT COMPANY INFORMATION

Gamida Cell LTD.
5 Nahum Heftsadie Street
Givaat Shaul, Jerusalem 91340

Tax ID: 512601204

COMPANY INFORMATION

Gamida Cell Inc
673 Boylston Street, 4th Floor
Boston, MA 02116
Phone: 617-892-9080
Tax ID: 04-3533346

CORPORATE OFFICERS

Julian Adams, Chief Executive Officer
Boylston Street, PH
Boston, MA 02116
Ownership: 0%

BOARD OF DIRECTORS

Robert Blum, Julian Adams, Ph.D., Nurit Benjamini, Ofer Gonen, Kenneth Moch, Michael Perry, Ph.D., Shawn Cline Tomasello, Stephen T. Wills

gamida cell

DESCRIPTION OF OPERATIONS

Gamida Cell Inc ("Gamida") is a publicly-traded, virtual manufacturer of pharmaceutical products located in Boston, MA. Gamida focuses on developing advanced cell therapies with the potential to cure blood cancers and rare, serious, hematological diseases. Gamida's product candidate Omidubicel is in Phase III clinical studies for the treatment of Leukemia and Lymphoma, and in Phase II studies for the treatment of severe Aplastic Anemia. Gamida's product will be manufactured by a contract manufacturer and will be distributed to hospital cell labs by a specialty courier service.

CONTRACT MANUFACTURER

Gamida uses the following contract manufacturer to produce product:

Lonza Netherlands B.V.
Oxfordlan 70
Maastricht, Netherlands, 6229EV
(316) 131-46_6 - Hans Henskens

3PL

Cardinal Health 105, Inc.
501 Mason Road, Suite 200
La Vergne, TN 37086
Jonathan McWhinney
(415) 412-3680

PRODUCTS

As a virtual manufacturer, Gamida does not manufacture, distribute or store product. At no time does any contract manufacturer own Gamida's product, contract with Gamida's customers, invoice or sell Gamida's products. Gamida's products are not controlled substances. Accordingly, Gamida is not required to maintain DEA registration.

PRODUCT DISTRIBUTION FLOW

- Patient has an HLA typing done by the Transplant Center.
- Patient HLA typing is matched to a cord blood unit (CBU) in inventory of one of the 18 public cord blood banks in the US.
- CBU is picked up by Gamida's courier at the cord blood bank and is shipped to the CMO, Lonza Netherlands B.V. in the Netherlands.
- Once the manufacturing process is done, it is shipped from Lonza Netherlands B.V. to the US transplant center for infusion into the patient.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAMIDA CELL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAMIDA CELL INC." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3296329 8300

SR# 20203747244

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202914129

Date: 05-12-20

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAMIDA CELL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAMIDA CELL INC." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3296329 8300

SR# 20196918046

Authentication: 203548625

Date: 09-06-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

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ISSUED TO

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673 BOYLSTON STREET
4TH FLOOR
BOSTON, MA 02116
ATTN: JULIAN ADAMS CHIEF EXECUTIVE OFFICER

COMMISSIONER OF PUBLIC HEALTH

837878

RECIPIENT'S COPY

NEW

CONTROLLED SUBSTANCES REGISTRATIONS

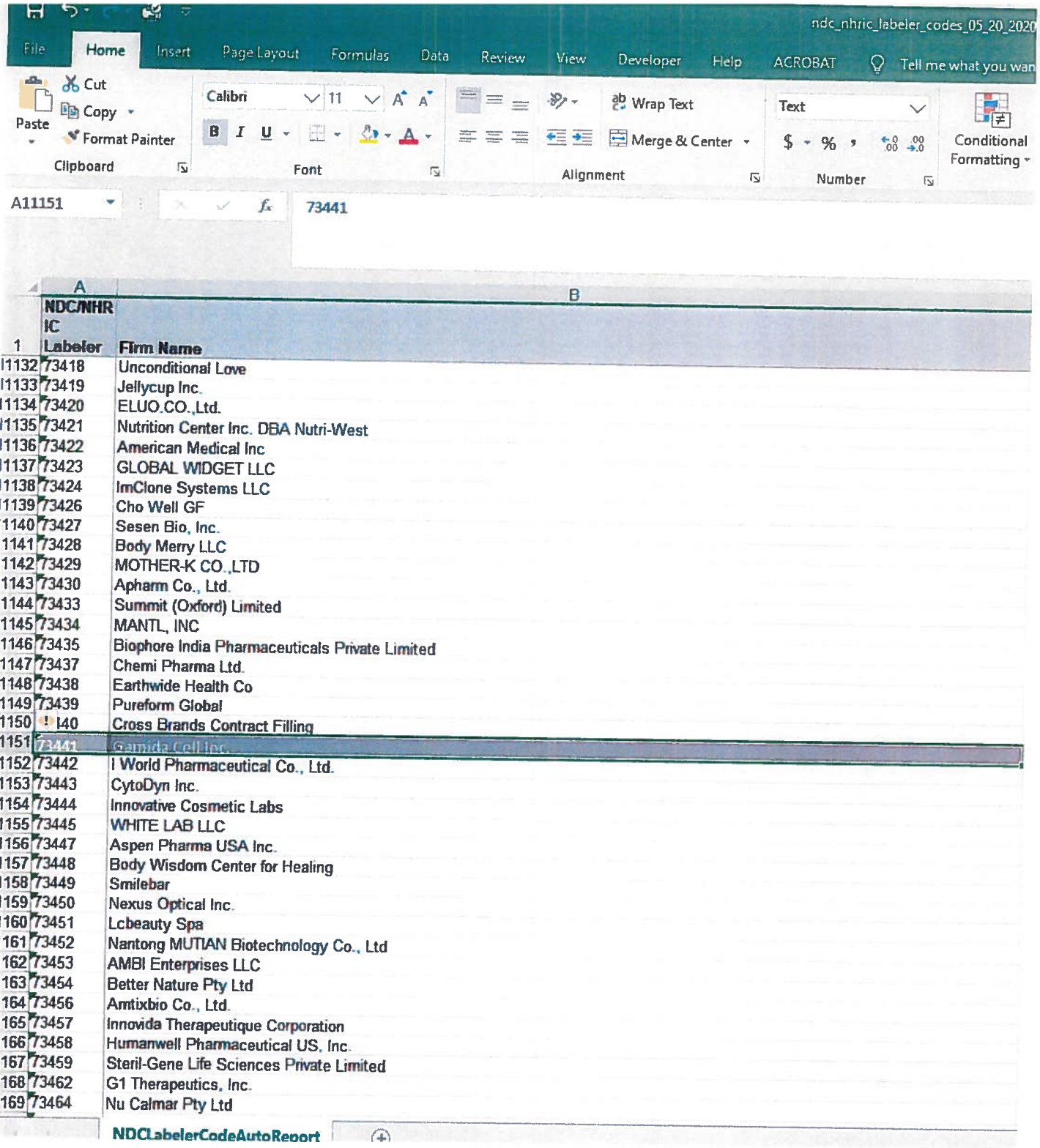
In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
	11/27/2019	11/27/2020	Virtual Drug Manufacturers

ISSUED TO

GAMIDA CELL INC.
673 BOYLSTON STREET
4TH FLOOR
BOSTON, MA 02116
ATTN: JULIAN ADAMS CHIEF EXECUTIVE OFFICER

NEW



	A	B
1	NDC/NHRIC Labeler	Firm Name
1132	73418	Unconditional Love
1133	73419	Jellycup Inc.
1134	73420	ELUO.CO.,Ltd.
1135	73421	Nutrition Center Inc. DBA Nutri-West
1136	73422	American Medical Inc
1137	73423	GLOBAL WIDGET LLC
1138	73424	ImClone Systems LLC
1139	73426	Cho Well GF
1140	73427	Sesen Bio, Inc.
1141	73428	Body Merry LLC
1142	73429	MOTHER-K CO.,LTD
1143	73430	Apharm Co., Ltd.
1144	73433	Summit (Oxford) Limited
1145	73434	MANTL, INC
1146	73435	Biophore India Pharmaceuticals Private Limited
1147	73437	Chemi Pharma Ltd.
1148	73438	Earthwide Health Co
1149	73439	Pureform Global
1150	140	Cross Brands Contract Filling
1151	73441	Gamida Cell Inc.
1152	73442	I World Pharmaceutical Co., Ltd.
1153	73443	CytoDyn Inc.
1154	73444	Innovative Cosmetic Labs
1155	73445	WHITE LAB LLC
1156	73447	Aspen Pharma USA Inc.
1157	73448	Body Wisdom Center for Healing
1158	73449	Smilebar
1159	73450	Nexus Optical Inc.
1160	73451	Lcbeauty Spa
1161	73452	Nantong MUTIAN Biotechnology Co., Ltd
1162	73453	AMBI Enterprises LLC
1163	73454	Better Nature Pty Ltd
1164	73456	Amtixbio Co., Ltd.
1165	73457	Innovida Therapeutique Corporation
1166	73458	Humanwell Pharmaceutical US, Inc.
1167	73459	Steril-Gene Life Sciences Private Limited
1168	73462	G1 Therapeutics, Inc.
1169	73464	Nu Calmar Pty Ltd

gamida cell

Product List

Omidubicel – labeler code - 73441

JOHN D. SCHICK

Alta View Drive ▪ Birmingham, A
8218 ▪ gmail.com

MARKET ACCESS LEADER

Market Access leader with a strong record of developing and implementing global market access strategies. Proven ability to lead payer, trade/distribution, patient support services, oncology physician networks and reimbursement strategies with close attention to budgets, time frames and accountability to quality outcomes. Twenty-one years of biopharmaceutical experience, encompassing a breadth of roles and responsibilities.

- Market Access organizational structure, design and integration including start up organizations
- Several drug/biologic/adoptive immunotherapies (CAR T) market launches (hematology/oncology & neurology) including oral, physician administered, and home health infused
- Cross functional team collaborations
- Experience building distribution channel strategies from the ground up
- Hiring and leading highly productive and successful market access teams
- Experience with Medicare (Part A/B, D & DME), Medicaid, commercial & federal account coverage strategies
- Experience developing Government Price Reporting and Gross-to-Net calculation capabilities

PROFESSIONAL EXPERIENCE

GAMIDA CELL (673 Boylston Street, 4th Floor Boston, MA 02116 Ph#: 617-892-9080) July 2018 – Present

Vice President, Global Market Access (July 2018 – Present)
Responsible for leading the strategic planning and implementation of global market access and reimbursement initiatives for Gamida Cell's cellular and immune therapeutics:

- Lead the creation of a global value dossier for products nearing commercialization
- Responsible for developing patient support services to ensure appropriate access to therapy
- Responsible for development and execution of market access strategies: commercial health plans, Federal (VA & DoD), Medicare (Part A/B), Medicaid, oncology physician networks and distribution channels
- Responsible for building, developing and managing a best-in-class Market Access Team that executes pre-launch, launch and post-launch commercialization strategies
- Responsible to develop and implement Gamida's HEOR and Federal Affairs initiatives
- Responsible for executing state licensing, pricing compendia communication, coding strategy (NTAP, C-code, J-code and pass through status submissions) and developing Gamida's Government Price Reporting capability

KITE PHARMA (2400 Broadway Santa Monica, CA 90404 (310) 824-9999) August 2016 - July 2018

Senior Director, Payer Relations (August 2016 – July 2018)
Responsible for the successful development and implementation of the strategic and tactical strategies that ensure appropriate access to Kite's innovative cancer immunotherapy - YESCARTA® (an engineered autologous T cell immunotherapy) for the treatment of aggressive B-cell non-Hodgkin lymphoma (NHL):

- Responsible for development and execution of market access strategies: commercial health plans (Aetna, Cigna, etc.), Federal (VA & DoD), Medicare (Part A/B), Medicaid, oncology physician networks and distribution channels
- Responsible for building, developing and managing a best-in-class Payer Account Director team that executed pre-launch, launch and post-launch payer and reimbursement strategies
- Responsible for executing state licensing, pricing compendia communication, coding strategy (C-code, J-code and pass through status submissions) and developing Kite's Government Price Reporting and Gross-to-Net calculation capabilities

INFINITY PHARMACEUTICALS (1100 Massachusetts Ave Cambridge, MA 02138 617-453-1000) August 2015 – August 2016

Director - Trade, Distribution & Physician Networks (March 2016 – August 2016)
Provided the overall strategic direction for designing, implementing and managing the day-to-day operations of Infinity's Trade/Distribution and Physician Network/GPO function to ensure a successful launch of our lead hematology/oncology product - Duvelisib. Also responsible for driving new initiatives post-launch to ensure these programs continue to provide best-in-class support and minimizing barriers in order to enhance overall patient access to therapy.

Account Strategy Lead – Market Access (August 2015 – February 2016)
Responsible for shaping strategies for Infinity's hematology / oncology pipeline and future market access team to ensure access through multiple channels that include payers, trade & distribution, reimbursement, physician networks, GPO's, healthcare systems and the federal marketplace. Develop deep insights of the local oncology trends and practice patterns to determine their implications, guide strategic plans and accountable for execution.

ONYX PHARMACEUTICALS (acquired by Amgen) July 2012 – August 2015

National Director, Market Access (February 2014 – August 2015)
Responsible for the successful development and implementation of the strategic and tactical strategies that ensure appropriate access to Onyx's oncology products – Kyprolis™ (multiple myeloma) and Blincyto™ (acute lymphoblastic leukemia).

- Responsible for building, developing and managing a best-in-class Market Access Director team that executed prelaunch and post-launch payer and reimbursement strategies
- Responsible for development and execution of market access strategies: commercial health plans (UHC, Cigna, etc.), federal (VA & DoD), Medicare (Part A/B, D & DME), Medicaid, specialty pharmacies, home infusion pharmacies as well as misc. JCode mitigation, reimbursement and strategic partnerships (ACCC, NCCN and state oncology societies)
- Developed and managed specialty and home health pharmacy relationships (Prime, Walgreens, CVS/Caremark, Coram & Option Care)
- Managed vendor relationships including tool development, regulatory approval and field execution

Regional Market Access Director (July 2012 – January 2014)
Responsible for establishing coverage and managing Kyprolis (carfilzomib) with commercial payers and Medicare Administrative Contractors throughout the Southeast. I also managed relationships with key specialty pharmacy accounts along with providing consultative reimbursement services to large oncology community practices and key institutional accounts.

- Responsible for the process within each plan regarding updating systems, managing the coverage policy process, understanding and utilizing oncology clinical pathways and injectable management programs
- Won the "Kyprolis Launch Excellence Award" for the Market Access Team in 2012
- Won the "Spirit of Onyx Award" in 2012 - voted on by my peers

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OTSUKA AMERICA PHARMACEUTICAL, INC 508 Carnegie Center, Princeton, NJ 08540 (609) 524-6788 April 2012 – June 2012
Sr. Account Executive
Represent Otsuka America with all assigned payer channels and trade customers in preparation for an anticipated medical benefit drug launch.

- FDA approval was delayed by a year

NEUROGESX, INC. (acquired by Acorda Therapeutics) January 2010 – February 2012
Associate Director of Reimbursement / Managed Markets
Responsible for developing and implementing payer strategy, building/managing a best-in-class national account team that ensured favorable payer coverage/reimbursement policies and provided consultative reimbursement services to providers/institutional accounts.

- Oversaw the development and execution of customer level strategic plans to support the successful launch of NeurogesX's first physician administered product – Qutenza® (orphan drug indicated for the management of neuropathic pain associated with postherpetic neuralgia)
- Responsible for penetrating the medical and pharmacy organizations to reduce and minimize reimbursement barriers with Medicare Administrative Contractors, managed care accounts, Federal accounts, specialty pharmacy and Medicaid agencies
- Hired, trained, developed, and managed a best-in-class national account team for the company's product (Qutenza®) in the following payer markets: Medicare Administrative Contractors (Part B), national and regional managed care accounts, Medicaid agencies, specialty pharmacy and federal accounts
- Communicated to internal stakeholder's customer trends and national perspective on customer needs
- Oversaw the management of HUB services, trade relations and specialty pharmacy alignment

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ALLERGAN, INC. May 2002 – December 2009

Senior Regional Healthcare Policy Manager (July 2006 – December 2009)
Managed Medicare & Medicaid accounts in AL, GA, TN, LA, MS, AR, OH, & KY Partnered with the payer community, primarily government payer entities, including CMS regional Medicare contractors; state Medicaid agencies; and some Workers Compensation programs. Provided education and information to assist in the development/revision of least restrictive coverage policies for physician administered injectables and a medical device. In addition to payer management, identified, developed and supported physician/patient advocacy groups interested in working with payers in the development of coverage and payment policies.

- Managed the following injectable/medical device products: BOTOX®, OZURDEX® (launched) and LAP-BAND®

Reimbursement Business Manager (May 2004 – June 2006)
Managed TX, FL, LA, MS, AL, TN & GA Provided BOTOX® reimbursement consultative services to providers and large institutional accounts focused on payer policy, billing/coding, processes/protocols, and reimbursement analysis.

BOTOX® Medical Consultant (May 2002 – April 2004)
Alabama and the Florida Panhandle
Managed regional sales efforts for BOTOX® in private and institutional settings. Cultivated existing customers and expanded new customer use and awareness of BOTOX®.

TAP PHARMACEUTICAL, INC. November 1997 - April 2002

Sales Representative (November 1997 – April 2002)
Mobile, AL / Mississippi Gulf Coast
Managed gastroenterology, internal medicine and primary care accounts for Prevacid®; oversaw product status on community hospital formularies in my territory; continually increased product knowledge and generated new business.

HELENA CHEMICAL COMPANY June 1993 – October 1997

Chemical Sales Representative (June 1993 – December 1996)
Alabama & Southwest Florida

EDUCATION

Auburn University - Auburn, Alabama
BS in Agriculture Science, June 1993
Major: Ornamental Horticulture

Westminster Christian Academy – Ladue, MO
Highschool Graduation: 1989

March 4, 2020

Via Fed Ex

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To Whom It May Concern:

On behalf of Gamida Cell Inc, attached is Gamida Cell Inc's application for Wholesaler.

Gamida Cell is a clinical-stage biopharmaceutical company committed to developing advanced cell therapies with the potential to cure blood cancers and rare, serious hematologic diseases. We are leveraging our proprietary nicotinamide-based, or NAM-based, cell expansion technology to develop product candidates designed to address the limitations of cell therapies.

Gamida Cell Inc is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from Gamida Cell Inc's office. Gamida Cell Inc's product is not a controlled substance. Accordingly, Gamida Cell Inc is not required to obtain a DEA registration. At the time of this filing, Gamida Cell Inc is only licensed in their resident state of Massachusetts.

I hope this narrative is helpful as you review Gamida Cell Inc's application. If you have a question regarding this application, please contact me at 614-370-2801 or via email at Stacie.borngrebe@twolabs.com. Please also address all written communication to me. My address is 110 Riverbend Ave. Suite 100, Powell, OH 43065.

Thank you in advance for your consideration.

Stacie Borngrebe
Licensing Analyst
PharmaLicense

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: TG Therapeutics, Inc.

Physical Address: 343 Thornall Street, Suite 740

City: Edison State: NJ Zip Code: 08837

Telephone Number: 848-209-6496 Fax Number: N/A

Toll Free Number: _____

E-mail: statelicensing@tgtxinc.com Website: https://www.tgtherapeutics.com

Facility Manager: Jane Thomas

Professional qualifications and experience of facility manager:
See Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Specialty Distributors, Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A - New Company
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Sean Power
Print Name of Authorized Person

6/23/20
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: N/A

Corporation Name: TG Therapeutics, Inc.

Mailing Address: 343 Thornall Street, Suite 710

City: Edison State: New Jersey Zip: 08837

Telephone: 848-209-6496 Fax: N/A

Contact Person: Sean Power

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: 05/18/1993

Registration number issued: 2336756

Stock Exchange: TGTX

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0741061 735

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

343 THORNALL ST, STE 710 EDISON, NJ 08837-

Reg. No.
5005800

TG THERAPEUTICS, INC.
343 THORNALL ST, STE 710
EDISON, NJ 08837-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

TG Therapeutics

DESCRIPTION OF OPERATIONS

TG Therapeutics is a publicly traded (NASDAQ "TGTX) a biopharmaceutical company focused on the development and commercialization of novel treatments for B-cell malignancies and autoimmune diseases.

THIRD-PARTY LOGISTICS

TG Therapeutics' products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider ("3PL"), Cardinal Health dba Specialty Pharmaceutical Services. TG Therapeutics will utilize the following Cardinal Health facility for distribution of product:

Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services
15 Ingram Blvd.
LaVergne, TN 37086

CONTRACT MANUFACTURER

TG Therapeutics uses the following contract manufacturer to produce product:

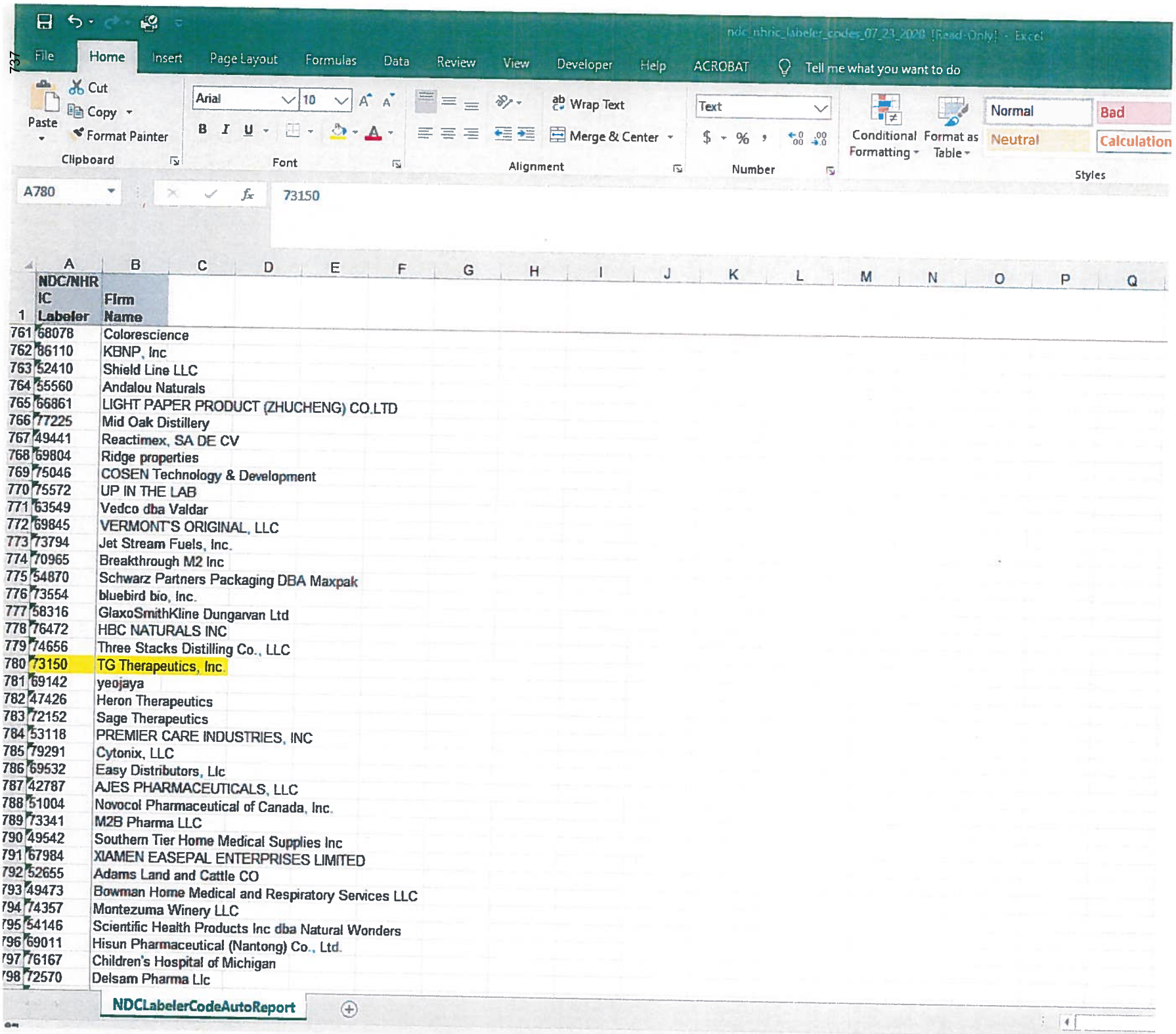
Alembic Pharmaceuticals Limited (Formulation Division)
Village Panelav, P.O. Tajpura,
Near Baska, Taluka-Halol, District-Panchmahal,
Gujarat-389350, India
FEI: 3004956904
DUNS: 650574671

PRODUCTS

As a virtual manufacturer, TG Therapeutics does not manufacture, distribute or store product at their New Jersey facility. At no time do contract manufacturers own TG Therapeutics' products, contract with TG Therapeutics' customers, invoice or sell TG Therapeutics products. TG Therapeutics products are not controlled substances.

Labeler Code: 73150

Verified
MS
7/23/20



ndc_nhric_labeler_codes_07_23_2020 [Read-Only] - Excel

File Home Insert Page Layout Formulas Data Review View Developer Help ACROBAT Tell me what you want to do

Cut Copy Format Painter Paste Clipboard

Arial 10 Font

Wrap Text Merge & Center Alignment

Text Number

Conditional Formatting Format as Table

Normal Bad Neutral Calculation Styles

A780 73150

	A	B
1	NDC/NHRIC Labeler	Firm Name
761	68078	Colorescience
762	86110	KBNP, Inc
763	52410	Shield Line LLC
764	55560	Andalou Naturals
765	66861	LIGHT PAPER PRODUCT (ZHUCHENG) CO.LTD
766	77225	Mid Oak Distillery
767	49441	Reactimex, SA DE CV
768	69804	Ridge properties
769	75046	COSEN Technology & Development
770	75572	UP IN THE LAB
771	63549	Vedco dba Valdar
772	69845	VERMONT'S ORIGINAL, LLC
773	73794	Jet Stream Fuels, Inc.
774	70965	Breakthrough M2 Inc
775	54870	Schwarz Partners Packaging DBA Maxpak
776	73554	bluebird bio, Inc.
777	58316	GlaxoSmithKline Dungarvan Ltd
778	76472	HBC NATURALS INC
779	74656	Three Stacks Distilling Co., LLC
780	73150	TG Therapeutics, Inc.
781	69142	yeojaya
782	47426	Heron Therapeutics
783	72152	Sage Therapeutics
784	53118	PREMIER CARE INDUSTRIES, INC
785	79291	Cytonix, LLC
786	69532	Easy Distributors, Llc
787	42787	AJES PHARMACEUTICALS, LLC
788	51004	Novocol Pharmaceutical of Canada, Inc.
789	73341	M2B Pharma LLC
790	49542	Southern Tier Home Medical Supplies Inc
791	67984	XIAMEN EASEPAL ENTERPRISES LIMITED
792	52655	Adams Land and Cattle CO
793	49473	Bowman Home Medical and Respiratory Services LLC
794	74357	Montezuma Winery LLC
795	54146	Scientific Health Products Inc dba Natural Wonders
796	69011	Hisun Pharmaceutical (Nantong) Co., Ltd.
797	76167	Children's Hospital of Michigan
798	72570	Delsam Pharma Llc

NDCLabelerCodeAutoReport

TG Therapeutics

OWNERSHIP

TG Therapeutics, Inc. is a publicly traded (NASDAQ: TGTX) virtual manufacturer of pharmaceuticals incorporated in Delaware.

COMPANY INFORMATION

343 Thornall Street, Suite 740
Edison, NJ 08837
(848) 209-6496
Tax ID: 36-3898269

CORPORATE OFFICERS

Michael Weiss, Executive Chairman, President and Chief Executive Officer
2 Gansevoort Street, 9th Floor
New York, NY 10014
(212) 554-4484

Sean Power, Chief Financial Officer
2 Gansevoort Street, 9th Floor
New York, NY 10014
(212) 554-4484

TG Therapeutics

Product Information: UKONIQ Tablets (umbralisib 200mg) – oral, once daily inhibitor of PI3K-delta. Umbralisib uniquely inhibits CK1-epsilon, which may allow it to overcome certain tolerability issues associated with first generation PI3K-delta inhibitors.

Labeler code: 73150

NDC Number: 73150-200-12

Controlled Substance: N/A

Current Date: 30-MAY-2019
Labeler DUNS: 826061566
Labeler Name: TG Therapeutics, Inc.
Labeler Code: 73150

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TG THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TG THERAPEUTICS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF MAY, A.D. 1993.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2336756 8300

SR# 20203171476

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202831735

Date: 04-27-20

JANE THOMAS, PharmD

Fox Run Denville, New Jersey -9889

PROFESSIONAL EXPERIENCE

TG THERAPEUTICS, Edison, NJ — September 2019 – Present
Vice President, Market Access

- Lead and implement payer, reimbursement and distribution strategies for Umbralisib & Ublituximab
- Work closely with Sales, Marketing, Medical Affairs, and Legal to develop and execute integrated product access plans to ensure affordable, timely coverage
- Collaborate with cross functional partners to develop the product value proposition for TG products and generate real world evidence to support the value story
- Plan and design patient support programs to optimize access to TG products
- Collaborate on the development of optimal pricing strategies and oversee implementation of pricing activities consistent with the strategy
- Oversee and develop government price reporting, contract administration, and rebate and chargeback administration
- Establish and drive key performance metrics, build dashboards, analyze performance and recommend actions to resolve barriers to drug access
- Collaborate with Finance, Legal, and other functions to establish consistent business rules and policies focused on compliant reporting and ensure all Market Access activities comply with regulatory agencies, public policies/guidelines, and with corporate policies and procedures
- Attract, hire and lead a high performing market access team to ensure launch readiness ahead of upcoming launches

CELGENE CORPORATION, Summit, NJ — May 2004 – August 2019
Executive Director, Channel Account Management — July 2013 – August 2019

- Led 3 highly successful account teams focused on Distribution, Group Purchasing (GPOs) & Key Accounts (25 personnel)
- Built distribution and GPO strategies for 8 in-line products and 7 pipeline products across multiple therapeutics areas (hematology, oncology, immunology and neurology)
- Developed and negotiated wholesaler, specialty pharmacy and GPO contracts
- Built unique and innovative programs and services focused on adherence/compliance and product pull through across the specialty pharmacy and GPO channels
- Partnered with the US General Managers and forecasting team to manage ~$12 billion of revenue for 8 brands across the Hematology/Oncology and Immunology franchises
- Managed the gross to net changes and inventory levels in the channel for multiple brands
- Collaborated with the Patient Support team to ensure effective communication and pull through of prescriptions between the specialty pharmacies and HUB
- Led the migration of Thalomid distribution from an open model to a limited/closed model
- Empowered and developed many talented individuals in achieving their career goals

Director, Channel Marketing (US Market Access) — January 2010 – June 2013

- Instrumental leader in developing and establishing the Channel Marketing department at Celgene

  - Built and managed a team of 5 Channel Marketers who were focused on delivering the strategy and tactical execution for all Celgene hematology/oncology brands for 6 channels (managed care, trade, GPOs, Risk Evaluation & Mitigation Strategy (REMS), patient support and contracting)
- US Market Access lead for 6 product/indication launches which includes Subpart H products
  - Developed the payer, trade, physician networks, state societies and REMS strategy and tactics
  - Trained the sales force, Account Managers & contracted speakers on the market access strategy
  - Reviewed and provided feedback on draft labels/label negotiations
  - Created appropriate contingency plans for various launch scenarios
- Commercial lead for the launch of a harmonized REMS program for 3 products
  - Led the development of marketing materials and prepared FDA REMS submissions
  - Supported the development of a "best in class" customer facing online REMS portal
- Focused on ensuring a positive customer experience for those accessing Celgene products
  - Worked with a cross functional team to create an innovative program called "Fast Track for First Prescription" which decreased the time to dispense for Celgene oral therapies by 50%
  - Developed commercial co-pay programs for Hematology/Oncology products
  - Supported the submission of J code application for ISTODAX
- Collaborated with the HEOR team to develop value propositions and FDAMA 114 materials
- Provided Market Access recommendations for the Forecasting Long Range Plans
- Tracked changes within the market access landscape and assessed the impact to the Celgene (i.e., Medicare sequestration, donut hole changes, Medicaid expansion, Healthcare Exchange etc)
- Managed the overall Market Access budget, which included overseeing the budget for 5 departments

Product Manager, Hematology/Oncology Marketing July 2008 – December 2009

- Brand team lead for brand plan development, ad board planning, market research plan development, patient registry initiatives and market access initiatives
- Managed major medical meetings (ASCO/ASH) including booth presence and competitive intelligence activities
- Supported the development of myeloma messaging and marketing materials for sales force
- Established relationships with myeloma KOLs when working on various marketing activities

Market Research Manager February 2006 – June 2008

- Led the development and execution of in-line and pipeline market research plans for hematology, oncology & inflammation franchises
- Executed multiple pre/post launch market research studies: landscape assessments, KOL mapping, positioning studies, ATUs, patient chart studies, message testing & recall, and material testing etc
- Analyzed primary and secondary sources (i.e., ImpactRx, IntrinsiQ, Tandem, IMS, Health Strategies, etc) to develop a comprehensive perspective of market opportunities and issues

Medical Information Specialist II May 2004 – February 2006

- Provided and presented medical information to internal/external customers while functioning as a clinical resource at medical conferences/clinical investigator meetings
- Led development of an intranet site to aid communication with clinical investigators
- Wrote and edited multiple sections of an IND including investigational plan, clinical protocol, etc

ACME MARKETS, Bensalem, PA
Pharmacy Associate
April 2003 – April 2004

- Performed functions necessary for dispensing medications
- Monitored patient profiles for drug interactions, therapeutic duplications, side effects and allergies
- Counseled patients on prescription medications and over the counter products

RECOGNITION/KEY ACCOMPLISHMENTS

- 2018 CEO Award (awarded to very select top performers)
- 2017 CEO Award (awarded to very select top performers)
- 10 Celgene Values Awards between 2011 - 2016
- Selected for the 2015 Catalyst Program for high potential individuals within Celgene
- 2010 Diamond Club Award for Marketing Excellence (Marketer of the Year Award)
- Leadership Role for 15 Launches: REVLIMID Myeloma (2006), ISTODAX CTCL (2010) & PTCL (2011), ABRAXANE NSCLC (2012) & Pancreatic (2013), POMALYST Myeloma (2013), OTEZLA Psoriatic Arthritis & Psoriasis (2014), IDHIFA AML (2017), Luspatercept MDS & Beta Thalassemia (2019), Fedratnib Myelofibrosis (2019), Ozanimod Multiple Sclerosis (2020), CART Therapies (JCAR017 & BB2121) (2020 & 2021)

EDUCATION

- **University of the Sciences in Philadelphia, Philadelphia College of Pharmacy**
  Doctor of Pharmacy Degree, PharmD; Rho Chi Society – Academic Honor Society

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

- ☐ Publicly Traded Corporation – Pages 1,2,3,4
- ☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
- ☐ Partnership - Pages 1,2,3,7,8
- ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Puragraft Holdings, Inc dba Puragraft

Physical Address: 22001 North Park Dr., Ste 700

City: Kingwood State: TX Zip Code: 77339

Telephone Number: 281·540·3258 Fax Number: 800·856·8385

Toll Free Number: 877·540·3258

E-mail: cbennett@puragraft.com Website: www.puragraft.com

Facility Manager: Eugene Clinton Bennett

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

- ☐ Pharmacies
- ☒ Practitioners
- ☐ Hospitals
- ☐ Wholesalers
- ☐ Other: _____

Type of Products to be handled or wholesaled by firm:

- ☒ Legend Pharmaceuticals, Supplies or Devices
- ☐ Poisons or Chemicals
- ☒ Controlled Substances (include copy of DEA)
- ☐ Other: _____
- ☐ Hypodermic Devices
- ☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Hikma
Address: 1809 Wilson Rd Columbus, OH 43228

Name: D & H
Address: 609 Willow Glen Dr. Ruston, LA 71270

Name: Lifeline
Address: 1301 NW 84th Avenue Suite 101 Miami, FL 33126

Name: NDC
Address: 407 Sanford Rd Lavergne, TN 37086

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Eugene Clinton Bennett
Print Name of Authorized Person

5-11-2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Young Innovations INC

Mailing Address: 2260 Wendt Street

City: Street Algonquin State: IL Zip: 60102

Telephone: 847-458-5400 Fax: n/a

Contact Person: Eugene Clint Bennett

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A (Name) — No Shares Issued (Business Address)

b) N/A (Name) — No Shares Issued (Business Address)

c) N/A (Name) — No Shares Issued (Business Address)

d) N/A (Name) — No Shares Issued (Business Address)

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PURAGRAFT HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7668488 8300

SR# 20203543735

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202889763

Date: 05-06-20

- 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.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. 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.

PURAGRAFT
22001 NORTHPARK DR
KINGWOOD TX 77339

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

PURAGRAFT HOLDINGS INC DBA
PURAGRAFT
22001 NORTHPARK DR
KINGWOOD, TX 77339

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1002923
Expires: January 9, 2022

NON-TRANSFERABLE

Commissioner

512765

Puragraft Officers

Officers for PuraGraft:

Dave Sproat, CEO

Thane Gauthier, Secretary

Dan Garrick, VP and Treasurer

Mark Peluse, VP

Eugene Bennett, Director

- All officers have 0% ownership

PURAGRAFT EMPLOYEES WHO HANDLE DRUGS ON A DAILY BASIS

Kim Willis, Warehouse Manager

Cathy Ferrara, Operations Manager

Pam Wedow, General Manager

Eugene Bennett, Director

Clint Bennett
Woods Estate Dr.
Kingwood, TX
Cell Phone
E-mai puragraft.com

EXPERIENCE SUMMARY

Professional executive with demonstrated success in leadership, consultative selling, negotiations, team building and general management. High energy motivator and coach, with experience in setting and achieving goals, developing and implementing sales strategies, consulting and negotiating with large customers.

As a small business owner, I wear many hats from sales, to operations, to drug distribution and pharmaceutical recordkeeping.

CAPABILITIES

- The ability and creativity to sell at all decision levels.
- Trained to teach strategic selling skills. I.M.P.A.C.T. selling and S.P.I.N. selling.
- Trained to sell GE practice management and E.M.R. software.
- Extensive experience working with GPO's (Broadlane, Novation, Amerinet, Premier)
- Excellent communication skills.

2004-2010 (Sold company in 2010)

- Owner of Controlled Healthcare LLC –Licensed in 18 states as a wholesale drug distributor
- Oversaw distribution of pharmaceuticals to assure our company was in compliance with various state statutes as well as those outlined by CFR
- Co-authored standard operating procedures dealing with the receipt, storage, and distribution of prescription drugs to include controlled substances
- Established procedures for vendor returns, customer returns, and manufacture recalls
- Established E-pedigree track and trace system to comply with various states Drug Pedigree statutes
- Assisted in ARCOS reporting to the Drug Enforcement Administration
- Active participant in various routine on-site inspections from regulatory authorities such as the Texas Dept. of Health, Drug Enforcement Administration, and the FDA. During that time frame and to date our company has had zero regulatory write-ups or issues

2015-to present

- Owner Puragraft LLC- began pharmaceutical distribution once again as non-compete expired. Became licensed with the state of Texas
- Developed online track and trace program to comply with the Drug Quality and Security Act (DSCSA)
- Oversee distribution of pharmaceuticals in compliance with state regulations regarding the receipt, storage and distribution. Including lot traceability

WORK HISTORY

2010 – 2019	**Managing Partner** (Sales/Operations) – PuraGraft
2005 – 2010	**Managing Partner** (Sales/Operations) – ControlledHealthcare
2000 – 2005	**General Manager** – PSS (Houston, TX)
1994 – 2000	**Sales and General Sales Manager** – PSS (Charlotte, NC)
1993 – 1994	**Sales Manager** – PSS (Richmond, VA)
1991 – 1993	**Sales Representative** – PSS (Richmond, VA)

EDUCATION

1991	AUBURN UNIVERSITY: Auburn, Alabama B.S. – Healthcare Administration

DUPLICATE ORIGINAL

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 016225383

Application/License No. _____

PuraGraft Holdings Inc dba PuraGraft (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 22001 Northpark Drive Suite 700 Kingwood, TX 77339 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 2, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10 day of March, 2020.

APPLICANT/PRINCIPAL

PuraGraft Holdings Inc dba PuraGraft

_____
Authorized Representative

SURETY COMPANY

Liberty Mutual Insurance Company

Julie Karnes
Surety Company's Representative

Julie Karnes, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

SIGNED and SEALED in the presence of:

Bonnie Rice
Witness Bonnie Rice

_____
Witness

Lori Wright
Witness Lori Wright

Countersigned by:

N/A
Nevada Resident Agent

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201331

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Julie Kames all of the city of Knoxville, state of Tennessee each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 10th day of March, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

4VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

■ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Takeda Pharmaceuticals America, Inc.

Physical Address: 9200 Brookfield Court Suite 108

City: Florence State: KY Zip Code: 41042

Telephone Number: 859-669-8400 Fax Number: 614-652-0674

Toll Free Number: 847-408-5825

E-mail: licensure@cardinalhealth.com Website: www.takeda.com

Facility Manager: Rhonda Cresie

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
☐ Poisons or Chemicals
■ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

App in Process

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ■
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ■

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attached
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ■

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ■

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

William Crates - VP, Regulatory Management
Print Name of Authorized Person

3/26/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Takeda Pharmaceuticals U.S.A., Inc.

Mailing Address: One Takeda Parkway

City: Deerfield State: IL Zip: 60015

Telephone: 224-554-6500 Fax: 224-554-7904

Contact Person: Karen Johnson

For any corporation non-publicly traded, disclose the following: See Attached

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

CardinalHealth

200 Brookfield Court
uite 108
lorence, Kentucky 41042

Officer List

Officer Name	Title	Company	Business Address
Ramona Audry Sequeira ✓	President	Takeda Pharmaceuticals America Inc.	95 Hayden Ave. Lexington, MA 02421
Paul Andrew Sundberg ✓	Assistant Secretary	Takeda Pharmaceuticals America Inc.	1200 Lakeside Drive, Bannockburn, IL 60015
Patrick Canice Butler ✓	Assistant Treasurer	Takeda Pharmaceuticals America Inc.	1200 Lakeside Dr. Bannockburn, IL 60015
Krista Fiedler ✓	Assistant Treasurer	Takeda Pharmaceuticals America Inc.	1200 Lakeside Drive, Bannockburn, IL 60015
Jason E. Baranski ✓	Secretary	Takeda Pharmaceuticals America Inc.	730 Stockton Drive Exton, PA 19341

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Delridge Dr, Cincinnati, OH
Cell: [redacted]-8303
Email: [redacted]@hotmail.com

Rhonda S. Cresie

Experience

1996-Present Shire LLC Florence, KY

Sr. QA Compliance Analyst

- Responsible for DEA monthly reporting
- Renewal of state licenses for the distribution center
- Create and distribute monthly inventory and sales reports
- Order Office Supplies
- Control of Petty Cash fund
- Update and monitor customer registrations and state licenses
- Back up for entry of product receiving into SAP
- Work with vendors regarding receiving and licensing issues
- Assist with order entry when needed
- Create step by step instruction manual
- Train new employees regarding Regulatory issues
- Keep current on DEA issues
- Sort and distribute department mail
- Back up for request of permit to export
- Monthly submission of ARCOS report to required states

1990-1996 Fifth Third Bank Cincinnati, OH

Balancing Clerk

- Daily preparation of 7 affiliate Leasing balance sheets
- Training of co-workers
- Set up and trained co-workers on computerized spreadsheets
- Entry of Lease agreements

Education

1982 Western Hills High School Cincinnati, OH
2002 Southern Ohio College Ft. Mitchell, KY

Additional Skills Microsoft Word, Excel, Publisher. SAP system, CSOS

References Available upon request

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Wholesale Distributor

EFFECTIVE DATE: 01/30/2020

NUMBER: W04365

EXPIRATION DATE: 09/30/2020

Issued to:
TAKEDA PHARMACEUTICALS AMERICA INC

9200 BROOKFIELD COURT
SUITE 108
FLORENCE, KY 41042

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

7000 QUALITY PLACE
ATTN: QRA FACILITY LICENSING
DUBLIN, OH 43017

Top Four Finished Goods CMO's Suppliers for the Takeda Florence Distribution

Patheon (Thermo-Fischer)- Greenville
5900 Martin Luther King Jr Highway
Greenville, NC 27834

Sharp
7451 Keebler Way
Allentown, PA 18106

Patheon (Thermo-Fisher) – Cincinnati
2110 E. Galbraith Road
Cincinnati, OH 45237

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Authorization

Authentication number: 230902
Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

TAKEDA PHARMACEUTICALS AMERICA, INC.

, a corporation organized under the laws of the state of Delaware, is authorized to transact business in the Commonwealth of Kentucky, and received the authority to transact business in Kentucky on December 1, 2000.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that an application for certificate of withdrawal has not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 24th day of April, 2020, in the 228th year of the Commonwealth.

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
230902/0506240

Takeda

Below is a list containing each employee who handles drugs on a daily basis.

Mike Gerversman
Michael Warning
William Barton
Tessa Blair
Steve Hollen
Melisa Hester
Mike Huber
Ryan Fuller

Takeda Pharmaceuticals America, Inc.
One Takeda Parkway
Deerfield, IL 60015

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K40509215

Application/License No. _____

TAKEDA PHARMACEUTICALS AMERICA, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
9200 Brookfield Ct, Suite 108 Florence, KY 41042, as
Address of Applicant/Principal
PRINCIPAL, and FEDERAL INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of IN
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
202B Hall's Mill Road Whitehouse Station, NJ 08889 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 3/26/2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of March, 20 20.

APPLICANT/PRINCIPAL
TAKEDA PHARMACEUTICALS AMERICA, INC.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
FEDERAL INSURANCE COMPANY

Surety Company's Representative

Patricia A. Rambo, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Sara Owens

Witness Bonnie Frassetto

Countersigned by:

N/A
Nevada Resident Agent

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company

Know All by These Presents, That **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, and **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, do each hereby constitute and appoint Kimberly G. Sherrod of Columbus, Ohio; George Gionis, Vicki Johnston, Kaitlyn Malkowski, Elizabeth Marrero, Jaquanda Martin, Wayne G. McVaugh, Sara Owens, Patricia A. Rambo, Lori S. Shelton and Joanne C. Wagner of Philadelphia, Pennsylvania; Cathy H. Ho, Justin Johnson and Barbara L. Rutter of Pittsburgh, Pennsylvania----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** have each executed and attested these presents and affixed their corporate seals on this **11th** day of **April, 2019.**

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President

STATE OF NEW JERSEY

County of Hunterdon ss.

On this **11th** day of **April, 2019**, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies; and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal

ROSE CURTIS
NOTARY PUBLIC OF NEW JERSEY
No. 50072400
Commission Expires November 22, 2022

Rose Curtis

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this March 26, 2020

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

Limited Power of Attorney

I, Michael Henning, in my capacity as Treasurer of Takeda Pharmaceuticals America, Inc., a corporation organized and existing under the laws of the State of Delaware, having a place of business at One Takeda Parkway, Deerfield, Illinois 60015 ("Takeda") do hereby grant and empower Cardinal Health 200, LLC ("Cardinal") to act jointly or separately exercising rights on our behalf and to act as our true and lawful attorney-in-fact, with the power to execute any and all documents and any amendments thereto, on behalf of Takeda **with respect to obtaining and maintaining certain manufacturing and wholesale distribution licenses** in accordance with the terms of the License Management Agreement between Shire LLC and Cardinal.

This Limited Power of Attorney shall expire upon termination of the License Management Agreement unless earlier revoked by written instrument delivered to Cardinal.

The undersigned has caused this Limited Power of Attorney to be signed this 13 day of November, 2019.

Takeda Pharmaceuticals America, Inc.

By: _____

Name: Michael Henning

Title: Treasurer

Takeda Pharmaceuticals America, Inc.
One Takeda Parkway
Deerfield, IL 60015

State of Delaware PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "TAKEDA PHARMACEUTICALS AMERICA SALES CO.", CHANGING ITS NAME FROM "TAKEDA PHARMACEUTICALS AMERICA SALES CO." TO "TAKEDA PHARMACEUTICALS AMERICA, INC.", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2000, AT 6 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2001.

Edward J. Freel, Secretary of State

3290212 8100

001645597

AUTHENTICATION: 0879320

DATE: 12-27-00

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF INCORPORATION
OF
TAKEDA PHARMACEUTICALS AMERICA SALES CO.

Takeda Pharmaceuticals America Sales Co. (the "Corporation"), a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware, **DOES HEREBY CERTIFY THAT:**

FIRST: The Board of Directors of the Corporation, by written consent pursuant to Section 141(f) of the General Corporation Law of the State of Delaware, a copy of which has been filed with the minutes of the Corporation, adopted resolutions proposing the following amendment to the Certificate of Incorporation of the Corporation:

> RESOLVED, that the Board of Directors of the Corporation hereby declares it advisable that Article First of the Certificate of Incorporation of the Corporation be amended to read in its entirety as follows:
>
> "FIRST: The name of the corporation (which is hereinafter referred to as the "Corporation") is Takeda Pharmaceuticals America, Inc."
>
> and that the same be and is hereby approved, adopted and ratified.

SECOND: The sole stockholder of the Corporation, by unanimous written consent given pursuant to Section 228 of the General Corporation Law of the State of Delaware, a copy of which has been filed with the minutes of the Corporation, adopted the foregoing amendment to the Certificate of Incorporation of the Corporation.

THIRD: The foregoing amendment has been duly adopted in accordance with the applicable provisions of Section 242 of the General Corporation Law of the State of Delaware.

FOURTH: That this Certificate of Amendment to the Certificate of Incorporation shall be effective on January 1, 2001.

IN WITNESS WHEREOF, said Corporation has caused this certificate to be signed by its President this 19th day of December, 2000.

TAKEDA PHARMACEUTICALS AMERICA SALES CO.

By: _____
Curtis Rhine, President

IN WITNESS WHEREOF, said Corporation has caused this certificate to be signed by its President this 19th day of December, 2000.

TAKEDA PHARMACEUTICALS AMERICA SALES CO.

By: /s/ Curtis Rhine
Curtis Rhine, President

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "TAKEDA PHARMACEUTICALS AMERICA SALES CO.", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2000, AT 4:30 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

Edward J. Freel, Secretary of State

3290212 8100

001473093

AUTHENTICATION: 0684534

DATE: 09-20-00

CERTIFICATE OF INCORPORATION
OF
TAKEDA PHARMACEUTICALS AMERICA SALES CO.

FIRST: The name of the corporation (which is hereinafter referred to as the "Corporation") is Takeda Pharmaceuticals America Sales Co.

SECOND: The address of the Corporation's registered office in the State of Delaware is The Corporation Trust Center, 1209 Orange Street in the City of Wilmington, County of New Castle. The name of the Corporation's registered agent at such address is The Corporation Trust Company.

THIRD: The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

FOURTH: The total number of shares of all classes of capital stock which the Corporation shall have the authority to issue is 100 shares of common stock with a par value of $.01 per share.

FIFTH: The name and mailing address of the incorporator are Kristen M. Benson, Sidley & Austin, 10 South Dearborn, Chicago, Illinois 60603.

SIXTH: In furtherance and not in limitation of the powers conferred by statute, the Board of Directors is expressly authorized to make, alter or repeal the By-laws of the Corporation, subject to any specific limitation on such power contained in any By-laws adopted by the stockholders. Elections of directors need not be by written ballot unless the By-laws of the Corporation so provide.

SEVENTH: A director of the Corporation shall not be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) under Section 174 of the General Corporation Law of Delaware, or (iv) for any transaction from which the director derived an improper personal benefit. If the General Corporation Law of Delaware is amended to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the General Corporation Law of Delaware, as so amended. Any repeal or modification of this Article Seventh by the stockholders of the Corporation shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification.

EIGHTH: Each person who is or was a director or officer of the Corporation, and each person who serves or served at the request of the Corporation as a director or officer of another enterprise, shall be indemnified by the Corporation in accordance with, and to the fullest extent authorized by, the General Corporation Law of Delaware as it may be in effect from time to time.

NINTH: The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon the stockholders herein are granted subject to this reservation.

THE UNDERSIGNED, being the incorporator named above, has executed this Certificate on September 19, 2000.

/s/ Kristen M. Benson
Kristen M. Benson, Incorporator

EIGHTH: Each person who is or was a director or officer of the Corporation, and each person who serves or served at the request of the Corporation as a director or officer of another enterprise, shall be indemnified by the Corporation in accordance with, and to the fullest extent authorized by, the General Corporation Law of Delaware as it may be in effect from time to time.

NINTH: The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon the stockholders herein are granted subject to this reservation.

THE UNDERSIGNED, being the incorporator named above, has executed this Certificate on September 19, 2000.

Kristen M. Benson

Kristen M. Benson, Incorporator

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MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	$750.00	Counseling CE + $1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	$500.00	$1000.00	Hearing
Ingested with potential harm or adverse outcomes	$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort. No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance. With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from $0.00 to $10,000 for each Cause of Action.

Updated May 2019

ANNUAL DISCIPLINE CASES Reporting Period: January 2020 – July 2020			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
PTs DS and MY created fraudulent prescriptions and diverted controlled substances from their employing pharmacy.	N/A	Pharmaceutical technician registrations revoked.	N/A
RPH SS failed to maintain Schedule II perpetual inventories and complete invoices for the purchase of controlled substances.	N/A	Voluntary surrender of Nevada pharmacist registration; $750 administrative fee.	$3,000 fine; $750 administrative fee.
Wholesaler WP failed to comply with the requirements of NRS 639.500.	N/A	N/A	Wholesaler license suspended; suspension stayed pending receipt, review and verification of the required background check materials.
AN failed to timely renew his CS registration and wrote 33 prescriptions without a valid registration.	N/A	Letter of reprimand; $5,000 fine; $950 administrative fee.	N/A
RPH failed to identify a misbranding error.	N/A	$250 fine; $250 administrative fee; two additional CEs on error prevention.	$3,000 fine; $250 administrative fee.
RPH DC failed to comply with the 2/12/19 Board Order; failed to timely renew his pharmacist registration and engaged in the practice of pharmacy without a valid registration.	N/A	RPH registration revoked.	N/A
Wholesaler SWS failed to comply with the requirements of NRS 639.500.	N/A	N/A	Wholesaler surrendered license.
KH failed to timely renew her CS registration and wrote 263 prescriptions without a valid registration.	N/A	Letter of reprimand; $5,000 fine; $950 administrative fee.	N/A
RPH ST verified the data and final product as correct when it was not and dispensed losartan potassium 25mg tablets rather than the 50 mg. tablets prescribed. ST failed to provide adequate counseling.	N/A	Letter of reprimand; $1,000 fine; $1,000 attorney's fees and costs; 2 additional CEs on error prevention.	WG shall pay a $1,000 fine; $1,000 attorney's fees and costs.
MDs RB-R and AB pre-signed controlled substance prescriptions that were issued to patients while Respondents were travelling overseas. Respondents allowed APRN DC-L to prescribe controlled substances	N/A	Each respondent shall receive a letter of reprimand; $5,000 fine; $2,000 attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2020 – July 2020			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
and dangerous drugs prior to being licensed to do so.			
RPH JA failed to maintain perpetual inventories, biennial inventories, records of controlled substance purchases; aided or abetted a person not licensed to practice pharmacy; failed to properly store expired drugs; failure to properly label prescription drugs; continued to practice pharmacy even as his behavior rendered him incompetent, unskillful and neglident. RPH JA and PT FA engaged in unlawful dispensing and sales. PT FA practiced as a registered pharmacist without registration.	N/A	JA voluntarily surrendered pharmacist registration; may not work for any facility licensed by the Board unless he petitions and is grated reinstatement by the Board; if he applies for reinstatement, he shall appear before the Board and he shall successfully complete an evaluation of is competence to practice pharmacy. FA voluntarily surrendered technician registration. She may not work for any facility licensed by the Board unless she petitions and is grated reinstatement by the Board. Respondents are jointly liable and shall pay $2,500 fine; $3,000 attorney fees and costs.	DT voluntarily surrendered pharmacy license and may not operate in any capacity unless it has petitioned the Board and is granted reinstatement.
PT JW's application for registration approved subject to the requirement that he enroll in PRN for one year. JW was terminated from PRN due to lack of attendance.	N/A	Revocation	N/A

5A

FILED
JUN 13 2019
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 19-090-CS-S**
	)	
Petitioner,	)	**NOTICE OF INTENDED ACTION**
v.	)	**AND ACCUSATION**
	)	
KIARASH L. MIRKIA, M.D.,	)	
Certificate of Registration No. CS15197,	)	
	)	
Respondent.	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Kiarash L. Mirkia, M.D., Certificate of Registration No. CS15197 ("Dr. Mirkia") held a Board-issued controlled substance registration.

FACTUAL ALLEGATIONS

II.

In April 2018, Dr. Mirkia owned and was the Medical Director of Mirkia IV, PLLC ("Mirkia IV").

III.

Mirkia IV provided intravenous rehydration treatments to patients in the Las Vegas area using registered nurses who work for the company either directly or on a contract basis.

IV.

Dr. Mirkia allowed Mirkia IV's office staff, including office manager Alex Zukovski ("Zukovski"), who is not a practitioner or registered nurse, to possess the information and keys necessary to access Mirkia IV's inventory of dangerous drugs.

V.

Under Dr. Mirkia's direction, Zukovski or other Mirkia IV office staff accessed and possessed Mirkia IV's inventory of dangerous drugs and provided supplies of dangerous drugs to registered nurses without a practitioner on site, without a practitioner's direct supervision, before Dr. Mirkia or any other practitioner examined the patient, and before there was a patient-specific and medication-specific written order for the patient and/or the mediation.

VI.

Dr. Mirkia directed the registered nurses who were employed by or contracted with Mirkia IV to possess and control dangerous drugs from Mirkia IV's inventory, including storing them at their homes, without a practitioner on site, without direct practitioner supervision, without a patient-specific and medication-specific written order for the patient and/or medication. Dr. Mirkia allowed those nurses to possess and store dangerous drugs from Mirkia IV's inventory for up to three days at a time in anticipation that Dr. Mirkia might examine a patient and issue an order for administration.

VII.

Dr. Mirkia allowed registered nurses to transport the dangerous drugs he put into their possession and control without a patient-specific and medication-specific order.

VIII.

Dr. Mirkia generally had no contact—did not examine and did not establish a bona fide therapeutic relationship with the patient—until after one of Mirkia IV's registered nurses transported the dangerous drugs in his/her possession to the patient's location.

IX.

After completing an "examination" of the patient by telephone, Dr. Mirkia would approve, deny or modify a pre-determined order authorizing the patient to receive treatment using an electronic medical record ("EMR") system.

X.

After Dr. Mirkia issued an order to administer medication to the patient, the registered nurse purportedly performed his/her own assessment.

XI.

Mirkia IV's nurses were directed to upsell, and often upsold, additional medications to the patient beyond what Dr. Mirkia initially ordered.

XII.

When an RN was successful in upselling additional dangerous drugs to a patient, an "on call" practitioner purportedly was available to amend the patient's order prior to administration.

XIII.

Dr. Mirkia purchased sterile compounded dangerous drugs from Fusion IV Pharmaceuticals, Inc., *dba* Axia Pharmaceuticals ("Fusion"), in Los Angeles, California.

XIV.

Fusion sold compounded sterile products to practitioners in Nevada, including Dr. Mirkia and/or Mirkia IV.

XV.

Fusion is not licensed in Nevada.

APPLICABLE LAW

XVI.

No person may possess a dangerous drug in Nevada without specific statutory authority to do so. *See* NRS 454.213, NRS 454.316, NRS 454.321.

XVII.

A practitioner can give a registered nurse limited authority to possess and administer dangerous drugs without the practitioner onsite by way of NRS 454.213(1)(c), which says in relevant part:

> a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, *or pursuant to a chart order, for administration to a patient at another location.*

NRS 454.213(1)(a)(*emphasis added*); *see also* NRS 639.100.

XVIII.

Chart orders must be written (NRS 454.223) and are patient-specific and medication-specific.[1]

XIX.

"Except as otherwise specifically provided, every person who violates any provision of NRS 454.181 to 454.371, inclusive, is guilty of a misdemeanor." NRS 454.356.

XX.

A practitioner must first establish a *bona fide therapeutic relationship* with a patient by examination before he or she can determine that a medication is medically necessary and direct and/or authorize a RN to possess and administer a dangerous drug on-site or issue a chart order for off-site administration of a dangerous drug to treat the patient's medical condition. *See* NAC 639.945(1)(o) and NRS 454.213(1)(a).

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[1] *See* NRS 639.004 "Chart order" means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

XXI.

> [A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

NRS 639.945(3).

XXII.

> An outsourcing facility that is engaged in the compounding of sterile drugs in this State [Nevada] or for shipment into this State shall:
>
> 1. Obtain a license from the Board as a manufacturer in accordance with NRS 639.100 and 639.233;
> 2. Comply with the provisions of NAC 639.609 to 639.619, inclusive; and
> 3. Comply with all the requirements of 21 U.S.C. § 353b.

NAC 639.6915

XXIII.

"Supplying . . . medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(g).

XXIV.

A licensee "[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i).

XXV.

"Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(k).

XXVI.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

XXVII.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

XXVIII.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

FIRST CAUSE OF ACTION

Unlawful Access and Possession of Dangerous Drugs - Statutory Violations

XXIX.

By allowing Mirkia IV's staff, including its office manager and its registered nurses, none of whom were practitioners and none of whom were licensed to possess or prescribe dangerous drugs, to operate Mirkia IV and/or to obtain, access, possess and store dangerous drugs when he was not on site, before he examined the patient and before he wrote a patient-specific order, Dr. Mirkia violated, or assisted and abetted his staff in violating, NRS 454.213(1), NRS 454.316 and/or NRS 454.356. Because of that conduct, which violates Nevada law and is

inconsistent with the public interest, Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197, is subject to discipline pursuant NRS 639.210(12), NRS 453.236(1)(d) and NRS 453.241(1).

SECOND CAUSE OF ACTION

Unlawful Access and Possession of Dangerous Drugs – Unprofessional Conduct

XXX.

By allowing Mirkia IV's staff, including its office manager and its registered nurses, none of whom were practitioners and none of whom were licensed to possess or prescribe dangerous drugs, to operate Mirkia IV and/or to obtain, access, possess and store dangerous drugs when he was not on site, before he examined the patient and before he wrote a patient-specific order, Dr. Mirkia engaged, or assisted and abetted his staff to engage, in unprofessional conduct as defined in NAC 639.945(1)(g), (i), and (k). For that conduct, Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197, is subject to discipline pursuant to NRS 639.210(4), NRS 453.236(1)(d) and/or NRS 639.255.

THIRD CAUSE OF ACTION

Purchasing Sterile Compounded Drugs from an Unlicensed Pharmacy

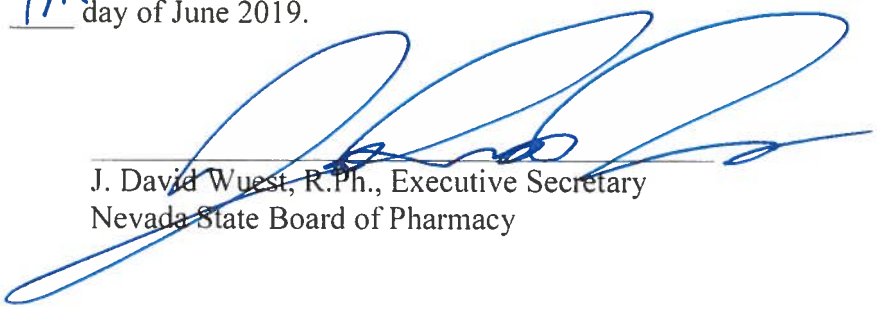
XXXI.

By purchasing sterile compounded dangerous drugs from a pharmacy not licensed with the Board, Dr. Mirkia violated, or assisted and abetted that pharmacy in violating, NRS 639.233, NRS 639.285 and/or NAC 639.6915. Because of that conduct, Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197 is subject to discipline pursuant to NRS 639.210(4) and (12), NRS 453.236(1)(d); NRS 453.241(1) and/or NRS 639.255.

[THIS SPACE INTENTIONALLY LEFT BLANK]

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 17th day of June 2019.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 19-090-CS-S**
	)	
Petitioner,	)	
v.	)	
	)	**STATEMENT TO THE**
KIARASH L. MIRKIA, M.D.,	)	**RESPONDENT**
Certificate of Registration No. CS15197,	)	**NOTICE OF INTENDED ACTION**
	)	**AND ACCUSATION**
Respondent.	/	**RIGHT TO HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of June, 2019.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kiarash L. Mirkia, MD
1878 Morro Vista Drive
Las Vegas, NV 89135

SHIRLEY HUNTING

FILED
MAR 20 2020
NEVADA STATE BOARD
OF PHARMACY

LEWIS BRISBOIS BISGAARD & SMITH LLP
KEITH A. WEAVER
Nevada Bar No. 10271
MELANIE L. THOMAS
Nevada Bar No. 12576
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Telephone: 702.893.3383
Facsimile: 702.893.3789

Attorneys for Kiarash L. Mirkia, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. KIARASH L. MIRKIA, M.D., Certificate of Registration No. CS15197, Respondent.	CASE NO. 19-090-CS-S ANSWER AND NOTICE OF DEFENSE

KIARASH L. MIRKIA, M.D. ("Dr. Mirkia"), by and through his counsel LEWIS BRISBOIS BISGAARD & SMITH, LLP hereby submits his Answer and Notice of Defense.

JURISDICTION

I. Answering Paragraph I, Respondent objects to this paragraph as it calls for a legal conclusion; notwithstanding, Respondent admits that he held a Board-issued controlled substance registration, Certificate of Registration No. CS15197.

FACTUAL ALLEGATIONS

II. Answering Paragraph II, Respondent admits that he was the owner of Mirkia IV, PLLC, but denies the remainder of the allegations.

III. Answering Paragraph III, Respondent admits that Mirkia IV provided intravenous rehydration treatments to patients in the Las Vegas area using registered nurses who are independent contractors paid by 1099s, and denies that the registered nurses were directly employed.

IV. Answering Paragraph IV, Respondent admits that Alex Zukovski was the office manager of Mirkia IV, and had information and keys necessary to access Mirkia IV's inventory, and denies the remainder of the allegations as to any other office staff.

V. Answering Paragraph V, Respondent admits that Zukovski accessed and provided supplies to registered nurses after notifying Respondent, who was at times supervising remotely through the use of onsite cameras and a logbook, before Respondent or any other practitioner examined the patient and before there was a patient-specific and medication-specific written order for the patient and/or medication. Respondent denies the remainder of the allegations, including those related to other office staff.

VI. Answering Paragraph VI, Respondent denies these allegations.

VII. Answering Paragraph VII, Respondent admits that registered nurses were permitted to possess and transport inventory up to the end of their shift when they were required to return it to Mirkia IV.

VIII. Answering Paragraph VIII, Respondent admits that he would be on videoconference with the patient and nurse listening, would obtain past medical history, current medications, allergies and symptoms, would approve certain supplements. The nurse would provide the vital signs and run down on the patient. The application WhatsApp was utilized to perform these functions because it is encrypted.

IX. Answering Paragraph IX, Respondent denies that he examined the patients by telephone, but admits performing exams on video-conference with the patient and nurse present, and afterwards would approve, deny or modify the regimen the patient selected when requesting the IV services.[1] Respondent admits that patients would select packages for a desired regimen, but there would not be an order given until Respondent approved of the desired regimen.

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[1] The regimens were set forth on the

X. Answering Paragraph X, Respondent denies these allegations, as the registered nurse performed their assessment of the patient, including obtaining vital signs, prior to calling Respondent to examine the patient and obtain orders.

XI. Answering Paragraph XI, Respondent denies nurses were directed to upsell, and often upsold, additional medications to the patient beyond what Respondent ordered. If a registered nurse believed that additional treatment was needed, they would contact Respondent for additional orders or receive direction to call emergency services.

XII. Answering Paragraph XII, Respondent denies these allegations.

XIII. Answering Paragraph XIII, Respondent admits to purchasing from Fusion IV Pharmaceuticals on behalf of Mirkia IV, PLLC for a period of time before learning from the Board of Pharmacy that they were not licensed in Nevada, at which time Respondent discontinued the relationship.

XIV. Answering Paragraph XIV, Respondent admits that Fusion sold products to Mirkia IV, but denies that products were sold to Dr. Mirkia individually. Respondent is without sufficient knowledge or information to form a belief as to the truth or falsity of the allegations contained therein as it relates to other "practitioners in Nevada," and on that basis denies those allegations.

XV. Answering Paragraph XV, Respondent admits that he became aware through the Board of Pharmacy that Fusion is not licensed in Nevada.

APPLICABLE LAW

XVI. Answering Paragraph XVI, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XVII. Answering Paragraph XVII, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XVIII. Answering Paragraph XVIII, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XIX. Answering Paragraph XIX, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XX. Answering Paragraph XX, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XXI. Answering Paragraph XXI, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XXII. Answering Paragraph XXII, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XXIII. Answering Paragraph XXIII, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XXIV. Answering Paragraph XXIV, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XXV. Answering Paragraph XXV, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XXVI. Answering Paragraph XXVI, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XXVII. Answering Paragraph XXVII, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

XXVIII. Answering Paragraph XXVIII, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

FIRST CAUSE OF ACTION

Unlawful Access and Possession of Dangerous Drugs–Statutory Violations

XXIX. Answering Paragraph XXIX, Respondent objects to the extent that this paragraphs calls for a legal conclusion, and denies the remainder of the allegations generally and specifically.

SECOND CAUSE OF ACTION

Unlawful Access and Possession of Dangerous Drugs–Unprofessional Conduct

XXX. Answering Paragraph XXX, Respondent objects to the extent that this paragraphs calls for a legal conclusion, and denies the remainder of the allegations generally and specifically.

THIRD CAUSE OF ACTION

Purchasing Sterile Compounded Drugs from an Unlicensed Pharmacy

XXXI. Answering Paragraph XXXI, Respondent objects to the extent that this paragraphs calls for a legal conclusion, and denies the remainder of the allegations generally and specifically.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

The Board's Complaint fails to state a claim on which relief may be granted.

SECOND AFFIRMATIVE DEFENSE

The Board's Complaint, and each cause of action therein, is barred by the doctrine of laches, estoppel, and the doctrine of unclean hands.

THIRD AFFIRMATIVE DEFENSE

Respondent denies each and every allegation of the Board's Complaint not specifically admitted or otherwise pled to herein.

WHEREFORE, Respondent prays for judgment as follows:

1. That all charges against him be dismissed;

2. For such other and further relief as may be deemed just and proper in these premises.

DATED: March 20, 2020

Respectfully submitted,

KEITH A. WEAVER
MELANIE L. THOMAS
LEWIS BRISBOIS BISGAARD & SMITH LLP

/s/ Melanie L. Thomas
By: _____
Attorneys for Kiarash L. Mirkia, M.D.

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OF PHARMACY

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. KIARASH L. MIRKIA, M.D., Certificate of Registration No. CS15197, Respondent.	CASE NO. 19-090-CS-S KIARASH L. MIRKIA, M.D.'S PRE-HEARING MOTION TO DISMISS [Oral Argument Requested on the Record]

KIARASH L. MIRKIA, M.D. ("Dr. Mirkia"), by and through his counsel LEWIS BRISBOIS BISGAARD & SMITH, LLP hereby submits his Pre-Hearing Motion to Dismiss pursuant to NRS 622A.360(2)(e).

DATED: August 13, 2020

Respectfully submitted,

KEITH A. WEAVER
MELANIE L. THOMAS
LEWIS BRISBOIS BISGAARD & SMITH LLP

By: */s/ Melanie L. Thomas*
Attorneys for Kiarash L. Mirkia, M.D.

I. INTRODUCTION

This case was initiated as a result of Jason Burke, M.D., Dr. Mirkia's competitor, filing a complaint on January 26, 2018[1]–not as a result of any specific patient care complaint. It would be seemingly prudent for the Board to cast a jaundiced eye toward a competitor's complaint, where there was no accompanying patient complaint(s). Particularly, diligence encompasses consideration of the motivation behind accusing a professional peer of felonious activity when unclear whether a violation has occurred.

The Board's regulations regarding this subject matter were so vague and ambiguous that it clarified them by way of advisory opinion letter to the Complainant, Dr. Burke, on May 23, 2018 (**five months *after* the Complaint was filed against Dr. Mirkia**). (**Exhibit A**).[2] Dr. Burke sought regulatory interpretation of the very statutes at issue, in a correspondence to the Board dated two days prior to filing his Complaint against Dr. Mirkia. *Id.* Dr. Burke was uncertain of the law and chose to resolve that uncertainty first for himself, by seeking an advisory opinion; but also, for Dr. Mirkia–with a subsequent accusation of criminal conduct amounting to a felony before their shared licensing board. Strange. Definitely unfair. Almost certainly unconstitutional.

Clearly, Dr. Burke was confused about the statutory construction and its implications on the very industry in which he offered services–IV hydration. Upon information and belief, Dr. Burke owns, operates, or is in some way affiliated with the website "badrn.com," where it is provided:

> The previous model that has existed in Las Vegas for IV hydration where a doctor gives medications/saline to RNs to keep at home for use on random patients in the future has been declared **illegal** by the Nevada Board of Pharmacy.[3]

The Complainant's *Petition for Regulatory Interpretation to the Nevada Board of*

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[1] *See Pharmacy Board Case File*, at Mirkia0004.

[2] *Response from Nevada State Board of Pharmacy to Petition for Regulatory Interpretation to the Nevada Board of Pharmacy* (May 23, 2018).

[3] https://www.badrn.com/ [last accessed Aug. 10, 2020] [emphasis in original].

Pharmacy was answered by the Board by way of what can only be fairly considered an advisory opinion, given that the "previous model that has existed in Las Vegas" having been subsequently declared "illegal." The NRS and NAC provisions have not changed during the pendency of this action, arguably Dr. Burke interpreted the Board's advisory opinion to be the subsequent declaration of illegality that terminated the "previous model." *Id.*; *see also* **Exhibit A.**

NRS 622A.300 governs the initiation of this action, and provides in relevant part, that cases heard by regulatory bodies such as the Nevada Board of Pharmacy. As a preliminary matter, the Accusation does not contain sufficient factual allegations to state a claim against Dr. Mirkia in law or in fact. Pursuant to NRS 622A.330, Dr. Mirkia requested and received the "case file." **(Exhibit B).**[4] NRS 622A.330 provides in relevant part:

> **Discovery; limitations on interrogatories and depositions.**
>
> 1. At any time after being served with the charging document, the licensee may file with the regulatory body [...] a written discovery request for a copy of all documents and other evidence intended to be presented by the prosecutor in support of the case and a list of proposed witnesses.
>
> 2. The investigative file for the case is not discoverable unless the prosecutor intends to present materials from the investigative file as evidence in support of the case. The investigative file for the case includes all communications, records, affidavits or reports acquired or created as part of the investigation of the case, whether or not acquired through a subpoena related to the investigation of the licensee.
>
> 3. A party may not serve any interrogatories on another party or take any depositions relating to the case, unless permitted by the regulations of the regulatory body

[emphasis added]. NRS 622A.330. The case file does not contain evidence to support the allegations against Dr. Mirkia. Specifically, the materials contained therein do not establish the allegations in this case. Dr. Mirkia did not improperly provide or allow to be

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[4] *See August 5th E-Mail from B. Kandt, Esq. and S. Hunting* ("In response to your request made pursuant to NRS 622A.330... scanning case file for production[.]"). A witness list was also provided. *Id.*

provided any dangerous drugs in violation of the laws of the State of Nevada, or any other applicable statutory or regulatory provisions. There is no evidence to the contrary.

Dr. Mirkia denies the allegations in the Accusation that his conduct violated the law. The Board's subsequent advisory opinion demonstrates that any ambiguity or confusion created by the NRS provisions should be resolved in favor of Dr. Mirkia as the "scenarios" for which the Complainant sought and received clarification from the Board are the identical scenarios and statutes upon which the Complaint was filed. *See Complaint Form* (Mirkia0004); *see also* **Exhibit A**. It would be inequitable for the Board to punish Dr. Mirkia for violating unclear statutory provisions that the Complainant himself petitioned the Board to interpret. Therefore, Dr. Mirkia respectfully requests that this case be dismissed in its entirety.

II. STATEMENT OF FACTS

The case file and supplemental case file produced by the Board (Mirkia0001-Mirkia0090) does not contain any invoices post January 18, 2018 (six (6) days before Dr. Burke petitioned the Board to interpret the subject regulations). The invoices in the case file do not support Dr. Burke's allegations that Dr. Mirkia prescribed Zofran. *See* Mirkia0004, Mirkia0019-0028. The case file does not cite to any specific instance, specific patient, specific independent contractor(s), or any specific time frame.

III. LEGAL ARGUMENT AND ANALYSIS

NRS 454.201 defines "dangerous drug" as follows:

> "Dangerous drug" means any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes the following:
>
> 1. Any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend "Rx only";
>
> 2. Procaine hydrochloride with preservatives and stabilizers (Gerovital H3) in injectable doses and amygdalin (laetrile) which have been licensed by the State Board of Health for manufacture in this State but have not been approved as drugs by the Food and Drug Administration; or
>
> 3. Any drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety.

[emphasis added]. NRS 454.201. The "case file" produced by the Board pursuant to NRS 622A.330, included invoices produced by ResetIV for purchases from October 1, 2017 through January 18, 2018.[5] Drugs purchased were limited to the following: B-complex vitamins, biotin, ascorbic acid, glutathione, and normal saline. *Id.,* at n.4. Dr. Burke's Complaint references only three drugs:

> Drug Prescribed: IV fluid, zofran, vitamins

See Mirkia0004. The Board has not secured evidence that Dr. Mirkia was utilizing Zofran in any way. With regard to the "IV fluid," and "vitamins," these are not dangerous drugs. Normal saline is the chemical name for salt, known generically by sodium chloride. Salt and vitamins are not considered dangerous drugs.[6] The premise of this case falls way away when no dangerous drugs are involved. Vitamins B and C, biotin, and glutathione, are available without a prescription; and therefore, are not dangerous drugs.[7]

A. DR. MIRKIA DID NOT VIOLATE, OR OTHERWISE OR ABET OTHERS TO VIOLATE ANY NEVADA STATUTORY PROVISIONS

Dr. Mirkia was not in possession of dangerous drugs. Regardless, the drugs ordered by ResetIV were permitted to be placed in the possession and/or administered by registered nurses. As a preliminary matter, there is nothing that would prevent a registered nurse from possessing and/or administering the drugs that are the subject of this action. NRS 454.213(1) provides as follows, in relevant part:

> **Authority to possess and administer dangerous drug. [Effective through December 31, 2019.]**
>
> 1. Except as otherwise provided in NRS 454.217, a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

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[5] See Case File, at Mirkia0018-0028.
[6] Dr. Mirkia purchase the normal saline from Spring Valley Hospital. See Mirkia0023.
[7] Dr. Burke's Complaint merely provides "IV fluid" and "vitamins," so it is unclear if that is intended to cover these items.

> (c) [...] a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, [...] or pursuant to a chart order, for administration to a patient at another location. [...]
>
> (v) A medical assistant, in accordance with applicable regulations of the: (1) Board of Medical Examiners, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

[emphasis added]. NRS 454.213(1)(c), (v).

Further, there is nothing that would prevent a registered nurse from possessing these drugs without a prescription. NRS 454.316 provides in relevant part:

> 2. A prescription is not required for possession of a dangerous drug by a person authorized by NRS 454.213, [...] to handle, possess and deal in dangerous drugs if the drugs are in stock containers properly labeled and have been procured from a manufacturer, wholesaler or pharmacy [...].

[emphasis added]. NRS 454.316(2). The registered nurses contracted to provide services for ResetIV, were licensed sufficiently to satisfy to provisions of NRS 454.213(1), and there has been no evidence produced that would prove that the drugs were in anything other than properly labeled, stock containers, procured from FusionIV Pharmaceuticals, Inc., a section 503(b) registered, outsourcing facility. *Id.*

The Board has disclosed no evidence in its case file that any unlicensed and/or unauthorized persons possessed any dangerous drugs.

The Board has disclosed no evidence in its case file that any unlicensed and/or unauthorized persons prescribed any dangerous drugs. In fact, there are no prescriptions in the Board's case file, *i.e.* "all documents and other evidence intended to be presented by the prosecutor in support of the case." [emphasis added]. NRS 622A.330.

The Board has disclosed no evidence in its case file that any unlicensed and/or unauthorized persons accessed any dangerous drugs when Dr. Mirkia was not onsite. In fact, the only evidence in this case is to the contrary.

The Board has disclosed no evidence in its case file that any dangerous drugs were improperly stored on site. In fact, the only evidence in this case is to the contrary.

In the absence of both a legal and factual basis for the claim that Dr. Mirkia violated statutory provisions with regard to access and possession dangerous drugs, the Board's First Cause of Action must be dismissed.

B. DR. MIRKIA DID NOT ENGAGE IN UNPROFESSIONAL CONDUCT

In its Second Cause of Action, the Board regurgitates identical allegations as those in its First Cause of Action, and accuses Dr. Mirkia of "unprofessional conduct as defined in NAC 639.945(1)(g), (i), and (k)[,]"[8] which provide as follows:

> **NAC 639.945 Unprofessional conduct; owner responsible for acts of employees.**
>
> 1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest: [...]
>
> (g) Supplying or diverting drugs [...] which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles. [...]
>
> (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. [...]
>
> (k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

[emphasis added]. NAC 639.945(1)(g), (i), and (k).

The Board has disclosed no evidence in its case file that any unlicensed and/or unauthorized persons were supplied drugs to circumvent the laws related to the sale. In fact, no drugs were ever sold to anyone; rather, a service was provided to patients by appropriately licensed individuals. As demonstrated by the Board's own evidence, all drugs were lawfully acquired through a section 503(b) outsourcing facility by ResetIV and/or Dr. Mirkia. The Board has failed to state a claim pursuant to NAC 639.945(1)(g).

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[8] *See Accusation,* at 7.

The Board has disclosed no evidence in its case file that Dr. Mirkia performed his duties in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i). These allegations are based on the Board's contention that Dr. Mirkia violated various Nevada statutory provisions, which as outlined herein are either inapplicable or were otherwise clearly followed. There is no evidence to the contrary. The Board has failed to state a claim pursuant to NAC 639.945(1)(i).

The Board has disclosed no evidence in its case file that any unlicensed persons performed any act, task or operation for which a license was required. In fact, the only evidence in this case is to the contrary. The Board has failed to state a claim pursuant to NAC 639.945(1)(k).

It should be noted that the Complaint against Dr. Mirkia was filed by his competitor, Jason Burke, M.D., who himself was so unclear on the legal obligations imposed upon providers of IV hydration services that he petitioned and received from the Board an advisory opinion related to the very issues. Dr. Mirkia did not have the benefit of a detailed opinion from the Board regarding its interpretation of the NRS and NAC. It would be inequitable to punish him for violations for which the Board felt the need to clarify to the individual alleging the violations. **(Exhibit A)**. In the absence of both a legal and factual basis for the claim that Dr. Mirkia violated statutory provisions with regard to access and possession dangerous drugs, the Board's Second Cause of Action must be dismissed.

C. FUSIONIV PHARMACEUTICALS, INC. IS NOT REQUIRED TO BE LICENSED IN NEVADA

The Board alleges that Dr. Mirkia assisted or aided and abetted FusionIV Pharmaceuticals, Inc. in violating Nevada law, "[b]y purchasing sterile compounded dangerous drugs from a pharmacy not licensed with the Board[.]" *See Accusation,* at 7, ¶ XXXI. While it is true that FusionIV was not licensed by the Board, no such licensure was required as this is a section 503(b) outsourcing facilliity. The Food and Drug Administration (FDA) is responsible for ensuring the safety and efficacy of all human and

veterinary drugs and biological products, whether large pharmaceutical companies, contract research organizations, or outsourcing facilities produce them.

The Drug Quality and Security Act was signed into law in November 2013. This law outlines specific regulations and guidelines that must be followed by outsourcing facilities engaged in non-prescription anticipatory manufacturing to ensure that the products they prepare and distribute are safe and of high quality. The FDA has urged healthcare providers to use only registered and approved outsourcing facilities.

> **A. Statutory Framework**
>
> **Section 503B(d)(4)(A) of the FD&C Act defines an outsourcing facility as a facility at one geographic location or address that:**
>
> - **Is engaged in the compounding of sterile drugs;**
> - **Has elected to register as an outsourcing facility; and**
> - **Complies with all of the requirements of section 503B.**
>
> **An outsourcing facility is not required to be a licensed pharmacy, and it may or may not receive prescriptions for identified individual patients. Sections 503B(d)(4)(B) and (C) of the FD&C Act.**

(Exhibit C).[9]

Nevada law does not require outsourcing facilities to register as a pharmacy. "[A]n outsourcing facility is not required to be licensed as a pharmacy." NAC 639.6916(1). FusionIV Pharmaceuticals has been registered with the FDA as an outsourcing facility pursuant to section 503(b), since January 2017.

Facility Name	Contact Name and Phone Number	Initial Date of Registration as an Outsourcing Facility[1]	Date of Most Recent Registration as an Outsourcing Facility[1]
Fusion IV Pharmaceuticals, Inc., dba Axia Pharmaceutical, Los Angeles, CA	Navid Vahedi 877-685-8222	1/6/2017	1/15/2020

[9] *Outsourcing Facility Information*, at 3, Center for Drug Evaluation and Research, U.S. Food & Drug Administration (Sept. 2017).

https://www.fda.gov/drugs/human-drug-compounding/registered-outsourcing-facilities [last accessed Aug. 11, 2020]. Because FusionIV Pharmaceuticals, Inc. is a section 503(b) registered outsourcing facility, it was not required to be licensed as a pharmacy in the State of Nevada; therefore, it is factually impossible for Dr. Mirkia to have assisted or aided and abetted FusionIV Pharmaceuticals, Inc. in violating Nevada law, "[b]y purchasing sterile compounded dangerous drugs from a pharmacy not licensed with the Board[.]" *See Accusation,* at 7, ¶ XXXI. There can be no violation, where there is expressly no requirement. As such, there is no legal basis to proceed on the Third Cause of Action (Purchasing Sterile Compounded Drugs from an Unlicensed Pharmacy), and Dr. Mirkia respectfully requests dismissal of this claim.

IV. CONCLUSION

There is no basis for the claims against Dr. Mirkia. The motivation behind the Complaint appears to be personal and self-motivated by Dr. Mirkia's then-competitor Dr. Burke. The Board has produced no evidence in its case file that would support that allegations against him. The Accusation fails to state a claim for relief both in law and fact. Dr. Mirkia's conduct conformed to the law at all times relevant herein, including in the provision of IV hydration services and with regard to alleged dealings with a section 503(b) registered outsourcing facility. Accordingly, this case should be dismissed in its entirety.

DATED: August 13, 2020

Respectfully submitted,

KEITH A. WEAVER
MELANIE L. THOMAS
LEWIS BRISBOIS BISGAARD & SMITH LLP

By: */s/ Melanie L. Thomas*
Attorneys for Kiarash L. Mirkia, M.D.

EXHIBIT A

Nevada State Board of Pharmacy

431 W. Plumb Lane• Reno, NV 89509
(775) 850-1440 • 1-800-364-2081• FAX (775) 850-1444
E-mail: pedwards@pharmacy.nv.gov • Web Page: bop.nv.gov

May 23, 2018

Jason Burke, M.D.
Hangover Heaven, LLC
3281 S. Highland Dr., #806
Las Vegas, Nevada 89109

Dear Dr. Burke:

I am responding on behalf of the Nevada State Board of Pharmacy (Board) to two "scenarios" you presented in your January 24, 2018 *Petition for Regulatory Interpretation to the Nevada Board of Pharmacy*. Those scenarios can be reduced to two questions, as indicated in your April 6, 2018 email to the Board. The plain language of existing statutes answer both of those questions such that no Board interpretation is necessary. Those statutes give practitioners general authority to possess and administer prescription medications in conformity with the applicable standard of care. A registered nurse[1] (RN), however, may possess a prescription medication for off-site administration only pursuant to an existing patient-specific chart order.

Legal Framework:

No person may possess a controlled substance or a dangerous drug (collectively a prescription medication) in Nevada without specific statutory authority to do so.[2] The Nevada Legislature granted practitioners[3] that authority in NRS chapters 453 and 454.[4] RNs do not enjoy such broad authority.

---

[1] NRS 632.019 "Registered nurse" means a person who is licensed to practice professional nursing.
[2] *See* NRS 453.336, NRS 453.338, NRS 454.316, NRS 454.321.
[3] NRS 454.00958 Practitioner" means:
1. A physician, dentist, veterinarian or podiatric physician who holds a valid license to practice his or her profession in this State.
2. A pharmacy, hospital or other institution licensed or registered to distribute, dispense, conduct research with respect to or to administer a dangerous drug in the course of professional practice in this State.
3. When relating to the prescription of poisons, dangerous drugs and devices:
(a) An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy permitting him or her so to prescribe; or
(b) A physician assistant who holds a license from the Board of Medical Examiners and a certificate from the State Board of Pharmacy permitting him or her so to prescribe.
4. An optometrist who is certified to prescribe and administer dangerous drugs pursuant to NRS 636.288 when the optometrist prescribes or administers dangerous drugs which are within the scope of his or her certification.
[4] *See* NRS 453.375(1)(a); NRS 454.213(1)(a).

Regarding controlled substances, NRS chapter 453 states in relevant part:

> 1. A controlled substance may be possessed and administered by the following persons:
>
> (a) A practitioner.
>
> (b) A registered nurse licensed to practice professional nursing or licensed practical nurse, *at the direction* of a physician, physician assistant, dentist, podiatric physician or advanced practice registered nurse, or *pursuant to a chart order*, for administration to a patient at another location.
>
> . . . .

NRS 453.375(1)(a) and (b) (*emphasis added*). Similarly, as to dangerous drugs, NRS chapter 454 says:

> 1. A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:
>
> (a) A practitioner.
>
> . . . .
>
> (c) Except as otherwise provided in paragraph (d), a registered nurse licensed to practice professional nursing or licensed practical nurse, *at the direction of* a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, *or pursuant to a chart order*, for administration to a patient at another location.
>
> . . . .

NRS 454.231(1)(a) and (c) (*emphasis added*).

By way of those statutes, the Nevada Legislature gave practitioners general authority to possess and administer prescription medications.[5] That authority is broad such that a practitioner can possess and maintain an inventory of prescription medications for the future needs of his or her practice.[6]

Conversely, the Legislature used qualifying language to describe instances where a RN may possess and administer a prescription medication.[7] A RN may possess and administer a prescription medication only "at the direction" of a practitioner, which usually occurs in a facility setting where the practitioner is located. A RN may also possess and administer a prescription medication "pursuant to a chart order, for administration to a patient at another

---

[5] *See* NRS 453.375(1)(a); NRS 454.213(1)(a).
[6] *Id.*
[7] NRS 453.375(1)(b); NRS 454.213(1)(c).

location."[8] Chart orders are patient-specific and medication-specific.[9] The Legislature did not grant RNs authority to possess a prescription medication (or an inventory of prescription medications) absent an existing chart order in anticipation of a yet-to-be-written chart order.

As with any prescription medication, a practitioner must first establish a bona fide therapeutic relationship with the patient before directing a RN to possess and administer a prescription medication on-site or issuing a chart order for off-site administration.[10] "[A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed."[11]

From that legal framework the two "scenarios" or questions you present in your Petition may be analyzed.

Scenario 1:

Your Scenario 1 asks whether, after establishing a bona fide therapeutic relationship with the patient, the practitioner has to physically give any prescription medication the practitioner ordered through a chart order to the RN for off-site administration to the patient?

Response to Scenario 1:

Yes, a RN must receive a prescription medication for off-site administration pursuant to a chart order directly from a practitioner. A RN does not have authority to possess a prescription medication that is not specifically ordered in an existing chart order.

Scenario #2:

The second scenario presented in your Petition asks whether a RN may keep medications at home or in the car in preparation for going out on house calls.

---

[8] *Id.*

[9] *See* NRS 639.004 "Chart order" means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

[10] *See* NAC 639.945(1)(o).

[11] NRS 639.945(3).

Response to Scenario #2:

No. A RN may possess a prescription medication "for administration to a patient at another location" "pursuant to a chart order."[12] The statutes do not authorize a RN to possess an inventory of a prescription medication without a chart order. If an RN had access to or possessed a prescription medication without a chart order for that medication, the RN would possess the prescription medication unlawfully and could be found criminally liable.[13]

Finally, it should be noted that a RN, after administering a prescription medication to a patient pursuant to chart order, may not leave any prescription medication with the patient, even if the RN anticipates making a house call to the patient in the future. Leaving medication with the patient constitutes dispensing,[14,15] which NRs are not authorized to do.[16]

You may access the statutes cited herein by way of the Board's website at bop.nv.gov, or you may request a copy from my office.

Sincerely,

S. PAUL EDWARDS, ESQ.
General Counsel
Nevada State Board of Pharmacy

[12] NRS 453.375(1)(b); NRS 454.213(1)(c).
[13] *See* NRS 453.336, NRS 453.338, NRS 454.316, NRS 454.321.
[14] NRS 453.056 "Dispense" defined.
1. Except as limited by subsection 2, "dispense" means to deliver a controlled substance to an ultimate user, patient or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.
2. The term does not include the furnishing of a controlled substance by a hospital pharmacy for inpatients.
[15] NRS 454.211 "Dispense" defined.
1. "Dispense" means the furnishing of a dangerous drug in any amount greater than that which is necessary for the present and immediate needs of the ultimate user.
2. The term does not include the furnishing of a dangerous drug by a hospital pharmacy for inpatients.
[16] NRS 453.377, NRS 454.215.

EXHIBIT B

Thomas, Melanie

From: Shirley Hunting <shunting@pharmacy.nv.gov>
Sent: Wednesday, August 5, 2020 3:24 PM
To: Thomas, Melanie
Cc: Brett Kandt; Dena M. McClish
Subject: [EXT] RE: Kiarash Mirkia, M.D. Case No. 19-090-CS-S
Attachments: CASE FILE 19-090-CS-S - Mirkia, Kiarash.pdf

External Email

Ms. Thomas,

Attached please find the case file in Case No. 19-090-CS-S Kiarash Mirkia, M.D.

Please contact Mr. Kandt if you have any questions.

Thank you.

Shirley Hunting
Board Coordinator
Custodian of Records
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy., Ste. 206
Reno, NV 89521-4881
Phone: 775-850-1440
Fax: 775-850-1444

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From: Brett Kandt
Sent: Wednesday, August 05, 2020 2:18 PM
To: Thomas, Melanie <MelanieL.Thomas@lewisbrisbois.com>
Cc: Dena M. McClish <dmcclish@pharmacy.nv.gov>; Shirley Hunting <shunting@pharmacy.nv.gov>
Subject: RE: Kiarash Mirkia, M.D. Case No. 19-090-CS-S

Melanie-

Per our discussion this morning and in response to your correspondent in this matter, attached please find the notice of hearing for September 2, 2020. The hearing will be held in conformance with NRS 241.020(2),

Sections 7 and 10 of Governor's Declaration of Emergency Directive 021, and social distancing guidelines promulgated by the Centers for Disease Control and Prevention.

The Board does not utilize hearing officers and will hear the case pursuant to NRS 639.247. In response to your request made pursuant to NRS 622A.330 my assistant is scanning the case file for production and the prosecution's proposed witness list is:

Dena McClish, Board Investigator
Joe Dodge, Board Inspector
Daniel Rubenstein – Chief Executive Officer, Reset IV
Kris Riley – Administrator, Reset IV
Jenny Reed
Abby Souza
Cheri Niemiec
Brent Maxfield
Ryan Sittler
Brittany Loveland
Bianca Aguila
Chimezie Maduka
Brian Paonessa
Mohammad Alyousef
Matthew Manfra
Christa Dodgen
Kiarash Mirkia, MD
Kim Snow - Nurse Practitioner
Leslie Echols– Nurse Practitioner
Violeta Aguirre– Nurse Practitioner
Alex Zukovski- Office Manager
Jason Burke, MD

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
775-850-1440
bkandt@pharmacy.nv.gov

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From: Thomas, Melanie <MelanieL.Thomas@lewisbrisbois.com>
Sent: Wednesday, August 5, 2020 6:39 AM
To: Brett Kandt <bkandt@pharmacy.nv.gov>
Cc: Weaver, Keith <KeithA.Weaver@lewisbrisbois.com>; Gonzales, Emma <Emma.Gonzales@lewisbrisbois.com>; Krestyn, Michelle <Michelle.Krestyn@lewisbrisbois.com>
Subject: RE: Kiarash Mirkia, M.D. Case No. 19-090-CS-S

Good Morning Mr. Kandt:

Please see attached correspondence. Thank you.

Melanie

LEWIS BRISBOIS

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Attorney
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EXHIBIT C

U.S. FOOD & DRUG ADMINISTRATION

CENTER FOR DRUG EVALUATION AND RESEARCH

OUTSOURCING FACILITY INFORMATION

September 2017
www.fda.gov

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I. INTRODUCTION

In the Drug Quality and Security Act of 2013, Congress created a new category of compounders known as outsourcing facilities. In contrast to "traditional" compounders, outsourcing facilities can, subject to satisfying relevant legal requirements, compound and distribute drugs without receiving prescriptions for individually identified patients, and without limitation on the quantity of drugs that they ship interstate. Drugs compounded by outsourcing facilities are subject to current good manufacturing practice (CGMP) requirements, FDA inspections on a risk-based schedule, and other important conditions that provide greater assurances of the quality of their compounded drugs.

The following information is intended to assist outsourcing facilities in locating provisions of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and FDA policy and procedures that are relevant to their operations, and to assist compounders in deciding whether to register with FDA as outsourcing facilities.

A. Statutory Framework

Section 503B(d)(4)(A) of the FD&C Act defines an outsourcing facility as a facility at one geographic location or address that:

- Is engaged in the compounding of sterile drugs;
- Has elected to register as an outsourcing facility; and
- Complies with all of the requirements of section 503B.

An outsourcing facility is not required to be a licensed pharmacy, and it may or may not receive prescriptions for identified individual patients. Sections 503B(d)(4)(B) and (C) of the FD&C Act.

A human drug product compounded by or under the direct supervision of a licensed pharmacist in an outsourcing facility can qualify for exemptions from requirements under three sections of the FD&C Act:

- Labeling with adequate directions for use (section 502(f)(1));
- New drug approval requirements (section 505); and
- Drug supply chain security requirements (section 582).

Drugs compounded by outsourcing facilities remain subject to CGMP requirements established under section 501(a)(2)(B) of the FD&C Act, and other applicable requirements in the Act.

B. Profile of Outsourcing Facilities

Outsourcing facilities vary in terms of size and drug products produced. Some were formerly conventional manufacturing facilities and engage in large-scale production and distribution of compounded drugs. Others were or are state-licensed pharmacies that compound small batches of drug products, often pursuant to prescriptions for identified individual patients. Many compound both sterile and non-sterile drugs for both humans and animals. In addition, some outsourcing facilities, in addition to compounding sterile drugs for human use, engage in conventional manufacturing of FDA-approved drugs; mixing, diluting, and repackaging of biological products; and repackaging drugs.

Of the 59 outsourcing facilities that FDA has inspected as of August 2017:

- **25** engage in both sterile and non-sterile compounding
- **24** engage in both patient-specific and non-patient specific compounding
- **22** compound a portion of their drugs in small batches (10 units or fewer)
- **45** compound drugs from bulk drug substances
- Outsourcing facilities are located in **25** states
- **51** ship compounded drugs in interstate commerce

In addition, in a six-month period, outsourcing facilities that submitted drug product reports to FDA compounded 12,305,873 units of drugs.

II. OUTSOURCING FACILITY OPERATIONS

To meet the definition of an outsourcing facility, the facility must be engaged in the compounding of sterile human drugs (section 503B(d)(4)(A)(i)). Entities that do not compound sterile human drugs should not register as outsourcing facilities.

In addition to compounding human sterile drugs, an outsourcing facility may also compound non-sterile drugs. Drugs in either category that are compounded in accordance with the conditions of section 503B of the Act will qualify for the exemptions.

FDA has issued draft or final guidance regarding the conduct of other activities within an outsourcing facility:

- Repackage drugs as described in FDA's guidance, *Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities*.

- Mix, dilute, or repackage biological products as described in FDA's guidance, *Mixing, Diluting, or Repackaging Biological Products Outside the Scope of an Approved Biologics License Application*.

- Compound animal drugs. FDA has issued a draft guidance, *Compounding Animal Drugs from Bulk Drug Substances*.

- Engage in conventional manufacturing of approved drug products. See FDA's draft guidance, *Facility Definition Under Section 503B of the Federal Food, Drug, and Cosmetic Act*.

For more information, see the guidance, *For Entities Considering Whether to Register as Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act*.

III. IMPLICATIONS OF BECOMING AN OUTSOURCING FACILITY

When deciding whether to register as an outsourcing facility, compounders should carefully consider the implications, including responsibilities of outsourcing facilities under the FD&C Act.

A. Advantages to Compounders of 503B Registration

FDA understands that many compounders have elected to register as outsourcing facilities for two main reasons:

i. Outsourcing facilities can distribute compounded drugs for "office use" without receiving prescriptions for identified individual patients.

Compounders that have not registered as outsourcing facilities, who seek to operate under section 503A of the FD&C Act, can only distribute compounded drugs based on the receipt of valid prescriptions for identified individual patients. Section 503A(a). In contrast, section 503B states that outsourcing facilities "may or may not receive prescriptions for identified individual patients." Section 503B(d)(4)(C). In other words, only outsourcing facilities may distribute compounded drugs to healthcare facilities and practitioners without first receiving a patient-specific prescription.

ii. Purchasers often seek compounded drugs with a greater assurance of quality.

Because the FD&C Act subjects outsourcing facilities to CGMP requirements and Federal oversight, including inspections on a risk-based schedule, specific adverse event reporting requirements, and other conditions, healthcare practitioners who purchase compounded drugs for their patients often source such drugs from outsourcing facilities.

B. Requirements under the FD&C Act

Outsourcing facilities must comply with all applicable requirements of the FD&C Act, including, but not limited to, CGMP requirements and the conditions of section 503B.

i. Compliance with applicable quality standards

Outsourcing facilities are required to comply with CGMP requirements under section 501(a)(2)(B) of the FD&C Act. Under section 501(a)(2)(B), a drug is deemed to be adulterated if it is not produced in accordance with CGMP requirements. 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*, that, once final, 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.

The draft guidance reflects FDA's intent to recognize the differences between compounding outsourcing facilities and conventional drug manufacturers, and to tailor CGMP requirements to the nature of the specific compounding operations conducted by outsourcing facilities while maintaining the minimum standards necessary to protect patients from the risks of contaminated or otherwise substandard compounded drug products.

Outsourcing facilities are also subject to other adulteration provisions of the FD&C Act, including the prohibition on preparing, packing, or holding drugs under insanitary conditions whereby they may become adulterated with filth or rendered injurious to health. Section 501(a)(2)(A). Outsourcing facilities also may not produce drugs that are contaminated with filth or super- or sub-potent. Sections 501(a)(1), 501(b), 501(c), 502(a), and 502(j).

ii. Compliance with the conditions of section 503B of the FD&C Act

To meet the statutory definition of an outsourcing facility, and for the compounder's drugs to qualify for the exemptions in section 503B, it must produce all of its compounded drugs in accordance with all of the conditions of section 503B. Section 503B(d)(4)(A)(iii), 503B(a)(11). Examples of conditions in section 503B include, but are not limited to:

- Limitations on bulk drug substances that can be used in compounding (section 503B(a)(2))
- Prohibition on compounding drugs that appear on the list of drugs at 21 CFR 216.24 that have been withdrawn or removed from the market because the drugs or components of the drugs have been found to be unsafe or not effective (section 503B(a)(4))
- Prohibition on compounding drugs that are essentially a copy of one or more approved drugs (section 503B(a)(5))
- Labeling requirements (section 503B(a)(10))
- Drug product reporting requirements (sections 503B(a)(1) and 503B(b)(2))
- Adverse event reporting requirements (sections 503B(a)(1) and 503B(b)(5))

iii. Payment of fees required by sections 503B and 744K of the FD&C Act

Upon initial registration and each year that the entity renews its registration, sections 503B and 744K of the FD&C Act require FDA to assess each outsourcing facility an establishment registration fee of $15,000, or $5,000 for small businesses, adjusted each year for inflation. In addition, FDA must assess a fee of $15,000, adjusted for inflation, for each reinspection that it conducts. A reinspection is an inspection conducted after an inspection in which FDA identified noncompliance materially related to an applicable requirement of this Act, specifically to determine whether compliance has been achieved to the FDA's satisfaction.

See the guidance, *Fees for Human Drug Compounding Outsourcing Facilities Under Sections 503B and 744K of the FD&C Act* for more information about relevant fees, including how to apply for the small business reduction.

IV. RESOURCES AVAILABLE TO OUTSOURCING FACILITIES

A. Meetings with FDA and Pre-Operational Reviews

In general, FDA is unable to grant most requests for meetings from stakeholders regarding implementation of the compounding provisions of the FD&C Act because of limited resources. However, to facilitate compliance in this new industry, FDA entertains, as resources permit, requests from outsourcing facilities and compounders considering registering as outsourcing facilities to meet with the agency regarding questions about compliance with CGMP requirements and the conditions of section 503B.

In addition, as resources permit, FDA conducts, upon request, preoperational site evaluations of outsourcing facilities to assess facility design, standard operating procedures, and other conditions that are critical to producing sterile drug products before the outsourcing facility initiates production for distribution.

B. Guidance Documents and Regulations

FDA has issued or intends to issue guidance documents that can assist outsourcing facilities in complying with section 503B of the FD&C Act, as well as certain relevant regulations.

FD&C Act Citation	Text of Section 503B	Applicable FDA Draft or Final Policy Documents
Section 503B(a)	Compounding must be by or under the direct supervision of a licensed pharmacist.	FDA intends to issue a policy document on this provision in the future.
Sections 503B(a)(1), 503B(b) and 301(ccc)(3)	The outsourcing facility is in compliance with the registration and reporting requirements of section 503B(b). This includes submitting twice yearly reports regarding the drugs compounded by the outsourcing facility and submitting adverse event reports in accordance with section 503B(b)(5).	Establishment Registration See the final guidance, *Registration of Human Drug Compounding Under Section 503B of the FD&C Act*. This guidance describes the process for electronic submission of establishment registration information for outsourcing facilities. Drug Product Reporting See the final guidance, *Electronic Drug Product Reporting for Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act*. This guidance describes who must report and what information they must provide and explains that drug compounding reports must be submitted in structured product labeling (SPL) format using FDA's electronic submissions system. Adverse Event Reporting See the final guidance, *Adverse Event Reporting for Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act*.

		Under section 503B(b)(5) of the FD&C Act, an outsourcing facility must submit adverse event reports to FDA "in accordance with the content and format requirements established through guidance or regulation under section 310.305 of title 21, Code of Federal Regulations (or any successor regulations)." This guidance explains FDA's current thinking on adverse event reporting for outsourcing facilities
Section 503B(a)(2)	If the outsourcing facility compounds drugs using bulk drug substances, the substances are either used to compound drugs on FDA's drug shortage list, or they appear on a list developed by FDA of bulk drug substances that can be used in compounding under section 503B ("bulks list"). In addition, the bulk drug substances are accompanied by a valid certificate of analysis and were manufactured by FDA-registered establishments.	See the final guidance, *Interim Policy on Compounding Using Bulk Drug Substances Under Section 503B of the Federal Food, Drug, and Cosmetic Act*. This guidance describes FDA's policy for outsourcing facilities compounding from bulk drug substances that are not used to compound drugs on FDA's drug shortage list, while the bulks list is in development. Interested parties can nominate bulk drug substances for use in compounding at regulations.gov, docket FDA-2015-N-3469.
Section 503B(a)(3)	If any ingredients (other than bulk drug substances) are used in compounding the 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 FDA for purposes of this paragraph if any.	N/A
Section 503B(a)(4)	The outsourcing facility does not compound drugs that appear on a list published by FDA of drugs that have been withdrawn or removed from the market because the drugs or components of such drugs have been found to be unsafe or not effective.	The list of drugs that have been withdrawn or removed from the market because the drugs or components of the drugs have found to be unsafe or ineffective appears at 21 CFR 216.24.
Sections 503B(a)(5), 503B(d)(2)	The outsourcing facility does not compound drugs that are essentially a copy of one or more approved drugs.	See the draft guidance, *Compounded Drug Products That Are Essentially Copies of Approved Drug Products Under Section 503B of the Federal Food, Drug, and Cosmetic Act*. This guidance describes policies concerning the "essentially a copy" provision of section 503B, including policies concerning the definition of this term.
Section 503B(a)(6)	The outsourcing facility does not compound drugs that appear on a list published by FDA of drugs or categories of drugs that present demonstrable difficulties for compounding.	FDA has not yet developed this list. Interested parties can nominate substances for this list at www.regulations.gov, docket FDA-2017-N-2562.
Section 503B(a)(7)	If the outsourcing facility compounds a drug that is the subject of a risk evaluation and mitigation strategy (REMS) approved with elements to assure safe use pursuant to section 505-1, or from a bulk drug substance that is a component of such drug, the outsourcing facility must demonstrate to FDA before beginning to compound that it will use controls comparable to the controls applicable under the REMS.	FDA intends to issue guidance explaining the process and content of submissions to the agency.

Section 503B(a)(8)	The outsourcing facility's compounded drugs will not be sold or transferred by an entity other than that outsourcing facility.	FDA intends to issue a policy document on this provision in the future.
Sections 503B(a)(9), 744J, 744K	The outsourcing facility has paid all applicable establishment and reinspection fees owed under section 744K.	See FDA's final guidance, *Fees for Human Drug Compounding Outsourcing Facilities Under Sections 503B and 744K of the FD&C Act*. This guidance describes the types and amounts of fees that outsourcing facilities must pay, the adjustments to fees required by law, how outsourcing facilities can submit payment to FDA, the consequences of outsourcing facilities' failure to pay fees, and how an outsourcing facility can qualify as a small business to obtain a reduction in fees
Section 503B(a)(10)	Outsourcing facilities must label their drugs and containers with certain information.	FDA intends to issue a policy document on this provision in the future.
Section 503B(a)(11)	All of the human drugs compounded within an outsourcing facility must be compounded only in accordance with section 503B.	See FDA's final guidance, *For Entities Considering Whether to Register as Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act*. This guidance explains, among other things, that drugs compounded within an outsourcing facility cannot qualify for the exemptions in section 503A. See also, FDA's draft guidance, Facility Definition under Section 503B of the Federal Food, Drug, and Cosmetic Act. This guidance explains FDA's interpretation of the term "facility at one geographic location or address" in section 503B's definition of an outsourcing facility.

FDA has also issued the following guidance documents regarding drug production operations other than compounding of human drugs by outsourcing facilities.

Drug Production Activity	Applicable FDA Draft or Final Policy Documents
Repackaging drugs	See FDA's final guidance, *Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities*. FDA regards repackaging as the act of taking a finished drug product from the container in which it was distributed by the original manufacturer and placing it into a different container without further manipulation of the drug. Repackaged drug products are not eligible for exemptions under section 503B of the FD&C Act, but are generally subject to the adulteration, misbranding, and approval provisions of the FD&C Act. Accordingly, this guidance describes, among other things, the conditions under which FDA does not intend to take action for violations of sections 505, 502(f)(1), and 582 when an outsourcing facility repackages drug products.

Mixing, diluting, or repackaging biological products	See FDA's draft guidance, *Mixing, Diluting, or Repackaging Biological Products Outside the Scope of an Approved Biologics License Application*. Biological products are not eligible for exemptions under section 503B of the FD&C Act, and are generally not exempt from any of the provisions of the FD&C Act related to the production of drugs. This guidance, if finalized, will describe conditions under which FDA does not intend to take action when certain biological products are mixed, diluted, or repackaged by an outsourcing facility in a manner not described in their approved labeling.
Compounding animal drugs from bulk drug substances	See FDA's draft guidance, *Compounding Animal Drugs from Bulk Drug Substances*. Animal drugs are not eligible for exemptions under section 503B of the FD&C Act and are generally subject to the adulteration, misbranding, and approval provisions of the FD&C Act. Accordingly, when finalized, this guidance will generally describe, among other things, the conditions under which FDA does not intend to take action for violations of sections 501(a)(5) and 502(f)(1) of the FD&C Act when an outsourcing facility compounds animal drugs from bulk drug substances.

C. Contacting the Agency

Outsourcing facilities and compounders considering registering as outsourcing facilities can submit questions, meeting requests, and other messages to the Compounding Team in FDA's Center for Drug Evaluation and Research at Compounding@fda.hhs.gov.

Correspondence related to inspections and regulatory actions should be sent to the contact in FDA's Office of Regulatory Affairs listed on your Form FDA-482 or regulatory letter.

V. HOW TO REGISTER AS AN OUTSOURING FACILITY AND SUBMIT DRUG PRODUCT REPORTS

A. Establishment Registration

To register as an outsourcing facility, a compounder must use the electronic registration system (go to CDER Direct) (unless FDA grants a waiver) to provide the following information: name; place of business; unique facility identifier; point of contact email address; an indication of whether the facility intends to compound products on FDA's drug shortage list; an indication of whether the facility compounds from bulk drug substances, and if so, whether it compounds sterile drugs from bulk drug substances.

Once FDA receives the electronic registration submission, it sends the registrant an invoice for the establishment registration fee that must be paid at the time of registration. The amount of this fee and directions for paying the fee are published in the *Federal Register*, which appears on FDA.gov under Regulatory Policy Information.

Provided the registrant pays the required fee within 15 days of receiving the invoice, FDA sends the entity a confirmation that it is registered as an outsourcing facility. FDA then updates the list of outsourcing facilities on its website to reflect the new registrant during the next weekly update.

An outsourcing facility must re-register and pay a fee for each year that it wishes to remain registered as an outsourcing facility. The annual registration period is from October 1-December 31. An entity that registers during this timeframe will remain registered through December 31 of the following year. (See above description of fees.)

See FDA's final guidance, *Registration of Human Drug Compounding Outsourcing Facilities Under Section 503B of the FD&C Act* for more information.

B. Drug Product Reporting

Outsourcing facilities must submit a product report upon initial registration under section 503B and twice each year thereafter, once in June and once in December, for products produced during the previous six month period.

- Drug product reports submitted between June 1 and June 30 of each year must report products produced from December 1 through May 31.
- Drug product reports submitted between December 1 and December 30 of each year must report products produced from June1 through November 30.

Each semiannual report must identify all sterile and non-sterile drugs compounded at the outsourcing facility during the previous six-month period and provide all of the following information for each compounded drug:

- The active ingredient and strength of active ingredient per unit
- The source of the active ingredient
- The 10-digit National Drug Code (NDC) number of the source drug or bulk active ingredient, if available
- The dosage form and route of administration
- The package description
- The number of individual units produced
- The 10 digit NDC number of the final product, if assigned

Outsourcing facilities must submit their drug product reporting information electronically in structured product labeling (SPL) format (unless FDA grants a waiver). FDA has created a new SPL document type category for outsourcing facilities' drug product report submissions. Outsourcing facilities may create these files using CDER Direct or any SPL authoring tool to create and submit product report files.

Although each compounded product could be reported in a separate SPL submission, outsourcing facilities can use techniques to simplify and combine the submissions for products with identical active ingredients and different packaging presentations. Multiple strengths, package sizes, and source NDC numbers can be reflected in a single SPL submission, which will reduce the number of SPL submissions that a facility will need to submit to FDA.

See the guidance *Electronic Drug Product Reporting for Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food Drug and Cosmetic Act* for more information about drug product reporting, including an example of how outsourcing facilities can combine data into a single product submission.

VI. FDA INSPECTIONS OF OUTSOURCING FACILITIES AND SUBSEQUENT ACTIONS

A. When FDA Conducts 503B Inspections

Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect. Outsourcing facilities are inspected according to a risk-based schedule. Depending on the number of outsourcing facility registrants and other inspection priorities, FDA expects to inspect newly registered outsourcing facilities within two months of initial registration, if the facility has not been previously inspected and the facility is operational. FDA inspects outsourcing facilities for compliance with CGMP requirements and the conditions of section 503B, in addition to other requirements of the FD&C Act. FDA does not generally request that an outsourcing facility wait for an FDA inspection before initiating drug production.

Subsequent inspections will depend on the findings from the first inspection and other factors including but not limited to: the compliance history of the outsourcing facility; the record, history, and nature of recalls linked to the outsourcing facility; the inherent risk of the drugs compounded at the outsourcing facility; the inspection frequency and history of the outsourcing facility, including whether the outsourcing facility has been inspected within the last two years; and whether the outsourcing facility has registered as an entity that intends to compound drugs in shortage.

B. Inspectional Observations and Subsequent Action

If FDA investigators observe non-compliance related to a requirement of the FD&C Act, they may issue, at the close of the inspection, a Form FDA-483 list of inspectional observations. In determining next steps following an inspection, the agency considers any response to the Form FDA-483 received within 15 days of the inspection.

Depending on the observations during the inspection and any subsequent response from the outsourcing facility, FDA may decide to initiate a regulatory action or close the inspection without further action. Examples of regulatory actions are advisory actions such as untitled letters, warning letters, and regulatory meetings; and enforcement actions such as seizures and injunctions. If FDA decides to close the inspection without pursuing regulatory action, it will routinely issue a copy of the final Establishment Inspection Report (EIR) to the most responsible individual at the inspected firm.

C. Post-Inspection and Regulatory Action Correspondence

Forms FDA-483 are issued to firm management at the conclusion of an inspection when an investigator(s) has observed any conditions that in their judgment may constitute violations of the FD&C Act and related acts and regulations. If an outsourcing facility has an objection regarding an observation in a Form FDA-483 or violation cited in a warning letter, or if the outsourcing facility has implemented, or plans to implement corrective action in response, it may discuss the objection or action with the FDA investigator or submit the objection or action to FDA. Information submitted to FDA should be sufficient

for the agency to determine whether the observations or violations have been adequately addressed or whether the proposed corrective action is adequate. For example, outsourcing facilities that have corrected deficiencies in standard operating procedures have included in their response to the agency a copy of the revised procedures and indicated the date the changes were implemented and documentation regarding training of staff on the revised procedures (e.g. training material, training records). Similarly, outsourcing facilities that have violated CGMP requirements by failing to conduct smoke studies under dynamic conditions and subsequently corrected that violation have submitted to FDA a good quality video of the smoke studies in their response to the Form FDA-483. If the information submitted is not sufficient, the FDA may issue a Warning Letter or take other regulatory or enforcement action.

Post-Inspection Actions

Documents and Actions	Description
FMD-145	According to Field Management Directive 145, FDA issues a copy of the EIR to the compounding firm once the agency has determined that a surveillance inspection is closed.
Untitled Letter	An untitled letter cites violations that do not meet the threshold for significance of regulatory significance for a warning letter. See Regulatory Procedures Manual Chapter 4.
Regulatory Meeting	A regulatory meeting is a meeting requested by FDA to inform responsible individuals or compounders about how one or more products, practices, processes, or other activities are considered to be in violation of the law. See Regulatory Procedures Manual Chapter 10.
Warning Letter	Warning letters are issued for violations of regulatory significance to give compounders an opportunity to take voluntary and prompt action to correct violations of the law before the agency initiates an enforcement action. A Warning Letter does not constitute final agency action. However, FDA is under no legal obligation to warn compounders that they or their products are in violation of the law before taking enforcement action. In some cases, FDA might pursue an enforcement action to protect the public health without first issuing a warning letter. See Regulatory Procedures Manual Chapter 4.
Warning Letter Close-out Letter	FDA issues a warning letter close-out letter if FDA verifies that the compounder has adequately addressed the violations in the warning letter, provided that certain conditions are met. See Regulatory Procedures Manual Chapter 4.
Injunction	An injunction is a civil judicial process initiated to stop or prevent violation of the law, such as to halt the flow of violative products in interstate commerce, and to correct the conditions that caused the violation to occur. See Regulatory Procedures Manual Chapter 6.

U.S. FOOD & DRUG
ADMINISTRATION

FILED
AUG 21 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIARASH L. MIRKIA, M.D.,** **Certificate of Registration No. CS15197,** **Respondent.**	**Case Nos. 19-090-CS-S** **OPPOSITION TO RESPONDENT'S MOTION TO DISMISS**

Nevada State Board of Pharmacy (Board), by and through counsel prosecuting this matter, Brett Kandt, General Counsel, files this opposition to Respondent Kiarash L. Mirkia, M.D.'s Pre-Hearing Motion to Dismiss filed August 14, 2020. This opposition is made pursuant to NRS 622A.360(3) and based upon the following points and authorities and the pleadings on file herein.

MEMORANDUM OF POINTS AND AUTHORITIES

I. PROCEDURAL BACKGROUND

The Notice of Intended Action and Accusation (Accusation) was filed and served in this matter together with the Statement to Respondent and Notice of Hearing on or about June 13, 2019. Respondent filed his Answer and Notice of Defense on or about March 20, 2020. This matter is set for hearing on September 2, 2020.

II. LEGAL STANDARD

Respondent seeks dismissal of the Accusation "for failure to state facts which, if true, would form a sufficient basis for discipline." NRS 622A.360(2(e). Respondent faces a high bar. *See Buzz Stew, Ltd. Liab. Co. v. City of N. Las Vegas*, 124 Nev. 224, 227-28, 181 P.3d 670, 672 (2008) (standard for a motion to dismiss for failure to state a claim under NRCP 12(b)(5)).

The Accusation "is a written statement of the charges alleged and must set forth in ordinary and concise language the acts or omissions with which the respondent is charged to the end that the respondent will be able to prepare a defense." NRS 639.241(2). The Accusation in

part "must specify the statutes and regulations which the respondent is alleged to have violated." *Id.*

On a motion to dismiss for failure to state a claim, the Board must construe the Accusation liberally and draw every fair inference in favor of the State. *See Brown v. Kellar*, 97 Nev. 582, 583, 636 P.2d 874, 874 (1981). All factual allegations in the Accusation must be accepted as true. *See Hynds Plumbing & Heating Co. v. Clark Cty. Sch. Dist.*, 94 Nev. 776, 777, 587 P.2d 1331, 1332 (1978). Dismissal may result only if the prosecution can prove no set of facts that support the charges. *See Simpson v. Mars Inc.*, 113 Nev. 188, 190, 929 P.2d 966, 967 (1997).

III. ARGUMENT

Respondent's Motion must be denied since it relies upon matters outside the pleadings and other extrinsic evidence that cannot be considered in a pre-hearing motion, and because the Accusation states facts which, accepted as true, form a sufficient basis for discipline.

A. Respondent's Motion Is Not Permitted Under Nevada Administrative Law

Respondent's Motion relies upon matters outside the pleadings and other extrinsic evidence that is attached to the Motion and/or incorporated by reference in the Motion. In Nevada civil practice, a motion to dismiss for failure to state a claim supported by matters outside the pleadings and other extrinsic evidence must be treated as one for summary judgment under NRCP 56. *See* NRCP 12(d); *Kopicko v. Young*, 114 Nev. 1333, 1335-36, 971 P.2d 789, 790 (1998); *MacDonald v. Kassel*, 97 Nev. 305, 307, 629 P.2d 1200, 1200 (1981).

However, Nevada law governing administrative procedure before the Board makes no provision for summary judgment in a disciplinary proceeding. *See* NRS 233B.121; NRS 622A.360; NAC 639.120. The Board's powers as an administrative adjudicator are limited to those specifically set forth in statute. *See Andrews v. Nevada State Board of Cosmetology*, 86 Nev. 207, 208, 467 P.2d 96, 96-97 (2007). "The grant of authority to the agency must be clear." *Id.* Summary judgment is not permitted under Nevada administrative law and matters outside

the pleadings and other extrinsic evidence in support of Respondent's Motion should be excluded from the record, and the Motion evaluated under the standard for a motion to dismiss.

B. The Accusation States Three Cognizable Causes of Action

The Accusation states three causes of action against Respondent based upon factual allegations set forth in paragraphs II-XV. The First Cause of Action (Paragraph XXIX) and the Second Cause of Action (Paragraph XXX) are predicated on Respondent permitting his staff unlawful access to and possession of dangerous drugs,[1] including storing them at their homes. No person may possess or administer[2] a dangerous drug in Nevada without specific statutory authority to do so. Practitioners[3] are granted broad authority in NRS 454.213(1)(a); while registered nurses are granted limited authority in NRS 454.213(1)(c). A registered nurse may possess and administer a dangerous drug "at the direction" of a practitioner, usually in a facility setting where the practitioner is located. A registered nurse may also possess and administer a dangerous drug "pursuant to a chart order, for administration to a patient at another location." Chart orders are patient-specific and medication-specific.[4] Registered nurses may not possess a dangerous drug (or an inventory of dangerous drugs) outside these circumstances.

The Third Second Cause of Action (Paragraph XXXI) is predicated on Respondent purchasing sterile compounded dangerous drugs from Fusion IV Pharmaceuticals, Inc., *dba* Axia Pharmaceuticals, in Los Angeles, California, an entity not licensed with the Board as required by NAC 639.6915, thus aiding and abetting numerous violations law.

The factual allegations, takes as true, establish the basis for the First Cause of Action, that Respondent directed Mirkia IV's staff, none of whom were practitioners licensed to possess or prescribe dangerous drugs, to operate Mirkia IV and/or to obtain, access, possess and store dangerous drugs when the Respondent was not on site, before he examined the patient and before

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[1] *See* NRS 454.201 ("Dangerous drug" defined).
[2] *See* NRS 454.191 ("Administer" defined).
[3] *See* NRS 454.00958 ("Practitioner" defined).
[4] *See* NRS 639.004 ("Chart order" defined).

he wrote a patient-specific order, in violation of NRS 454.213(1), NRS 454.316 and/or NRS 454.356.

The factual allegations, takes as true, establish the basis for the Second Cause of Action, that Respondent engaged, or assisted and abetted his staff to engage, in unprofessional conduct as defined in NAC 639.945(1)(g), (i), and (k).

The factual allegations, takes as true, establish the basis for the Third Cause of Action, that Respondent purchased sterile compounded dangerous drugs from an entity not licensed with the Board, thus aiding and abetting a violation of NRS 639.233, NRS 639.285 and/or NAC 639.6915.

The factual allegations, takes as true, also establish that Respondent has committed acts that would render his Nevada controlled substance registration inconsistent with the public interest pursuant to NRS 453.236(1)(d), as stated in all three Causes of Action.

As a result, the factual allegations, takes as true, establish that Respondent is subject to discipline pursuant to NRS 639.210(4) and (12), NRS 453.236(1)(d), NRS 453.241(1) and/or NRS 639.255.

IV. CONCLUSION

For the foregoing reasons, the prosecution respectfully requests that the Board deny Respondent's Pre-Hearing Motion to Dismiss.

RESPECTFULLY SUBMITTED this 21th day of August, 2020.

By:

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway – Suite 206
Reno, NV 89509
bkandt@pharmacy.nv.gov

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Melanie L. Thomas, Esq.
Lewis Brisbois
6385 South Rainbow Blvd., Suite 600
Las Vegas, NV 89118

BRETT KANDT

5B

FILED
JUN 26 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VICTORIA K. WALL, MD,** **Certificate of Registration No. CS15026,** **Respondent.**	**Case No. 20-067-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Victoria K. Wall, MD (Wall), held a Nevada controlled substance registration, Certificate of Registration No. CS15026, issued by the Board.

FACTUAL ALLEGATIONS

II.

On or about May 13, 2009, and during subsequent renewal periods, Wall requested that her License No. 12154 issued by the Nevada State Board of Medical Examiner (NSBME) be placed on inactive status with an explanation or attestation showing that "you are not practicing or have not practiced medicine in Nevada." Wall's NSBME License No. 12154 to practice medicine in Nevada has been inactive since 2009.

III.

On each renewal application for her Certificate of Registration No. CS15026 for the years 2010, 2012, 2014, 2016, and 2018, Wall certified to the Board that she held an active and current Nevada license with the NSBME.

IV.

Wall wrote multiple prescriptions for controlled substances from June 2009 to the present while her NSBME License No. 12154 to practice medicine in Nevada was inactive.

V.

On or about June 5, 2020, Board staff served Wall with an order pursuant to NRS 639.2895(1) to immediately cease and desist prescribing controlled substances for Nevada patients.

VI.

On June 14, 2020, Wall surrendered her DEA Certificate of Registration No. BW8998025 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

VII.

By executing the DEA Surrender for Cause, Wall acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

VIII.

Wall's surrender of her DEA Certificate of Registration No. BW8998025 for cause operated as an immediate suspension of her Certificate of Registration No. CS15026 with the Board pursuant to NRS 639.2107.

APPLICABLE LAW

IX.

No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

X.

A prescription for a controlled substance may be issued only by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1).

XI.

It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1).

XII.

It is unlawful for any person falsely to represent himself or herself as a practitioner entitled to write prescriptions in this State. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.2813(1).

XIII.

It is unlawful for any person to secure registration for himself or herself by making, or causing to be made, any false representation or to fraudulently represent himself or herself as a practitioner entitled to write prescriptions in this State. NRS 639.281(1).

XIV.

It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e).

XV.

Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

XVI.

Willfully making to the Board any false statement which is material to the administration or enforcement of any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

XVII.

Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

XVIII.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

XIX.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

XX.

The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

XXI.

The surrender of a registration to the Drug Enforcement Administration by a practitioner operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

FIRST CAUSE OF ACTION

XXII.

By falsely representing to the Board that she held an active and current Nevada license with the NSBME on each renewal application for her Certificate of Registration No. CS15026 for the years 2010, 2012, 2014, 2016, and 2018, Wall was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

SECOND CAUSE OF ACTION

XXIII.

By falsely representing to the Board that she held an active and current Nevada license with the NSBME on each renewal application for her Certificate of Registration No. CS15026 for the years 2010, 2012, 2014, 2016, and 2018, Wall violated NRS 453.331(1)(e) and NRS 639.281(1) and is subject to discipline pursuant to NRS 639.210(9) and/or (10).

THIRD CAUSE OF ACTION

XXIV.

By writing multiple prescriptions for controlled substances from June 2009 to the present while her NSBME License No. 12154 to practice medicine in Nevada was inactive, Wall violated 21

U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 639.210(11).

FOURTH CAUSE OF ACTION

XXV.

By writing multiple prescriptions for controlled substances from June 2009 to the present while her NSBME License No. 12154 to practice medicine in Nevada was inactive, Wall violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 639.210(12).

FIFTH CAUSE OF ACTION

XXVI.

By falsely representing to the Board that she held an active and current Nevada license with the NSBME on each renewal application for her Certificate of Registration No. CS15026 for the years 2010, 2012, 2014, 2016, and 2018, Wall committed an act that would render her controlled substance registration, Certificate of Registration No. CS15026, inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

SIXTH CAUSE OF ACTION

XXVII.

By writing multiple prescriptions for controlled substances from June 2009 to the present while her NSBME License No. 12154 to practice medicine in Nevada was inactive, Wall committed an act that would render her controlled substance registration, Certificate of Registration No. CS15026, inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

SEVENTH CAUSE OF ACTION

XXVIII.

By surrendering her DEA Certificate of Registration No. BW8998025 for cause, Wall has admitted to failing to comply with the Federal requirements pertaining to controlled substances, and committed an act that would render her controlled substance registration, Certificate of Registration No. CS15026, inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

EIGHTH CAUSE OF ACTION

XXIX.

By surrendering her DEA Certificate of Registration No. BW8998025 for cause, the suspension of Wall's Certificate of Registration No. CS15026 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

XXX.

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 26th day of June, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VICTORIA K. WALL, MD** **Certificate of Registration No. CS15026,** **Respondent.**	**CASE NO. 20-067-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of June, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of June, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Victoria Wall
2013 Grouse St.
Las Vegas, Nevada 89134

Baron David Harmon
Favil David Berns & Associates
30 E. North Ave.
Northlake, IL 60164

KRISTOPHER MANGOSING

FILED
JUL 13 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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ANSWER AND NOTICE OF DEFENSE

Hearing Requested

Case No. 20-067-CS-S

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

VICTORIA K. WALL, MD,
Certificate of Registration No. CS15026,

Respondent.

ANSWER TO AND NOTICE OF DEFENSE TO INTENDED ACTION AND ACCUSATION

Now comes Victoria K. Wall, MD (Wall or Respondent), by and through her attorney Baron Harmon of Favil David Berns and Associates and provides this Answer and Notice of Defense to the Intended Action and Accusation (this "Action") as follows:

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of

Pharmacy, makes the following that will serve as both a notice of intended action under NRS

233B.127(3) and as an accusation under NRS 622A.300(l) and NRS 639.241.

Answer: Wall neither admits nor denies the allegations in this section.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Victoria K. Wall, MD (Wall), held a Nevada controlled substance registration, Certificate of Registration No. CS 15026, issued by the Board.

Answer: Wall admits the allegations in this Section.

FACTUAL ALLEGATIONS

II.

On or about May 13, 2009, and during subsequent renewal periods, Wall requested that her License No. 12154 issued by the Nevada State Board of Medical Examiner (NSBME) be placed on inactive status with an explanation or attestation showing that "you are not practicing or have not practiced medicine in Nevada." Wall's NSBME License No. 12154 to practice medicine in Nevada has been inactive since 2009.

Answer: Wall admits to requesting and receiving inactive NSBME status since May 13, 2009. Wall neither admits nor denies the remaining allegations in this paragraph.

III.

On each renewal application for her Certificate of Registration No. CS 15026 for the years 2010,2012,2014,2016, and 2018, Wall certified to the Board that she held an active and current Nevada license with the NSBME.

Answer: The renewal applications speak for themselves. Ms. Wall affirmatively states that she believed that she thought she was qualified to renew her Certificate of Registration. Her medical license status as "Inactive" is a matter of public record with the state and should not be deemed to be the basis for fraud or misrepresentation after 11 years.

IV.

Wall wrote multiple prescriptions for controlled substances from June 2009 to the present while her NSBME License No. 12154 to practice medicine in Nevada was inactive.

Answer: Dr. Wall had a reasonable belief that she qualified to write prescriptions to her

immediate family without charge. But for a registration fee difference, Dr. Wall would have otherwise qualified to write prescription medications.

V.

On or about June 5, 2020, Board staff served Wall with an order pursuant to NRS 639.2895(I) to immediately cease and desist prescribing controlled substances for Nevada patients.

Answer: Wall admits the allegations in this paragraph and affirmative states that she has fully complied with the Board's order and in doing so surrendered her DEA license.

VI.

On June 14, 2020, Wall surrendered her DEA Certificate of Registration No. BW8998025 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

Answer: Once Dr. Wall realized she made a mistake she immediately sought to rectify it by voluntarily surrendering her DEA Registration No. BW8998025.

VII.

By executing the DEA Surrender for Cause, Wall acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

Answer: The form speaks for itself. It evidences Dr. Wall's good faith desire to correct her mistakes.

VIII.

Wall's surrender of her DEA Certificate of Registration No. BW8998025 for cause operated as an immediate suspension of her Certificate of Registration No. CS 15026 with the Board pursuant to NRS 639.2107.

Answer: Wall admits to the allegations in this section.

APPLICABLE LAW

IX.

No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

Answer: Wall neither admits nor denies the allegations in this section, but demands strict proof thereof.

X.

A prescription for a controlled substance may be issued only by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a) (2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a) (1).

Answer: Wall neither admits nor denies the allegations in this section, but demands strict proof thereof. Dr. Wall affirmatively states that she held an active license to practice medicine in California until 2018. But for a registration fee difference she could have registered as active in Nevada as she kept current with her continuing medical education credits annually and Nevada. Nevada is a member of the Interstate Medical License Compact. Her Board of Ophthalmology certification is current too.

XI.

It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. NRS 453.226(1); NRS 453.32I (1) (a); NRS 639.100(1).

Answer: Wall neither admits nor denies the allegations in this section.

XII.

It is unlawful for any person falsely to represent himself or herself as a practitioner entitled to write prescriptions in this State. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.2813(1).

Answer: Wall neither admits nor denies the allegations in this section.

XIII.

It is unlawful for any person to secure registration for himself or herself by making, or causing to be made, any false representation or to fraudulently represent himself or herself as a practitioner entitled to write prescriptions in this State. NRS 639.281(1).

Answer: Wall neither admits nor denies the allegations in this section

XIV.

It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1) (e).

Answer: Wall neither admits nor denies the allegations in this section.

XV.

Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(l)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS

639.210(4).

Answer: Wall neither admits nor denies the allegations in this section.

XVI.

Willfully making to the Board any false statement which is material to the administration or enforcement of any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

Answer: Wall neither admits nor denies the allegations in this section.

XVII.

Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

Answer: Wall neither admits nor denies the allegations in this section.

XVIII.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

Answer: Wall neither admits nor denies the allegations in this section.

XIX.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration

issued by the Board. NRS 639.210(12).

Answer: Wall neither admits nor denies the allegations in this section.

XX.

The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236 (l) (d) and NRS 453.241(1).

Answer: Wall admits the allegations in this section.

XXI.

The surrender of a registration to the Drug Enforcement Administration by a practitioner operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

Answer: Wall neither admits nor denies the allegations in this section.

FIRST CAUSE OF ACTION

XXII.

By falsely representing to the Board that she held an active and current Nevada license with the NSBME on each renewal application for her Certificate of Registration No. CS 15026 for the years 2010, 2012, 2014, 2016, and 2018, Wall was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(l) (h), and is subject to discipline pursuant to NRS 639.210(4).

Answer: Dr. Wall denies the allegations in this section. Dr. Wall affirmatively states that she mistakenly believed that the registration she paid every year to the NSBME allowed her to renew her Certificate of Registration. At no time did Dr. Wall intend to deceive the board or the public.

SECOND CAUSE OF ACTION

XXIII

By falsely representing to the Board that she held an active and current Nevada license with the NSBME on each renewal application for her Certificate of Registration No. CSI5026 for the years 2010, 2012, 2014, 2016, and 2018. Wall violated NRS 453.331 (I) (e) and NRS 639.281 (I) and is subject to discipline pursuant to NRS 639.210(9) and/or (10).

Answer: Dr. Wall denies the allegations in this section. Dr. Wall affirmatively states that she mistakenly believed that the registration she paid every year to the NSBME allowed her to renew her Certificate of Registration. At no time did Dr. Wall intend to deceive the board or the public.

THIRD CAUSE OF ACTION

XXIV.

By writing multiple prescriptions for controlled substances from June 2009 to the present while her NSBME License No. 12154 to practice medicine in Nevada was inactive, Wall violated 21 U.S.C. § 822(a) (2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 306.03, and is subject to discipline pursuant to NRS 639.210 (11).

Answer: Dr. Wall denies the allegations in this section.

FOURTH CAUSE OF ACTION

XXV.

By writing multiple prescriptions for controlled substances from June 2009 to the present while her NSBME License No. 12154 to practice medicine in Nevada was inactive, Wall violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.32I(1)(a), NRS 453.331(l)(e), NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1),21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 639.210(12).

Answer: Dr. Wall denies the allegations in this section.

FIFTH CAUSE OF ACTION

XXVI.

By falsely representing to the Board that she held an active and current Nevada license with the NSBME on each renewal application for her Certificate of Registration No. CS 15026 for the years 2010, 2012, 2014, 2016, and 2018, Wall committed an act that would render her controlled substance registration, Certificate of Registration No. CS 15026, inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1) (d) and NRS 453.241 (1).

Answer: Dr. Wall denies the allegations in this section. Dr. Wall affirmatively states mistakenly believed her application to be accurate. She never intended to provide inaccurate information.

SIXTH CAUSE OF ACTION XXVII.

By writing multiple prescriptions for controlled substances from June 2009 to the present while her NSBME License No. 12154 to practice medicine in Nevada was inactive. Wall committed an act that would render her controlled substance registration, Certificate of Registration No. CS 15026, inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1) (d) and NRS 453.241(1).

Answer: Dr. Wall denies the allegations in this section.

2.

SEVENTH CAUSE OF ACTION

XXVIII.

By surrendering her DEA Certificate of Registration No. BW8998025 for cause, Wall has admitted to failing to comply with the Federal requirements pertaining to controlled substances, and committed an act that would render her controlled substance registration, Certificate of Registration No. CS 15026, inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236 (1) (d) and NRS 453.241 (I).

Answer: Dr. Wall denies the allegations in this section.

EIGHTH CAUSE OF ACTION

XXIX.

By surrendering her DEA Certificate of Registration No. BW8998025 for cause, the suspension of Wall's Certificate of Registration No. CS 15026 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

Answer: Dr. Wall makes no answer to this section.

XXX.

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.

Answer: Dr. Wall makes no answer to this section.

FIRST AFFIRMATIVE DEFENSE –SCRIVNER'S ERROR

The instant matter arose March 2020 as a result of Dr. Wall filling a complaint with the Nevada State Board of Pharmacy ("NBOP") against Walgreens for refusing to honor the prescriptions for antibiotics she wrote for Joe Scala, her husband. There is no complaint of patient harm. Dr. Wall qualifies to receive "Active" status. She has consistently met her continuing medical education requirements. Up until 2018 she held an active license in California as a Physician and Surgeon. (Both California and Nevada registration numbers appear on her prescription pad). But for paying the difference between an active and inactive license, she would have been qualified to treat and prescribe. She needed only to have paid for the more expensive "Active License" and she would have been compliant. She made a mistake in filing out the BOP controlled substance registration. She did not understand that selecting and paying for "Active License" on the web site was a pre-requisite to maintaining her CS Registration.

Dr. Wall is a native Hawaiian woman who through her own frugalities and acumen attended, graduated and paid for medical school at the University of Nevada Medical School in the year 2000. She is a Physician and Surgeon. In 2004 she was licensed in California as a Physician and Surgeon (License No:

A88040). Her mom was a Captain (now Lieutenant Colonel) in the U.S. Army and she wanted to be in California to be closer to her. In 2008 she stopped working to focus on starting a family. February of 2008 was the last time she saw a paying non-family member patient. Prior to May 2008 renewal of her license, she spoke to someone at the Medical Board of Nevada. She explained that she had now planned to focus on her family and not work as before. She was looking to save money on license fees. She understood that person to say that the cheaper "Inactive" license only meant that she was not charging fees and actively seeking patients, but was otherwise the same in all respects. Dr. Wall always planned to return to work. In 2009 she became pregnant. In 2010 she gave birth to her daughter Mia Scala. In 2018 she gave up her California License. 2019 her husband Joe Scala was diagnosed with cancer. She has consistently kept up with her CME (39.5 hours for 2020) and otherwise paid for her licenses. Had she foreseen this issue she would have gladly paid for the full license.

She never stopped being a doctor and a surgeon at heart. She provided care to her family and friend for free. In question are a total of 29 prescriptions written over a 12 year period to 4 people. (Her husband - Joe Scala, his daughter - Veronica, his nephew- Harold Drezner and a close family friend – Eric Sjostrom). She is not alleged to over prescribe or misdiagnose. No patient was harmed. She is enclosing the records requested. She would like the opportunity to change her Nevada license from inactive to active and pay the appropriate licensing fee.

SECOND AFFIRMATIVE DEFENSE – RIPENESS

There is pending an inquiry before the NSBME regarding Dr. Wall. In that case Dr. Wall is seeking the opportunity to correct the status of her license nuc pro tunc. If the NSBME sees fit to grant her relief, then actions complained of at the NBOP would be cured. Dr. Wall is asking the instant matter be delayed until the NSBME issues a final ruling.

THIRD AFFIRMATIVE DEFENSE - SCIRE FACIAS

Dr. Wall's status of "Inactive" is a public record since 2009. It is readily available on the State of Nevada website. All state agencies are deemed to know what is in the public record. The record on its face

gives notice and cannot serve as a basis for misrepresentation. (Scire Facias). The NBOP has waited 11 years to take disciplinary action? Dr. Wall is entitled to rely on the past course of dealing and course performance with the State of Nevada.

FOURTH AFFIRMATIVE DEFENSE – LATCHES

Dr. Wall's license in Nevada is inactive for 11 years. The NBOP has waived the right to take action for past conduct based on the "Inactive" status of the Nevada medical license.

Signed this 7th day of July, 2020.

BARON DAVID HARMON
Attorney for the Respondent

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

June 5, 2020

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: vkwall@earthlink.net

Victoria Kawohikukapulani Wall, MD
6401 Centennial Center Blvd
Las Vegas, NV 89149

Re: CEASE and DESIST: Unlicensed Prescribing (Case No. 20-067-S)

Dear Dr. Wall:

The Nevada State Board of Pharmacy (Board) has determined that you have routinely prescribed controlled substances for Nevada patients without holding an active license with the Nevada State Board of Medical Examiners. Your License No. 12154 to practice medicine in Nevada has been inactive since 2009.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226, NRS 453.321, NRS 639.100, NRS 639.235, NRS 639.2813, NRS 639.310. 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846 and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this State is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST prescribing controlled substances for Nevada patients.

Please be aware that the forgoing does not preclude the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

cc: Nevada State Board of Medical Examiners

9171 9690 0935 0243 5256 19

BEFORE THE NEVADA STATE BOARD OF PHARMACY

FILED
AUG 20 2020
NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VICTORIA K. WALL, MD,** **Certificate of Registration No. CS15026,** **Respondent.**	**Case No. 20-067-S** **MOTION TO DEEM ALLEGATIONS ADMITTED**

BRETT KANDT, General Counsel, prosecuting this matter on behalf of the State, hereby moves that the Nevada State Board of Pharmacy (Board) deem the allegations set forth in the Notice of Intended Action and Accusation as admitted by Respondent Victoria K. Wall, MD (Wall), Certificate of Registration No. CS15026. This Motion is made pursuant to NRS 622A.360 and based upon the following points and authorities and the papers and pleadings on file herein.

MEMORANDUM OF POINTS AND AUTHORITIES

I. FACTUAL AND PROCEDURAL BACKGROUND

The Notice of Intended Action and Accusation (Accusation) was filed and served in this matter together with the Statement to Respondent and Notice of Hearing on or about June 26, 2020. Wall filed her Answer and Notice of Defense on or about July 7, 2020. This matter is set for hearing on September 2, 2020.

II. LEGAL STANDARD

NRS 622A.360 provides that a party may file a written motion to request a ruling on any issue of law or procedure in a case. NRS 639.244(1) provides that the Answer and Notice of Defense responding to an Accusation must "permit the respondent, by completing and signing the notice, to: (a) Object to the accusation as being incomplete and failing to set forth clearly the charges; and (b) Deny or admit, in part or in whole, the violations alleged."

The rules of civil procedure in both federal and state courts establish that a party must answer by admitting, denying, or stating that it lacks sufficient information to form a reasonable belief about

an allegation, which has the effect of a denial. *See* FRCP 8(b) and NRCP 8(b). Improper denials are deemed admissions. *See* FRCP 8(b)(6) ("[a]n allegation—other than one relating to the amount of damages—is admitted if a responsive pleading is required and the allegation is not denied.") and NRCP 8(d) ("[a]verments in a pleading to which a responsive pleading is required, other than those as to the amount of damage, are admitted when not denied in the responsive pleading."). *See also* 2 MOORE'S FEDERAL PRACTICE § 8.07 (3d ed. 2017); NEVADA CIVIL PRACTICE MANUAL § 9.05 (Sixth ed. 2017).

Additionally, concessions in pleadings are judicial admissions, which are conclusively binding. *See Reyburn Lawn & Landscape Designers, Inc. v. Plaster Dev. Co.*, 127 Nev. 331, 343, 255 P.3d 268, 277 (2011); *Palmer v. Pioneer Inn Assocs., Ltd.*, 118 Nev. 943, 954 n.31,59 P.3d 1237, 1244 n.31 (2002). "Judicial admissions. . . have the effect of withdrawing a fact from issue and dispensing wholly with the need for proof of the fact." 2 MCCORMICK ON EVID. § 254 (7th ed.). A judicial admission "relieves an opposing party from having to prove the admitted fact and bars the party who made the admission from disputing it." Judicial Admission, BLACK'S LAW DICTIONARY (10th ed. 2014).

The rules of civil procedure in both federal and state courts further establish the requirements for asserting affirmative defenses. *See* FRCP 8(c) and NRCP 8(c). "[A]llegations must be pleaded as affirmative defenses if they raise 'new facts and arguments that, if true, will defeat the plaintiff's [causes of action], even if all allegations in the complaint are true.'" *Clark Cty. Sch. Dist. v. Richardson Constr., Inc.*, 123 Nev. 382, 393, 168 P.3d 87, 94 (2007).

III. ARGUMENT

Based upon Wall's responses and judicial admissions as set forth in her Answer and Notice of Defense, there are no material issues of fact and the Board may make findings of fact consistent with the factual allegations in the Accusation. Furthermore, Wall does not challenge the applicable laws that govern her conduct. Finally, Wall has failed to assert any cognizable affirmative defenses to the violations of law stated in the Accusation.

A. There Are No Material Issues of Fact

Based upon Wall's responses to the factual allegations set forth in paragraphs I-VIII of the Accusation, there are no material issues of fact to be tried. Her assertions as to her state of mind - "she believed that she thought she was qualified to renew her Certificate of Registration" (response to paragraph III) and "had a reasonable belief that she qualified to write prescriptions" (response to paragraph IV) – are irrelevant and immaterial. NRS 48.015; NRS 233B.123. "The substantive law controls which factual disputes are material and will preclude summary judgment; other factual disputes are irrelevant." *Wood v. Safeway, Inc.*, 121 Nev. 724, 731, 121 P.3d 1026, 1031 (2005). In her responses to paragraphs I-VIII Wall either admits these factual allegations, fails to deny the allegations which constitutes an admission, and/or makes judicial admissions consistent with the allegations. This includes her admissions in paragraphs VI and VII of executing a DEA Form 104 surrendering her DEA Certificate of Registration No. BW8998025 to the U.S. Drug Enforcement Administration for Cause on June 14, 2020 (Exhibit A hereto). Consequently, there are no material facts in dispute and the Board may make findings of fact consistent with the factual allegations set forth in paragraphs I-VIII of the Accusation and may admit Wall's filed Answer and Notice of Defense and executed DEA Form 104 (see response to paragraph VI) as evidence.

B. There Is No Issue as to the Applicable Law

In response to the recitations of the applicable law in paragraphs IX-XXI of the Accusation, Wall admits to paragraph XX but otherwise "neither admits nor denies the allegations" and for paragraphs IX and X "demands strict proof thereof." Her failure to deny these allegations, including her "strict proof" demands, constitutes an admission that this is the substantive law that governs her conduct:

> "[A]lthough the concept of "strict proof," whatever that may mean, is nowhere to be found in the Rules (or to this Court's knowledge in any other set of rules or in any treatise on the subject of pleading), some members of the same coterie of careless defense counsel will also often include an impermissible demand for such proof. In all of these respects, see this Court's earlier published opinions in *Gilbert v. Johnston*, 127 F.R.D.

145, 146 (N.D. Ill. 1989) and *King Vision Pay Per View, Ltd. V. J.C. Dimitri's Restaurant, Inc.*, 180 F.R.D. 332 (N.D. Ill. 1998).

State Farm Mut. Auto. Ins. Co. v. Riley, 199 F.R.D. 276, 278 (N.D. Ill. 2001). "[D]emands for "strict proof" in are improper and meaningless and clearly violate Rule 8(b)." *Sun Life Assur. Co. v. Great Lakes Bus. Credit LLC*, 968 F. Supp. 2d 898, 903-4 (N.D. Ill. 2013); *see also United States v. Vehicle 2007 Mack 600 Dump Truck*, 680 F.Supp.2d 816, 828 (E.D. Mich. 2010) (answers that neither admit nor deny the allegations, and demand that the Government prove its case, taken as admissions). Consequently, the substantive law governing Wall's conduct as recited in paragraphs IX-XXI of the Accusation is not in dispute and the Board may proceed to make legal conclusions on the basis of the undisputed material facts.

C. There Are No Valid Affirmative Defenses

Wall asserts four affirmative defenses, none of which defeats or mitigates the legal consequences of her unlawful conduct. Wall first pleads "scrivner's error" [sic], an archaic term that only appears in a single, unpublished Nevada Supreme Court opinion. *See Pankey v. Wells Fargo Home Mortg.*, No. 57059, 2012 Nev. Unpub. LEXIS 423 (Mar. 21, 2012). Scrivener's errors are clerical errors "resulting from a minor mistake or inadvertence" . . . however, "[a]n error that is the deliberate or conscious result of the exercise of judicial or professional judgment, or a misapprehension of the law or the facts, will not qualify as a scrivener's error." *Handelsman v. Handelsman*, 366 Ill.App.3d 1122, 1135, 852 N.E.2d 862, 872-73 (Ill. App. Ct. 2006) (citations omitted); *see also* Scrivener's Error, THE WOLTERS KLUWER BOUVIER LAW DICTIONARY (Desk ed. 2012). Wall admits that her actions were deliberate and conscious and a misapprehension of the law: she "mistakenly believed that the registration she paid every year to the NSBME allowed her to renew her Certificate of Registration" with the Board (response to paragraph XXII), and thus she cannot avail herself of this defense.

Wall pleads "ripeness" as her second affirmative defense and alleges that the reinstatement of her license to practice medicine is pending before the Nevada State Board of Medical Examiners.

This will not justify or excuse her past violations of law or overcome her lack of a DEA registration. 21 CFR § 1306.03. A case is ripe when the degree to which the harm alleged is sufficiently concrete, rather than remote or hypothetical, and yields a justiciable controversy. *Cote H. v. Eighth Judicial Dist. Court*, 124 Nev. 36, 38 n.1, 175 P.3d 906, 907 n.1 (2008). NRS 630.255 expressly prohibits an inactive licensee from practicing medicine in Nevada. Furthermore, NRS 453.577 provides:

> The authority of the Board [of Pharmacy] to take disciplinary action to enforce the provisions of this chapter is not limited by the authority of any other regulatory body that may be authorized or required to take disciplinary action for the same conduct with respect to any license, registration, certificate or other professional designation issued and regulated by that regulatory body.

Wall admits that she has practiced medicine and written prescriptions in Nevada without the required licensure (response to paragraph IV). These violations of law cannot be cured by any action of the NSBME. This matter is ripe for adjudication by the Board and thus Wall cannot avail herself of this defense.

Wall invokes another esoteric legal concept by pleading "scire facias" as her third affirmative defense, and asserts that since the fact that she has not held an active to license to practice medicine in Nevada since 2009 was a matter of public record this somehow precludes the Board from taking action. Enacted into English law in 1285, scire facias was a writ founded upon some matter of record requiring the person against whom it was brought to show cause why the party bringing the writ should not be able to cite that record in his own interest. Scire facias, BLACK'S LAW DICTIONARY (10th ed. 2014). This common-law writ has been abolished under federal law and is essentially unknown in modern practice and thus does not constitute a valid defense. FRCP 81(b); *Kapp v. Seventh Judicial Dist. Court*, 32 Nev. 264, 267, 107 P. 95, 95 (1910). Moreover, Wall admits that she certified on each renewal application for her Certificate of Registration No. CS15026 for the years 2010, 2012, 2014, 2016, and 2018, that she held an active and current Nevada license with the NSBME (response to paragraph III). Her repeated misrepresentations to the Board are not annulled by the fact that her status with the NSBME was a public record.

Finally, Wall pleads "latches" [sic] as her forth affirmative defense and alleges that the Board has somehow waived the right to take action against her due to the length of time her license has been inactive. This argument disregards the fact that she does not qualify to hold a controlled substance registration in the first place. Moreover, while it is debatable whether the equitable doctrine of laches applies to the Board's enforcement authority, Wall cannot show that any delay in holding her accountable has worked to her disadvantage. *See State v. Rosenthal*, 107 Nev. 772, 777-78, 819 P.2d 1296, 1298 (1991). Absent such a showing Wall cannot avail herself of this defense.

None of Wall's asserted affirmative defenses limit or excuse her culpability and she should be held to account for her violations of law.

IV. CONCLUSION

For the foregoing reasons, the prosecution respectfully submits that the Board should deem all allegations set forth in the Accusation as admitted by Respondent, should admit Wall's filed Answer and Notice of Defense and executed DEA Form 104 into the record as evidence, and should proceed to judgment as a matter of law.

RESPECTFULLY SUBMITTED this 20th day of August, 2020.

By:

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway – Suite 206
Reno, NV 89509
bkandt@pharmacy.nv.gov

U. S. Department of Justice - Drug Enforcement Administration

SURRENDER FOR CAUSE OF DEA CERTIFICATE OF REGISTRATION

DEA USE ONLY

File No.

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

NAME OF REGISTRANT *(Print)*	ADDRESS OF REGISTRANT
Victoria Wall	2013 Grouse St. Las Vegas, NV 89134
DEA REGISTRATION NO. BW 8998025	

SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL	DATE
W Victoria Wall	6/14/2020

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE	TITLE
Beverly A. Tom 6/14/2020	—
NAME AND DATE	TITLE
6/14/2020	—

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).
PURPOSE: Permit surrender for cause of DEA Certificate of Registration.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.

FORM DEA-104 (07/18) *Previous editions obsolete*

Exhibit A

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

BARON DAVID HARMON
FAVIL DAVID BERNS & ASSOCIATES
30 E. NORTH AVE.
NORTHLAKE, IL 60164

BRETT KANDT

5C

FILED
FEB 13 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSHUA AIGHOBAHI, RPH,** **Certificate of Registration No. 18747,** **KATHERINE KUEHL, RPH,** **Certificate of Registration No. 11172,** **FELICIA AIGHOBAHI, PT,** **Certificate of Registration No. PT17660, and** **DIVINE TOUCH SERVICES PHARMACY,** **Pharmacy License No. PH03411,** **Respondents.**	**Case Nos. 19-035-RPH-A-S** **19-035-RPH-B-S** **19-035-PT-S** **19-035-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747, and Respondent Katherine Kuehl, R.Ph., Certificate of Registration No. 11172 (Kuehl), were pharmacists registered by the Board, Respondent Felicia Aighobahi, Certificate of Registration No. PT17660, was a pharmaceutical technician registered by the Board, and Respondent Divine Touch Services Pharmacy, License No. PH03411 (Divine Touch), was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

Joshua Aighobahi owns and operates Divine Touch; he was the managing pharmacist of Divine Touch and the only registered pharmacist employed in the pharmacy until approximately October 31, 2019.

III.

Felicia Aighobahi is Joshua Aighobahi's wife and employed as a pharmaceutical technician by Divine Touch.

IV.

Throughout 2019, Felicia Aighobahi performed functions that are limited by law to a registered pharmacist and attributed the performance of those functions to Joshua Aighobahi.

V.

During annual inspections of Divine Touch on or about September 7, 2017, September 8, 2018, and September 23, 2019, Board staff observed that Joshua Aighobahi failed to conduct a proper biennial inventory of the pharmacy.

VI.

During the September 23, 2019, annual inspection Board staff observed that Joshua Aighobahi exhibited behavior that rendered him incapable of safely and competently practicing pharmacy, that he failed to a maintain an accurate perpetual inventory of schedule II-controlled substances, and that he failed to maintain DEA 222 forms.

VII.

On or about October 10, 2019, Board staff conducted a joint inspection of Divine Touch with the Drug Enforcement Administration (DEA). During the DEA audit of controlled substances at Divine Touch, both Board staff and DEA investigators observed that Joshua

Aighobahi exhibited behavior that rendered him incapable of complying with the audit and/or of safely and competently practicing pharmacy.

VIII.

On or about October 21, 2019, Joshua Aighobahi represented to Board staff that he would voluntarily cease operation of Divine Touch until he either successfully completed an evaluation of his competence to practice pharmacy pursuant to NRS 639.2445 or, alternatively, placed a managing pharmacist approved by Board staff in charge of the pharmacy pursuant to NRS 639.220(1).

IX.

On or about October 31, 2019, Joshua Aighobahi represented to Board staff through his legal counsel that he had employed Kuehl as the managing pharmacist for Divine Touch and had ceased practicing pharmacy.

X.

On or about January 9, 2020, Board staff conducted an inspection of Divine Touch and observed that Joshua Aighobahi continued to practice pharmacy even as his behavior continued to render him incapable of safely and competently practicing pharmacy, that Kuehl as the new managing pharmacist failed to properly conduct an initial inventory of the pharmacy, and that prescription labels did not include the expiration date for the medication.

XI.

During the inspections of Divine Touch on or about September 23, 2019, October 10, 2019, and January 9, 2020, Board staff observed that the pharmacy had possession of expired controlled substances and dangerous drugs for dispensing that were not properly segregated.

XII.

On or about January 21, 2020, Kuehl represented to Board staff that Joshua Aighobahi continued to practice pharmacy and perform certain functions reserved for a managing pharmacist.

APPLICABLE LAW

XIII.

NRS 453.246 Recordkeeping and inventory requirements for registrants. Persons registered to dispense controlled substances pursuant to the provisions of NRS 453.011 to 453.552, inclusive, shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law and with any additional regulations the Board issues.

XIV.

NRS 453.251 Order forms. Controlled substances listed in schedules I and II may be distributed by a registrant or licensed pharmacy to another registrant or licensed pharmacy only pursuant to an order form and may be received by a registrant only pursuant to an order form. Compliance with the provisions of federal law respecting order forms shall be deemed in compliance with this section.

XV.

NRS 453.326 Unlawful acts relating to recordkeeping, inspections and knowingly keeping or maintaining a place where controlled substances are unlawfully used, kept or sold; penalty.

1. It is unlawful for a person:

(a) To refuse or fail to make, keep or furnish any record, notification, order form, statement, invoice or information required under the provisions of NRS 453.011 to 453.552, inclusive;

. . . .

XVI.

NRS 453.236 Suspension, revocation of registration; seizure, placement under seal of controlled substance owned or possessed by registrant; notification of Drug Enforcement Administration and Division concerning suspension, revocation or forfeiture; registrant prohibited from employing person whose pharmacist's certificate was suspended or revoked.

1. The Board may suspend or revoke a registration pursuant to NRS 453.231 to dispense a controlled substance upon a finding that the registrant has:

. . . .

(d) Committed an act that would render registration under NRS 453.231 inconsistent with the public interest as determined pursuant to that section.

XVII.

NRS 639.100(1)(a) states in relevant part: "It is unlawful for any person to sell or dispense, or permit to be . . . sold or dispensed, any drug, . . . unless the person . . . [i]s a registered pharmacist. *See also* 21 U.S.C. § 841(a).

XVIII.

NRS 639.210 Grounds for suspension or revocation of certificate, license, registration or permit or denial of application. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant:

1. Is not of good moral character;

. . . .

4. Is guilty of unprofessional conduct or conduct contrary to the public interest;

. . . .

9. Has willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of this chapter;

. . . .

11. Has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs;

12. Has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit;

. . . .

15. Has, as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision;

. . . .

17. Has failed to maintain and make available to a state or federal officer any records in accordance with the provisions of this chapter or chapter 453 or 454 of NRS;

XIX.

NRS 639.2445 Physical or mental examination of holder of certificate believed to be incompetent; competency hearing; probation for use of alcohol or drugs.

1. Whenever the Board believes that a holder of a certificate is or has become incompetent to practice pharmacy by reason of any physical or mental injury, illness or disability or by reason of chronic or excessive use of alcohol or drugs, the Board may order that the holder of the certificate submit to a physical or psychiatric examination, or both, at the expense of the Board.

2. The Board shall designate a physician or a psychiatrist or both, as the case may be, to conduct the examination or examinations of the holder of the certificate and furnish the Board and the holder of the certificate with a report of the findings. If the holder of the certificate is dissatisfied with the findings, the holder of the certificate may obtain an independent examination and report at his or her own expense, not later than 10 days following receipt of the initial report.

3. Upon receipt of the findings the Board shall conduct a hearing to determine whether the holder of the certificate is competent to practice pharmacy. Except as provided in subsection 4, if the Board finds that the holder of the certificate is not competent to practice pharmacy, it shall order an immediate suspension of his

or her right to practice pharmacy, and the suspension remains in effect until the Board determines that a certificate may be reinstated.

4. The Board may place on probation a holder of a certificate who is not competent to practice pharmacy by reason of chronic or excessive use of alcohol or drugs if the holder of the certificate voluntarily enters and completes a program of treatment approved by the Board and complies with any other conditions imposed by the Board.

XX.

NRS 639.282 Unlawful possession or sale of certain pharmaceutical preparations, drugs or chemicals; destruction.

1. Except as otherwise provided . . . it is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which:

. . . .

(d) Is no longer safe or effective for use, as indicated by the expiration date appearing on its label; or

XXI.

NAC 453.475 Initial and biennial inventory of controlled substances by new managing pharmacist.

1. A pharmacist who is hired or promoted to manage a pharmacy pursuant to the provisions of NRS 639.220 shall:

(a) Within 48 hours after first reporting for duty as the managing pharmacist, conduct an inventory of the controlled substances of the pharmacy with the pharmacist who preceded him or her as the managing pharmacist. The pharmacists shall sign the inventory.

(b) After the date on which the inventory required pursuant to paragraph (a) was taken, conduct an inventory of the controlled substances of the pharmacy at least once every 2 years during the course of his or her employment as managing pharmacist at the pharmacy. The managing pharmacist may conduct the biennial inventory on any date which is within 2 years of the date on which the previous biennial inventory was conducted.

2. An inventory required by subsection 1 must be:

(a) Conducted according to the method prescribed by the provisions of 21 C.F.R. Part 1304; and

(b) Placed in the records of the controlled substances of the pharmacy.

XXII.

NAC 639.050 Storage and destruction of certain controlled substances.

. . . .

2. Each practitioner or pharmacy shall physically separate each controlled substance which is outdated, damaged, deteriorated, misbranded or adulterated from the balance of its stock medications.

XXIII.

NAC 639.473 Procurement and storage of drugs.

1. The managing pharmacist of a pharmacy is responsible for the procurement and storage of drugs in that pharmacy.

. . . .

3. Outdated drugs must be removed from stock and identified and maintained separately from other stock until disposal.

XXIV.

NAC 639.482 Maintenance and availability of records.

1. Each record required to be kept pursuant to NAC 639.483 to 639.489, inclusive, must be kept by a pharmacy for at least 2 years after the date of the record.

2. Records maintained by a pharmacy must be made available for inspection and copying upon the request of the Board, its representatives, or another authorized local, state or federal law enforcement agency.

XXV.

NAC 639.485 Maintenance of records for controlled substances.

1. A pharmacy shall maintain records for controlled substances:

(a) In a readily retrievable manner.

(b) In a manner that establishes the receipt, distribution and destruction of all controlled substances handled by the pharmacy.

2. A pharmacy shall maintain a perpetual inventory of any controlled substance listed in schedule II.

3. Records of the distribution of controlled substances listed in schedule II, schedule III or schedule IV must include:

(a) The name of the drug, dosage form and strength.

(b) The name of the pharmacist distributing or authorizing the distribution of the controlled substance.

(c) The name of the authorized person receiving the controlled substance. This information may be included on the record of administration.

(d) The location to which the controlled substance is being distributed.

(e) Controlled substances returned to the pharmacy.

(f) A record of any waste of any prepared or partially administered dose of a controlled substance, which must be witnessed and cosigned by another person who is licensed to provide medical care.

XXVI.

NAC 639.487 Maintenance of additional records.

In addition to any other requirements for keeping records, a pharmacy shall maintain the following records:

1. Copy 3 of the order form of the Drug Enforcement Administration (DEA 222C), properly dated, initialed and filed, copies of each unaccepted or defective order form, and any attached statements or other documents.
2. Suppliers' invoices of controlled substances and dangerous drugs. The pharmacist or other personnel of the pharmacy shall clearly record on each invoice the actual date on which the controlled substance or dangerous drug was received.
3. Suppliers' credit memos for controlled substances and dangerous drugs.
4. The biennial inventory of controlled substances required by the Drug Enforcement Administration.
5. Any reports of theft or significant loss of controlled substances submitted to the Drug Enforcement Administration.
6. Reports of the surrender or destruction of controlled substances or dangerous drugs, or both, to an appropriate state or federal agency.
7. A register book for nonprescription drugs listed in schedule V.

XXVII.

NAC 639.510 Maintenance and storage of pharmaceutical stock.

. . . .

2. The managing pharmacist of a pharmacy:

(a) Is responsible for, and must have knowledge and control of, the acquisition and disposition by the pharmacy of the stock of the pharmacy; and

(b) Shall ensure that the records relating to the acquisition or disposition of the stock of the pharmacy are maintained as required by law.

3. The dangerous drugs, controlled substances, chemicals, biologicals and devices kept in the stock of a pharmacy must meet all of such standards of purity and strength as established by current official compendia or as established on the appropriate labels, and must be properly stored. Any preparation which varies from such standards of purity and strength or becomes unfit for use from deterioration or other cause must not be carried in stock and must be destroyed in a manner provided by law when so ordered by an agent of the Board.

XXVIII.

NAC 639.512 Class A and B packaging: Label; expiration date; log.

. . . .

2. Each unit dose of a controlled substance or dangerous drug packaged or repackaged by a pharmacy must contain a label which specifies:

. . . .

(c) The expiration date; and

. . . .

XXIX.

NAC 639.523 Physical address for delivery of drugs.

. . . .

3. A pharmacist employed by a pharmacy shall acknowledge on every invoice that the drugs listed in the invoice were physically received by the pharmacy at the physical address to which the Board has issued the license of the pharmacy.

XXX.

NAC 639.601 Prescription drugs: Separation and disposal of certain drugs.

1. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier.

. . . .

XXXI.

NAC 639.945 Unprofessional conduct; owner responsible for acts of employees.

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

. . . .

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

. . . .

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

. . . .

2. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ.

XXXII.

NAC 639.955 Imposition of fines; authority to take disciplinary action.

1. Except as otherwise provided in this section, the Board may impose a fine against a pharmacist or pharmacy pursuant to paragraph (f) of subsection 1 of NRS 639.255 according to the following schedule:

. . . .

(h) For failing to make or maintain a biennial inventory of controlled substances.....$1,000.00

. . . .

2. The Board may impose a fine for a violation listed in subsection 1 that is less than or greater than the amount set forth in that subsection for that violation after giving consideration to any aggravating and mitigating factors that relate to the violator's role in and responsibility for the conduct for which the fine is being imposed, and the unique circumstances of each case.

. . . .

5. The Board may, as it deems appropriate, impose a fine for a violation not listed in subsection 1 that is commensurate with the severity of the violation.

6. No fine imposed by the Board will exceed $10,000.

. . . .

8. This section will be construed and applied so as to preserve the discretion of the Board to take any disciplinary action authorized by NRS 639.255.

XXXIII.

21 C.F.R. § 1304.11 Inventory requirements.

. . . .

(c) ***Biennial inventory date.*** After the initial inventory is taken, the registrant shall take a new inventory of all stocks of controlled substances on hand at least every two years. The biennial inventory may be taken on any date which is within two years of the previous biennial inventory date.

XXXIV.

21 C.F.R. § 1304.21 General requirements for continuing records.

(a) Every registrant required to keep records pursuant to §1304.03 shall maintain, on a current basis, a complete and accurate record of each substance manufactured, imported, received, sold, delivered, exported, or otherwise disposed of by him/her, and each inner liner, sealed inner liner, and unused and returned mail-back package, except that no registrant shall be required to maintain a perpetual inventory.

XXXV.

21 U.S.C. § 842(a)(5) states in relevant part: "It shall be unlawful for any person . . . to refuse or negligently fail to make, keep, or furnish any record, report, notification, declaration,

order or order form, statement, invoice, or information required under this subchapter or subchapter II[.]"

FIRST CAUSE OF ACTION
Failure to Maintain Perpetual Inventories of Controlled Substances
(Respondents Joshua Aighobahi and Divine Touch)

XXXVI.

By failing to maintain at least two years' worth of perpetual inventories of schedule II-controlled substances in a readily retrievable manner, Joshua Aighobahi and Divine Touch violated NRS 453.246, NAC 639.485(1) and (2), and NAC 639.482(a) and (b), engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4), (12) and (17).

SECOND CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances
(Respondents Joshua Aighobahi and Divine Touch)

XXXVII.

By failing to maintain at least two years' worth of biennial inventories of its controlled substances in a readily retrievable manner, Joshua Aighobahi and Divine Touch violated NRS 453.246, NAC 453.475(1)(b) and (2), NAC 639.482(a) and (b), NAC 639.487(4), NAC 639.510, 21 U.S.C. § 842(a)(5) and 21 CFR § 1304.11, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4), (12) and (17).

THIRD CAUSE OF ACTION
Failure to Maintain Records of Controlled Substance Purchases
(Respondents Joshua Aighobahi and Divine Touch)

XXXVIII.

By failing to maintain accurate and complete invoices for the controlled substances Divine Touch purchased and received, Joshua Aighobahi and Divine Touch violated NRS 453.246, NRS 453.251, NRS 453.326(1)(a), NAC 639.510, NAC 639.523(3), 21 U.S.C. §

842(a)(5) and 21 CFR § 1304.21, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4), (11), (12) and (17).

FOURTH CAUSE OF ACTION
Fraudulent or Deceitful Practice/Practicing as a Registered Pharmacist Without Registration
(Respondent Felicia Aighobahi)

XXXIX.

By performing functions that are limited by law to a registered pharmacist and attributing the performance of those functions to Joshua Aighobahi, Felicia Aighobahi was party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct as defined in NAC 639.945(1)(h) and (k), and is subject to discipline pursuant to NRS 639.210(4).

FIFTH CAUSE OF ACTION
Fraudulent or Deceitful Practice /Aiding or Abetting a Person Not Licensed to Practice Pharmacy
(Respondent Joshua Aighobahi)

XL.

By permitting Felicia Aighobahi to perform duties that are limited by law to a registered pharmacist, Joshua Aighobahi was party to a fraudulent or deceitful practice or transaction, aided or abetted a person not licensed to practice pharmacy in the State of Nevada, engaged in unprofessional conduct as defined in NAC 639.945(1)(h) and (j), and is subject to discipline pursuant to NRS 639.210(4).

SIXTH CAUSE OF ACTION
Unlawful Dispensing and Sales
(Respondents Joshua Aighobahi and Felicia Aighobahi)

XLI.

By permitting Felicia Aighobahi to perform functions that are limited by law to a registered pharmacist and attributing the performance of those functions to Joshua Aighobahi, Joshua Aighobahi and Felicia Aighobahi violated, attempted to violate, assisted or abetted in the

violation of or conspired to violate NRS 453.331(1)(c), NRS 453.381(8), NRS 453.401(l)(a), NRS 639.100(1)(a), NRS 639.284 and/or 21 U.S.C. § 841(a), and are subject to discipline pursuant to NRS 639.210(9), (11) and (12).

SEVENTH CAUSE OF ACTION
Failure to Conduct Initial Inventory of Controlled Substances
(Respondent Kuehl)

XLII.

By failing to properly conduct an initial inventory of the pharmacy as the new managing pharmacist, Kuehl violated NRS 453.246, NAC 453.475(1)(a) and (2) and NAC 639.510, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and is subject to discipline pursuant to NRS 639.210(4), (15) and (17).

EIGHTH CAUSE OF ACTION
Failure to Properly Store Expired Drugs
(Respondents Joshua Aighobahi, Kuehl and Divine Touch)

XLIII.

By failing to segregate expired drugs from unexpired drugs and secure those expired drugs in an area where they could not be used to administer or fill prescriptions, Joshua Aighobahi, Kuehl and Divine Touch violated NRS 639.282(1)(d), NAC 639.050(2), NAC 639.473(1) and (3), NAC 639.510(3) and NAC 639.601(1), engaged in unprofessional conduct as defined in NAC 639.945(i), and are subject to discipline pursuant to NRS 639.210(4), (12) and (15).

NINTH CAUSE OF ACTION
Failure to Properly Label Prescription Drugs
(Respondents Joshua Aighobahi, Kuehl and Divine Touch)

XLIV.

By failing to include the expiration date for medication on prescription labels, Joshua Aighobahi, Kuehl and Divine Touch violated NAC 639.512(2)(c), engaged in unprofessional

conduct as defined in NAC 639.945(i), and are subject to discipline pursuant to NRS 639.210(4), (12) and (15).

TENTH CAUSE OF ACTION
Incompetent, Unskillful and Negligent Practice of Pharmacy
(Respondent Joshua Aighobahi)

XLV.

By continuing to practice pharmacy even as his behavior rendered him incapable of safely and competently practicing pharmacy, Joshua Aighobahi performing his duties as a registered pharmacist and as the owner of Divine Touch in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), is subject to discipline pursuant to NRS 639.210(4), and should be required to submit to a physical or psychiatric examination, or both, pursuant to NRS 639.2445.

ELVENTH CAUSE OF ACTION
Managing Pharmacist Responsibilities
(Respondents Joshua Aighobahi and Kuehl)

XLVI.

As the managing pharmacists of Divine Touch at the time of the violations alleged herein, either Joshua Aighobahi and Kuehl are responsible for those violations, including those of the pharmacy's employees, pursuant to NRS 639.220(1), NAC 639.473, NAC 639.510 and NAC 639.702, and are subject to discipline pursuant to NRS 639.210(15).

TWELVTH CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Joshua Aighobahi)

XLVII.

As the owner of Divine Touch at the time of each of the violations alleged herein, Joshua Aighobahi is responsible for the violations, including those of his employees, pursuant to NRS 639.230(5) and NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(1), (4), (9) (11), (12), (15) and (17).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and/or licenses of these respondents.

DATED this 13th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KATHERINE KUEHL, RPH,** **Certificate of Registration No. 11172,** **Respondent.**	**CASE NO. 19-035-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 18, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KATHERINE KUEHL, RPH** **Certificate of Registration No. 11172,** **Respondent.**	**CASE NO. 19-035-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of February 2020.

KATHERINE KUEHL, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of February, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Joshua Aighobahi, R.Ph.
9504 Empire Rock Street
Las Vegas, NV 89143

Katherine L. Kuehl, R.Ph.
700 North Las Vegas Blvd.
Las Vegas, NV 89101

Felicia Aighobahi, PT
2208 E. Charleston Blvd., #B
Las Vegas, NV 89104

Divine Touch Services Pharmacy
2208 E. Charleston Blvd., #B
Las Vegas, NV 89104

Persi J. Mishel, Esq.
10161 Park Run Drive, Ste. 150
Las Vegas, NV 89145

SHIRLEY HUNTING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 5th day of March, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Katherine L. Kuehl, RPH
2000 Paradise Rd., #1205
Las Vegas, NV 89104

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSHUA AIGHOBAHI, RPH,** **Certificate of Registration No. 18747,** **KATHERINE KUEHL, RPH,** **Certificate of Registration No. 11172,** **FELICIA AIGHOBAHI, PT,** **Certificate of Registration No. PT17660, and** **DIVINE TOUCH SERVICES PHARMACY,** **Pharmacy License No. PH03411,** **Respondents.**	**Case Nos. 19-035-RPH-A-S** **19-035-RPH-B-S** **19-035-PT-S** **19-035-PH-S** **STIPULATION AND ORDER** **(Respondent Katherine Kuehl)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Katherine Kuehl, R.Ph., Certificate of Registration No. 11172 (Kuehl), **HEREBY STIPULATE AND AGREE THAT**:

1. On or about March 19, 2020, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. Respondent is fully aware of her right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of Paragraph 7 below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. By failing to properly conduct an initial inventory of the pharmacy as the new managing pharmacist, Kuehl violated NRS 453.246, NAC 453.475(1)(a) and (2) and NAC 639.510, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and is subject to discipline pursuant to NRS 639.210(4), (15) and (17);

B. By failing to segregate expired drugs from unexpired drugs and secure those expired drugs in an area where they could not be used to administer or fill prescriptions, Kuehl violated NRS 639.282(1)(d), NAC 639.050(2), NAC 639.473(1) and (3), NAC 639.510(3) and NAC 639.601(1), engaged in unprofessional conduct as defined in NAC 639.945(i), and is subject to discipline pursuant to NRS 639.210(4), (12) and (15);

C. By failing to include the expiration date for medication on prescription labels, Kuehl violated NAC 639.512(2)(c), engaged in unprofessional conduct as defined in NAC 639.945(i), and is subject to discipline pursuant to NRS 639.210(4), (12) and (15); and

D. As the managing pharmacist of Divine Touch at the time of the violations herein, Kuehl is responsible for those violations, including permitting Joshua Aighobahi to continue to practice pharmacy even as his behavior continued rendered him incapable of safely

and competently practicing pharmacy, pursuant to NRS 639.220(1), NAC 639.473, NAC 639.510 and NAC 639.702, and Kuehl is therefore subject to discipline pursuant to NRS 639.210(15).

6. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Katherine Kuehl, R.Ph., Certificate of Registration No. 11172, stipulate to the following penalties:

A. Kuehl shall receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a managing pharmacist.

B. Kuehl may not be designated as and shall not work as managing pharmacist in any facility licensed by the Board for a period of one (1) year;

C. Kuehl shall complete two (2) extra hours of continuing education (CE) on pharmacy management, in addition to the CE hours she must otherwise complete to maintain her licensure;

D. Kuehl shall pay a fine of One-Thousand Dollars ($1000.00) for the alleged violations, payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, in monthly installments of $250.00 for four (4) months and due on the first date of each month commencing September 1, 2020; and

E. Kuehl shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte

Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

9. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 15, 2020, in Las Vegas. Respondent will appear at the meeting to answer questions from the Board members and/or staff. The Board members may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

10. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

11. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of July, 2020

KATHERINE KUEHL, RPH,
Certificate of Registration No. 11172

Signed this ___ day of July, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Katherine Kuehl, R.Ph., Certificate of Registration No. 11172, in Case No. 19-035-RPH-B-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July, 2020.

Helen Park, President
Nevada State Board of Pharmacy

5D

FILED
JUN 11 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GLORY K. REMLEY, R.PH,** **Certificate of Registration No. 10562,** **JESSICA L. HUEY, R.PH.** **Certificate of Registration No. 18577, and** **WALMART PHARMACY #10-3728** **Certificate of Registration No. PH02226** **Respondents.**	**Case Nos. 18-096-RPH-A-S** **18-096-RPH-B-S** **18-096-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Glory K. Remley, R.Ph. (Remley), Certificate of Registration No. 10562, and Jessica L. Huey, R.Ph. (Huey), Certificate of Registration No. 18577, were pharmacists registered with the Board, and Walmart Pharmacy #10-3728 (Walmart) License No. PH02226, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

Remley and Huey were employed by Walmart at the time of the events alleged herein.

III.

On August 3, 2018, A.L. was examined by a nurse practitioner and received a prescription for Tramadol 50 mg. with instructions to take one tablet every six hours as needed. The prescription allowed for a quantity of 12 tablets for a three day supply and "0" (zero) refills.

IV.

A.L. tendered the prescription to Walmart where pharmaceutical technician John Castro (Castro) performed data entry in Walmart's computer system. The computer system designated the prescription as No. 4466273.

V.

During data entry, Castro erroneously entered the days' supply of "3" in the refill field rather than the "0" refills written on the prescription by the prescriber.

VI.

Remley is on record as the verifying pharmacist for the four point data entry check for Prescription No. 4466273. She failed to detect the error in the number of refills when she verified data entry as accurate.

VII.

Huey performed the final visual check and failed to identify the refill error during the final product review.

VIII.

The initial fill of Prescription No. 4466273 was dispensed to A.L. on August 9, 2018.

IX.

Prescription No. 4466273 was subsequently refilled and dispensed on August 16, 2018, and again on August 26, 2018.

X.

The refill error was discovered when A.L.'s nurse practitioner reported unauthorized refills to the Prescription Monitoring Program.

FIRST CAUSE OF ACTION

Unprofessional Conduct, Failure to Verify Dispensed Medication
(Respondent Remley)

XI.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when labeling and dispensing a prescription. *See* NAC 639.945(1)(d). It also includes a licensee performing his duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i).

Additionally, NAC 639.252 states in relevant part:

> If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, ***the pharmacist supervising the pharmaceutical technician*** is responsible for the filled prescription, including, but not limited to, verifying:
> (a) The selection and strength of the drug;
> (b) The dosage form; and
> (c) The labeling of the prescription.

NAC 639.252(2) (emphasis added.)

Remley violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified as accurate the data entry of Prescription No. 4466273, in which a technician's erroneous data entry error resulted in Walmart dispensing two unauthorized refills of Prescription No. 4466273. Remley is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION

Unprofessional Conduct, Failure to Verify Dispensed Medication
(Respondent Jessica Huey)

XII.

Respondent Huey violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified as accurate, the final product on Prescription No. 4466273, in which a technician's erroneous data entry error resulted in Walmart dispensing two unauthorized refills of Prescription No. 4466273. Huey is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

THIRD CAUSE OF ACTION

(Pharmacy/Pharmacy Owner Responsibility)

(Respondent Walmart Pharmacy #10-3728)

XIII.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board."

Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walmart #10-3728 is responsible for each of the violations alleged herein pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 11th day of June, 2020.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALMART PHARMACY #10-3728** **Certificate of Registration No. PH02226,** **Respondent.**	**CASE NO. 18-096-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, July 15, 2020, 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of June, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of June, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Glory Remley, R.Ph.
7 Lois Ct.
Attleboro, MA 02703

Jessica Huey, R.Ph.
9270 Keystone Ridge Ave.
Las Vegas, NV 89148

Walmart Pharmacy #10-3728
3950 W. Lake Mead Blvd.
North Las Vegas, NV 89032

SHIRLEY HUNTING

FILED 914
JUL 21 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner,

Case Nos. 18-096-RPH-A-S
18-096-RPH-B-S
18-096-PH-S

v.

GLORY K. REMLEY, R.PH.
Certificate of Registration No. 10562

JESSICA L. HUEY, R.PH.
Certificate of Registration No. 18577, and

WALMART PHARMACY #10-3728
Certificate of Registration No. PH02226

Respondents

_____/

HAL TAYLOR, ESQ.
223 Marsh Avenue
RENO, NV 89509
TEL. (775)825-2223, FAX (775) 329-1113

RESPONDENT WALMART'S ANSWER AND NOTICE OF DEFENSE

Respondent Walmart Pharmacy #10-3728 ("Respondent Walmart"), in answer to the Notice of Intended Action and Accusation ("Accusation") in the above matter, admits, denies and alleges as follows:

Jurisdiction

I.

Admitted.

Factual Allegations

II.

Admitted

III.

Admitted that A.L. was prescribed Tramadol 50 mg. with instructions to take one tablet every six hours as needed. The prescription allowed for a quantity of 12 tablets for a three-day supply and "0(Zero)" refills. ("Prescription") Admitted that the Prescription was dated August 3, 2018. Respondent Walmart has no direct knowledge of A.L.'s medical examination that let to the Prescription being written.

IV.

Admitted that on August 9, 2018, A.L. tendered the Prescription to Walmart, and that pharmaceutical technician John Castro ("Castro") performed the initial data entry into Walmart's pharmaceutical computer system. Admitted that the computer system designated the Prescription as Prescription No. 4466273.

V.

Admitted that during the data entry, Castro mistakenly entered the days' supply of "3" into the computer system's refill field rather than the "0" refills written in the Prescription.

VI.

Admitted. Further answering, an image of the original Prescription was available on the computer screen for verification purposes during the four-point data entry check on the Prescription. Therefore, the process put in place by Walmart for confirming that the refill information for this Prescription had been properly transferred to the computer was sufficient to have detected the error.

VII.

Admitted that Respondent Huey performed the Visual Verification on the medication. Per the applicable Walmart Standards of Practice, the pharmacist performing the Visual Verification has no responsibility for confirming that the refill information has been properly transferred from the subject prescription to the computer. Respondent Walmart denies that Respondent Huey violated any statute or regulation by not identifying any refill error for this Prescription.

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223 Marsh Avenue
RENO, NV 89509
TEL. (775)825-2223, FAX (775) 329-1113

VIII.

Admitted that the initial fill of the Prescription was dispensed to A.L. on August 9, 2018.

IX.

Admitted that Walmart's records reflect that the Prescription was subsequently refilled and dispensed on August 16, 2018, and again on August 26, 2018.

X.

Respondent Walmart has no personal knowledge of the allegation in this paragraph.

FIRST CAUSE OF ACTION

(Respondent Remley)

This Cause of Action does not require a response by Respondent Walmart.

SECOND CAUSE OF ACTION

Unprofessional Conduct, Failure to Verify Dispensed Medication

(Respondent Huey)

This Cause of Action does not require a response by Respondent Walmart..

THIRD CAUSE OF ACTION

(Respondent Walmart Pharmacy #10-3728)

Respondent Walmart admits that it owned and operated the pharmacy in which the refill error alleged in the Accusation occurred.

Respondent Walmart denies that the mere ownership and operation of this pharmacy makes it subject to suspension or revocation for any violations of NRS 639 by any managing pharmacist or other pharmacy personnel in violation of NRS 639.230(5)

Respondent Walmart denies that the mere ownership and operation of this pharmacy makes it subject to discipline under NAC 639.702 for errors committed by pharmaceutical technicians or other personnel who are not pharmacists as alleged in this Accusation, because Respondent Walmart did not know, nor should it have known

HAL TAYLOR, ESQ.
223 Marsh Avenue
RENO, NV 89509
TEL. (775)826-2223, FAX (775) 328-1113

of the acts or omissions alleged.

Respondent Walmart denies that the mere ownership and operation of this pharmacy makes it subject to discipline under NAC 639.945(2) for the acts of all personnel in Walmart's employ.

Respondent Walmart denies that the mere ownership and operation of this pharmacy makes it strictly responsible and subject to discipline for the acts and omissions of any licensed or non-licensed personnel it employed absent any act or omission by Respondent Walmart that contributed to the errors alleged in the Accusation.

AFFIRMATIVE DEFENSE

Had Respondent Walmart's policies and procedures been properly followed, the errors alleged in the Accusation would not have occurred, therefore Respondent Walmart should not be held responsible for any violations alleged in the Accusation.

WHEREFORE, Respondent Walmart #10-3728 prays for dismissal of all accusations against it.

Dated: July ___, 2020.

Walmart #10-3728

_____

By: Shelley Tustison, Director
U. S. Health and Wellness
Practice Compliance

By signature below, the undersigned affirms that the preceding document does not contain the social security number of any person.

Date: July 21, 2020.

HAL TAYLOR, ESQ.
223 Marsh Ave.
Reno, Nevada 89509
(775) 825-2223
Email: haltaylorlawyer@gbls.com

_____

Hal Taylor, Esq.

HAL TAYLOR, ESQ.
223 Marsh Avenue
RENO, NV 89509
TEL. (775) 825-2223, FAX (775) 329-1113

CERTIFICATE OF SERVICE

On this date, the undersigned, an employee of Hal Taylor, Esq., delivered by email a copy of the attached Answer and Notice of Defense upon the following:

Brett Kandt
General Counsel
Nevada Board of Pharmacy
bkandt@pharamcy.nv.gov

Date: July 21, 2020.

Hal Taylor

HAL TAYLOR, ESQ.
223 Marsh Avenue
RENO, NV 89509
TEL. (775)825-2223, FAX (775) 329-1113

FILED 919
JUL 27 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GLORY K. REMLEY, R.PH,** **Certificate of Registration No. 10562,** **JESSICA L. HUEY, R.PH.,** **Certificate of Registration No. 18577, and** **WALMART PHARMACY #10-3728,** **Certificate of Registration No. PH02226,** **Respondents.**	**Case Nos. 18-096-RPH-A-S** **18-096-RPH-B-S** **18-096-PH-S** **ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), hereby orders as follows:

1. On or about July 22 ,2020, Respondent Glory K. Remley, R.Ph. (Remley), Certificate of Registration No. 10562, filed an Answer and Notice of Defense to the Notice of Intended Action and Accusation on file in this matter. The First Cause of Action (Paragraph XI) against Remley is hereby dismissed. Remley shall subject to a CITATION pursuant to NRS 639.2895(2) for violating NAC 639.252(2) and shall be assessed an administrative fine of one thousand dollars ($1,000.00) pursuant to NRS 639.2895(3). The administrative fine shall be paid by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the entry of this Order. Remley has the right to appeal this citation and fine by submitting a written request for a hearing to the Board at the Board's Reno office within thirty (30) days of the entry of this Order. *See* NRS 639.2895(2).

2. On or about July 21 ,2020, Respondent Jessica L. Huey, R.Ph., Certificate of Registration No. 18577, filed an Answer and Notice of Defense to the Notice of Intended Action and Accusation on file in this matter. The Second Cause of Action (Paragraph XII) against Huey is hereby dismissed.

IT IS SO ORDERED.

Entered this 27th day of July, 2020.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Glory Remley, R.Ph.
7 Lois Ct.
Attleboro, MA 02703

Jessica Huey, R.Ph.
9270 Keystone Ridge Ave.
Las Vegas, NV 89148

Walmart Pharmacy #10-3728
3950 W. Lake Mead Blvd.
North Las Vegas, NV 89032

Hal Taylor, Esq.
223 Marsh Avenue
Reno, NV 89509

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GLORY K. REMLEY, R.PH,** **Certificate of Registration No. 10562,** **JESSICA L. HUEY, R.PH.,** **Certificate of Registration No. 18577, and** **WALMART PHARMACY #10-3728,** **Certificate of Registration No. PH02226,** **Respondents.**	**Case Nos. 18-096-RPH-A-S** **18-096-RPH-B-S** **18-096-PH-S** **STIPULATION AND ORDER** **(Respondent Walmart Pharmacy #10-3728 Only)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Walmart Pharmacy #10-3728, Pharmacy License No. PH02226, by and through counsel, Hal Taylor, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about June 11, 2020, Board Staff properly served Respondent Walmart Pharmacy #10-3728 with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about July 29 ,2020, Respondent Walmart Pharmacy #10-3728 filed an Answer and Notice of Defense to the Accusation.

4. Respondent Walmart Pharmacy #10-3728 is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondent Walmart Pharmacy #10-3728 is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to Respondent pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent Walmart Pharmacy #10-3728 has failed to comply with the provisions of Paragraph 9 below, Respondent hereby freely and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent Walmart Pharmacy #10-3728 admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent Glory K. Remley, R.Ph., Certificate of Registration No. 10562, violated NAC 639.252(2) when she verified as accurate the data entry of Prescription No. 4466273 for Tramadol 50 mg., in which a technician's erroneous data entry error resulted in Walmart dispensing two unauthorized refills; and

B. As the pharmacy/pharmacy owner at which the alleged violation of law occurred, Walmart Pharmacy #10-3728 is responsible for the violation pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

8. The violation is plead with particularity in the Accusation, and grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Respondent Walmart Pharmacy #10-3728 stipulate to the following penalties. Respondent Walmart Pharmacy #10-3728, Pharmacy License No. PH02226, shall:

A. Pay a fine of One-Thousand Dollars ($1,000.00) for the alleged violation, by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order; and

B. Pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 2, 2020. Respondent and/or its authorized representative(s) may appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 7 day of ~~September~~ August, 2020

Shelly Tustison

WALMART PHARMACY #10-3728
Certificate of Registration No. PH02226

Signed this ___ day of September, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Walmart Pharmacy #10-3728, Pharmacy License No. PH02226, in Case No. 18-096, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of September, 2020.

Helen Park, President
Nevada State Board of Pharmacy

5E

FILED
JUL 30 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PAUL LUKE, RPH** **Certificate of Registration No. 15314,** **Respondent.**	**CASE NO. 19-066-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Paul Luke ("Luke"), Certificate of Registration No. 15314, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. Luke was employed by St. Rose Dominican Hospital - San Martin Campus ("St. Rose"), located on 8280 West Warms Springs Road, Las Vegas, Nevada 89113, until April 2019.

3. On or about April 5, 2019, Pharmacist Jason Glick, Director of Pharmacy for St. Rose, reported Luke to the Board alleging concealment of drugs and pharmacy supply items in a bag from St. Rose with intent to divert.

4. A subsequent investigation by St. Rose's staff identified a total of at least twenty (20) tablets diverted by Luke:

- 20 Minocycline 50mg tablets
- 1 box of Tylenol
- 1 bottle of Peridex

5. During the investigation, Luke admitted to the unlawful diversion activity, and submitted a statement regarding same.

6. St. Rose terminated Luke on April 5, 2019.

FIRST CAUSE OF ACTION
Unprofessional Conduct - Diversion

7. "Supplying 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." NAC 639.945(1)(g). 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. *See* NRS 639.210(4).

8. By diverting a dangerous drug, and other pharmacy supplies as alleged herein, Luke engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

SECOND CAUSE OF ACTION
Unprofessional Conduct - Deceitful Practice

9. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h). 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. *See* NRS 639.210(4).

10. By diverting a dangerous drug, and converting other items as alleged herein, Luke was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is subject to discipline pursuant to NRS 639.210(4).

THIRD CAUSE OF ACTION

Statutory Violations– Unlawful Possession and Dispensing of a Dangerous Drug

11. Violating any law or regulation relating to drugs is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(12).

12. By possessing and diverting a dangerous drug as alleged herein, Luke violated or attempted to violate, NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.321, NRS 639.100(1) and NRS 639.284(2) and is subject to discipline pursuant to NRS 639.210(12).

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 20th day of July, 2020.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PAUL LUKE, RPH** **Certificate of Registration No. 15314,** **Respondent.**	**CASE NO. 19-066-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. *See* NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. *See* NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this this Statement and Notice, and of the Notice of Intended Action and Accusation served within. *See* NRS 639.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. *See* NRS 622A.350.

DATED this 30th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PAUL LUKE, RPH** **Certificate of Registration No. 15314,** **Respondent.**	**CASE NO. 19-066-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2020.

_____

PAUL LUKE, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Paul Luke, RPH
1401 Via Merano Street
Henderson, NV 89052

SHIRLEY HUNTING

5F

FILED
JUL 23 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **THEODORE HERRERA,** **Certificate of Registration No. IN04741,** **Respondent.**	**CASE NO. 19-079-IN-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Theodore Herrera ("Herrera"), Certificate of Registration No. IN04741, was a pharmacy intern registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent Herrera was employed by Walgreens Pharmacy #5311, located on 1180 East Flamingo Road, Las Vegas, Nevada 89119, from approximately June 2018 to April 2019.

3. On or about April 19, 2019, Walgreens' Asset Protection Manager ("APM") Michael Lisi ("Lisi") was contacted by APM Serge Ahmad concerning a customer who reported a prescription for Oxycodone 15 mg was missing two (2) tablets, filled on April 18, 2019.

4. A subsequent investigation by Walgreens' loss prevention staff identified a total of at least sixty-six (66) tablets sold and diverted between June 2018 and April 2019 by Respondent Herrera. The valid prescriptions to other patients, from which Herrera diverted a portion, consisted of the following controlled substances:

- 20 Alprazolam 1mg tablets
- 10 Alprazolam 2mg tablets
- 6 Oxycodone 10mg tablets
- 10 Oxycodone 15mg tablets
- 20 Oxycodone 30mg tablets

5. During the investigation, Herrera admitted to the unlawful diversion activity.

6. Walgreens terminated Herrera on April 23, 2019.

FIRST CAUSE OF ACTION
Unlawful Acquisition of Controlled Substances

7. NRS 453.331(1)(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." Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(12).

8. By diverting controlled substances as alleged herein, Respondent Herrera violated, or attempted to violate, NRS 453.331(1)(d) and is subject to discipline pursuant to NRS 639.210(12).

SECOND CAUSE OF ACTION
Unlawful Possession of Controlled Substances

9. 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]". Violating, attempting to violate,

assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(12).

10. By diverting controlled substances as alleged herein, Respondent Herrera violated, or attempted to violate, NRS 453.336(1) and is subject to discipline pursuant to NRS 639.210(12).

THIRD CAUSE OF ACTION
Unprofessional Conduct - Diversion

11. "Supplying 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." NAC 639.945(1)(g). 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. *See* NRS 639.210(4).

12. By diverting controlled substances as alleged herein, Respondent Herrera engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

FOURTH CAUSE OF ACTION
Unprofessional Conduct - Deceitful Practice

13. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h). 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. *See* NRS 639.210(4).

14. By diverting controlled substances as alleged herein, Respondent Herrera was a party to any fraudulent or deceitful practice or transaction, engaged in unprofessional conduct

and conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is subject to discipline pursuant to NRS 639.210(4).

FIFTH CAUSE OF ACTION
Violations of Federal Law

15. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(11).

16. By diverting controlled substances as alleged herein, Respondent Herrera violated, or attempted to violate, 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), and 21 U.S. Code § 844, and is subject to discipline pursuant to NRS 639.210(11).

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 23rd day of July, 2020.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **THEODORE HERRERA,** **Certificate of Registration No. IN04741,** **Respondent.**	**CASE NO. 19-079-IN-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. *See* NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. *See* NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this this Statement and Notice, and of the Notice of Intended Action and Accusation served within. *See* NRS 639.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. *See* NRS 622A.350.

DATED this 23rd day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **THEODORE HERRERA,** **Certificate of Registration No. IN04741,** **Respondent.**	**CASE NO. 19-079-IN-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of July, 2020.

THEODORE HERRERA

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Theodore Herrera
2362 N. Green Valley Pkwy #P-236
Henderson, NV 89014

SHIRLEY HUNTING

5G

FILED
JUL 30 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JERALD CLYDE, RPH,** **Certificate of Registration No. 10310, and** **SMITH'S PHARMACY #366,** **License No. PH01771,** **Respondents.**	**CASE NOS. 19-061-RPH-S** **19-061-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Jerald Clyde (Clyde), Certificate of Registration No. 10310, was a pharmacist registered with the Board, and Respondent Smith's Pharmacy #366, License No. PH01771, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Clyde was employed by Smith's #366 at the time of the events alleged herein.

3. On June 21, 2018, L.V.'s physician electronically transmitted a prescription to Smith's Pharmacy #348 for Dexilant[i] 60 mg. delayed release capsule, quantity 90, for a 90-day supply. The prescription allowed for three (3) refills.

4. Smith's Pharmacy #348 computer system designated the prescription as no. 6759964.

5. Smith's Pharmacy #348 dispensed the initial fill of 30 Dexilant 60 mg. capsules on June 22, 2018, and dispensed a refill on July 30, 2018.

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[i] **Dexilant** is a proton pump inhibitor used to treat heartburn and gastroesophageal reflux disease (GERD).

6. On September 28, 2018, Smith's Pharmacy #348 electronically transferred prescription no. 6759964 to Smith's Pharmacy #366.

7. Smith's Pharmacy #366 computer system designated the transferred prescription as no. 6027081.

8. Smith's Pharmacy #366 refilled and dispensed 30 capsules of Dexilant 60 mg. on September 28, 2018, and again on October 31, 2018.

9. On November 30, 2018, pharmaceutical technician Daniel Saucedo processed a refill of prescription no. 6027081.

10. Clyde filled the prescription. During the filling process, Clyde inadvertently selected a bottle of ***Duloxetine***[ii] 60 mg. capsules rather than the ***Dexilant*** 60 mg. capsules as prescribed.

11. Clyde is on record as the verifying pharmacist for prescription no. 6027081. He failed to detect the medication error when he performed the final product review.

12. L.V. experienced headaches and ophthalmological issues after ingesting seven (7) doses of the mis-filled medication over a three-day period. L.V. checked the medication bottle and discovered the error.

FIRST CAUSE OF ACTION

(Respondent Clyde)

13. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i). Additionally, NAC 639.252 states in relevant part:

> If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, ***the pharmacist supervising the pharmaceutical technician*** is responsible for the filled prescription, including, but not limited to, verifying:
>
> (a) The selection and strength of the drug;
> (b) The dosage form; and
> (c) The labeling of the prescription.

[ii] **Duloxetine** is a selective serotonin and norepinephrine reuptake inhibitor antidepressant used to treat major depressive disorder.

NAC 639.252(2) (emphasis added.)

14. Respondent Clyde violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when he verified the scanned data and final product on prescription no. 6027081 as accurate when it was not, which resulted in Smith's dispensing ***Duloxetine*** 60 mg. capsules rather than the ***Dexilant*** 60 mg. capsules as prescribed. Clyde is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION
(Respondent Smith's Pharmacy #366)

15. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

16. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Smith's Pharmacy #366 is responsible for any violations of law by Clyde pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 30th day of July, 2020.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JERALD CLYDE, RPH** **Certificate of Registration No. 10310,** **Respondent.**	**CASE NOS. 19-061-RPH-S** **STATEMENT TO THE RESPONDENT** **NOTICE OF INTENDED ACTION** **AND ACCUSATION** **RIGHT TO HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JERALD CLYDE, RPH** **Certificate of Registration No. 10310,** **Respondent.**	**CASE NO. 19-061-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2020.

_____

JERALD CLYDE, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jerald Clyde, R.Ph.
2378 Goldfire Circle
Henderson, NV 89052

Smith's Pharmacy #366
55 South Valle Verde Drive
Henderson, NV 89012

SHIRLEY HUNTING

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #366** **License No. PH01771,** **Respondent.**	**CASE NOS. 19-061-PH-S** **STATEMENT TO THE RESPONDENT** **NOTICE OF INTENDED ACTION** **AND ACCUSATION** **RIGHT TO HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #366** **License No. PH01771.** **Respondent.**	**CASE NO. 19-061-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2020.

_____
TYPE OR PRINT NAME

_____
AUTHORIZED REPRESENTATIVE FOR SMITH'S PHARMACY #366

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jerald Clyde, R.Ph.
2378 Goldfire Circle
Henderson, NV 89052

Smith's Pharmacy #366
55 South Valle Verde Drive
Henderson, NV 89012

SHIRLEY HUNTING

5I

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JUL 24 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **ROBERT CHANCELLOR, MD,** **Certificate of Registration Nos. CS22616 and PD27416, and** **LINDSAY HOFFMAN, PA-C,** **Certificate of Registration Nos. CS18262 and PD00177,** **Respondents.**	**Case Nos. 19-003-CS-A-S** **19-003-CS-B-S** **19-003-CS-C-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Abdel M. Khalek, MD (Khalek), held a controlled substance registration, Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722; Respondent Robert Chancellor, MD (Chancellor), held a controlled substance registration, Certificate of Registration No. CS22616, and dispensing practitioner registration, Certificate of Registration No. PD27416; and Lindsay Hoffman, PA-C (Hoffman), held a controlled substance registration, Certificate of Registration No. CS18262, and dispensing practitioner registration, Certificate of Registration No. PD00177, all issued by the Board.

FACTUAL ALLEGATIONS

2. Vinay Kumar Bararia, MD (Bararia) was not registered with the Board at the time of the events alleged herein.

3. Bararia voluntarily surrendered his license to practice medicine, License No. 11355, to the Nevada State Board of Medical Examiners (NSBME) on March 8, 2013, and was sentenced in federal court for distribution of controlled substances in September 2014.

4. Bararia has owned and operated Nevada Health Services, LLC aka Trimcare (Trimcare), located at 5375 South Fort Apache Road, Suites 102 and 103, in Las Vegas, since August 2018.

5. Khalek co-owned and/or was employed at Trimcare from October 2018 to April 2019.

6. Chancellor co-owned and/or was employed by Trimcare from November 2018 to the present.

7. Hoffman was employed by Trimcare from August 2018 to present.

8. Ageless Aesthetics (Ageless Aesthetics), an unnamed third party, is a medical spa that operates at 5375 South Fort Apache Road, Suite 101, Las Vegas, Nevada 89148, next door to Trimcare, for which Khalek was the medical director from approximately October 2018 to April 2019.

9. Investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation of Trimcare and found evidence of misconduct and violations involving the unlawful possession, administration, prescribing and dispensing of controlled substances and/or dangerous drugs.

10. Khalek, Chancellor and Hoffman permitted Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another

practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state.

11. Khalek unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Testosterone, Phentermine, Phendimetrazine, Topamax, Botox, and Juvederm, for at least two-hundred ninety-eight (298) patients with whom he did not have a bona fide therapeutic relationship from September 2018 to April 2019 by pre-signing prescriptions, providing his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

12. Chancellor unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Adderall, Phentermine, and Topamax, for at least ten (10) patients with whom he did not have a bona fide therapeutic relationship from November 2018 to present by pre-signing prescriptions, his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

13. Hoffman unlawfully prescribed controlled substances/dangerous drugs, including, but not limited to, Phentermine, and Topamax for at least two (2) patients with whom she did not have a bona fide therapeutic relationship in April 2019 by pre-signing prescriptions.

14. Khalek, Chancellor and Hoffman permitted access of their inventory of controlled substances and dangerous drugs to unlicensed employees of Trimcare and/or Ageless Aesthetics.

15. Khalek, Chancellor and Hoffman failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, failed to maintain the

security of the inventory from unauthorized access, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs.

16. Chancellor and Hoffman had possession of pre-drawn, unlabeled syringes containing an unidentified dangerous drug.

17. On or about July 7, 2020, Board staff served Bararia with an order pursuant to NRS 639.2895(1) to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from Trimcare.

APPLICABLE LAW

18. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

19. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

20. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

21. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

22. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

23. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

24. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

25. A dispensing practitioner must issue a written prescription for each medication dispensed, verify medications for accuracy prior to dispensing, maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, inventory controlled substances at least once every two (2) years, properly store and maintain the inventory, maintain the security of the inventory from unauthorized access, and segregate and/or dispose of adulterated and/or expired dangerous drugs. NRS 453.246; NRS 585.370; NRS 585.420; NRS 639.282; NAC 453.400; NAC 453.410; NAC 453.475; NAC 454.040; NAC 639.475; NAC 639.476; NAC 639.510; NAC 639.601; NAC 639.742, NAC 639.743; NAC 639.745; 21 U.S.C. § 842(a)(5); 21 CFR 1304.11; 21 CFR 1304.21.

26. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

27. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

28. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to

NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

29. Dispensing a drug as a dispensing practitioner or prescribing a drug as a prescribing practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

30. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

31. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

32. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

33. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-

signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

34. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman performed their duties as the holders of controlled substance registrations and dispensing practitioner registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

35. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the

practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION
Unprofessional Conduct – Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

36. By unlawfully prescribing and dispensing controlled substances to patients with whom they did not have a bonda fide therapeutic relationship, Khalek, Chancellor and Hoffman engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(n) and (o), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION
Violations of Federal Controlled Substances Act

37. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and

Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SIXTH CAUSE OF ACTION
Violations of State Law for Unlicensed Practice

38. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813 and NRS 639.310, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SEVENTH CAUSE OF ACTION
Failure to Maintain Security of Controlled Substances or Dangerous Drugs

39. By failing to maintain proper locked security of their inventory of controlled substances and dangerous drugs and/or permitting unauthorized access to their inventory by Bararia and/or other unlicensed employees of Trimcare and/or Ageless Aesthetics, Khalek,

Chancellor and Hoffman violated NAC 453.400, NAC 453.410(1)(d), NAC 454.040, NAC 639.742(3)(c), NAC 639.742(3)(a)(b)(c)&(e), and NAC 639.745(1)(c), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

EIGHTH CAUSE OF ACTION
Failure to Maintain Records for Controlled Substances Dispensed

40. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, including failing to issue a written prescription for each medication dispensed and failing to inform the patient that he or she may request a written prescription to have it filled at another location of their choice, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.410(1)(a)(B) and (2), NAC 639.745(2) and (3)(b)(2), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

NINTH CAUSE OF ACTION
Failure to Verify Dispensed Medications for Accuracy

41. By failing to verify medications for accuracy prior to dispensing, Khalek, Chancellor, and Hoffman violated NAC 639.743(2)(a) and (b), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TENTH CAUSE OF ACTION
Failure to Inventory Controlled Substances Every Two Years

42. By failing to inventory controlled substances at least once every two (2) years, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.475(1)(b), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21 and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

ELEVENTH CAUSE OF ACTION

Failure to Properly Segregate/Dispose Adulterated/Expired Drugs

43. By failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs for administration, Khalek, Chancellor, and Hoffman violated NRS 585.370(1), NRS 639.282(1)(d), NAC 639.050(2), NAC 639.473(1) and (3), NAC 639.510(3) and NAC 639.601(1), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TWELFTH CAUSE OF ACTION

Failure to Properly Label Pre-Filled Syringes Against

44. By pre-filling syringes without proper labels and/or temperature control, Chancellor and Hoffman violated NRS 585.420, NRS 639.282 (1)(e), NAC 639.476 and NAC 639.510, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

THIRTEENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

45. By their actions as set forth herein, Khalek, Chancellor and Hoffman have committed acts that render their registrations to prescribe or otherwise dispense a controlled substance inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **Respondent.**	**CASE NO. 19-003-CS-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **Respondent.**	**CASE NO. 19-003-CS-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2020.

_____

ABDEL M. KHALEK, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel M. Khalek, MD
8600 Starboard Avenue
Las Vegas, NV 89117

Shirley Hunting

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

5J

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT CHANCELLOR, MD,** **Certificate of Registration Nos. CS22616 and PD27416,** **Respondent.**	**CASE NO. 19-003-CS-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED
AUG 17 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. ROBERT CHANCELLOR, MD, Certificate of Registration No. CS22616 and PD27416, Respondent.	Case No.: 19-003-CS-B-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: None.

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-B-S.

I hereby, declare under penalty or perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Date this 17th day of August, 2020.

Robert Chancellor MD
ROBERT CHANCELLOR, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LINDSAY HOFFMAN, PA-C,** **Certificate of Registration Nos. CS18262 and PD00177,** **Respondent.**	**CASE NO. 19-003-CS-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED
AUG 17 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. LINDSAY HOFFMAN, P-AC, Certificate of Registration No. CS18262 and PD00177, Respondent.	Case No.: 19-003-CS-C-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds: None.

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies and alleges as follows:

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-C-S.

I hereby, declare under penalty or perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Date this 11th day of August, 2020.

LINDSAY HOFFMAN, PA-C

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
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Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

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FILED 993
AUG 03 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

BERNARD KOFI ADDO-QUAYE, MD,
Certificate of Registration No. CS10103,

MUKWEL AIYUK, APRN,
Certificate of Registration No. CS25545, and

SOLOMON JOSHUA, APRN,
Certificate of Registration No. CS27011,

Respondents.

Case Nos. 19-242-CS-A-S
19-242-CS-B-S
19-242-CS-C-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Bernard Addo-Quaye, MD ("Addo-Quaye"), held a controlled substance registration, Certificate of Registration No. CS10103; Respondent Mukwel Aiyuk, APRN ("Aiyuk"), held a controlled substance registration, Certificate of Registration No. CS25545; and Solomon Joshua, APRN ("Joshua"), held a controlled substance registration, Certificate of Registration No. CS27011, all issued by the Board.

FACTUAL ALLEGATIONS

2. Victor R. Bruce, MD ("Bruce") was not registered with the Board at the time of the events alleged herein.

3. On December 31, 2014, the Nevada State Board of Medical Examiners ("NSBME") revoked Bruce's license to practice medicine, as a result of a federal court criminal judgment entered against Bruce for distribution of a controlled substance.

4. Respondent Bernard Addo-Quaye, MD ("Addo-Quaye") owns and operates Bernard Addo-Quaye, MD PC dba TruCare Medical Center ("TruCare") from November 14, 2000 to present. TruCare is located at 2290 McDaniel Street, Suite 2A, North Las Vegas, Nevada.

5. Addo-Quaye was out of the country during certain relevant timeframes in 2018 and 2019.

6. Bruce received a reinstated license to practice medicine from the NSBME, with a restriction from prescribing controlled substances, in September 2018.

7. Addo-Quaye served as Bruce's preceptor from September 2018 to approximately September 2019.

8. Bruce was employed by TruCare from September 2018 to present.

9. Aiyuk was an independent contractor and/or employed by TruCare during the relevant timeframes in question.

10. Joshua was an independent contractor and/or employed by TruCare during the relevant timeframes in question.

11. Investigators from the Board, the Nevada State Board of Medical Examiners ("NSBME") conducted an investigation of TruCare and found evidence of misconduct and violations involving the unlawful possession, administration, and prescribing of controlled substances and/or dangerous drugs.

12. Addo-Quaye permitted Bruce, who was restricted from prescribing controlled substances, in the course of operating TruCare to access, store, possess, administer, furnish, prescribe controlled substances and/or dangerous drugs under Addo-Quaye's name and credentials, and/or otherwise falsely represent himself as a practitioner entitled to write or e-scribe controlled substance prescriptions in this state.

13. Addo-Quaye unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Citalopram, Estradiol, Cyanocobalamin, Fluticasone Propionate, Androgel, Focalin, and Lisinopril, for at least four (4) patients with whom he did not have a bona fide therapeutic relationship from September 1, 2019 to September 20, 2019 by providing his blank prescription pads, providing his log-on information to e-scribing systems to Bruce, Aiyuk and/or Joshua and/or failing to secure his secondary authenticator for e-scribing controlled substance and dangerous medications.

14. Aiyuk unlawfully prescribed controlled substances/dangerous drugs under Addo-Quaye's name and credentials, including, but not limited to Norco, Valium, Flexeril, Morphine Sulfate ER, Percocet, Ambien, Hydromorphone, and Clonazepam, for at least three (3) patients from July 8, 2019 to July 10, 2019.

15. Joshua unlawfully prescribed controlled substances/dangerous drugs under Addo-Quaye's name and credentials, including, but not limited to Tramadol, Sumatriptan, Gabapentin, Clonazepam, Ambien, Methadone, Norco, and Narcan, for at least three (3) patients from October 30, 2018 to December 19, 2018.

16. On or about July 21, 2020, Board staff served Bruce with an order pursuant to NRS 639.2895(1) to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and/or dangerous drugs under another practitioner's credentials for Nevada patients from TruCare.

APPLICABLE LAW

17. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

18. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

19. It is unlawful for a practitioner to prescribe a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

20. It is unlawful for a person to possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

21. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

22. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

23. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

24. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

25. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

26. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

27. Prescribing a drug as a prescribing practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

28. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

29. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

30. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

31. By permitting Bruce, who had a restricted license excluding prescription of controlled substances, in the course of operating TruCare to access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including providing blank prescription pads, providing log-on information to e-scribing systems to Bruce, and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Addo-Quaye was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

32. By permitting Bruce, who had a restricted license excluding controlled substance prescriptions, in the course of operating TruCare to access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient, and/or otherwise falsely represent himself as a practitioner entitled to write controlled substance prescriptions in this state, including providing blank prescription pads, providing log-on information to e-scribing systems to Bruce, and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Addo-Quaye performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged

in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

33. By permitting Aiyuk to treat patients and to utilize Addo-Quaye's name and credentials by providing log-on information to e-scribing systems, and/or failing to secure the secondary authenticator for e-scribing controlled substance medications, Addo-Quaye and Aiyuk performed their duties as holders of controlled substance registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

34. By permitting Joshua to treat patients, and to utilize Addo-Quaye's name and credentials by providing log-on information to e-scribing systems, and/or failing to secure the secondary authenticator for e-scribing controlled substance medications, Addo-Quaye and Joshua performed their duties as holders of controlled substance registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

35. By permitting Bruce, who had a restricted license excluding prescriptions of controlled substances, in the course of operating TruCare to access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient, and/or otherwise falsely represent himself as a practitioner entitled to write controlled substance prescriptions in this state, including providing blank prescription pads,

providing log-on information to e-scribing systems to Bruce, and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Addo-Quaye aided or abetted a person not fully licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and issubject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION
Unprofessional Conduct – Prescribing Without Bona Fide Therapeutic Relationship

36. By unlawfully prescribing controlled substances to patients with whom he did not have a bona fide therapeutic relationship, Addo-Quaye engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(n) and (o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION
Violations of Federal Controlled Substances Act

37. By permitting Bruce, who had a restricted license excluding controlled substance prescriptions, in the course of operating TruCare to access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including providing blank prescription pads, providing log-on information to e-scribing systems to Bruce, and/or failing to secure the secondary authenticator for e-scribing controlled substance medications, Addo-Quaye violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. §

842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SIXTH CAUSE OF ACTION
Violations of State Law for Unlicensed Practice

38. By permitting Bruce, who had a restricted license excluding controlled substance prescriptions, in the course of operating TruCare to access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write controlled substance prescriptions in this state, including providing blank prescription pads, providing log-on information to e-scribing systems to Bruce, and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Addo-Quaye violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813 and NRS 639.310, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SEVENTH CAUSE OF ACTION
Commission of Acts that Render Registration Inconsistent with the Public Interest

39. By their actions as set forth herein, Addo-Quaye, Aiyuk, and Bruce have committed acts that render their registrations to prescribe controlled substances inconsistent with

the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these Respondents.

DATED this 3rd day of August, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BERNARD KOFI ADDO-QUAYE, MD,** **Certificate of Registration No. CS10103,** **Respondent.**	**CASE NO. 19-242-CS-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of August, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BERNARD KOFI ADDO-QUAYE, MD** **Certificate of Registration No. CS10103,** **Respondent.**	**CASE NO. 19-242-CS-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of August, 2020.

BERNARD KOFI ADDO-QUAYE, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

BERNARD KOFI ADDO-QUAYE, MD
2290 MCDANIEL ST #2A
N. LAS VEGAS, NV 89030

MUKWEL AIYUK, APRN
2021 S JONES BLVD
LAS VEGAS, NV 89146

MUKWEL AIYUK, APRN
304 S JONES BLVD
LAS VEGAS, NV 89107

SOLOMON JOSHUA, APRN
2290 MCDANIEL ST #2A
N. LAS VEGAS, NV 89030

SOLOMON JOSHUA, A.P.R.N.
3305 EAST ROME BLVD #2068
NORTH LAS VEGAS, NV 89086

JOHN A. HUNT, ESQ.
CLARK HILL PLC
3800 HOWARD HUGHES PARKWAY
LAS VEGAS, NV 89169

SHIRLEY HUNTING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MUKWEL AIYUK, APRN,** **Certificate of Registration No. CS25545,** **Respondent.**	**CASE NO. 19-242-CS-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of August, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MUKWEL AIYUK, APRN,** **Certificate of Registration No. CS25545,** **Respondent.**	**CASE NO. 19-242-CS-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of August, 2020.

MUKWEL AIYUK, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

BERNARD KOFI ADDO-QUAYE, MD
2290 MCDANIEL ST #2A
N. LAS VEGAS, NV 89030

MUKWEL AIYUK, APRN
2021 S JONES BLVD
LAS VEGAS, NV 89146

MUKWEL AIYUK, APRN
304 S JONES BLVD
LAS VEGAS, NV 89107

SOLOMON JOSHUA, APRN
2290 MCDANIEL ST #2A
N. LAS VEGAS, NV 89030

SOLOMON JOSHUA, A.P.R.N.
3305 EAST ROME BLVD #2068
NORTH LAS VEGAS, NV 89086

JOHN A. HUNT, ESQ.
CLARK HILL PLC
3800 HOWARD HUGHES PARKWAY
LAS VEGAS, NV 89169

SHIRLEY HUNTING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SOLOMON JOSHUA, APRN,** **Certificate of Registration No. CS27011,** **Respondent.**	**CASE NO. 19-242-CS-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of August, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SOLOMON JOSHUA, APRN,** **Certificate of Registration No. CS27011,** **Respondent.**	**CASE NO. 19-242-CS-C-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of August, 2020.

SOLOMON JOSHUA, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

BERNARD KOFI ADDO-QUAYE, MD
2290 MCDANIEL ST #2A
N. LAS VEGAS, NV 89030

MUKWEL AIYUK, APRN
2021 S JONES BLVD
LAS VEGAS, NV 89146

MUKWEL AIYUK, APRN
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SOLOMON JOSHUA, A.P.R.N.
3305 EAST ROME BLVD #2068
NORTH LAS VEGAS, NV 89086

JOHN A. HUNT, ESQ.
CLARK HILL PLC
3800 HOWARD HUGHES PARKWAY
LAS VEGAS, NV 89169

SHIRLEY HUNTING

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FILED
AUG 03 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VINAY KUMAR BARARIA, MD,** **Respondent.**	**Case Nos. 19-003-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, an order to cease and desist, citation and fine was served upon Respondent Vinay Kumar Bararia, MD (Bararia) alleging violations of Nevada law as set forth herein.

2. On or about July 17, 2020, Bararia appealed the citation and fine and requested a hearing pursuant to NRS 639.2895(2).

FACTUAL ALLEGATIONS

3. Bararia was not registered with the Board to prescribe or dispense controlled substances or dangerous drugs for Nevada patients at the time of the events alleged herein.

4. Bararia voluntarily surrendered his license to practice medicine, License No. 11355, to the Nevada State Board of Medical Examiners (NSBME) on March 8, 2013, and was sentenced in federal court for distribution of controlled substances in September 2014.

5. Bararia has owned and operated Nevada Health Services, LLC aka Trimcare (Trimcare), located at 5375 South Fort Apache Road, Suites 102 and 103, in Las Vegas, since August 2018.

6. Abdel M. Khalek, MD (Khalek), co-owned and/or was employed at Trimcare from at least October 2018 to April 2019. Khalek held a controlled substance registration,

Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722.

3. Robert Chancellor, MD (Chancellor), co-owned and/or was employed by Trimcare from at least November 2018 to the present. Chancellor held a controlled substance registration, Certificate of Registration No. CS22616, and dispensing practitioner registration, Certificate of Registration No. PD27416

4. Lindsay Hoffman, PA-C (Hoffman), was employed by Trimcare from at least August 2018 to present. Hoffman held a controlled substance registration, Certificate of Registration No. CS 18262, and dispensing practitioner registration, Certificate of Registration No. PD

5. Bararia colluded with Khalek, Chancellor and Hoffman in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without the prescribing practitioner having a bona fide therapeutic relationship with patients, without the practitioner being present at the time prescriptions were dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state.

APPLICABLE LAW

6. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

7. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

8. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS

454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

9. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

10. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

11. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

12. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

VIOLATIONS OF LAW ALLEGED

13. Bararia has purchased, accessed, stored, possessed, administered, furnished, prescribed and/or dispensed controlled substances and dangerous drugs and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state. This constitutes a violation of Nevada law, including NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813, and NRS 639.310. This also constitutes a violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

14. Khalek, Chancellor and Hoffman have been charged in a corresponding administrative action, Case Nos. 19-003-A-S, 19-003-B-S, and 19-003-C-S.

NOTICE OF HEARING

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 3rd day of August, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Vinay Kumar Bararia, MD
5375 S. Ft. Apache Rd., Ste. 103
Las Vegas, NV 89148

Vinay Kumar Bararia, MD
6850 N DURANGO DR #205
Las Vegas, NV 89149

E. Brent Bryson, Esq.
7730 W. Sahara Avenue – Suite 109
Las Vegas, NV 89117

SHIRLEY HUNTING

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FILED
AUG 03 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VICTOR BRUCE, MD,** **Respondent.**	**Case No. 19-242-D-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, an order to cease and desist, citation and fine was served upon Respondent Victor Bruce, MD ("Bruce") alleging violations of Nevada law as more specifically set forth herein.

2. On or about July 27, 2020, Bruce, through counsel John A. Hunt, Esq. from the law firm of Clark Hill PLC, appealed the citation and fine and requested a hearing pursuant to NRS 639.2895(2).

FACTUAL ALLEGATIONS

3. Bruce was not registered with the Board to prescribe or dispense controlled substances for Nevada patients at the time of the events alleged herein. Although Bruce was permitted to prescribe dangerous drugs, he did so unlawfully under another practitioner's credentials.

4. On October 23, 2014, Bruce pled guilty to count (1) of the Indictment and adjudicated guilty of 21 USC §§ 846, 841(a)(1) and (b)(1)(C), conspiracy to distribute oxycodone, in the criminal case, *United States of America v. Victor Bruce, MD*, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH.

5. The judgment in the criminal case sentenced Bruce to forty-six (46) months of

imprisonment beginning on January 16, 2015, and upon release from imprisonment, set forth supervised release for three (3) years, subject to certain conditions.

6. On December 31, 2014, Bruce agreed to have his license to practice medicine revoked, License No. 8652, pursuant to a settlement agreement with the Investigative Committee of the Nevada State Board of Medical Examiners ("NSBME").

7. Bruce currently holds a restricted license to practice medicine, reinstated by NSBME on September 7, 2018, License No. 18273, where he was required to complete a 1-year preceptorship with Bernard Addo-Quaye, MD. Bruce was and is restricted from prescribing controlled substances for a minimum of twenty-four (24) months or until his probation period lapses, whichever is greater. Bruce, at the time in question, was restricted from prescribing controlled substances.

8. Bruce was employed by Bernard Addo-Quaye, MD PC ("Addo-Quaye") dba TruCare Medical Center ("TruCare"), located at 2290 McDaniel Street, Suite 2A, North Las Vegas, Nevada, from approximately September 2018 to present.

9. Addo-Quaye was out of the country from September 1, 2019 – September 20, 2019.

10. Bruce continued to treat patients at TruCare unlawfully utilizing Addo-Quaye's credentials to handwrite prescriptions, and e-scribe prescriptions for controlled substances and dangerous drugs.

11. Bruce colluded with Addo-Quaye to access, store, possess, administer, furnish, and/or prescribe controlled substances and/or dangerous drugs under practitioner Addo-Quaye's name, without Addo-Quaye as the prescribing practitioner having a bona fide therapeutic relationship with patients, and/or Bruce otherwise falsely represented himself as a practitioner entitled to write prescriptions for controlled substances in this state.

APPLICABLE LAW

12. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

13. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

14. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

15. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

16. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

17. Falsely representing oneself as a different practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

18. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

19. Violations of state and federal laws as stated in the foregoing, constitute bases for discipline pursuant to NRS 639.210(4) and (12).

VIOLATIONS OF LAW ALLEGED

20. Bruce has accessed, stored, possessed, administered, furnished, and/or prescribed controlled substances and dangerous drugs and/or otherwise falsely represented himself as Addo-Quaye, a practitioner entitled to write controlled substance prescriptions in this state. This constitutes a violation of Nevada law, including NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813, and NRS 639.310. This also constitutes a violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, and 21 CFR §§ 1306.03–1306.05.

21. Addo-Quaye has been charged in a corresponding administrative action, Case No. 19-242-A-S.

NOTICE OF HEARING

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 31st day of August, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August, 2020, I served and a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Victor Bruce, MD
2290 McDaniel, Ste. #2A
N. Las Vegas, NV 89030

Victor Bruce, MD
3330 S HUALAPAI WAY #120
LAS VEGAS, NV 89117

John A. Hunt, Esq.
Clark Hill PLC
3800 Howard Hughes Parkway
Las Vegas, NV 89169

SHIRLEY HUNTING

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Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: $200.00 (non-refundable check or credit card only)

(This application cannot be used by PA's or APRN's)

First: Joyce Middle: P Last: Chang Degree: MD

Practice Name (if any): Sahara Family & Skin Clinic

Nevada Address: 7720 W. Sahara Avenue #103 Suite #: 103
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: _____

E-mail address: _____.gmail.com

City: Las Vegas State: NV Zip Code: 89117

Work Telephone: 702.228.9888 Date of Birth: _____

Fax: _____ Sex: ☐ M or ☒ F

Practitioner License Number: NV 12643 Specialty: Family Medicine

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. Been the subject of a board citation or an administrative action whether completed or pending in any state? ...	☒	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☒	☐

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & **provide an explanation and documentation:** See attached documentation

Board Administrative Action:	State	Date:	Case #:
	NV	03/08/2019	No. 19-33320-1

Criminal Action:	State	Date:	Case #:	County	Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

_____ 2/6/2020

Original Signature, no copies or stamps accepted. Date

Board Use Only: Date Processed: _____ Amount: 200.00

CC in file

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

March 8, 2019

Joyce Chang, M.D.
c/o L. Kristopher Rath, Esq.
Hutchinson & Steffen
West Alta Drive, Suit
Las Vegas, Nevada 89145

Re: In the Matter of Charges and Complaint Against Joyce Po Kin Chang, M.D.
BME Case No. 19-33320-1

Dr. Chang:

On March 1, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in Case Number 19-33320-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(b)(3), engaging in conduct that violated pharmacy board regulations and NRS 630.3062(1)(a), failure to maintain timely, legible, accurate, and complete medical records pursuant to the Nevada Medical Practice Act. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, pay a fine of $5,000.00, shall take twenty (20) hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

D Prabhu Rachakonda MD

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

RDP/rgk

Arizona Medical Board
1740 W. Adams St, Suite 4000, Phoenix, AZ 85007 • website: www.azmd.gov
Phone (480) 551-2700 • Toll Free (877) 255-2212 • Fax (480) 551-2707

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Physician Member

Executive Director

Patricia E. McSorley

October 10, 2019

Jovce P. Change, MD
Box
Las Vegas, NV 89137

RE: **Joyce P. Chang, M.D.**
Case # MD-19-0322A

Dear Dr. Chang:

The purpose of this letter is to inform you that during the course of the October 7, 2019 public meeting, the Arizona Medical Board (Board) reviewed the above-referenced complaint and all pertinent evidence and information gathered during the investigation. At the conclusion of its review, the Board voted to issue you this Advisory Letter for action taken by the State of Nevada. While there is insufficient evidence to support disciplinary action, the Board believes that continuation of the activities that led to the investigation may result in further Board action against the licensee.

An advisory letter is a non-disciplinary action, and is not subject to review by either the Board or the Courts. *See Murphy v. Board of Medical Examiners of the State of Arizona*, 190 Ariz. 441, 949 P.2d 530 (App. 1997). However, you may file a written response to the letter with the Board within thirty days after its receipt A.R.S. § 32-1451(E)(3). Please do not include medical records or third party opinions as part of your response. Also, please remember that you are responsible for maintaining the confidentiality of any patient's identity. Finally, Board staff requests that the response not disclose the name of any medical consultant who may have reviewed the case or the name of any other healthcare provider associated with the matter in question.

If timely received, the response will be attached to the advisory letter and maintained in your permanent file.

Sincerely,

Michelle Robles
Board Operations Manager
E-mail: board_coordinator@azmd.gov

University of Nevada, Reno
School of Medicine

CERTIFICATE OF COMPLETION

The University of Nevada, Reno School of Medicine certifies that

PARTICIPANT NAME:	Joyce Chang MD
LICENSE NUMBER:	12643

has participated in the following educational activity:

COURSE TITLE:	Best Practices & Tools for Prescribing Controlled Substances
CONTACT HOURS:	22.00
DATES:	April 26-28, 2019
LOCATION:	Las Vegas, NV
LEARNING FORMAT:	Live activity

Melissa O'Brien, MS
Director, CME

The University of Nevada, Reno School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

This activity was designated for 22.00 hours of *AMA PRA Category 1 Credits™*.

This program meets the Nevada State Board of Medical Examiners' requirement for 2 hours of training related to ethics, pain management, or addiction care during each licensure period.

This program meets the Nevada State Board of Medical Examiners' requirement for 2 hours of training related to the misuse and abuse of controlled substances, the prescribing of opioids, or addiction during each licensure period.

This program meets the Nevada State Board of Medical Examiners' requirement for 2 hours of training related to suicide prevention, intervention and detection every 4 years.

FILED 1040
SEP 07 2018
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 18-029-CS-S**
Petitioner,	)	
v.	)	**NOTICE OF INTENDED ACTION AND ACCUSATION**
JOYCE CHANG, MD,	)	
Certificate of Registration Nos. CS15881 PD00340,	)	
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 NRS 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Joyce P. Chang, MD ("Chang") held an active Controlled Substance Registration, Certificate No. CS15881, and an active Practitioner Dispensing Registration, Certificate No. PD00340, both issued by the Board.

FACTUAL ALLEGATIONS

II.

On May 10, 2018, the Nevada State Board of Medical Examiners ("BME") and investigators from the Board (collectively the "Investigators") conducted a joint investigation at Respondent Chang's medical office.

III.

The Investigators found evidence of misconduct and violations of federal and state law involving prescription records and the unlawful prescribing and dispensing of controlled substances and dangerous drugs at Chang's medical office.

IV.

Chang had established a procedure at her medical office wherein she "authorized" her medical assistant ("MA") to create, sign and issue prescriptions for controlled substances and dangerous drugs on Chang's behalf for Chang's patients.

V.

Chang's MA routinely created, signed and issued prescriptions for controlled substances and dangerous drugs to Chang's patients.

VI.

Chang also "authorized" her MA to sign Chang's name and issue prescriptions generated by other practitioners who treated Chang's patients in Chang's absence.

VII.

Chang's MA routinely signed Chang's name and issued prescriptions generated by other practitioners who treated Chang's patients in Chang's absence.

VIII.

Chang's MA is not a practitioner. She is not licensed to practice medicine as a physician, physician's assistant, or advanced practice registered nurse.

IX.

Chang travelled out of the country and was therefore absent from her medical office on the following dates:

- March 18 – March 28, 2016,
- August 13 – August 19, 2016, and
- July 5 – July 17, 2017

Chang's MA signed Chang's name and issued approximately two-hundred and seven (207) controlled substance prescriptions while Chang was outside of the country. The MA also signed and issued prescriptions for dangerous drugs while Chang was absent.

X.

Chang utilized an electronic medical record (EMR) system to chart patient records and electronically process and submit claims for payment to Medicaid and other health plan providers.

XI.

Chang allowed practitioners who treated her patients during her absence to access her EMR for charting and billing patient visits using her sign-on credentials. The practitioner that actually examined the patient for Chang recorded his or her initials in the EMR under "Reason for Appointment."

XII.

Chang caused the practitioners who treated her patients to use her National Provider Identifier (NPI) at least 174 times while she was outside of the country to bill Medicaid and other commercial health insurance plans for services that Chang did not personally provide. Chang received reimbursement for those services.

XIII.

During the May 2018 investigation at Chang's medical office, the Investigators found multiple vials, bottles, and/or tubes containing expired medications stored in Chang's medication room with medications that were not expired.

XIV.

Pre-filled, unlabeled syringes containing an unidentified drug were stored in the refrigerator at Chang's medical office.

XV.

Multiple 30gm tubes containing various strengths of compounded Hydroquinone Tretinoin were stored in the refrigerator at Chang's medical office with expired compounded creams.

XVI.

Bags of partially used syringes of expired and unexpired Juvéderm and other unknown substances were stored in the refrigerator at Chang's medical office.

XVII.

Chang did not have and was not able to produce patient records documenting patient names and dates for the compounded Hydroquinone Tretinoin and Juvéderm syringes dispensed or administered by her office.

XVIII.

Chang voluntarily surrendered her Drug Enforcement Administration ("DEA") registration on or about June 29, 2018. The DEA has not stayed that surrender, and Chang does not currently have a DEA registration.

APPLICABLE LAW

XIX.

No person may prescribe controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

XX.

Only a practitioner may issue a prescription for a controlled substance or dangerous drug, which practitioner is responsible for the proper prescribing and dispensing of the drug and is subject to penalties for violating the provisions of law relating to controlled substances. *See* NRS 453.377, NRS 454.215, NRS 639.013, NRS 639.235(1), and 21 C.F.R. §1306.04.

XXI.

Each written prescription for a controlled substance must contain the handwritten signature of the prescribing practitioner. NRS 639.013(1)(a); NRS 639.2353(2); NAC 453.440(1)(c); 21 CFR § 1306.05.

XXII.

No person may prescribe dangerous drugs in Nevada except as authorized by law. NRS 454.213; NRS 454.215; NRS 639.235(1); NAC 639.742(1), (3) and (4).

XXIII.

Each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. NRS 639.013(1)(a); NRS 639.2353(2); NRS 454.223; NAC 454.060(1).

XXIV.

1. Except as authorized by the provisions of NRS 453.011 to 453.552, inclusive, it is unlawful for a person to:

(a) Import, transport, sell, exchange, barter, supply, prescribe, dispense, give away or administer a controlled or counterfeit substance;

(b) Manufacture or compound a counterfeit substance; or

(c) Offer or attempt to do any act set forth in paragraph (a) or (b).

NRS 639.321.

XXV.

NRS 639.331 states in relevant part:

> 1. It is unlawful for a person knowingly or intentionally to:
>
> . . . .
>
> (c) Assume falsely the title of or represent himself or herself as a registrant or other person authorized to possess controlled substances;
>
> (d) Acquire or obtain or attempt to acquire or obtain possession of a controlled substance or a prescription for a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge or alteration;
>
> (e) Furnish false or fraudulent material information in, or omit any material information from, any application, report or other document required to be kept or filed under the provisions of NRS 453.011 to 453.552, inclusive, or any record required to be kept by those sections;
>
> (f) Sign the name of a fictitious person or of another person on any prescription for a controlled substance or falsely make, alter, forge, utter, publish or pass, as genuine, any prescription for a controlled substance;
>
> . . . .
>
> (i) Make a false representation to a pharmacist for the purpose of obtaining a controlled substance for which a prescription is required.
>
> 2. A person who violates this section is guilty of a category C felony and shall be punished as provided in NRS 193.130.

XXVI.

A label with the proprietary or generic name, strength and expiration date must be affixed to each package or container in which a controlled substance or dangerous drug is administered. NRS 639.2801(7), (8) and (9).

XXVII.

Expired medications must be removed from stock and secured in an area where they will not be used to fill prescriptions. NRS 639.282(d); NAC 639.510(3).

XXVIII.

Each dispensing practitioner shall keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. NAC 639.745.

XXIX.

A practitioner "who knowingly submits to the State…a charge or claim for drugs or medical supplies furnished to or for a person receiving medical care under any program of public assistance, which is false…is guilty of a category D felony…" NRS 639.2815.

XXX.

"Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h).

XXXI.

A licensee "[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i).

XXXII.

"Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(j).

XXXIII.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

XXXIV.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

XXXV.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

XXXVI.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

XXXVII.

"The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to this chapter or chapter 453 or 454 of NRS to possess, administer, prescribe or dispense drugs." NRS 639.2107.

FIRST CAUSE OF ACTION
(Surrender of DEA Registration)

XXXVIII.

The surrender of Chang's DEA registration, which has not been stayed, "operates as an immediate suspension" of Chang's Controlled Substance Registration, Certificate of Registration No. CS15881, which the Board issued pursuant to NRS 453.226 and 453.231, and her Dispensing Practitioner Registration, Certificate of Registration No. PD00340, which the Board issued pursuant to NRS 639.742 *et al.* *See* NRS 639.2107.

SECOND CAUSE OF ACTION
(Aiding and Abetting the Unlawful Prescribing of Controlled Substances)

XXXIX.

By authorizing her MA, a non-practitioner, to create, falsely sign and issue prescriptions for controlled substances on Chang's behalf and using Chang's prescribing privileges, Chang violated and/or aided and abetted her MA in violating federal law, including 21 CFR § 1306.03, 21 CFR § 1306.04, and 21 CFR § 1306.05, and Nevada state law, including NRS 453.321(1)(a), NRS 453.331(1)(c), (d), (f) and (i), NRS 639.2813(1) and NAC 453.440(1)(c). By that conduct, Chang engaged in unlawful and unprofessional conduct and conduct contrary to the public interest as

defined in NAC 639.945(h), (i), (k), and (o). For that conduct, Chang is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), and NRS 639.255.

THIRD CAUSE OF ACTION
(Aiding and Abetting the Unlawful Prescribing of Dangerous Drugs)

XL.

By allowing her MA, a non-practitioner, to create, falsely sign and issue prescriptions for dangerous drugs on Chang's behalf and using Chang's prescribing privileges, Chang violated and/or aided and abetted her MA in violating NRS 454.223(2)(a), NRS 454.311(1) and (2), NRS 639.235(1), NRS 639.2813(1) and NAC 454.060(1). By that conduct, Chang engaged in unlawful and unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(h), (i), (k), and (o). For that conduct, Chang is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

FOURTH CAUSE OF ACTION
(Prescribing to Patients Without a Bona Fide Relationship)

XLI.

By allowing her MA, a non-practitioner, to create, falsely sign and issue prescriptions for controlled substances and dangerous drugs on Chang's behalf and using Chang's prescribing privileges for patients whom Change had not examined personally, Chang, aided and abetted by her MA, unlawfully prescribed controlled substances and dangerous drugs to patients with whom she did not have a bona fide practitioner/patient relationship in violation of NRS 639.235 and/or NRS 639.23911(1)(a). Chang also engaged in unprofessional conduct as defined in NAC 639.945(1)(o). For her conduct, Chang is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

FIFTH CAUSE OF ACTION
(Failure to Properly Store Expired Medications)

XLII.

By failing to segregate expired medications from unexpired medications and secure those expired medications in an area where they could not be used to administer or fill prescriptions, Chang violated NRS 639.282(1)(d), NAC 639.510(3) and NAC 639.601(1). For that conduct, Chang

engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(i). Chang is therefore subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

SIXTH CAUSE OF ACTION
(Failure to Maintain and Produce Records)

XLIII.

By failing to keep and produce records documenting patient names and dates for the Hydroquinone Tretinoin and/or Juvéderm syringes dispensed or administered by Chang's Office, and by failing to maintain a recordkeeping system with a readily retrievable record of her patients' names and the dates for Hydroquinone Tretinoin and/or Juvéderm injections dispensed or administered by her office, Chang violated NRS 639.234(4) and NAC 639.745(1)(a) and 3. For that conduct, Chang engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(h) and (i), and is subject to discipline pursuant to NRS 639.210(1), (4), (12), and (17), and NRS 639.255.

SEVENTH CAUSE OF ACTION
(Insurance Fraud)

XLIV.

By allowing other practitioners to treat her patients and by billing Medicaid and other commercial health insurance plans using Chang's NPI number, thereby representing falsely that Chang provided the services and prescriptions personally, and by causing Medicaid and other commercial health insurance plans to submit payment to her office for services she did not provide, Chang engaged in fraudulent and unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(h). For that conduct, Change is subject to discipline pursuant to NRS 639.210(1), (4), and (12), NRS 639.255 and/or NAC 639.7105(10)(b).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

[SIGNATURE ON FOLLOWING PAGE]

Signed this 7th day of September 2018.

J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

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 20 (twenty) days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

FILED
OCT 10 2018
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 18-029-CS-S**
	)	
Petitioner,	)	
v.	)	
	)	**STIPULATION AND ORDER**
JOYCE CHANG, MD,	)	
Certificate of Registration Nos. CS15881	)	
PD00340,	)	
	)	
Respondent.	/	

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent JOYCE P. CHANG, MD, Certificate of Registration Nos. CS15881 and PD00340, by and through her counsel, L. Kristopher Rath, Esq., **HEREBY STIPULATE AND AGREE[i] THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about September 7, 2018, Board Staff properly served the Notice of Intended Action and Accusation (Accusation) on file in this matter on Respondent, together with a Statement to Respondent and Notice of Hearing.

3. In lieu of filing an Answer to the Accusation, Respondent has entered into this Stipulation.

4. Respondent is fully aware of her right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act),

[i] All agreements and admissions made by Respondent are solely for final disposition of this matter before the Board and any subsequent related administrative proceedings before the Board or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another State or Federal government regulatory agency proceeding, any State or Federal civil or criminal proceeding, and State or Federal court proceeding, and/or any credentialing and/or privileges matter.

NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of her right to challenge any future determination that Respondent has failed to comply with the provisions of Paragraph 9 below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent does not contest nor admit the allegations in the Accusation, *to wit,* that Respondent:

A. Aided and abetted the unlawful prescribing of controlled substances in violation of federal law, including 21 CFR § 1306.03, 21 CFR § 1306.04, and 21 CFR § 1306.05, and Nevada law, including NRS 453.321(1)(a), NRS 453.331(1)(c), (d), (f) and (i), NRS 639.2813(1) and NAC 453.440(1)(c);

B. Aided and abetted the unlawful prescribing of dangerous drugs in violation of NRS 454.223(2)(a), NRS 454.311(1) and (2), NRS 639.235(1), NRS 639.2813(1) and NAC 454.060(1);

C. Unlawfully prescribed controlled substances and dangerous drugs to patients with whom she did not have a bona fide practitioner/patient relationship in violation of NRS 639.235 and/or NRS 639.23911(1)(a);

D. Failed to segregate expired medications from unexpired medications and secure those expired medications in an area where they could not be used to administer or fill prescriptions in violation of NRS 639.282(1)(d), NAC 639.510(3) and NAC 639.601(1);

E. Failed to keep and produce records documenting patient names and dates for Hydroquinone Tretinoin and/or Juvéderm syringes dispensed or administered by her office, and failed to maintain a recordkeeping system with a readily retrievable record of her patients'

names and the dates for Hydroquinone Tretinoin and/or Juvéderm injections dispensed or administered by her office, in violation of NRS 639.234(4) and NAC 639.745(1)(a) and 3; and

F. Engaged in conduct violative of NAC 639.945(1)(h) by allowing other practitioners to treat her patients and bill Medicaid and other commercial health insurance plans using Respondent's National Provider Identifier, thereby representing falsely that Respondent provided the services and prescriptions personally, and causing Medicaid and other commercial health insurance plans to submit payment to her office for services she did not provide.

8. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent admitting to the allegations in the Accusation, the Board and Respondent stipulate to the following penalties:

A. Respondent Joyce P. Chang's Controlled Substance Registration, Certificate No. CS15881, and Practitioner Dispensing Registration, Certificate No. PD00340, are each revoked effective upon approval of this Stipulation by the Board.

B. Unless and until Respondent applies for reinstatement of her controlled substance registration and/or her dispensing practitioner registration, and the Board reinstates her registration(s), Chang:

1) May not possess any controlled substance other than a controlled substance that was lawfully prescribed to her by a licensed practitioner and lawfully dispensed to her for her own personal use to treat a documented medical necessity.

2) May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in her possession and/or control, other than a controlled substance lawfully prescribed and dispensed to her for her own personal use.

3) May not prescribe any controlled substance.

4) May not dispense any controlled substance or dangerous drug.

5) The provisions of Paragraph 9.B.(1) through 9.B.(4), inclusive, do not apply to any other practitioners who work at Dr. Chang's clinic or medical offices, whether employed by Dr. Chang's professional corporation or associated with Dr. Chang's professional corporation via independent contractor agreements, who hold their own active controlled substance and dispensing practitioner registrations issued by the Board.

C. Pursuant to NRS 639.257(1), Respondent may apply for reinstatement of her controlled substance and/or dispensing practitioner registrations after one (1) year has elapsed from the date of revocation.

D. In the event Respondent applies for reinstatement, or for any other registration or certificate with the Board, she shall appear before the Board to answer questions and give testimony regarding her application, her compliance with this Order, and the facts and circumstances underlying this matter. The Board may consider the testimony and information provided at said appearance, and in the event of denial of Respondent's application for reinstatement shall specify on the record the reasons therefor pursuant to NRS 639.138.

E. Respondent shall pay an administrative fee of Three-Thousand Dollars ($3,000.00) to partially reimburse the Board for reasonable attorney's fees and costs incurred in investigating and prosecuting this matter. Respondent shall pay the administrative fee by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of approval of this Stipulation by the Board.

10. Any failure by Respondent to comply with the terms of this Stipulation and Order may result in issuance by the Executive Secretary of an order to show cause directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Stipulation and Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 10, 2018, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a future Board meeting. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 10th day of October, 2018

JOYCE CHANG, MD
Certificate of Registration Nos. CS15881
PD00340

10/10/2018
L. Kristopher Rath (5749)
Counsel for Dr. Chang

Signed this 15TH day of October, 2018

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Joyce P. Chang, MD, Certificate of Registration Nos. CS15881 and PD00340, in Case No. 18-029-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

10/10/18
Dated

Leo Basch, President
Nevada State Board of Pharmacy

8

8A

CONTROLLED SUBSTANCE REGISTRATION APPLICATION

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206 - Reno, NV 89521

Registration Fee: $80.00 (non-refundable money order or cashier's check only)
(This application cannot be used by PA's or APRN's)

First: ROGER Middle: MAURICE Last: BELCOURT Degree: MD

SS#: _ _ _ - _ _ - _ _ _ _ Date of Birth: _ _ / _ _ / _ _ _ _

Practice Name (if any): Nevada Occupational Health

Nevada Address: 3488 Goni Road Suite #: 141

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: CARSON CITY State: NV Zip Code: 89706

E-mail: [redacted]NVBELL.NET Contact E-mail: Same

Work Telephone: (775) 887-5030 Fax: (775) 887-5040

Practitioner License Number: 5427 Specialty: OCCUPATIONAL MEDICINE

Sex: ☒ M or ☐ F

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....	☒	☐
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in any state? ...	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☐	☒

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & **provide an explanation and documentation:**

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Roger M. Belcourt
Original Signature, no copies or stamps accepted.

01/07/2020
Date

Board Use Only: Date Processed: _____ Amount: 80.00

Roger M. Belcourt, M.D., M.P.H.
Taos Ct.
Reno, NV 89511

January 7, 2020

Dear Pharmacy Board,

This letter is written to clarify the positive response on the credentialling application.

On July 21, 1988, while a physician on U.S.A.F. active duty, I was arrested for self-prescribing controlled substances. My hospital privileges were suspended while the incident was investigated. In August 1988, I underwent an eight week inpatient chemical dependency treatment program at the Naval Alcohol Rehabilitation Center in San Diego (Miramar), Ca. A few months after my release from treatment, I was court-martialled by the Air Force. Pleading guilty, I was dismissed from the service.

Following my release, I met with the investigative branch for the Board of Medical Quality Assurance in California. After reviewing my case, they elected to take no action against my medical license in lieu of my enrollment in the California Physician's Diversion Program. I successfully completed this program on January 15, 1993 after just over 3 years of monitoring and participation (letter attached). My California Medical license is completely clear.

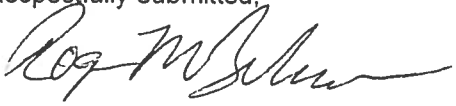
The DEA conducted their own investigation and said I must continue participation in the Diversion program and keep a log of all the controlled substances I prescribed. I signed an agreement in September 1991. The investigator at the Sacramento DEA office was Sharon Lick. The DEA did not restrict my prescribing license in any manner and my stipulation was successfully completed in September 1993.

I applied to have my Nevada license (#5427) activated in early 1993. I met with the investigative committee on March 4, 1993 in Las Vegas. This committee, along with the full medical board, decided to take no action against my license in lieu of my signing an agreement for monitoring. I was released from all monitoring in December 1995. In 1994, I was named as a physician consultant to the Nevada State Board of Medical Examiners for monitoring impaired providers in Nevada and I served as the President of the Nevada Health Professionals Assistance Foundation from 2004-2008.

My case has been fully investigated by two state medical boards as well as the DEA. I previously held a Nevada Pharmacy Board License from 1993 until 2010

Should you have any questions, please let me know at the earliest possible date.

Respectfully submitted,



Roger M. Belcourt, M.D., M.P.H.

Roger Belcourt, M.D., MPH, FACOEM
Regional Medical Director
Nevada and Oregon

Concentra™

775.326.8333 Ext. 207 (p)
866.594.1374 (f)
775.742.0505 (c)
1530 East 6th Street
Reno, NV 89512

Improving America's health, one patient at a time

roger_belcourt@concentra.com
www.concentra.com

Concentra™
treated right

May 5, 2009

Carolyn Cramer
General Counsel
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Dear Ms. Cramer,

Thank you for meeting with you to discuss my Pharmacy Board License (CS06804 & CS06804D), specifically as it relates to my most recent applications in the Fall of 2008. I completed these applications without due diligence and mistakenly answered the questions related to addiction and substance abuse in the negative. In fact, after nearly 20 years in addiction recovery, I relapsed and went to treatment for 90 days at Betty Ford Center in March, 2008. Following my release, I enrolled in the Nevada Health Professionals Assistance Program, where my recovery has been monitored and documented. There are no pending medicolegal, civil, or criminal issues. I was not engaged in patient care at the time I went to treatment.

I wish to correct these issues of fact in my file. Please advise of necessary steps in completing this objective.

Respectfully,

Roger M. Belcourt, MD, MPH

www.concentra.com

Roger M. Belcourt, MD, MPH
1530 E. 6th Street
Reno, NV 89511
775.326.8333 X207 ph
775.326.8078 Fax
Roger_Belcourt@Concentra.com email

Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

May 8, 2009

Roger M. Belcourt, MD, MPH
1530 E. 6th Street
Reno, Nevada 89511

Dear Dr. Belcourt:

Thank you for stopping by our office on May 5, 2009, and bringing to my attention the mistake you made on your registration renewal. We will put your letter dated May 5, 2009 with your fall 2008 renewal in your file so our records are corrected. There will be no further action with regard to this matter.

Sincerely,

Carolyn J. Cramer
General Counsel
Nevada Board of Pharmacy

MURRAY BROOKS LADC PhD
1925 N Carson St Carson City NV 89701
(775) 220-1479
murraybrooks@live.com

Nevada State Board of Pharmacy
Attention Candy M Nally
Licensing Specialist
985 Damonte Ranch Parkway Suite #206
Reno NV 89521
cnally@pharmacy.nv.gov

02/20/2020

Ref. Roger M Belcourt MD

Please accept this letter as verification that Dr. Belcourt has been enrolled in monitored substance use aftercare through LifePath Recovery since July of 2008. He remains enrolled in the program after completing a five year contract, on a voluntary basis, and is compliant with recommendations and program requirements. No indications of any chemical use issues have occurred over the past 12 years of testing.
This program has an agreement to provide monitoring with the Nevada State Board of Medical Examiners.

For confidentiality reasons, we do not disclose client notes.

Respectfully

Wm. Murray Brooks, LADC PhD

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug use patient.

8B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

CONTROLLED SUBSTANCE APPLICATION Registration Fee: $200.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

(This application cannot be used by PA's or APRN's)

First: Andrew Middle: Stephen Last: Podley

Practice Name (if any):

Nevada Address: [redacted] Maryland Pkwy Suite #:

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Las Vegas State: NV Zip Code: 89109

PO Box: SS# or ITIN [redacted]

E-mail address: [redacted].edu

Work Telephone: 716 313 4353 Personal Phone:

Fax: Degree: MD

Date of Birth [redacted] Sex: ☒ M or ☐ F

Practitioner License Number: 19584 OK 6/17 Specialty: Anesthesiology

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in any state? ...	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☐	☒

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & **provide an explanation and documentation:**

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
Acquitted DWI	NY	12/18/2018	NFB28KCQFC	Erie	Buffalo City Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

[signature] 05/03/2020

Original Signature, no copies or stamps accepted. Date

Board Use Only: Date Processed: Amount: 200.00

Pertinent Documentation for Affirmative response to question #1

Dear Nevada State Board of Pharmacy

I answered yes to question #1. There are two reasons that I answered yes to this question. The first reason that I answered yes to this question is because on 07/30/2012 I was pulled over for speeding. The officer saw a suspicious package and asked to see what was inside. The package contained a small amount of cannabis and a pipe. I was given a written arrest for possession of a small amount of cannabis and related drug paraphernalia. I completed an outpatient substance abuse/ chemical dependence treatment program on 04/30/2013. The charges were dismissed on 05/06/2013. The charges were expunged on 03/11/2014. I have included copies of the paperwork related to this incident in this packet.

The second reason that I answered yes to this question is because on 08/09/2018 I was pulled over for driving in the city of Buffalo, NY with no headlights on. The officer who pulled me over said that he smelled alcohol on my breath and gave me a roadside sobriety test. I was arrested for BAC above 0.08 (BAC registered as 0.12 on the Breathalyzer) and with driving while under the influence of alcohol. On 12/18/2018 the charge for BAC above 0.08 was dismissed and also I was acquitted of the DWI charge. I have included copies of the paperwork related to this incident in this packet.

Currently, I do not use cannabis nor do I drive under the influence. Currently, I do not engage in unprofessional behavior. I regret bad decisions I have made in the past, and have made changes in my life to ensure that I am a better person. There have been no other issues with the law other than the two dates for which I was arrested as mentioned above. If there is any further questions I can answer or documentation that I can provide please reach out to me.

Sincerely,

Andrew Podley

Andrew Stephen Podley MD

IN THE COUNTY COURT OF THE THIRD JUDICIAL CIRCUIT, IN AND FOR MADISON COUNTY, FLORIDA.

STATE OF FLORIDA

-vs-

ANDREW STEPHEN PODLEY

Defendant(s),

CASE NO: MA12MM008720A
CLERK NO: 12-000257-MM-(A)

CHARGE:
1. POSSESSION OF 20 GRAMS CANNABIS OR LESS
2. POSSESSION OF DRUG PARAPHERNALIA

NOTICE OF TERMINATION
OF DEFERRED PROSECUTION

COMES NOW the State of Florida, by the undersigned Assistant State Attorney, and gives its Notice of Termination of Deferred Prosecution in the above-styled cause.

The above named Defendant, Andrew Stephen Podley, is hereby terminated from the Deferred Prosecution program effective 05/01/2013, by reason of successful completion of said program.

The above-styled cause of action stands dismissed effective 05/01/2013.

Dated this 6th day of May, 2013.

OFFICE OF THE STATE ATTORNEY
THIRD JUDICIAL CIRCUIT
100 SE COURT STREET
LIVE OAK, FL. 32064
PHONE: (386) 362-2320

CAREY D. CARMICHAEL, JR.
ASSISTANT STATE ATTORNEY
FLORIDA BAR NO. 0028863

Original: Clerk of Court for filing
Copy To: Sheriff Ben Stewart
Tor J. Friedman
State Attorney
Andrew Stephen Podley

IN THE COUNTY COURT OF THE
THIRD JUDICIAL CIRCUIT, IN
AND FOR MADISON COUNTY,
FLORIDA

CASE #: 12-000257-MM-(A)

Arrest Agency Case FHPH12OFF018253

STATE OF FLORIDA,

vs.

Andrew Stephen Podley
Name of Defendant/Petitioner

CERTIFIED A TRUE COPY
TIM SANDERS
CLERK CIRCUIT COURT
MADISON COUNTY, FLORIDA
BY _____
DEPUTY CLERK

Date of Birth

SW 93 Avenue
Current Mailing Address

Miami, FL 33176
City/State/Zip

ORDER TO EXPUNGE PURSUANT TO SECTION 943.0585, FLORIDA STATUTES, and FLORIDA RULE OF CRIMINAL PROCEDURE 3.692

THIS CAUSE was considered upon petition to expunge certain records of the defendant/petitioner's arrest on the 30th day of July, 2012 by the Florida Highway Patrol for Possession of Cannabis and Possession of Paraphernalia. Having reviewed the record and/or having heard argument of the defendant/petitioner or counsel and being otherwise fully advised in the premises, the court finds the following:

1. The defendant/petitioner has never previously been adjudicated guilty of a criminal offense or a comparable ordinance violation.

2. The defendant/petitioner was not adjudicated guilty of charges stemming from the arrest of criminal activity to which this expunction petition pertains.

3. The defendant/petitioner has not secured a prior records expunction or sealing.

4. This record has either been sealed for at least 10 years; **or** no indictment or

information was ever filed in this case against the petitioner; **or** the prosecutor or the court dismissed an indictment or information filed against the defendant.

THEREFORE, it is

ORDERED and ADJUDGED that the petition to expunge is granted. All court records pertaining to the above-styled case shall be expunged in accordance with the procedures set forth in the Florida Rule of Criminal Procedure 3.692.

ORDERED and ADJUDGED that the clerk of this court shall forward a certified copy of this order to the prosecuting authority (check one): X State Attorney of the Third Judicial Circuit;____ Special Prosecutor; or ____ Statewide Prosecutor; and to the arresting Agency, Florida Highway Patrol, and the Sheriff of Madison County, all of whom will comply with the procedures set forth in section 943.0585, Florida Statutes, and appropriate regulations of the Department of Law Enforcement, and all of whom will forward a copy of this order to any agency that their records reflect has received the instant criminal history record information.

ORDERED and ADJUDGED that the Florida Highway Patrol Shall expunge all information concerning indicia of arrest or criminal history record information regarding this defendant/petitioner in accordance with the procedures set forth in Section 943.0585, Florida Statutes, and Florida Rule of Criminal Procedure 3.692.

DONE and ORDERED at Madison County, Florida, this 11th day of March, 2014.

COUNTY JUDGE

Certificate #: U-00000117-F

BUFFALO CITY COURT

50 Delaware Avenue, Buffalo, NY 14202
Phone: (716) 845-2689 Fax: (716) 847-8257

FEE
Non-Public Version

The People of the State of New York
vs.
Andrew S. Podley

Certificate of Disposition
Docket Number: **CR-11142-18**

Defendant DOB:

Arrest Date: **08/10/2018** Arraignment Date: **09/04/2018**

THIS IS TO CERTIFY that the undersigned has examined the files of the **Buffalo City Court** concerning the above entitled matter and finds the following:

Count	Arraignment Charge	Charge Weight	Disposition	Disposition Date
1	VTL 1192 02 UM Oper MV Bac .08 Of 1st Off **SEALED 160.50**	UM	Dismissed (Trial Order of Dismissal (CPL 290.10 (1)), Sealed 160.50)	12/18/2018
2	VTL 1192 03 UM DWI- 1st Offense **SEALED 160.50**	UM	Acquitted	12/18/2018

Count	Ticket No.	Incident Date	Conviction Charge	Charge Weight	Conviction Charge Description	Conviction Type	Conviction/ Sentence Date	Sentence Highlight
3	NFB28KCQKN	08/09/2018	VTL 0375 2A1	I	Equip Vio-No Inadequate Lights	Tried-Found Guilty	12/18/2018	• Surcharge (MS ($55.00), Addl ($28.00), CVAF ($5.00) - due 03/01/2019) • Fine ($200.00 - due 03/01/2019)

All fines, fees & surcharges imposed at sentence are paid in full.

Dated: **December 26, 2018**

Erika Lewis

Chief Clerk/Clerk of the Court

CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT SEAL

It shall be an unlawful discriminatory practice, unless specifically required or permitted by statute, for any person, agency, bureau, corporation or association, including the state and any political subdivision thereof, to make any inquiry about, whether in any form of application or otherwise, or to act upon adversely to the individual involved, any arrest or criminal accusation of such individual not then pending against that individual which was followed by a termination of that criminal action or proceeding in favor of such individual, as defined in subdivision two of section 160.50 of the criminal procedure law, or by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law, or by a conviction which is sealed pursuant to section 160.58 or 160.59 of the criminal procedure law, in connection with the licensing, employment or providing of credit or insurance to such individual, provided, further, that no person shall be required to divulge information pertaining to any arrest or criminal accusation of such individual not then pending against that individual which was followed by a termination of that criminal action or proceeding in favor of such individual, as defined in subdivision two of section 160.50 of the criminal procedure law, or by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law, or by a conviction which is sealed pursuant to section 160.58 or 160.59 of the criminal procedure law. The provisions of this subdivision shall not apply to the licensing activities of governmental bodies in relation to the regulation of guns, firearms and other deadly weapons or in relation to an application for employment as a police officer or peace officer as those terms are defined in subdivisions thirty-three and thirty-four of section 1.20 of the criminal procedure law; provided further that the provisions of this subdivision shall not apply to an application for employment or membership in any law enforcement agency with respect to any arrest or criminal accusation which was followed by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law, or by a conviction which is sealed pursuant to section 160.58 or 160.59 of the criminal procedure law. [Executive Law § 296 (16)]
Conviction charges may not be the same as the original arrest charges.
Arraignment charges may not be the same as the original arrest charges.
CPL 160.50 All official records (excluding published court decisions or opinions or records and briefs on appeal) related to the arrest or prosecution on file with the Division of Criminal Justice Services, any court, police agency or prosecutor's office shall not be available to any person or public or private agency.

New York State - Department of Motor Vehicles
UNIFORM TRAFFIC TICKET

NFB28KCPT3

To be completed by Police Officer and given to Motorist

POLICE AGENCY: TRANSIT AUTHORITY POLICE

Local Police Case: 18-016677

Last Name (Defendant)	First Name	MI
PODLEY	ANDREW	S

Number and Street	Apt No	Driver Lic Shown
MEYER RD A		◉

City	State	Zip Code	Owner Oper	Lic Class
AMHERST	NY	14226	◉	D

Sex	Date of Birth
M	02/13/2021

Lic State	Lic Type	Year	Make	Color
NY	1	2004	TOYT	TN

Reg State	Registration Expires
NY	06/12/2020

THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS

Time	Date of Offense	In VIOLATION OF
11:46 PM	08/09/2018	NYS V AND T LAW

Section	Sub Section	Fr Inf	Misd	Felony	VEH	MIN Zone
1192	2	○	◉	○		

Description of Violation: DRIVG W/.08 OF 1% OR MORE OF ALC (MISD)

US DOT#

CDL Veh	Sub	Haz Mat
○	○	○

Place of Occurrence	Hwy No	Loc Code
1585 MAIN ST		1501

City Name	County	Hwy Type	ACCIDENT
BUFFALO, CITY OF - 1501	ERIE	6	01437

AFFIRMED UNDER PENALTY OF PERJURY

(Officer's Signature)

Date Affirmed	Off Assgn
08/10/2018	

Arrest Type: 1 - PATROL

Badge/Shield: 0137

Officer's Last Name	First Name	MI
BLUMAN	J	

Police Officer's Signature

THIS MATTER IS SCHEDULED TO BE HANDLED ON THE APPEARANCE DATE BELOW

BUFFALO CITY COURT

Address: 50 DELAWARE AVE

City	State	Zip
BUFFALO	NY	14202

○ RETURN BY MAIL BEFORE OR IN PERSON ON
◉ MUST APPEAR IN PERSON ON

Date	Time
08/31/2018	9:30 AM

A PLEA OF GUILTY TO THIS CHARGE IS EQUIVALENT TO A CONVICTION AFTER TRIAL. IF YOU ARE CONVICTED, NOT ONLY WILL YOU BE LIABLE TO A PENALTY, BUT IN ADDITION YOUR LICENSE TO DRIVE A MOTOR VEHICLE OR MOTORCYCLE, AND YOUR CERTIFICATE OF REGISTRATION, IF ANY, ARE SUBJECT TO SUSPENSION AND REVOCATION AS PRESCRIBED BY LAW.

Conviction may subject you to a mandatory surcharge and/or Driver Responsibility Assessment as prescribed by law.

Your failure to respond may result in a warrant for your arrest or suspension of your driver's license and/or a default judgement against you.

TO PLEAD BY MAIL
(NOT TO BE USED FOR MISDEMEANORS OR FELONIES)

- If you are pleading "GUILTY" by mail, place an "X" through SECTION B, then complete and sign SECTION A.
- If you are pleading "NOT GUILTY" by mail, place an "X" through SECTION A, then complete and sign SECTION B.
- Mail this form to the Court noted on this ticket by Registered, Certified, or First Class Mail, with Return Receipt Requested.
- DO NOT use this form for Misdemeanors or Felonies or for a third or subsequent speeding violation in an 18 month period. Instead you must appear in the Court noted on this ticket in person.
- If the Court accepts your plea, you will be notified by mail to appear in the Court noted on the front of this ticket.

SECTION A - PLEA OF GUILTY

To the Court listed on the other side of this ticket:

I, _____

residing at _____

have been charged with the violation as specified on the other side of this ticket. I acknowledge receipt of the warning printed in bold type on the other side of this ticket, and I waive arraignment in open court and the aid of an Attorney. I plead GUILTY to the offense as charged and request that this charge be disposed of and a fine or penalty fixed by the court.

Additionally, I make the following statement of explanation (optional):

_____

_____

All statements are made under penalty of perjury.

Date _____ Signed _____

SECTION B - PLEA OF NOT GUILTY

The following notice applies to you if the officer did not issue you a supporting deposition with your ticket.

NOTICE: YOU ARE ENTITLED TO RECEIVE A SUPPORTING DEPOSITION FURTHER EXPLAINING THE CHARGES PROVIDED YOU REQUEST SUCH SUPPORTING DEPOSITION WITHIN THIRTY (30) DAYS FROM THE DATE YOU ARE DIRECTED TO RESPOND TO THE COURT NOTED ON THE OTHER SIDE OF THIS APPEARANCE TICKET. DO YOU REQUEST A SUPPORTING DEPOSITION?

Yes ☐ No ☐

SUPPORTING DEPOSITION PROVIDED WHEN THIS TICKET WAS ISSUED?

NO ◉ SPEEDING (Gen 101) ○
GENERAL (Gen 101A) ○

Signature _____

Address _____

_____

City _____ State _____ Zip Code _____

NOTE: Mail this NOT GUILTY Plea within 48 hours. The court will notify you by First Class Mail of your appearance date.

APPLICANTS UNDER 18 YEARS OF AGE
MUST SUBMIT NAME AND ADDRESS OF PARENT OR GUARDIAN BELOW

Name of Parent or Guardian _____

Address _____

City _____ State _____ Zip Code _____

FAILURE TO ANSWER THIS TICKET WILL RESULT IN THE SUSPENSION OF YOUR LICENSE AND A DEFAULT JUDGEMENT AGAINST YOU.

TR-17 (ADP)

NFB28KCPT3

New York State - Department of Motor Vehicles
UNIFORM TRAFFIC TICKET

NFB28KCQFC
To be completed by Police Officer and given to Motorist

POLICE AGENCY: TRANSIT AUTHORITY POLICE
Local Police Code: 15-Clerk 77

Last Name/Defendant	First Name	M.I.
PODLEY	ANDREW	S

Street and Street	Apt No.	Print Lic Shown
MEYER RD AP		◉

City	State	Zip Code	Owner Other	Lic Class
AMHERST	NY	14226	◉	D

Sex	Date Expires
M	02/13/2021

Lic State	Lic	Veh Type	Year	Make	Color
NY	D	1	2004	TOYT	TN

Reg State	Expiration Date
NY	08/12/2020

THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS

Time	Date of Offense	VIOLATION OF
11:46 PM	08/09/2018	NYS V AND T LAW

Section	Sub Section	Traffic Misd	Felony	MPH	Speed Zone
11923		○ ◉ ○			

Description of Violation: DRIVING WHILE INTOXICATED (MSD)

US DOT #

CDL Veh	Bus	Haz Mat
○	○	○

Place of Occurrence: 1586 MAIN ST
Hwy No: | Hwy Code: 1501

City Name: BUFFALO, CITY OF - 1601
County: ERIE
Hwy Type: 6
PC Code: 01437

AFFIRMED UNDER PENALTY OF PERJURY
(Officer's Signature)
Date Affirmed: 08/10/2018
Off Assign:
Arrest Type: 1 - PATROL
Badge/Shield: 0137

Officers Last Name	First Name	M.I.
BLUMAN	J	

Radar Officer's Signature

THIS MATTER IS SCHEDULED TO BE HANDLED ON THE APPEARANCE DATE BELOW

BUFFALO CITY COURT
Address: 50 DELAWARE AVE
City: BUFFALO | State: NY | Zip: 14202

○ RETURN BY MAIL BEFORE OR IN PERSON ON
◉ MUST APPEAR IN PERSON ON: Date: 08/31/2018 | Time: 9:30 AM

A PLEA OF GUILTY TO THIS CHARGE IS EQUIVALENT TO A CONVICTION AFTER TRIAL. IF YOU ARE CONVICTED, NOT ONLY WILL YOU BE LIABLE TO A PENALTY, BUT IN ADDITION YOUR LICENSE TO DRIVE A MOTOR VEHICLE OR MOTORCYCLE, AND YOUR CERTIFICATE OF REGISTRATION, IF ANY, ARE SUBJECT TO SUSPENSION AND REVOCATION AS PRESCRIBED BY LAW.

Conviction may subject you to a mandatory surcharge and/or Driver Responsibility Assessment as prescribed by law.

Your failure to respond may result in a warrant for your arrest or suspension of your driver's license and/or a default judgement against you.

TO PLEAD BY MAIL
(NOT TO BE USED FOR MISDEMEANORS OR FELONIES)

- If you are pleading "GUILTY" by mail, place an "X" through SECTION B then complete and sign SECTION A.
- If you are pleading "NOT GUILTY" by mail, place an "X" through SECTION A then complete and sign SECTION B.

Mail this form to the Court noted on this ticket by Registered, Certified, or First Class Mail with Return Receipt Requested.

DO NOT use this form for Misdemeanors or Felonies or for a third or subsequent speeding violation in an 18 month period. Instead you must appear in the Court noted on this ticket in person.

If the Court denies your plea, you will be notified by mail to appear in the Court noted on the front of this ticket.

SECTION A - PLEA OF GUILTY

To the Court noted on the other side of this ticket:

I, _____ residing at _____

have been charged with the violation as specified on the other side of this ticket. I acknowledge receipt of the warning printed in red type on the other side of this ticket and I waive arraignment in open court and the aid of an Attorney. I plead GUILTY to the offense as charged and request that this charge be disposed of and a fine or penalty fixed by the court.

Additionally, I make the following statement of explanation (optional):

_____

_____

All statements are made under penalty of perjury.

Date _____ Signed _____

SECTION B - PLEA OF NOT GUILTY

The following notice applies to you if the officer did not issue you a supporting deposition with your ticket.

NOTICE: YOU ARE ENTITLED TO RECEIVE A SUPPORTING DEPOSITION FURTHER EXPLAINING THE CHARGES PROVIDED YOU REQUEST SUCH SUPPORTING DEPOSITION WITHIN THIRTY (30) DAYS FROM THE DATE YOU ARE DIRECTED TO RESPOND TO THE COURT NOTED ON THE OTHER SIDE OF THIS APPEARANCE TICKET. DO YOU REQUEST A SUPPORTING DEPOSITION?

Yes ☐ No ☐

SUPPORTING DEPOSITION PROVIDED WHEN THIS TICKET WAS ISSUED?

NO ◉ SPEEDING (Gen 101) ○
GENERAL (Gen 101A) ○

Signature _____

Address _____

_____

City _____ State _____ Zip Code _____

NOTE: Mail this NOT GUILTY plea within 48 hours. The court will notify you by First Class Mail of your appearance date.

APPLICANTS UNDER 18 YEARS OF AGE
MUST SUBMIT NAME AND ADDRESS OF PARENT OR GUARDIAN BELOW

Name of Parent or Guardian _____

Address _____

City _____ State _____ Zip Code _____

FAILURE TO ANSWER THIS TICKET MAY RESULT IN THE SUSPENSION OF YOUR LICENSE AND A DEFAULT JUDGEMENT AGAINST YOU.

NFB28KCQFC

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Total Fee: $250.00 (non-refundable check or credit card)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Tosin Middle: A. Last: Adelakun

Mailing Address: Bleeker Lane

City: West Columbia State: SC Zip Code: 29169

Telephone: _____ E-mail Address: ..JeffronPharm.com

Date of Birth: _____ Place of Birth: Lagos, Nigeria

Social Security Number: _____ Sex: ☑ M or ☐ F

(Full Number Required)

College of Pharmacy Information

Graduation Date: 05/10/2019 (mm/dd/yy)

Degree Received: ☑ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of Georgia College of Pharmacy

Location of School: Athens, GA

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250.00 Entity #: _____

Email _____ NAPLEX _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
SC	PH.42330	Yes ☑ No ☐			Yes ☐ No ☐
A	PD15242	Yes ☑ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☑

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☑	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state	☐	☑
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation and/or documentation**:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
Possession of Marijuana	AL	3/11/2014	MC14-126	Eufala	Eufaula Municipal Court

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

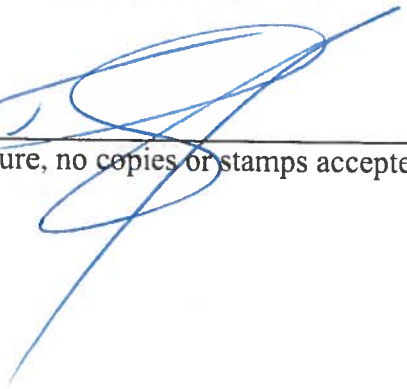
4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☑
4a. If you marked Yes. to the question 4. are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted

2/14/2020

Date

Candy Nally

From: Tosin Adelakur nephronpharm.com>
Sent: Monday, February 24, 2020 11:11 AM
To: Candy Nally
Subject: RE: License by Examination
Attachments: Eufaula Court Docs.pdf

In April 2014, I was a passenger in a vehicle that was found to have less than an ounce of marijuana inside of it. Everybody in the vehicle, including myself, was charged with possession of less than one ounce of marijuana. Eufaula Municipal Court in Alabama (545 East Barbour Street Eufaula, Alabama 36027) was the court that presided over my case. My case resulted in a pre-trial diversion in which the charge was dismissed on my criminal record. I have attached all court records and details surrounding the case.

Kindest Regards,

Dr. Tosin Adelakun

From: Candy Nally [mailto:cnally@pharmacy.nv.gov]
Sent: Monday, February 24, 2020 1:30 PM
To: Tosin Adelakun < @nephronpharm.com>
Subject: [EXTERNAL] License by Examination

Mr. Adelakun,

We are in receipt of your application for a pharmacist by examination. On the application you answered "I Have" to question 2. "Been charged, arrested or convicted of a felony or misdemeanor in any state?"

Please provide the Nevada State Board of Pharmacy with an explanation and/or documents to above question as the application requires.

If you have any questions, please feel free to contact us.

Thanks,

Candy M. Nally
Licensing Specialist
Nevada State Board of Pharmacy
cnally@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CITY OF EUFAULA

MUNICIPAL COURT P.O. BOX 219 EUFAULA, ALABAMA 36072-0219
TEL: (334) 687-1235 Fax: (334) 687-1257

MUNICIPAL COURT JUDGE
WALTER B. CALTON

MUNICIPAL COURT CLERK
CHARLES W. HART

December 12, 2019

Dr. Tosin Adelakun
3leeker Lane
West Columbia, SC 29169

Re: Municipal Court of Eufaula, Alabama
Case No. MC14-126, *City of Eufaula v. Oluwatosin Adelakun*

Dear Dr. Adelakun:

As you requested by letter dated December 2, 2109, I have copied the case file as maintained in the records of the Eufaula Municipal Court for the case referenced above. The copies provided are certified to be true and correct copies of the original record. I am also enclosing your receipt for payment of the $5.00 fee for copies.

Please let me know if this office may be of further assistance.

Sincerely,

Charles W. Hart

Charles W. Hart, Clerk
Eufaula Municipal Court

Eufaula Police Case Number 1 0 4 3 0 0 0 0 0 0 9 8 SFX

State of Alabama
Unified Judicial System

Form CR-6 Rev. 8/98

COMPLAINT

(Felonies, Misdemeanors, or Violations - District Court or Municipal Court)

Warrant Number: 14-0000000147

Case Number: MC 14-126

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA
(Circuit, District, or Municipal) (Name of Municipality or County)

☐ STATE OF ALABAMA

☒ MUNICIPALITY OF v. ADELAKUN OLUWATOSIN
Defendant

Before me, the undersigned authority, personally appeared this day the undersigned complainant who, upon first being duly sworn, states on oath that he/she has probable cause for believing, and does believe, that ADELAKUN OLUWATOSIN, defendant, whose name is otherwise unknown to the complainant, did, prior to the commencement of this action, on or about 03-11-14 (date of occurrence) commit the offense of POSSESSION OF MARIJUANA 2ND within the

☒ County of BARBOUR

☒ City/Town of Eufaula or in the police jurisdiction thereof, in that he/she did:
(State specific facts here. Continue on a separate sheet of paper if needed.)
DID POSSESS A JELLY JAR THAT CONTAINED GREEN VEGETABLE MATTER BELIEVED TO BE MARIJUANA. THIS JAR WAS FOUND UNDER THE PASSENGER SEAT IN THE VEHICLE THAT WAS SEARCHED HE WAS AN OCCUPANT OF.

in violation of

☐ Section _____, Code of Alabama 1975.

☒ Municipal Ordinance Number 66-1, which embraces Section 13A-12-214.
Code of Alabama 1975, previously adopted, effective and in force at the time the offense was committed.

☐ Other _____

Sworn to and Subscribed before me this 11th day of March, 2014

Kim R Smith
Judge / Magistrate / Warrant Clerk

A. CAMPBELL
Complainant
545 E. BARBOUR ST
Address
334-687-1200
Telephone Number

WITNESSES

Name	Address	Telephone Number

Additional Witnesses on Reverse Side.

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene Hart 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

State of Alabama
Unified Judicial System
Form CR-11 Rev. 1/96

APPEARANCE BOND

Case Number
MC14-0000126

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA
(Circuit, District, or Municipality) (Name of Municipality or County)

☐ STATE OF ALABAMA ☒ MUNICIPALITY OF EUFAULA

v. ADELAKUN OLUWATOSIN, Defendant

I, ADELAKUN OLUWATOSIN (Defendant), as principal,

and I (we), THOMAS BAIL BONDING AGENCY
(please print)

, as surety(ies),

agree to pay the ☐ State of Alabama ☒ the above-named Municipality the sum of $ $800.00 (for municipal courts, this sum should not exceed $1,000) and such costs as authorized by law unless the defendant appear(s) before the above-named court on April 17 2014 (date) at 9:00 AM (time) (if date and time are unknown, the words ' the scheduled' may be placed in the date blank and a line may be placed in the space for time) and from day to day of each session thereafter until defendant is discharged by law to answer the charge of POSSESSION OF MARIJUANA 2ND or any other charge as authorized by law.

If the trial is moved to another county/municipality, this undertaking is for the appearance of the defendant from day to day of each session of the court to which the defendant is removed until discharged by law.

As sureties, we hereby jointly and severally certify that we have property valued over and above all debts and liabilities that has a fair market value equal to or greater than the amount of the above bond, and we, and each of us, waive the benefit of all laws exempting property from levy and sale under execution or other process for the collection of debt by the Constitution and Laws of the State of Alabama, and we especially waive our rights to claim as exempt our wages or salary that we have under the laws of Alabama, and our rights to homestead exemptions that we have under the Constitution of Alabama and the laws of the State of Alabama, as set out in a seperate writing.

Signed and sealed this date with notice that false statements are punishable as perjury.

Signature of Defendant (L.S.)			
Address (Print) Akowj Bluff Way		State GA	Zip 36025
Signature of Surety/Agent of Professional Surety or Bail Company Thomas Bail Bonding (L.S.)		Signature of Surety/Agent of Professional Surety or Bail Company (L.S.)	
Social Security Number (Except for Agents)	Phone	Social Security Number (Except for Agents)	Phone
Address(Print) 601 East Broad St.	City Eufaula	State AL	Zip 36027
Address(Print)	City	State	Zip
Signature of Surety/Agent of Professional Surety or Bail Company (L.S.)		Signature of Surety/Agent of Professional Surety or Bail Company (L.S.)	
Social Security Number (Except for Agents)	Phone	Social Security Number (Except for Agents)	Phone
Address(Print)	City	State	Zip
Address(Print)	City	State	Zip

March 11 2014
Date

Approved by: Judge/Magistrate/Sheriff/Law Enforcement Officer

By: Deputy Sheriff/Law Enforcement Officer

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record. 12/11/2014
Clerk of the Municipal Court of Eufaula, Alabama

Defendant's Information

Date of Birth	Sex M	Eyes BRO	Hair BLK	Employer Unemployed
Social Security Number 776	Race BLACK	Height 6' 01"	Weight 165	Employer's Address
Driver's License Number	Telephone Number			Employer's Telephone Number

☐ Property Bond ☒ Professional Surety Bond ☐ Cash Bond Posted by

COURT RECORD: Original DEFENDANT: Copy SURETY: Copy

Printed:Tue Mar 11, 2014 3:49 PM

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA

CITY OF EUFAULA	*	
	*	
Plaintiff,	*	
	*	
vs.	*	CASE NO: MC14-126
	*	
ADELAKUN OLUWATOSIN	*	
	*	
Defendant.	*	

EUFAULA MUNICIPAL COURT
APR 17 2014
RECEIVED

MOTION TO CONTINUE

COMES NOW the City of Eufaula by and through the prosecutor, Michael A. Rutland, and hereby requests this Honorable Court grant a Motion to Continue in the above styled cases and as grounds therefore states as follows:

1. The above styled case is scheduled for First Appearance on April 17, 2014 at 9:00 a.m.
2. The undersigned was recently contacted by the Defendant and the Defendant wishes to apply to Pre-Trial Diversion.
3. The Prosecutor and the Defendant request this case be continued to allow additional time to resolve this matter.

WHEREFORE, the Municipality of Eufaula, Alabama, by and through the undersigned counsel, request this Court continue the above styled cases and have them set for trial on the next available court date.

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.
12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

Respectfully submitted this 16th day of April, 2014.

MICHAEL A. RUTLAND (RUT 011)
Prosecutor for the City of Eufaula, Alabama
128 North Orange Street
Eufaula, Alabama 36027
(334)687-9899

CERTIFICATE OF SERVICE

I hereby certify that I, Michael A. Rutland, have served a copy of the foregoing Motion to Continue, postage prepaid, by United States mail, upon Adelakun Oluwatosin on this the 16th day of April, 2014.

MICHAEL A. RUTLAND (RUT 011)
Prosecutor for the City of Eufaula, Alabama
128 North Orange Street
Eufaula, Alabama 36027
(334)687-9899

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene Hart 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

MUNICIPAL COURT
City of Eufaula
545 E Barbour Street
Eufaula, AL 36072

PRE-TRIAL NOTICE

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA
MUNICIPALITY OF EUFAULA
V.
ADELAKUN OLUWATOSIN, DEFENDANT

Mon Apr 21, 2014

To the Defendant of the Case listed below:

Case #	Officer	Attorney	Court Date
MC14-0000126 14030000098	OFFC CHRIS CAMPBELL POSSESSION OF MARIJUANA 2ND		Thu May 22, 2014 9:00 AM

The above case has been set for a Pre-Trial court date. On this scheduled court date you will have the opportunity to appear before the City Prosecuter to discuss your case. This is not a trial setting. No continuances will be granted on the day of court.

If you have any questions please call (334) 687-1235 before your court date.

(Please bring this order with you.)

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene Hart 12/4/2014
Clerk of the Municipal Court of Eufaula, Alabama

Rowena Williams
Magistrate/Court Clerk

ADELAKUN OLUWATOSIN
1851 ALCOVY BLUFF WAY
LAWRENCEVILLE, GA 30045

PRE-TRIAL PROGRAM

Michael Rutland, Prosecutor

Eufaula Municipal Court

APPLICATION DATE: 05-14-2014

NAME: ADELAKUN OLUWATOSIN

MAILING ADDRESS: 1... Alcovy Bluff Way

CITY: Lawrenceville STATE: GA ZIP CODE: 30045

PHYSICAL ADDRESS (IF DIFFERENT) Same

TELEPHONE NUMBERS: HOME ( ) WORK ( )

CELL OTHER ( )

SSN DC SEX M

DRIVER'S LICENSE NUMBER/ID NUMBER: STATE: GA

EMPLOYER (NAME AND ADDRESS) Bellhops / Athens, GA

EMPLOYER PHONE NUMBER (888) 836-3939

CHARGE(S) Possession of Marijuana 2nd

CASE NUMBER(S) MC14-126

ATTORNEY Michael Rutland

LIST ANY PRIOR (FELONY OR MISDEMEANOR) None

NOTE: IF YOU ARE APLYING FOR A TRAFFIC CITATION, PLEASE ATTACH A COPY OF CITATION.

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene Hart 12/1/2017

Clerk of the Municipal Court of Eufaula, Alabama

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA

CITY OF EUFAULA, ALABAMA * CASE # MC14-126

A MUNICIPAL CORPORATION *

VS *

ADELAKUN OLUWATOSIN

PRE-TRIAL AGREEMENT

The above named defendant and the City of Eufaula, Alabama, hereby agree to Pre-Trial of the above styled case under the following conditions:

REQUIRED CONDITIONS

OA X 1. That the Defendant voluntarily admits that he/she is guilty of the crime as charged.

OA X 2. That the Defendant voluntarily waives his/her right to a trial.

OA X 3. That the Defendant voluntarily waives his/her right to a speedy trial.

_____ 4. That the Defendant consents to supervision by the Probation Services for a period of

_____ months and shall pay an assessment of $_____ to be paid by _____

to the Probation Services. All remaining monies owed must be paid by _____.

ADDITIONAL CONDITIONS

OA X 5. That the Defendant shall submit to evaluation by Court Referral Office and complete a treatment program as recommended by said evaluation. The Defendant will execute a waiver of confidentiality with any agency or professional providing said treatment in order that the said records will be available to the Probation Services Office.

Defendant may request to complete treatment through private and/or other drug treatment program as approved by the Prosecutor.

_____ 6. That the Defendant be subject to random drug/alcohol screens.

OA X 7. That the Defendant will bear the cost of the Court Referral Program and all costs of any drug/alcohol screens.

_____ 8. That restitution will be made to the victim in the amount of $_____. Victim: _____.

(Payments made through the Probation Services)

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

12/11/2014

Clerk of the Municipal Court of Eufaula, Alabama

OA X 9. That the Defendant agrees to pay:

_____ A. Court Cost to be determined by Court Clerk/Magistrate.

_____ B. Restitution to the Department of Forensic Sciences.

_____ C. Court Appointed attorney fees (to be determined).

_____ D. Probation Service Fees.

OA X E. Pre-Trial Fees in the amount of $500.00, to be paid by June 12, 2014.

OA X F. Database Fee. ($7.00)

_____ 10. That the Defendant agrees, during the supervision period, to refrain from the use of alcohol or drugs or frequenting places where alcohol or drugs are sold or used

_____ 11. That the Defendant will not violate any laws of the State of Alabama, any other state or any other Federal laws during the supervision period.

_____ 12. That the Defendant will remain gainfully employed during the Supervision period.

_____ 13. That the Defendant will attend school, included but not limited to, K-12, College, Training, or GED classes.

_____ 14. That the Defendant shall refrain from contact with the victim of the crime.

_____ 15. That the Defendant shall remain at the following address:

_____

_____ 16. That the Defendant shall not move from the above address without immediate notification to this office, and will notify the Probation Services of any change to the Defendant's phone number.

_____ 17. That the Defendant performs _____ hours of community service with

_____.

_____ 18. That the Defendant and the City of Eufaula, Alabama, agree that all admission, records, or other communication involving the Pre-Trial Program shall not be admissible in any subsequent proceeding.

OA X 19. That any violation of the conditions of the Pre-Trial agreement will result in termination of the Program and the Defendant shall be prosecuted as charged. A termination letter will be mailed to the above address and the Defendant may show cause as to why he/she should not be terminated.

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene Hart 12/11/2019

Clerk of the Municipal Court of Eufaula, Alabama

Defendant agrees that there shall be no hearing concerning the termination and that it is at the sole discretion of the Prosecutor as to whether good cause has been shown.

_____ 20. In case of termination, payments for the Pre-Trial Program assessment will not be applied to the court cost, restitution, or other fees should the Defendant fail to complete the Program. Payment or payment of restitution, treatment, or other costs and fees may be applied to the Defendant's obligation upon conviction subject to the discretion of the court.

_____ 21. Other: Completion of Defensive Driving Class .

O.A X 22. That upon completion of the terms and conditions stated above, as evident by the initials by parties, the City of Eufaula will:

O.A X (A) Dismiss the charges against the Defendant with prejudice.

_____ (B) Will reduce the charge to _____ and will recommend _____.

(A) Dismiss the charges against the Defendant with prejudice.
(B) Will reduce the charge to _____ and will recommend _____.

O.A X 23. That the Defendant acknowledges that the record of his/her arrest will not be erased if he/she completes the Pre-Trial Program and the charge against him/her is dismissed.

O.A X 24. That the Defendant acknowledges that he/she is responsible for providing receipts, including payments to the clerk's office or Court Referral Program, and certificates of completion, etc. necessary to confirm his/her compliance with the above terms.

Done this 15th day of May, 2014.

_____ _____

Attorney for Defendant Defendant

Sworn and Subscribed to me, this 15th day of May, 2014.

_____

Notary Public

Commission Expires Sept 19, 2016

JAMES CONLEY
Notary Public
State of Alabama
County
My Commission Expires
September 19, 2015

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charles W Hart 12/11/2014

Clerk of the Municipal Court of Eufaula, Alabama

ALABAMA
DEPARTMENT OF FORENSIC SCIENCES

1051 Wire Road
Auburn, Al 36832

Telephone (334) 887-7001
Facsimile (334) 466-5557

EUFAULA MUNICIPAL COURT
JUL 09 2014
RECEIVED

CERTIFICATE OF ANALYSIS

Jason Benefield
Eufaula Police Department
545 East Barbour Street
Eufaula, AL 36027

Report Date: 06/19/2014 11:09
Report ID: 50108743
County: Barbour

SUBMITTING AGENCY CASE NUMBER: 1403000098

CASE NUMBER: 14AB00566

SUSPECT(S):	Sex	Race	Date of Birth	Status
Xavier Emmanuel Okoro Jr.	M	B		Adult
Adelakun Oluwatosin	M	B		Adult

SERVICE REQUESTED: Drug Analysis

CHAIN OF CUSTODY:

	DATE	TIME
Jason Benefield from Eufaula Police Department	03/20/2014	11:48
Sherwin K. Boswell	03/20/2014	13:41
Melissa K. Armstrong	06/10/2014	08:11
Casey R. DuBose	06/10/2014	08:21

DESCRIPTION OF EVIDENCE:

1. One manila envelope containing plant material.

EXAMINATIONS PERFORMED: **DATE(S) OF ANALYSES:** 06/10/14 - 06/17/14

1. Electronic Balance
   Macroscopic/Microscopic Examination
   Gas Chromatography/Mass Spectrometry

RESULTS OF ANALYSES:

1. marihuana [a C-I controlled substance] Weight in grams: 8.171 ± 0.018g

Evidence in this case will be returned to the investigative agency. Supporting documentation for reported weights are available for review in the case record.

I hereby swear or affirm, under penalty of law, that the above information is true and correct.

Casey R DuBose

Casey R. DuBose
Certifying Forensic Scientist

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charles W Hart 12/11/2014
Clerk of the Municipal Court of Eufaula, Alabama

Accredited
October 2003

ONE DEPARTMENT • ONE GOAL • EXCELLENCE

Customer Satisfaction Surveys are available at www.adfs.alabama.gov

Oluwatosin Adelakun
Alcovy Bluff Way
Lawrenceville, GA 30045

June - 9 - 2014

Court Clerk
Eufala Municipal court
545 East Barbour St
Eufaula, AL 36027

Dear Sir/Madam
Oluwatosin Adelakun Case Number MC14-0000126

Please find the attached $507 in the form of a money order/~~cashier's check~~ as being payment for the above case number. ($500 for Pre-trial fees and $7.00 as Database fee).

Thank you
Oluwatosin Adelakun

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene W Hart 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

A DIFFERENT DIRECTION

"out of pain, comes purpose"

Marl Green, BS, CACII

August 3, 2014

Eufaula Municipal Court
545 East Barbour Street
Eufaula, AL 36027

SUBJECT: Substance Abuse Evaluation

RE: Oluwatosin ADELAKUN
Date of B

To Whom It May Concern,

On August 2, 2014, Oluwatosin received a substance abuse evaluation at our Lawrenceville A-1 office. The data, conclusions and recommendations were based on an in depth questionnaire, some clinical assessment tools, and a face-to-face interview with clients lasting approximately one hour.

Although Oluwatosin current legal situation of having a Possession of Marihuana (2014) conviction, *there was no indication of substance abuse and *no recommendations for treatment are given.* Oluwatosin was informed of these recommendations on August 2, 2014.

If there is further information that could influence this decision, please e-mail: adirectionforme@charter.net or contact me at (404) 803-5851. Thank you for the opportunity to serve you.

Respectfully,

Marl C. Green
State Clinical Evaluator, #2220
Certified Addiction Counselor II, #1987

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

As this recommendation is based on self-report, should this information be incorrect, this recommendation will be considered invalid.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Mailing Address: P.O. Box 1455, Covington, GA 30015
Contact Number: *(404) 803-5851* **Fax:** *(678) 342-4549* **Email:** *adirectionforme@charter.net*

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.
12/4/2019
Clerk of the Municipal Court of Eufaula, Alabama

"out of pain, comes purpose"

A DIFFERENT DIRECTION

Alcohol/Drug Clinical Evaluation, ASAM Level I Program, DBHDD Evaluator
DBHDD Treatment Provider, Anger Management Program, Parenting

August 3, 2014

SUBSTANCE ABUSE EVALUATION

Evaluator: Marl C. Green
State Clinical Evaluator Number: 2220
Certified Addiction Counselor II Number: 1987

Office: Lawrenceville A-1
Evaluation start date: August 2, 2014
Evaluation completion date: August 2, 2014

CLIENT INFORMATION

Name: **Oluwatosin ADELAKUN**
Social Security Number: XXX-
Date of Birth:
Current Mailing Address: Alcovy Bluff Way, Lawrenceville, Georgia 30045

RRP Completion Number: n/a
RRP Completion Date: n/a

PRESENTING PROBLEM

Oluwatosin, a self-described 20 year old black male, was recommended by his attorney (Attorney Michael Rutland, Law Office of Rutland and Jankiewicz, Eufaula, Alabama) to complete an evaluation for alcohol and drugs as a result of his last Possession of Marihuana conviction. As a condition of his probation, Oluwatosin must undergo a substance abuse evaluation and attend any treatment recommended. Currently, Oluwatosin has resided at the above address with his parents for 4 years.

PSYCHOLOGICAL FUNCTIONING

Oluwatosin arrived casually dressed and seemed cooperative during the interview. His associations were intact, affect intact, ambivalence was not apparent, and autistic-like thinking was not apparent. Oluwatosin's mood appeared neutral. He appeared oriented x 4 (person, place, time, situation). Oluwatosin showed no signs of delusional, suicidal or homicidal thoughts.

PSYCHOSOCIAL

Family/Religion/Education/Employment/Military/Medical/Physical/Emotional/Sexual Abuse
Oluwatosin was born in Lagos, Nigeria, raised by his parents as a Christian, and is one of 3 siblings (older and younger brother) born to his parents. Oluwatosin' mother is a nurse and his father works in Nigeria. Oluwatosin denied any family history significant for alcohol issues and no history of illicit drug use. He denied any family mental health history.

Oluwatosin graduated from Dacula High School, Lawrenceville, Georgia, in 2011. From 2011 to 2013, he attended Georgia Gwinnett College, Lawrenceville, Georgia before transferring to the University of Georgia, Athens Georgia where he currently attends. He denied any other post-secondary education. Oluwatosin is single (never married) and denied having any children. Since June 2014, he has worked for Kroger as a sales associate. Oluwatosin did not report an employment history and denied a military history.

Oluwatosin denied any chronic medical problems that interfered with his life. He denied taking any prescribed medication on a regular basis for any physical problems. Oluwatosin denied

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Subject: Substance Abuse Evaluation
RE: **Oluwatosin ADELAKUN**

experiencing any medical problems in the last 30 days. He denied any hospitalization for a medical problem. Oluwatosin denied experiencing any serious thoughts of suicide during his life time and has not attempted suicide in the past. He denied any mental health issues. Given a comprehensive checklist of physical and emotional concerns from which to choose, Oluwatosin reported he experienced stomach problems in the last 2 months. Oluwatosin denied any physical, emotional or sexual abuse during his life time.

LEGAL HISTORY/DOMESTIC VIOLENCE

Oluwatosin related the following as circumstances surrounding his current legal situation. While Oluwatosin and his friends were on their way to Florida during Spring break in April 2014, they were stopped for Failure to Maintain Lane. During the search of the car, some marihuana was found (passenger front seat). Oluwatosin and his friends were arrested and charged with Possession of Marihuana. Oluwatosin denied a legal history and a history of domestic violence incidents.

SUBSTANCE ABUSE/TREATMENT HISTORY

At age 20, Oluwatosin experimented with alcohol less than 10 times before his last use in June 2014. He denied using alcohol during the past 30 days and denied any further use of alcohol.

At age 20, Oluwatosin experimented with marihuana less than 5 times before his last use in April 2014. Oluwatosin denied using during the past 30 days and denied any further use of marihuana. Oluwatosin also denied any use or abuse of other illicit or illegal drugs.

PSYCHOMETRIC TEST RESULTS

Oluwatosin completed a lengthy questionnaire, a face to face interview, and some assessments tools.

Drug Abuse Screening Test (DAST): identify aspects of drug use which could be problematic, Oluwatosin scored a 5 indicating low level of use.

Oluwatosin did not meet the Diagnostic and Statistical Manual of Mental Disorders, Volume V criteria.

Dimension Assessments:

Dimension 1: Acute Intoxication and/or Withdrawal Potential	Low	No withdrawal risk or detox concerns
Dimension 2: Biomedical Conditions	Low	No biomedical concerns
Dimension 3: Emotional, Behavioral or Cognitive Conditions	Low	No emotional, behavioral or cognitive concerns
Dimension 4: Treatment Acceptance and Resistance	Low	Appears ready to make changes (Contemplation stage)
Dimension 5: Relapse Potential	Low	Able to maintain abstinence

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.
12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

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Subject: Substance Abuse Evaluation
RE: **Oluwatosin ADELAKUN**

Dimension 6: Living Environment	Low	Single (never married) lives with parents, appears to have a supportive family environment, employed, close friendships

TREATMENT RECOMMENDATION(S)

I found no current indications of drug problems. Therefore, I have no recommendation. Oluwatosin was informed of these recommendations on August 2, 2014

As this recommendation is based on self-report, should this information be incorrect, this recommendation will be considered invalid.

cc: Oluwatosin ADELAKUN
Attorney Michael Rutland, Law Office of Rutland & Jankiewicz, Eufaula, Alabama

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene Hart 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

This transmittal has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene W Hunt 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA

CITY OF EUFAULA *

Plaintiff, *

vs. * CASE NO: MC14-126

Adekun, Oluwatosin *

Defendant. *

MOTION TO PLACE ON THE PRE-TRIAL ADMINISTRATION DOCKET

Comes now the Municipality of Eufaula, Alabama, and moves the Court for entry of an order placing the above styled case on the Pre-Trial Administration Docket with the listed sums to be paid to the Eufaula Municipal Court. The Municipal Court is ordered to accept and apply the Pre-Trial fee before any other fees or costs and disburse this money monthly, with the remainder to be paid by the date listed below, and as grounds states the following:

1. The defendant has entered into a Pre-Trial agreement with the Prosecutors office specifically waiving his/her right to a jury trial and a speedy trial.

2. That justice will be best served if this case is placed on the Pre-Trial Administration Docket and continued generally until further orders of this Court.

3. That as a condition of his/her placement in the Pre-Trial Program, the defendant has agreed to pay the following:

_____ Pre-Trial Fee of $_____, to be paid by_____.

_____ Court Cost of $_____.

_____ Attorney Fees of $_____ (to be determined).

_____ Database fee of $7.00

WHEREFORE, the Municipality of Eufaula, Alabama, requests the Court for entry of an order placing the above styled case on the Pre-Trial Administrative docket and the above sums to be paid to the Probation Services.

RESPECTFULLY SUBMITTED on this _____ day of _____, _____.

_____

MICHAEL A. RUTLAND (RUT 011)

Prosecutor for the City of Eufaula, Alabama

128 North Orange Street

Eufaula, Alabama 36027

(334)687-9899

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene W Hart 12/11/2019

Clerk of the Municipal Court of Eufaula, Alabama

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA

CITY OF EUFAULA *

Plaintiff, *

vs. * CASE NO: MC14-126

Adelakun Oluwatosin *

Defendant. *

MOTION TO DISMISS

Comes now the Municipality of Eufaula, Alabama, and moves the Court for entry of an order dismissing the above-styled case, and as grounds states the following:

1. That the Defendant entered into a Pre-Trial Diversion Agreement with the City of Eufaula, Alabama, Prosecutor.
2. That the Defendant has complied with the terms of the Pre-Trial Diversion Agreement.
3. That justice will be best served if the above-styled case is dismissed.

Wherefore, the City of Eufaula moves the Court for entry of and order dismissing the above-styled case.

Done this the 14th day of August, 2014.

City Prosecutor

ORDER

_____ Denied

_X_ Granted

August 14, 2014
Date

Municipal Judge

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

12/11/2019

Clerk of the Municipal Court of Eufaula, Alabama

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Total Fee: $250.00 (non-refundable check or credit card)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Mark Middle: Kekupaa Last: Harward

Mailing Address: Ute Rd

City: St. George State: UT Zip Code: 84790

Telephon[illegible] E-mail Address: [illegible]@gmail.com

Date of Birth: [illegible] Place of Birth: Needles, CA

Social Security Number: _____ Sex: ☑ M or ☐ F

(Full Number Required)

College of Pharmacy Information

Graduation Date: 06/05/2010 (mm/dd/yy)

Degree Received: ☑ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Roseman University (Formerly University of Southern Nevada)

Location of School: South Jordan, Utah

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250.00 Entity #: _____

Email _____ NAPLEX _____ MPJE _____

CC on file

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?
Florida	PS46705	Yes ☐ No ☑	Utah	6343157-1701	Yes ☑ No ☐
N/A		Yes ☐ No ☐	N/A		Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☑

Branch: N/A
Military Occupation/Specialty: N/A
Dates of Service: N/A

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state	☑	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & **provide an explanation and/or documentation**:

Board Administrative Action:	State	Date:	Case #:
Probation	Utah	9 / 9 / 2014	2014-510

Criminal Action:	State	Date:	Case #:	County	Court
N/A	N/A	/ /	N/A	N/A	N/A

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.

Mark Harwood

Original Signature, no copies or stamps accepted

2-3-2020

Date

February 3, 2020

I am requesting to obtain a Nevada pharmacist license by exam. I currently work as a pharmacist for Walgreens in Southern Utah, and I would like to obtain my Nevada license to work as a PRN pharmacist for Walgreens in Mesquite & Las Vegas.

The purpose of this letter is to provide an explanation surrounding the details of events over that have affected my pharmacy license and career in response to question #3, to which I answered yes on my Nevada pharmacy application.

I officially started my career as a pharmacist in Tampa Florida around June of 2010. I worked full time as a floating retail pharmacist for Kmart pharmacy. I also picked up additional shifts often at a number of independently-owned pharmacies in the area.

Towards the beginning of 2012 I started experiencing mental health issues. I suffered from severe depression and anxiety, although I didn't know it at the time. Part of it can likely be contributed to the fact that we were overextended financially, and I was working 60+ hours per week just to try to keep on top of that. In June of 2012 I experienced a lapse in judgment, and on 4 separate occasions, over about a month's time, I took money from the cash register at Kmart pharmacy where I was employed as a pharmacist.

Around November of 2012 I plead no contest to three counts of grand theft and one count of petit theft in a state court in Florida for my actions. Adjudication of guilt was withheld, and I promptly and completely fulfilled all terms of my sentence, including full payment of the restitution amount of $3186 to Kmart, and probation for one year with the state of Florida. Because I complied with all terms of the court and this group of offenses was my first and only offense of a criminal nature I was eligible to have my record sealed. My record was sealed in January of 2014, and because of that I can legally say that I have never been convicted of or plead guilty to a criminal offense of any kind.

In early 2013 the Federal Office of Inspector General notified me that because of my felony conviction I would be excluded from working and being paid with federally-funded insurance programs such as Medicare, Medicaid, & Tricare for a minimum period of 5 years. With the help of an attorney I made appeals toward the beginning of my exclusion, but it was ultimately determined that the original decision would stand. My 5 year exclusion term began June 20th, 2013 and ended on June 20th of 2018. I received a letter from the OIG in July 2018 to telling me I am fully reinstated to work with Medicare, Medicaid, and Tricare again without restriction.

Given that Florida law doesn't allow persons on the OIG excluded list to renew a professional license, I was forced to put my Florida pharmacist's license into retired status in September

2013. The Florida board of pharmacy chose to take no action against my license given that I wouldn't be allowed to practice as a pharmacist in Florida for at least five years. In 2019 I asked the Florida pharmacy board what steps I would need to take to take my license out of retired status. The requirements are that I pay $700 for the time period I was on retired status, retake the Naplex, and retake the Florida MPJE ($150). Since my only interest in reinstating my Florida license is to be able to reciprocate that license to Nevada, it seems an unnecessary cost and burden to reactivate my Florida pharmacist license (which requires retake of the naplex anyway) just to get my license in Nevada. That's why I am requesting to get licensed in Nevada my exam instead of reciprocation.

I have also been a licensed pharmacist in Utah since 2011. The Utah pharmacy board is fully aware of the details of my criminal conviction and of my OIG exclusion. I have been allowed to keep my Utah pharmacist license with the terms that I work under a probationary state for no less than 3 years. I have been on probation with the Utah pharmacy board since September of 2014, and I expect to be off probation later this month. The only stipulations of probation that would affect my employment/employer are: 1) I cannot work as the pharmacist in charge, and 2) A pharmacist supervisor where I am employed must submit a report every 3 months to the pharmacy board while I am on probation.

My actions in June 2012 were completely out of character for me. I have worked hard over the past 7.5 years to make sure that I am 100% honest in my dealings and my behavior, especially at work. I have done my best to be a productive member of society, provide for my family, and not be a victim of my poor choices. I have gratefully worked as a pizza delivery driver and carpet cleaning technician during a two year time period when I couldn't find other work. I have not had any breeches of dishonesty or trust since June of 2012. My family and I live within a planned monthly budget, and are we are current with student loan repayments and any payments and money owed to any person/entity. For depression/anxiety I see a mental health therapist, and I have been receiving medication treatment under the care of a physician. I believe myself to be fully rehabilitated.

I have attached a copy of the order from the Utah pharmacy board outlining the terms of my probation.

Sincerely,

Mark Harward

L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
SEAN D. REYES (U.S.B. 7969)
Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 146741
Salt Lake City, UT 84114-6741
Telephone: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

OF THE DEPARTMENT OF COMMERCE

OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF **MARK KEKUPAA HARWARD** TO PRACTICE AS A PHARMACIST AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH	)))))	STIPULATION AND ORDER CASE NO. DOPL 2014-510

MARK KEKUPAA HARWARD ("Respondent") and the **DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING** of the Department of Commerce of the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action.

2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

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3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Board of Pharmacy ("Board"), or other Division Presiding Officer. at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby waives the right to a hearing, the right to present evidence on Respondent's own behalf, the right to call witnesses. the right to confront adverse witnesses. and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to all administrative and judicial review as set forth in Utah Code Ann. §§ 63G-4-301 through 63G-4-405. and Utah Administrative Code R151-4-901 through R151-4-907. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4102(4).

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent acknowledges that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation and Order, and will release other information about this disciplinary action against Respondent. to other persons and entities.

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7. Respondent admits the following facts are true:

   a. On or about July 13, 2011 Respondent was first licensed as a pharmacist and to dispense controlled substances in the State of Utah.

   b. On or about November 5, 2012 Respondent pleaded guilty to three counts of grand theft, and one count of petit theft, in a state circuit court in Pinellas County, Florida. Adjudication of guilt was withheld. Respondent completed the requirements of his criminal penalty early, including full payment of the restitution amount. Respondent's probation was terminated early on or about May 13, 2013. Subsequently, Respondent's criminal records were sealed by the State circuit court in Pinellas County, Florida, on or about December 18, 2013.

   c. Respondent's criminal plea of November 5, 2012 was promptly reported, and on May 31, 2013, the Office of Inspector General for the U.S. Department of Health and Human Services gave notice of its issuance of a five year mandatory exclusion from participation in Medicare, Medicaid, and other federal healthcare programs, effective June 20, 2013.

8. Respondent admits that Respondent's conduct described above may be considered unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a) and (c) by the Division; and that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's license by the Division pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2), shall be entered in this matter as follows:

   (1) Respondent's license shall be revoked. The revocation of Respondent's license shall be immediately stayed. Respondent's license shall be suspended for six months. Once the suspension is lifted Respondent's license shall be subject to a term of probation for a period of three years. The period of probation shall commence on the effective date of this Stipulation and Order, which is the date the Division Director signs the Order. During the period of probation, Respondent shall be subject to all of the following terms and conditions. If the Board or Division later deems any of the conditions unnecessary such deletions may be made by an amended order issued unilaterally by the Division.

      (a) **Meetings with Division Compliance Specialist**. Respondent shall contact Division Compliance Specialist Connie Call within two weeks of

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the effective date of this Order to schedule an appointment for the purpose of discussing the terms of the Order. This appointment may be telephonic if Respondent continues to reside outside the State of Utah. An appointment with Ms. Call can be scheduled by contacting her by phone at (801) 530-6295 or by email at cscall@utah.gov.

(b) **Meetings with the Board**. Respondent shall meet with the Board and Division at the first scheduled Board meeting after the signing of the accompanying Order and or at a frequency thereafter as determined by the Board and Division, for the duration of the probationary period to assess the progress of Respondent's probation. These meetings may be telephonic at the discretion of the Board and Division.

(c) **Written Plan**. After meeting with the Division Compliance Specialist but prior to the first scheduled appointment with the Board, Respondent shall submit to the Division a written plan that summarizes the steps Respondent shall take to ensure full compliance with the terms of probation.

(d) **Notification of Division if Working as Pharmacist in Utah**. Respondent shall notify the Division in writing at least one month before Respondent begins practicing as a pharmacist in the State of Utah.

(e) **Supervision Required**. Respondent shall practice in the State of Utah only under the general supervision of a Division and Board pre-approved supervisor during the term of Respondent's probation. Any changes in supervision may be made only with the consent of the Division and Board. Respondent shall deliver a copy of this Order to Respondent's supervisor (within ten days of the establishment of the supervisory relationship) and cause Respondent's supervisor to notify the Division in writing that a copy has been received. Respondent shall submit a supervision plan to the Division within 30 days of the effective date of this Stipulation and Order that outlines the terms of supervision. "General supervision" means that the supervisor (1) has authorized the work to be performed by the person being supervised; (2) is available for consultation with the person being supervised by personal face-to-face contact, or direct voice contact by telephone, radio, or some other means, without regard to whether the supervising licensee is located on the same premises as the person being supervised; and (3) can provide any necessary consultation within a reasonable amount of time and personal contact is routine.

(f) **Supervisor Reports**. Respondent shall cause Respondent's supervisor to submit reports to the Board and Division assessing Respondent's

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compliance with the terms of Respondent's probation and ethical standards and rules. The reports shall be submitted monthly for the first six months and quarterly thereafter, or at such frequency as directed by the Board and Division. The receipt of an unfavorable report may be considered to be a violation of probation.

(g) **Supervisor Reports if Respondent Not Employed.** Once the suspension is lifted, if Respondent is not currently employed in Respondent's licensed profession. Respondent shall submit the supervisor report form on the date it is due and indicate on the form that Respondent is not currently employed in Respondent's licensed profession, or that Respondent is not currently working. If respondent is unemployed by the Division for an extended period of time, this requirement may be waived at the discretion of the Board and Division.

(h) **Notification of Employer of Stipulation.** Respondent shall notify any employer of Respondent, who employs Respondent as a pharmacist, of Respondent's restricted status and the terms of this Stipulation and Order. Respondent shall provide a copy of this Stipulation and Order to Respondent's employer.

(i) **Work Restriction.** Respondent shall not work as a pharmacist-in-charge of any pharmacy.

(j) **Additional Continuing Professional Education.** Respondent has successfully completed twelve hours of continuing pharmacy education credit, consisting of the following courses: Pharmacy Rules and Law Course; Updated on Federal Controlled Substance Dispensing Responsibilities (2 credits); DEA Audits- What Pharmacies Should Know (1 contact hour); Controlled Substances, Prescription Monitoring Programs & Pharmacist's Legal Corresponding Responsibility (2 credits). Respondent shall provide documentation to the Division and Board of successful completion of the additional continuing professional education.

(k) **Essay.** Respondent shall submit a 500 word essay to the Division and Board addressing Respondent's violations and applicable Utah law that applies to Respondent's violations. The essay shall also address lessons learned from the continuing education courses described in subparagraph (l) above and outline a plan for Respondent to avoid similar violations in the future. The essay shall be submitted with 30 days of Respondent successfully completing the continuing education courses described in subparagraph (l) above.

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(l) Respondent shall notify the Division and Board within one (1) week of any change of employer or employment status. This is required regardless of whether Respondent is employed in Respondent's licensed occupation. The notification shall be in writing.

(m) In the event that Respondent leaves Utah for a period longer than 60 days, after Respondent has notified the Division and Board that he has begun practicing as a pharmacist in the State of Utah pursuant to paragraph 8(1)(d) above, Respondent shall notify the Division and the Board in writing of the dates of departure and return. If Respondent intends to engage in the practice of pharmacy in the jurisdiction where Respondent moves, Respondent shall promptly notify the licensing authorities of the jurisdiction of the provisions of this Stipulation and Order. Periods of residency or practice outside Utah may apply to the reduction of the probation period if the new state of residency places Respondent' license on probation with equal or greater terms and conditions.

(n) Periods of unemployment or employment in other fields of practice shall be reported by Respondent to the Division and shall not count toward completion of probation. Should Respondent not be employed in Respondent's licensed occupation during Respondent's probationary period for a consecutive period of more than sixty (60) days, that period shall not apply to the reduction of probation, though the terms of probation shall remain applicable. If the Respondent works less than full-time in Respondent's licensed occupation, the reduction of any remaining probationary time shall occur on a pro-rata basis, in relation to a full-time position of 40 hours worked per week.

(o) Should other acts of unprofessional conduct come to the attention of the Division or Board which have occurred prior to the entry of the Order in this case or should Respondent violate probation in any respect, the Division may, in addition to taking action as provided for herein, after giving Respondent notice and the opportunity to be heard, revoke probation or impose sanctions in accordance with applicable law.

(p) Respondent shall immediately notify the Division, in writing, of any changes in private or professional address and agrees that written communication by the Division and/or the Board shall be mailed to Respondent at the last address provided to the Division via first class U.S. Mail, and shall constitute notice to Respondent.

(q) Failure to pay for any of the costs associated with this probation shall be considered a violation of this Order. Respondent further agrees to

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complete all conditions of probation in a timely manner. Where a specific time for completion is not stated in this Order, it shall be within the Division and Board's discretion to set a time for completion.

(r) Respondent agrees to keep Respondent's Utah license active during the period of probation.

(s) Respondent shall notify the Division immediately if Respondent is charged or arrested with any criminal conduct and understands that a conviction is a violation of this agreement.

(t) Respondent shall submit reports on the date they are due and shall appear at scheduled meetings with the Division and Board promptly. Failure to do so shall be considered a violation of this Stipulation and Order.

9. This Stipulation and Order, upon approval by the Director of the Division, shall be the final compromise and settlement of this non-criminal administrative matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and Respondent waive any claim of bias or prejudgment they might otherwise have with regard to the Director by virtue of the Director having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent agrees to abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation. Respondent agrees not to take any action or make any public statement, that creates, or tends to create, the impression that

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any of the matters set forth in this Stipulation and Order are without factual basis. A public statement includes statements to one or more Board members during a meeting of the Board. Any such action or statement shall be considered a violation of this Stipulation and Order.

12. The accompanying Order becomes effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent shall comply with all the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. Respondent shall complete all the terms and conditions contained in the Stipulation and Order in a timely manner. If a time period for completion of a term or condition is not specifically set forth in the Stipulation and Order, Respondent agrees that the time period for completion of that term or condition shall be set by the Board. Failure to complete a term or condition in a timely manner shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction. If the Division files a Petition alleging that Respondent has engaged in new misconduct or files an Order to Show Cause Petition alleging that Respondent has violated any of the terms and conditions contained in this Stipulation and Order, the period of Respondent's probation shall be tolled during the period that the Petition or Order to Show Cause Petition has been filed and is unresolved.

14. Respondent shall practice only under Respondent's name as set forth in the caption of this Stipulation and Order. If Respondent intends to practice under any other name, then, prior to

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practicing under any other name. Respondent shall inform the Division in writing, and Respondent and the Division shall enter into an Amended Stipulation and Order, which consists of the new name Respondent intends to practice under, along with all the same terms and conditions in the original Stipulation and Order.

15. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

BY: _____
RICHARD J. OBORN
Bureau Manager

DATE: 9/9/2014

RESPONDENT

BY: Mark Harward
MARK KEKUPAA HARWARD

DATE: 9-8-2014

SEAN D. REYES
UTAH ATTORNEY GENERAL

BY: _____
L. MITCHELL JONES
Counsel for the Division

DATE: 9 Sep 14

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ORDER

THE ABOVE STIPULATION, in the matter of **MARK KEKUPAA HARWARD,** is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 9 day of September, 2014.

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

MARK B. STEINAGEL
Director

Investigator. Lynn Hooper

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NABP
National Association of Boards of Pharmacy

North American Pharmacist Licensure Examination®

Score Transfer Report

To: Nevada Board of Pharmacy

This applicant has requested that the National Association of Boards of Pharmacy® (NABP®) transfer his/her North American Pharmacist Licensure Examination® (NAPLEX®) score to your state.

Candidate Information		
Name:	Dr. Mark Kekupaa Harward	NABP e-Profile ID: 249959
Address:	) Ute Rd Saint George, Utah 84790	
Date of Birth:		
Social Security Number:		
School of Pharmacy:	Roseman Univ of Hlth Sci Coll of Pharm	

Examination Information	
Total Scaled Score:	83
Test ID Number:	N2003AZ3833959
Date:	4/24/2020
State Board Conferring Eligibility:	Arizona

This report shows the total scaled score of the NAPLEX. The total scaled score is the overall score received on the examination. A total scaled score of at least 75 is required for passing

National Association of Boards of Pharmacy®
1600 Feehanville Dr
Mount Prospect, IL 60056
www.nabp.pharmacy

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

OF THE DEPARTMENT OF COMMERCE

OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF **MARK KEKUPAA HARWARD** TO PRACTICE AS A PHARMACIST AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH	**ORDER REINSTATING LICENSE** Case No. DOPL-2014-510

BY THE DIVISION:

Respondent has satisfied the terms and conditions as set forth in the Division's Stipulation and Order, dated September 9 2014, in the above-referenced case number.

IT IS HEREBY ORDERED the probation on the licenses of MARK KEKUPAA HARWARD to practice as a pharmacist and to dispense controlled substances is terminated and said licenses are reinstated with full privileges effective the date of this Order.

Dated this 10 day of March, 2020.

Mark B. Steinagel
Division Director

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

OF THE DEPARTMENT OF COMMERCE

OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF **MARK KEKUPAA HARWARD** TO PRACTICE AS A PHARMACIST AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH	**AMENDED ORDER** Case No. DOPL-2014-510

BY THE DIVISION:

The Division's Stipulation and Order, dated September 9, 2014, in the above-referenced case is hereby amended as follows:

IT IS HEREBY ORDERED that the suspension on Respondent's licenses to practice as a pharmacist and to dispense controlled substances is terminated effective the date of this Amended Order. Said licenses are now placed on probation for three years subject to the conditions and restrictions identified in the September 9, 2014 Stipulation and Order.

All other conditions and restrictions identified in the September 9, 2014 Stipulation and Order shall remain the same and in effect.

Dated this 5th day of May, 2015.

Mark B. Steinagel
Division Director

DEPARTMENT OF COMMERCE · THE GREAT SEAL OF THE STATE OF UTAH · OCCUPATIONAL AND PROFESSIONAL LICENSING

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF **MARK K. HARWARD** TO PRACTICE AS A PHARMACIST AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH	**AMENDED ORDER** Case No. DOPL-2014-510

BY THE DIVISION:

The Division's Stipulation and Order, dated September 9, 2014, in the above-referenced case is hereby amended as follows:

IT IS HEREBY ORDERED the probationary condition identified in paragraph 8.(1)(e) which requires supervision of Respondent's practice as a pharmacist be amended to require Respondent to submit a supervision plan to the Division and Board within 30 days of his commencing employment as a pharmacist.

All other conditions and restrictions identified in the September 9, 2014 Stipulation and Order shall remain the same in effect.

Dated this 18 day of November, 2014.

Mark B. Steinagel
Division Director

DEPARTMENT OF COMMERCE · THE GREAT SEAL OF THE STATE OF UTAH · 1896 · OCCUPATIONAL AND PROFESSIONAL LICENSING

L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
SEAN D. REYES (U.S.B. 7969)
Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 146741
Salt Lake City, UT 84114-6741
Telephone: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

OF THE DEPARTMENT OF COMMERCE

OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF **MARK KEKUPAA HARWARD** TO PRACTICE AS A PHARMACIST AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH	)))))	STIPULATION AND ORDER CASE NO. DOPL 2014- 510

MARK KEKUPAA HARWARD ("Respondent") and the **DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING** of the Department of Commerce of the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action.

2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

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3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Board of Pharmacy ("Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby waives the right to a hearing, the right to present evidence on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses, and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to all administrative and judicial review as set forth in Utah Code Ann. §§ 63G-4-301 through 63G-4-405, and Utah Administrative Code R151-4-901 through R151-4-907. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4102(4).

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent acknowledges that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation and Order, and will release other information about this disciplinary action against Respondent, to other persons and entities.

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7. Respondent admits the following facts are true:

   a. On or about July 13, 2011 Respondent was first licensed as a pharmacist and to dispense controlled substances in the State of Utah.

   b. On or about November 5, 2012 Respondent pleaded guilty to three counts of grand theft, and one count of petit theft, in a state circuit court in Pinellas County, Florida. Adjudication of guilt was withheld. Respondent completed the requirements of his criminal penalty early, including full payment of the restitution amount. Respondent's probation was terminated early on or about May 13, 2013. Subsequently, Respondent's criminal records were sealed by the State circuit court in Pinellas County, Florida, on or about December 18, 2013.

   c. Respondent's criminal plea of November 5, 2012 was promptly reported, and on May 31, 2013, the Office of Inspector General for the U.S. Department of Health and Human Services gave notice of its issuance of a five year mandatory exclusion from participation in Medicare, Medicaid, and other federal healthcare programs, effective June 20, 2013.

8. Respondent admits that Respondent's conduct described above may be considered unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a) and (c) by the Division; and that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's license by the Division pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2), shall be entered in this matter as follows:

(1) Respondent's license shall be revoked. The revocation of Respondent's license shall be immediately stayed. Respondent's license shall be suspended for six months. Once the suspension is lifted Respondent's license shall be subject to a term of probation for a period of three years. The period of probation shall commence on the effective date of this Stipulation and Order, which is the date the Division Director signs the Order. During the period of probation, Respondent shall be subject to all of the following terms and conditions. If the Board or Division later deems any of the conditions unnecessary such deletions may be made by an amended order issued unilaterally by the Division.

   (a) **Meetings with Division Compliance Specialist**. Respondent shall contact Division Compliance Specialist Connie Call within two weeks of

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the effective date of this Order to schedule an appointment for the purpose of discussing the terms of the Order. This appointment may be telephonic if Respondent continues to reside outside the State of Utah. An appointment with Ms. Call can be scheduled by contacting her by phone at (801) 530-6295 or by email at cscall@utah.gov.

(b) **Meetings with the Board**. Respondent shall meet with the Board and Division at the first scheduled Board meeting after the signing of the accompanying Order and or at a frequency thereafter as determined by the Board and Division, for the duration of the probationary period to assess the progress of Respondent's probation. These meetings may be telephonic at the discretion of the Board and Division.

(c) **Written Plan**. After meeting with the Division Compliance Specialist but prior to the first scheduled appointment with the Board, Respondent shall submit to the Division a written plan that summarizes the steps Respondent shall take to ensure full compliance with the terms of probation.

(d) **Notification of Division if Working as Pharmacist in Utah**. Respondent shall notify the Division in writing at least one month before Respondent begins practicing as a pharmacist in the State of Utah.

(e) **Supervision Required**. Respondent shall practice in the State of Utah only under the general supervision of a Division and Board pre-approved supervisor during the term of Respondent's probation. Any changes in supervision may be made only with the consent of the Division and Board. Respondent shall deliver a copy of this Order to Respondent's supervisor (within ten days of the establishment of the supervisory relationship) and cause Respondent's supervisor to notify the Division in writing that a copy has been received. Respondent shall submit a supervision plan to the Division within 30 days of the effective date of this Stipulation and Order that outlines the terms of supervision. "General supervision" means that the supervisor (1) has authorized the work to be performed by the person being supervised; (2) is available for consultation with the person being supervised by personal face-to-face contact, or direct voice contact by telephone, radio, or some other means, without regard to whether the supervising licensee is located on the same premises as the person being supervised; and (3) can provide any necessary consultation within a reasonable amount of time and personal contact is routine.

(f) **Supervisor Reports**. Respondent shall cause Respondent's supervisor to submit reports to the Board and Division assessing Respondent's

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compliance with the terms of Respondent's probation and ethical standards and rules. The reports shall be submitted monthly for the first six months and quarterly thereafter, or at such frequency as directed by the Board and Division. The receipt of an unfavorable report may be considered to be a violation of probation.

(g) **Supervisor Reports if Respondent Not Employed.** Once the suspension is lifted, if Respondent is not currently employed in Respondent's licensed profession. Respondent shall submit the supervisor report form on the date it is due and indicate on the form that Respondent is not currently employed in Respondent's licensed profession, or that Respondent is not currently working. If respondent is unemployed by the Division for an extended period of time, this requirement may be waived at the discretion of the Board and Division.

(h) **Notification of Employer of Stipulation.** Respondent shall notify any employer of Respondent, who employs Respondent as a pharmacist, of Respondent's restricted status and the terms of this Stipulation and Order. Respondent shall provide a copy of this Stipulation and Order to Respondent's employer.

(i) **Work Restriction.** Respondent shall not work as a pharmacist-in-charge of any pharmacy.

(j) **Additional Continuing Professional Education.** Respondent has successfully completed twelve hours of continuing pharmacy education credit, consisting of the following courses: Pharmacy Rules and Law Course; Updated on Federal Controlled Substance Dispensing Responsibilities (2 credits); DEA Audits- What Pharmacies Should Know (1 contact hour); Controlled Substances, Prescription Monitoring Programs & Pharmacist's Legal Corresponding Responsibility (2 credits). Respondent shall provide documentation to the Division and Board of successful completion of the additional continuing professional education.

(k) **Essay.** Respondent shall submit a 500 word essay to the Division and Board addressing Respondent's violations and applicable Utah law that applies to Respondent's violations. The essay shall also address lessons learned from the continuing education courses described in subparagraph (l) above and outline a plan for Respondent to avoid similar violations in the future. The essay shall be submitted with 30 days of Respondent successfully completing the continuing education courses described in subparagraph (l) above.

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(l) Respondent shall notify the Division and Board within one (1) week of any change of employer or employment status. This is required regardless of whether Respondent is employed in Respondent's licensed occupation. The notification shall be in writing.

(m) In the event that Respondent leaves Utah for a period longer than 60 days, after Respondent has notified the Division and Board that he has begun practicing as a pharmacist in the State of Utah pursuant to paragraph 8(1)(d) above, Respondent shall notify the Division and the Board in writing of the dates of departure and return. If Respondent intends to engage in the practice of pharmacy in the jurisdiction where Respondent moves, Respondent shall promptly notify the licensing authorities of the jurisdiction of the provisions of this Stipulation and Order. Periods of residency or practice outside Utah may apply to the reduction of the probation period if the new state of residency places Respondent' license on probation with equal or greater terms and conditions.

(n) Periods of unemployment or employment in other fields of practice shall be reported by Respondent to the Division and shall not count toward completion of probation. Should Respondent not be employed in Respondent's licensed occupation during Respondent's probationary period for a consecutive period of more than sixty (60) days, that period shall not apply to the reduction of probation, though the terms of probation shall remain applicable. If the Respondent works less than full-time in Respondent's licensed occupation, the reduction of any remaining probationary time shall occur on a pro-rata basis, in relation to a full-time position of 40 hours worked per week.

(o) Should other acts of unprofessional conduct come to the attention of the Division or Board which have occurred prior to the entry of the Order in this case or should Respondent violate probation in any respect, the Division may, in addition to taking action as provided for herein, after giving Respondent notice and the opportunity to be heard, revoke probation or impose sanctions in accordance with applicable law.

(p) Respondent shall immediately notify the Division, in writing, of any changes in private or professional address and agrees that written communication by the Division and/or the Board shall be mailed to Respondent at the last address provided to the Division via first class U.S. Mail, and shall constitute notice to Respondent.

(q) Failure to pay for any of the costs associated with this probation shall be considered a violation of this Order. Respondent further agrees to

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complete all conditions of probation in a timely manner. Where a specific time for completion is not stated in this Order, it shall be within the Division and Board's discretion to set a time for completion.

(r) Respondent agrees to keep Respondent's Utah license active during the period of probation.

(s) Respondent shall notify the Division immediately if Respondent is charged or arrested with any criminal conduct and understands that a conviction is a violation of this agreement.

(t) Respondent shall submit reports on the date they are due and shall appear at scheduled meetings with the Division and Board promptly. Failure to do so shall be considered a violation of this Stipulation and Order.

9. This Stipulation and Order, upon approval by the Director of the Division, shall be the final compromise and settlement of this non-criminal administrative matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and Respondent waive any claim of bias or prejudgment they might otherwise have with regard to the Director by virtue of the Director having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent agrees to abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation. Respondent agrees not to take any action or make any public statement, that creates, or tends to create, the impression that

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any of the matters set forth in this Stipulation and Order are without factual basis. A public statement includes statements to one or more Board members during a meeting of the Board. Any such action or statement shall be considered a violation of this Stipulation and Order.

12. The accompanying Order becomes effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent shall comply with all the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. Respondent shall complete all the terms and conditions contained in the Stipulation and Order in a timely manner. If a time period for completion of a term or condition is not specifically set forth in the Stipulation and Order, Respondent agrees that the time period for completion of that term or condition shall be set by the Board. Failure to complete a term or condition in a timely manner shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction. If the Division files a Petition alleging that Respondent has engaged in new misconduct or files an Order to Show Cause Petition alleging that Respondent has violated any of the terms and conditions contained in this Stipulation and Order, the period of Respondent's probation shall be tolled during the period that the Petition or Order to Show Cause Petition has been filed and is unresolved.

14. Respondent shall practice only under Respondent's name as set forth in the caption of this Stipulation and Order. If Respondent intends to practice under any other name, then, prior to

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practicing under any other name. Respondent shall inform the Division in writing, and Respondent and the Division shall enter into an Amended Stipulation and Order, which consists of the new name Respondent intends to practice under, along with all the same terms and conditions in the original Stipulation and Order.

15. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

BY: _____
RICHARD J. OBORN
Bureau Manager

DATE: 9/9/2014

RESPONDENT

BY: Mark Harward
MARK KEKUPAA HARWARD

DATE: 9-8-2014

SEAN D. REYES
UTAH ATTORNEY GENERAL

BY: _____
L. MITCHELL JONES
Counsel for the Division

DATE: 9 Sep 14

MH

ORDER

THE ABOVE STIPULATION, in the matter of **MARK KEKUPAA HARWARD,** is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 9 day of September, 2014.

DIVISION OF OCCUPATIONAL AND
PROFESSIONAL LICENSING

MARK B. STEINAGEL
Director

Investigator. Lynn Hooper

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GARY R. HERBERT
Governor
SPENCER J. COX
Lieutenant Governor

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

CHRIS PARKER
Interim Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

DOPL-FM-031 REV 06/08/2009

Licensee Information

Name of the Licensee: Mark Kekupaa Harward

Classification of License Issued: Pharmacist

License Number: 6343157-1701

Original Date of Licensure: 07/13/2011

Expiration Date: 09/30/2021

Current Status: Active

Obtained By: Application

Intern Hours: 1901

Disciplinary Action: Yes, 2014-510 copies of all Petitions and Orders are attached

Signature: _____ Date: March 12, 2020

Jim Garfield- Program Pharmacy Manager

To expedite the verification process, the above is the standard format used by the Utah Division of Occupational and Professional Licensing. If other information is needed, it must be obtained from the above named individual or the institution, which initially generated the information.

DEPARTMENT OF COMMERCE GREAT SEAL OF THE STATE OF UTAH 1896 OCCUPATIONAL AND PROFESSIONAL LICENSING

RECEIVED
MAR 19 2020

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Total Fee: $250.00 (non-refundable check or credit card)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: MICHAEL Middle: MANABU Last: SHIMOIDE

Mailing Address: E CLARKSON AVE

City: KINGSBURG State: CA Zip Code: 93631

Telephone: _____ E-mail Address: _____ hotmail.com

Date of Birth: __ __ __ Place of Birth: FRESNO, CALIFORNIA

Social Security Number: ___ - __ - ____ Sex: X M or ☐ F

(Full Number Required)

College of Pharmacy Information

Graduation Date: 05/13/99 (mm/dd/yy)

Degree Received: X PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: UNIVERSITY OF SOUTHERN CALIFORNIA

Location of School: LOS ANGELES, CALIFORNIA

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250.00 Entity #: _____

Email _____ NAPLEX _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
CA	50927	Yes ☒ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes X No ☐

Branch: ARMY
Military Occupation/Specialty: 91Q
Dates of Service: 11/1990 - 6/2002

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	X
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	X
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state	X	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	X

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation and/or documentation**:

Board Administrative Action:	State	Date:	Case #:
CITATION	CA	12/21/2015	CI 2015 68401

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 X
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

2/24/2020

Date

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2015 68401	MICHAEL MANABU SHIMOIDE , RPH 50927

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Title 21 CFR § 1305.12 subd. (d)/Title 21 CFR § 1305.05 subd. (a)	Procedure for executing DEA Forms 222/Orders for schedule I and II controlled substance - Power of Attorney	$1,000.00
CCR Title 22 § 70263 subd.(c)(f)(3)(g)	Supplies of drugs for use in medical emergencies only shall be immediately available at each nursing unit or service area as required; the supply shall be inspected by a pharmacist at periodic intervals specified in written policies; such inspections shall occur no less frequently than every 30 days; records of such inpsections shall be kept for at least three years; a pharmacy and therapeutics committee shall be established	$2,000.00
Bus. & Prof. Code § 4059.5 subd. (a)	Dangerous drugs and devices may only be ordered by... and shall be delivered to licensed premises and signed for and received by a pharmacist...	$1,000.00
Bus. & Prof. Code § 4115 subd. (a)(b)(c)	A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of a pharmacist	$1,000.00

CONDUCT:

Code of Federal Regulations section 1305.12 (d) and 1305.05 (a) states in pertinent part each DEA Form 222 must be signed and dated by a person authorized to sign an application for registration or a person granted power of attorney to sign a Form 222 under 1305.05. The name of the purchaser, if different from the individual signed the DEA Form 222, must also be inserted in the signature space. A registrant may authorize one or more individuals, whether or not located at his or her registered location, to issue orders for Schedule I and II controlled substances on the registrant's behalf by executing a power of attorney for each such individual, if the power of attorney is retained in the files, with executed Forms 222 where applicable, for the same period as any order bearing the signature of the attorney. The power of attorney must be available for inspection together with other order records. Michael Shimoide was not compliant. Michael Shimoide (RPH 50927) while working at Plumas District Hospital Pharmacy, located at 1065 Bucks Lake

10

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e.you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Gabriel Middle: Vasquez Last: Castañeda

Mailing Address: Gramercy Oaks Dr

City: Dallas State: Tx Zip Code: 75287

Telephone: 437- E-mail Addres gmail.com

Date of Birth: Place of Birth: Odessa Tx

Social Security Numbe (Full Number Required) Sex: ☑ M or ☐ F

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: Texas Date of Issuance: 07/31/2014

College of Pharmacy Information

Graduation Date: 05/24/2014 (mm/dd/yy)

Degree Received: ☑ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Texa Tech HSC SOP

Location of School: Amarillo Texas

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 330.00 Entity #: _____

Email _____ MPJE _____

fee in file

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?
TX	55178	Yes ☑ No ☐	_____	_____	Yes ☐ No ☐
_____		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☑

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	☑	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☐

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
	TX	12/02/2008	T-08-548

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

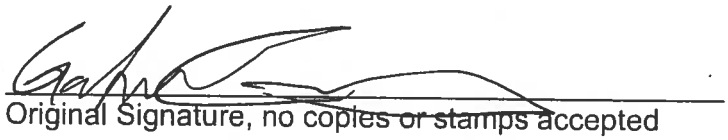
4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☑
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted

1-6-20

Date

AGREED BOARD ORDER #T-08-548

RE: IN THE MATTER OF GABRIEL V. CASTANEDA (PHARMACY TECHNICIAN REGISTRATION #144317)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (hereinafter referred to as "TSBP") the matter of pharmacy technician registration number 144317 issued to Gabriel V. Castaneda (hereinafter referred to as "Respondent").

The TSBP gave preliminary notice to Respondent of its intent to take disciplinary action with respect to Respondent's pharmacy technician registration as a result of information received by the TSBP which produced evidence indicating that Respondent may have violated:

Section 568.002(a) and Section 568.003(a)(1) and (7) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (2007); and

Section 297.3(a)(1) and (c) of the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2008), in that allegedly:

COUNT

Beginning in January 2007, through on or about July 22, 2008, Gabriel Castaneda, while acting as an employee at Target Store #T-1506, 3909 East 42nd Street, Odessa, Texas 79762, was unlawfully engaged in the duties of a pharmacy technician. Mr. Castaneda failed to register with the Texas State Board of Pharmacy before starting his employment as a pharmacy technician. As evidenced by pharmacy records, Mr. Castaneda engaged in the duties of a pharmacy technician (or pharmacy technician trainee) without a registration until his failure to register was discovered during a Texas State Board of Pharmacy inspection on July 22, 2008.

On or about February 10, 2007, Mr. Castaneda filed an application with the Texas State Board of Pharmacy to register as a pharmacy technician. Mr. Castaneda's application was approved and he was cleared to continue the registration process on March 6, 2007, however, after failing to pay, his application became incomplete on May 5, 2007. On or about August 28, 2008, Mr. Castaneda re-filed an application with the Texas State Board of Pharmacy to register as a pharmacy technician.

Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By Respondent's signature on this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, agrees that the TSBP has jurisdiction in this matter and waives Respondent's right to informal conference, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

Respondent understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the TSBP, it is agreed that neither the presentation of the Order to the TSBP, nor the TSBP's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the TSBP or its individual members and, therefore, will not be grounds for precluding the TSBP or any individual member of the TSBP from further participation in proceedings related to the matters set forth in the Order.

Respondent agrees to the entry of an Order disposing of the need for further disciplinary action in this matter and further agrees to comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the TSBP does hereby ORDER that Respondent shall pay an administrative penalty of five hundred dollars ($500.00) due ninety (90) days after the entry of this Order.

If Respondent fails to pay the administrative penalty within ninety (90) days after the entry of this Order, pharmacy technician registration number 144317 issued to

Respondent shall be suspended, effective ninety (90) days after the entry of this Order, until such payment is received by the BOARD. In the event that pharmacy technician registration number 144317 issued to Respondent is suspended Respondent shall not practice as a pharmacy technician in this state or be employed in this state in any manner that would allow access to prescription drugs.

If within six (6) months after the entry of this Order, Respondent fails to pay the administrative penalty, pharmacy technician registration number 144317 issued to Respondent shall be revoked and of no further force and effect, effective six (6) months after the entry of this Order. In the event that pharmacy technician registration number 144317 issued to Respondent is revoked, Respondent shall:

(a) not practice as a pharmacy technician in this state or be employed in this state in any manner that would allow access to prescription drugs during the period pharmacy technician registration number 144317 is revoked; and

(b) surrender to the BOARD, pharmacy technician registration number 144317 and any renewal certificate and personal identification card pertaining to pharmacy technician registration number 144317.

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation of the pharmacy laws or rules of this state and shall be grounds for further disciplinary action against the Texas technician registration held by Respondent.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on this 2nd day of December, 2008.

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Gabriel V. Castaneda

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

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11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE

REGISTRATION FEE: $80.00 (non-refundable money order or cashier's check only)

First: PATRICK Middle: IAN Last: SMITH

Home Address: SHOREWOOD DR

City: WASHINGTON State: NC Zip Code:

SS# Date of Birth Sex: ☒ M or ☐ F

Telephone: E-mail address:

PRACTICING LOCATION (Required)

Practice Name (if any): NAPHCARE AT LAS VEGAS DETENTION CENTER

Physical Address: 3300 STEWART AVE Suite #:

City: LAS VEGAS State: NV Zip Code: 89101

Telephone: 702-229-6414 (LAS VEGAS DETENTION CENTER) Fax: 205-515-9207 (NAPHCARE FAX)

Nursing Board #: 821781 Issued: 7/3/2019 Expires: 9/26/2020

☒ Check this box if you are a APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.)

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☑	☐
2. Been the subject of a board citation, administrative action whether completed or pending in any state?	☐	☑
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

PLEASE SEE ENCLOSED DOCUMENTS.

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

PSI A APRN — 1/15/2020

Original Signature of APRN, no copies or stamps accepted — Date

COLLABORATING PHYSICIAN's name (If required):

Original Signature of Collaborating Physician, no copies or stamps accepted — Date

Board Use Only: Date Processed Amount 80.00

January 14, 2020,

To Nevada State Board of Pharmacy:

Thank you for the opportunity to explain the details surrounding my arrests. I will explain each incident in the order that it occurred.

The first incident occurred in Buncombe County, North Carolina, in 1997, when I was a senior in high school. The event involved an aerosol can of computer cleaner. I was charged with inhaling toxic vapors. I sought deferred prosecution and performed community service. In 2010, the charge was expunged.

The second incident occurred in 2002. This incident involved misdemeanor possession of marijuana, and the charges were dismissed. This incident occurred in Mecklenburg County, North Carolina.

The third incident occurred in Buncombe County, in 2005, when I was charged with reckless driving. This case was dismissed.

For fourteen years now, I have abstained from using substances or alcohol. I have found that life without substances and alcohol is very rewarding and fulfilling. Also, I have not had any traffic violations since I was charged with reckless driving in 2005. I would very much look forward to the opportunity of practicing as a nurse practitioner in Nevada.

Sincerely,

P Smith, PMHNP-BC

Patrick Smith, MSN, PMHNP-BC

100 BUNCOMBE
031914 CRIMINAL CHECK- PENDING--DISPOSED--MOTOR V.--UNSERVED--CONVICTED
CRITERIA- NAME: SMITH,PATRICK? R=RACE: S=SEX: DOB:

SMITH,PATRICK,IAN 536 CHUNNS C S=M R=W DOB= 98CR 000481
OF:010898 (T) EXPIRED REGISTRATION CARD/TAG DISMISSED BY DA 030398 CR
OF:010898 (I) EXPIRED/NO INSPECTION DISMISSED BY DA 030398 CR

SMITH,PATRICK,IAN 31 WILKINSON S=M R=W DOB=1 06CR 061709
LID: 1381193
OF:060109 (T) RECKLESS DRIVING TO ENDANGER DISMISSED BY DA 121606 CR

LICENSE DATE DOB=BIRTH M MISD F FELONY T TRAFFIC -END-

CERTIFIED A TRUE COPY
DEPUTY CLERK OF SUPERIOR COURT
BUNCOMBE COUNTY, ASHEVILLE, N.C.

Criminal Records.Txt

590 MECKLENBURG ICA INQUIRY 01 02CR 219735 FILM:
DISPOSED R S DOB/AGE CR FILING DATE: 050302
MAGISTRATE ORDER W M DL#: 2 NC
SMTTH,PATRICK,IAN CIT#: TRIAL DATE: 071802
CHUNNS COVE RD CSLR: CSLRC: AM
ASHEVILLE NC 28805 DEF ATTY: TYP: VRA:
CHG/ARRN OFFN: M POSSESS MARIJUANA UP TO 1/2 OZ 90-95(D)(4)
COMPLAINANT: OWEN,C,P CPD ISSUED: 050302 SERVED: 050302
OFFN DATE: 050302 ARRN DATE: MOTIONS DATE: DISP DATE: 071802
CONT. D: 00 S: 00 C: 00 NR: 00 INT?: FRM: RSONCO: GANG REL: DV CV: N

PLEA VER MOD FINE COSTS WCC REST JUDGE PAID TO-BE-PAID
VD $ $ $ NBN
CONV OFFN: CAB:
SENT LEN: - SENT TYPE: CONS F/JGMT:
PROB: WITHDRAWN: APPEALED TO SUPERIOR:
AREA CD: ACCD: HWY: V LIC: TRANS TO SUPERIOR:
CDL: N CMV: N HAZ: N TRP/DIST: V ST: V TYP: APPELLATE:
HT

ARREST DATE: 050302 CHECK DIGIT: PR7624F SID: N LID: 276477
NEXT#: PF2 - NAME INQUIRY ADDL CHARGES:

A TRUE COPY

CLERK SUPERIOR COURT
By Darlene Wilson
Assistant Deputy Clerk Superior Court

TYPE OR PRINT IN BLACK INK.

STATE OF NORTH CAROLINA

BUNCOMBE County

In The General Court Of Justice
Before The Clerk

IN THE MATTER OF:

Name(s) By Which Individual To Be Searched May Be Known
Patrick Ian Smith

CRIMINAL RECORD SEARCH

G.S. 7A-109, -308(a)(17), -343(3)

☐ For DMV Hearing

REQUEST FOR CERTIFIED CRIMINAL RECORD SEARCH

I request that the Clerk of Superior Court conduct a search of the official records of the criminal cases in the courts of the county named above and certify the results of that search for the name(s) listed above. In making this request I understand and acknowledge that:

1. **THE CLERK WILL SEARCH THE COURT RECORDS FOR ONLY THE COUNTY NAMED ABOVE. THIS IS NOT A STATEWIDE RECORD SEARCH.**
2. Court records are indexed by name only and not by any other identifying characteristics.
3. The name(s) listed above are all the names by which, to my knowledge, the individual for whom I am requesting this search may be known.
4. The Clerk will search for records under all those names, but only for records under those names.
5. The fact that no criminal record is found under any of those names does not mean that the individual does not have a record in this county; the individual may have a record under another name.
6. The fact that a criminal record is found under one or more of those names does not mean that the record is a record for the individual for whom I am requesting this search; the record may be that of another individual with the same or a similar name.
7. I am solely responsible for any interpretation and use I make of the results of this search and I understand the Clerk is not responsible for my interpretation or use of the results.

Name And Address Of Requestor (Including City, State And Zip Code)
Robert B. Long, Jr.
Long, Parker, Warren, Anderson & Payne
14 South Pack Square, Suite 600
Asheville, NC 28801

Signature Of Requestor
Robert B. Long, Jr.

CERTIFICATION

This is to certify that I have searched the indices to criminal actions in this office from 1963 to the present and

☒ I have found that no record was indexed by the name(s) given above.

☐ I have found the following excerpt(s) from the public records indexed by the name(s) given above as appears in the attached _____ page(s).

☐ This search is limited as follows: _____.

Some automated system information code definitions are included on the back of this form to help you understand the record(s) that may be attached to this form.

Not Valid Without The Clerk Of Superior Court's Raised Seal On Each Page

Date Of Search 2/17/10

Signature

☒ *Deputy CSC* ☐ *Assistant CSC* ☐ *Clerk Of Superior Court*

NOTE: *"Any person who without lawful authority intentionally ... alters or changes any ... official case record is guilty of a Class H felony." G.S. 14-221.2.*

(Over)

AOC-CR-314, Rev. 3/07
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STATE OF NORTH CAROLINA

BUNCOMBE County

File No. 97 CR 5210

In The General Court Of Justice
☒ District ☐ Superior Court Division

STATE VERSUS

Name And Address Of Defendant/Petitioner (Type Or Print)
Patrick Ian Smith
Brookwood Road
Asheville, NC 28804

PETITION AND ORDER OF EXPUNCTION UNDER G.S. 15A-145 AND G.S. 15A-146

G.S. 15A-145, -146

Drivers License No.	State	Race	Sex	DOB	Social Security No.	Age At Time Of Offense
2[illegible]	NC	CAUC.	MALE	[illegible]	[illegible]	18

Name And Address Of Arresting Agency
Asheville City Police Department
100 Court Plaza (A)
Asheville, NC 28801

Name And Address Of Defendant's Attorney
Robert B. Long, Jr.
P. O. Box 7216
Asheville, NC 28802

File Nos.	Date Of Arrest	Offense Description	Date Of Offense	Disposition	Date Of Disposition/ Conviction
97 CR 5210	05/16/1997	Inhale Toxic Vapors	05/16/1997	Dismissed	10/20/1997

PETITION/MOTION TO EXPUNGE

☐ I hereby move for an expungement pursuant to G.S 15A-145 and certify as follows:

1. I was charged with a misdemeanor(s), other than a traffic violation, the file number(s) of which is/are set out above.
2. The charge(s) listed above resulted in a conviction and at the time the offense was committed, I was under the age of 18 (or under the age of 21 if the charge is misdemeanor possession of alcohol in violation of G.S. 18B-302(b)(1)).
3. I have not previously been convicted of any felony or misdemeanor, other than a traffic violation.
4. Those affidavits and statements required by G.S. 15A-145 are incorporated and are attached.
5. I have no outstanding restitution orders, or civil judgments representing amounts ordered for restitution, against me.
6. I have served a copy of this form on the District Attorney.
7. ☐ There is a civil revocation record that resulted from the offense(s) I am seeking to expunge.

Service of this petition is accepted by the District Attorney pursuant to statute. ***(Applies only to G.S. 15A-145.)***

Date	Signature Of District Attorney

☒ I hereby move for an expungement pursuant to G.S 15A-146 and certify as follows:

1. I was charged with a misdemeanor(s) or felony(ies) (or an infraction under G.S. 18B-302(i) prior to December 1, 1999), the file number(s) of which is/are set out above.
2. The charge(s) listed above was/were disposed of by a dismissal, finding of not guilty or finding of not responsible.
3. I have not previously been convicted of a felony
4. I have not previously received an expungement under G.S. 15A-145, G.S. 15A-146, G.S. 90-96, or G.S. 90-113.14.
5. ☐ There is a civil revocation record that resulted from the offense(s) I am seeking to expunge.

☒ I certify that an application under the statute identified above and all affidavits required under that statute have been filed in this case and that the information set forth above is a complete and accurate statement of the information on file in the office of the Clerk of Superior Court.

Date	Signature	
12/17/09	[signature]	☒ Attorney ☐ Defendant

REQUEST BY JUDGE

To The State Bureau Of Investigation, P.O. Box 29500, Raleigh, NC 27626:

Please prepare, certify on the reverse side, and attach to this Request any Criminal History Record Information for the petitioner. Then forward this Request with Criminal History Record Information attached, confidentially to: Records Officer, Administrative Office of the Courts.

To The Records Officer, Administrative Office of the Courts, P.O. Box 2448, Raleigh, NC 27602:

Please complete the report on the reverse side and return it, along with the information attached to this Request by the SBI, to the Clerk of Superior Court.

Date	Name Of Presiding Judge (Type Or Print)	Signature Of Presiding Judge
12-29-09	James C. Hill	[signature]

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CRIMINAL HISTORY RECORD INFORMATION

To Any Presiding Judge In The Above Named County And Court: *(Confidential)*

I have conducted a search of the criminal records of the North Carolina State Bureau of Investigation and the Federal Bureau of Investigation, based on the information provided by you, which has not been verified by fingerprint comparisons, and certify that

- ☐ there is no criminal record for the defendant identified on the reverse of this form.
- ☑ the Criminal History Record Information which is attached is a true and accurate statement of all information contained in the criminal records of the State and Federal Bureaus of Investigation for the defendant identified on the reverse side of this form.

Date	SID No.	Signature Of SBI Official
1-15-2010	NC09710694	Judy Walton

REPORT BY ADMINISTRATIVE OFFICE OF THE COURTS

To Any Presiding Judge In The Above Named County And Court: *(Confidential)*

I have searched the confidential file which contains the names of all persons granted an expunction or dismissal and discharge in North Carolina and certify that

- ☒ there is no record under the name of the defendant of any expunction under any statute of North Carolina
- ☐ there is a record under the name of the defendant identified on the reverse side and it is attached to this form

Date	Signature Of Records Officer
JAN 21 2010	Rebecca Everett

FINDINGS OF FACT

After a hearing on the petition/motion the Court makes the following findings of fact:

1. Petitioner was charged with those offenses indicated on Side One.
2. Said charges were disposed of as indicated in the Petition on Side One.
3. ☐ The above referenced charges are related in that they all arose out of the same occurrence or transaction or they were joined for trial and judgment.
4. ☐ The above referenced charges occurred within the same 12-month period of time or the charges were dismissed or findings made at the same term of court. ***(Applies only to G.S. 15A-146.)***
5. ☐ Petitioner is seeking an expungement under G.S. 15A-145.
   - ☐ The district attorney has been served with a copy of this petition at least ten (10) days prior to this date, has received notice of the hearing ☐ and has no objection. _____ *(Prosecutor's Initials)*
   - ☐ Petitioner has not previously been convicted of any felony or misdemeanor offense other than a traffic violation
   - ☐ Petitioner was not convicted of any felony or misdemeanor during the first two years following the date of disposition indicated on Side One.
   - ☐ Petitioner provided affidavits as required by G.S. 15A-145.
   - ☐ Petitioner has no outstanding restitution orders or civil judgments representing amounts ordered for restitution entered against him/her
6. ☑ Petitioner is seeking an expungement under G.S. 15A-146
   - ☑ Petitioner has not previously been convicted of a felony
   - ☑ Petitioner has not previously received an expungement under G.S. 15A-145, G.S. 15A-146, G.S. 90-96 or G.S. 90-113.14.
7. ☐ Other: _____
8. ☑ Petitioner ☑ is ☐ is not eligible for an expungement under ☐ G.S. 15A-145. ☑ G.S. 15A-146.

   If not eligible, it is because. _____

ORDER

Therefore, the Court hereby ORDERS:

1. ☑ The petition is granted and it is ordered that all entries relating to the defendant/petitioner's apprehension, charge or trial shall be expunged from the records of the court, and all law enforcement agencies bearing record of the same. It is further ordered that the clerk is to forward a certified copy of this order to the AOC, sheriff, chief of police or other arresting agency.
2. ☐ The petition is denied.
3. ☑ It is also ordered that all entries relating to the civil revocation that resulted from the expunged offense(s) be expunged from the records of the court, and all law enforcement agencies, including the NC Division of Motor Vehicles, bearing record of the same, and the clerk shall forward a certified copy of this order to the Division of Motor Vehicles.

Date	Name Of Presiding Judge (Type Or Print)	Signature
2-10-10	J. Calvin Hill	

CERTIFICATION BY CLERK

I certify that this Order is a true and complete copy of the original in this case and it is being forwarded in compliance with the Order.

Date	Signature
2-15-10	
Name *(Type Or Print)*	☐ Deputy CSC ☑ Assistant CSC ☐ Clerk Of Superior Court
Janelle Henson	

NOTE TO DEFENDANT/PETITIONER: *The expungement of your case information from the court's records does not guarantee your case information will be expunged from other sources. Private companies routinely acquire copies of criminal records to sell. Once the record is removed from the court system it may still be available for sale by the private companies. When this happens neither the Court nor the AOC can require the companies to stop selling the information. One course of action you might take is to send the company a certified record check from the clerk's office showing you have no record. Then request the company correct the inaccurate record in its database.*

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January 14, 2020

Dear Nevada State Board of Pharmacy,

I have spoken with Patty from the Nevada State Board of Nursing. Patty has received a letter from my past employer indicating 2000 prescribing hours, and that letter has also been enclosed in this envelope. Patty mentioned that she would change my prescribing status to "active prescribing C2."

I have enclosed the pharmacy application, supporting documents, and payment. Please let me know if you need any other documents or if anything is incomplete. Thank you for helping to process my pharmacy application.

Sincerely,

P S M t, PMHNP-BC

Patrick Smith, PMHNP-BC
8328-

Mental Health Resource Center
P. O. Box 19249, Jacksonville, FL 32245-9249
Phone: (904) 743-1883 ◆ Fax: (904) 493-5910

January 13, 2020

Re: Employment Verification

This verification is being sent at Patrick Smith's request.

Patrick Smith was employed with the Mental Health Resource Center (MHRC) as a Psychiatric Nurse Practitioner for Adults from November 19, 2018-November 19, 2019.

He was a full time employee and provided additional weekend, on-site services as part of an on-call rotation. He worked 2,000 hours with MHRC providing these services.

If you have any questions, please feel free to contact the Human Resource Department at (904) 743-1883 or at humanresources@mhrcflorida.com.

Sincerely,

Jessica Java

Jessica Java M.B.A., PHR
Vice President- Human Resources

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE

REGISTRATION FEE: $80.00 (non-refundable money order or cashier's check only)

First: Natalie Middle: Rae Last: Lynn

Home Address: Milpas Lane

City: Las Vegas State: NV Zip Code:

S Date of Birth: Sex: ☐ M or ☒ F

Telephone: E-mail address: gmail.com

PRACTICING LOCATION (Required)

Practice Name (if any): DispatchHealth Urgent Care

Physical Address: 3641 W Charleston Blvd #203 Suite #: 203

City: Las Vegas State: NV Zip Code: 89102

Telephone: ~~720.607.5329~~ 702.848.4443 Fax: 720.603.9592

Nursing Board #: 815950 Issued: 12/17/2018 Expires: 12/21/2021

☒ **Check this box if you are a APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.)**

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
2. Been the subject of a board citation, administrative action whether completed or pending in any state?	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

	State	Date:	Case #:	County	Court
Board Administrative Action:		/ /			
Criminal Action:		/ /			

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature of APRN, no copies or stamps accepted — Date: 1/29/2020

COLLABORATING PHYSICIAN's name (If required):

Original Signature of Collaborating Physician, no copies or stamps accepted — Date

Board Use Only: Date Processed — Amount 80

Explanation

1. *Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?*

YES.

On February 26, 2019, I was arrested in Las Vegas on suspicion of driving under the influence, possession of a dangerous drug without a prescription, possession of a controlled substance without a prescription, and failing to maintain a travel lane. On July 19, 2019, I was charged with misdemeanor driving under the influence and failing to maintain a travel lane <u>only</u>. That case (No. 19M12821X) is currently pending before the Las Vegas Justice Court. Arrest records and the criminal complaint are attached.

On the night of February 25-26, 2019, I was pulled over while driving and taken into custody on suspicion of driving under the influence. Due to my pending criminal matter, I have been advised by my counsel not to provide further details on that issue.

As part of that arrest, my vehicle and purse were searched. The officer discovered a prescription bottle in my purse with twenty (20) pills of zolpidem tartrate, 10mg (generic for Ambien), a Schedule IV controlled substance. The bottled was labeled for my mother, Patricia Mortel, and dated September 20, 2010. I was in the process of moving, and my mother had left her prescription at my house. I had her prescription in my purse so that I could return it to her. It is obviously an old prescription of hers, and given that twenty (20) pills remained in the bottle, it was pretty clear that her prescription was not being abused or diverted. The early charges of possession of a dangerous drug without a prescription and possession of a controlled substance without a prescription were dropped with no complaint filed.

As stated above, my criminal case on the remaining charges is pending. I have had no other felony or misdemeanor charges, arrests, or convictions in any other state.

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

NATALIE RAE WYNN, aka,
Natalie Rae Mortel #5686794,

Defendant.

CASE NO: 19M12821X

DEPT NO: 13

CRIMINAL COMPLAINT

The Defendant above named having committed the crimes of DRIVING UNDER THE INFLUENCE (Misdemeanor - NRS 484C.110, 484C.400, 484C.105 - NOC 53900) and FAILURE TO MAINTAIN TRAVEL LANE (Misdemeanor - NRS 484B.223 - NOC 53788), in the manner following, to wit: That the said Defendant, on or about the 26th day of February, 2019, at and within the County of Clark, State of Nevada,

COUNT 1 - DRIVING UNDER THE INFLUENCE

did then and there willfully and unlawfully drive and/or be in actual physical control of a motor vehicle on a highway or on premises to which the public has access at U.S. Highway 95 and Craig, Las Vegas, Clark County, Nevada, Defendant being responsible in one or more of the following ways and/or under one or more of the following theories, to wit: 1) while under the influence of intoxicating liquor to any degree, however slight, which rendered her incapable of safely driving and/or exercising actual physical control of a vehicle, 2) while she had a concentration of alcohol of .08 or more in her blood, and/or 3) when she was found by measurement within two (2) hours after driving and/or being in actual physical control of a vehicle to have a concentration of alcohol of .08 or more in her blood.

COUNT 2 - FAILURE TO MAINTAIN TRAVEL LANE

did then and there willfully and unlawfully fail to drive a motor vehicle as nearly as practicable entirely within a single lane while operating a motor vehicle at U.S. Highway 95 and Craig, Las Vegas, Clark County, Nevada, a highway with two or more clearly marked lanes for traffic traveling in one direction.

All of which is contrary to the form, force and effect of Statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Said Complainant makes this declaration subject to the penalty of perjury.

07/19/19

19M12821X/ml
NHP EV# 190202314
(TK12)

NOTICE OF INTENT TO USE AFFIDAVIT OR DECLARATION

Please be advised that, pursuant to NRS 50.315 and 50.325, upon the trial of this matter, the State of Nevada intends to offer into evidence the affidavit or declaration made under penalty of perjury of the person who withdrew the sample of whole blood from the Defendant for the purposes set forth in NRS 50.315(4). A copy of said affidavit or declaration is included in the discovery provided in this matter.

The person who withdrew the sample of whole blood in this matter is:

S. WILSON

LABCORP

UNIVERSITY MEDICAL CENTER

1800 West Charleston Boulevard

Las Vegas, Nevada 89102

*PAGE 1 OF 1 ☐ UOF ☐ BODY CAM

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

TCR18181190571517

ID/CS# 5886794 ☐ NEW ID

TEMPORARY CUSTODY RECORD

(* DENOTES OFFICER REQUIRED FIELD)

*ARREST DATE: 2/26/2019 *ARREST TIME: 0245

☐ JUVENILE ☐ DNA SAMPLE TAKEN ☐ DNA NOT REQ'D

*EVENT #: 190202314

CO. SGT APPROVAL _____

*CO-DEF: N

☐ REBOOK ☐ ABSENTIA ☐ FORM 6 ☐ NDOC ☐ EXT TO LAS VEGAS ☐ LVC ☐ HND ☐ NLV ☐ COURTESY HOLD ☐ DETAINER _____

*INTAKE NAME (AKA, ALIAS, ETC.) LAST	FIRST	MIDDLE	TRUE NAME LAST	FIRST	MIDDLE
WYNN	NATALIE	RAE	Mortel	Natalie	Rae

*HOME ADDRESS (STREET # AND STREET NAME)	BLDG./APT.#	*CITY	*STATE	*ZIP	*PLACE OF BIRTH
QUAIL PRAIRIE ST		LAS VEGAS	NV	89131	CARMICHAEL, CALIFORNIA

*DATE OF BIRTH	*RACE	HISP ETHN	*SEX	*HEIGHT	*WEIGHT	*HAIR	*EYES	*SOCIAL SECURITY #	*CITIZENSHIP	*ALIEN REGISTRATION #	☐ US VETERAN ☐ ACTIVE MILITARY
1	W	NH	F	505	155	BLN	BLU		USA		

*LOCATION OF CRIME (STREET ADDRESS, CITY, STATE, ZIP) ☒ CC ☒ LV	*LOCATION OF ARREST (STREET ADDRESS, CITY, STATE, ZIP)	☐ CITIZEN'S ARREST ☒ SPEAKS ENGLISH
US95/CRAIG LAS VEGAS, NV 89129	US95/CRAIG LAS VEGAS, NV 89129	

*ARR ** TYPE	*COURT JURIS	*WARRANT # / CASE #	*# CNTS	*NOC CODE	M	GM	F	*CHARGE LITERAL	*ORD / NRS	*BAIL	*EVENT# / NIC#
PC	JC		1	51358	☐	☒	☐	POSS DANG DRUG W/O P-SCRPT, (1ST/2ND) Marijuana	454.316.1	2000	190202314
PC	JC		1	51127	☐	☐	☒	POSS SCH I, II, III, IV C/S, (1ST/2ND)	453.336.2A	3000	190202314
PC	JC		1	53900	☒	☐	☐	12 HR HOLD DUI (1ST) alcohol/drugs	484C.110	2000	190202314
PC	JC		1	53788	☒	☐	☐	FAIL MAINT LANE/IMPROPER LANE CHANGE	484B.223.1	1000	190202314
					☐	☐	☐				
					☐	☐	☐				

*OTHER JURISDICTION:

**ARREST TYPES: PC – PROBABLE CAUSE BS – BONDSMAN SURRENDER BW – BENCH WARRANT AW – ARREST WARRANT RM – REMAND GJI – GRAND JURY INDICTMENT

TIME STAMP AT BOOKING 2/26/2019 7:36 AM

02/26/19 07:38 DSD RECORDS

S17S4AE

P# CBLACK434

DOC DIST P#

*ARRESTING OFFICER SIGNATURE — C BLACK — *PRINTED NAME — 434 — *P# — NHP — *AGENCY — OT — *SECTOR/BEAT OF ARREST

*TRANSPORTING OFFICER SIGNATURE — C BLACK — *PRINTED NAME — 434 — NHP — *AGENCY — OTHER — AREA CMD

UNLAWFUL DISSEMINATION OF THIS RESTRICTED INFORMATION IS PROHIBITED. VIOLATION WILL SUBJECT THE OFFENDER TO CRIMINAL AND CIVIL LIABILITY.

*EMERGENCY CONTACT	Patricia
*RELATIONSHIP	mom
*PHONE NUMBER	702
*EMAIL ADDRESS	

CUSTODY RELEASED TO

NAME

FEB 26 2019

POSITION

RELEASE TO: DNA REQ

DATE: AGENCY

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

BY: 0156

FIRST APP DATE:	
TIME:	
COURT: ☐ JUSTICE ☐ MUNICIPAL ☐ JUVENILE	
☐ STD BAIL ☐ O.R. REL	
☐ PC ☐ I.A.D.	
JUDGE:	

TIME STAMP AT RELEASING

P# _____

REL REV P#

PID: 1:1 RT LT RI LI SCORE: _____ 1:1 RT LT RI LI SCORE: NO HIT S17S4AE

☐ POLICE RECORDS COPY ☐ COURTS COPY ☐ DSD RECORDS COPY ☐ PROCESSING COPY

19F03529X - MORTEL, NATALIE Page 3 of 9

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NEVADA HIGHWAY PATROL
DECLARATION OF ARREST
PAGE 1

ID: 5696794

EVENT: 190202314

TRUE NAME:	DATE OF ARREST:	TIME OF ARREST:
WYNN, NATALIE RAE	02/26/2019	0245
OTHER CHARGES RECOMMENDED FOR CONSIDERATION: NONE		

THE UNDERSIGNED MAKES THE FOLLOWING DECLARATIONS SUBJECT TO THE PENALTY FOR PERJURY AND SAYS: That I am a State Trooper with the Nevada Department of Public Safety, Highway Patrol, Las Vegas, being so employed for a period of 16 months.

That I learned the following facts and circumstances which lead me to believe that **Natalie Rae Wynn** committed (or was committing) the offense(s) of (see TCR) at the location of US95/Craig.

That the offense(s) occurred at approximately 0226 hours on the 26th day of February, 2019.

On February 26th, 2019 at approximately 0226, I, Trp. C. Black P#434, was patrolling US 95 southbound near Craig when I observed a silver Kia Sorento bearing NV registration 416YMU failing to maintain its lane. I observed the vehicle cross from the #3 to the #4 travel lane before correcting back to the #3. The vehicle then crossed back from the #3 travel lane to the #4 travel lane and was straddling the lane line. The vehicle corrected back into the #3 travel lane and crossed into the #4 travel lane once more. I initiated a traffic stop on the vehicle using emergency lights and siren. The vehicle pulled to the right shoulder.

I made a passenger side approach to the vehicle and contacted the driver, identified by her NV driver license as Natalie Rae Wynn, DOB . NV license # . I immediately noticed an odor of unknown intoxicating beverage coming from within the vehicle. I also noticed Wynn had bloodshot eyes. Wynn stated that she and her passenger were on their way down the road to get some food. I asked how much Wynn had to drink tonight and she said one beer a few hours ago. I asked Wynn if she would be willing to step out to perform field sobriety tests to which she agreed.

I asked Wynn to sit on the front push bumper of my patrol car. Wynn stated she was not currently seeing a doctor for any reason, had no physical injuries that would keep her from walking or balancing normally, was not taking any over the counter medications and was not diabetic or taking insulin for any reason. Wynn stated that she was taking a few different prescription medications including Xanax, Topamax, Seroquel, Ambien, Omeprazole and "Zomig" (Zolmitriptan). I asked how often she takes those medications and she stated "as needed thru ought the day". I asked what the last medication she took was and she stated she took a Xanax at about 7pm yesterday. Wynn stated that she saw an optometrist about three months ago and was currently wearing glasses because she was far sighted and had stigmatisms in both eyes. Wynn stated that both her eyes were real but that she was "clinically blind" without her glasses. I asked her to

NEVADA HIGHWAY PATROL
DECLARATION OF ARREST
PAGE 2

ID: 5686794 **EVENT: 190202314**

explain what that meant and she stated that her optometrist told her she was clinically blind without her glasses but could see with them on and could drive with her glasses. Wynn also stated that she had been diagnosed with natural nystagmus in both eyes by her optometrist about three months ago. I asked her if she could explain to me what nystagmus, which she did. I asked if she could still see me without her glasses on and she said "vaguely". I asked her to put her glasses back on.

I explained the horizontal gaze nystagmus test. Wynn stated that she understood my instructions and had no questions regarding the test. I observed equal pupil size and equal tracking in both eyes. After the first two passes, Wynn did not follow my finger. She appeared to just be looking at my chest. I asked if she understood what I was asking her to do and she said yes. I continued the test and observed lack of smooth pursuit in both eyes. I attempted three more passes but Wynn would not follow my finger. (2 clues)

I instructed and demonstrated the walk and turn test. Wynn stated she felt comfortable attempting the test on the flat dry asphalt surface we were standing on in the sneakers she was wearing. Wynn stated she understood my instructions and had no questions regarding the test. I observed Wynn exit the instructional stance, begin the test before being instructed to do so, raise her arms for balance, fail to touch heel to toe multiple times and step off line multiple times. (5 clues)

I instructed and demonstrated the one leg stand test. Wynn stated she understood my instructions and had no questions regarding the test. I observed Wynn raise her right leg. Wynn raised her arms for balance and swayed while balancing. Wynn hopped and then put her foot down after approximately 18 seconds and looked at me. I asked if she understood what I was asking her to do. Wynn stated she would like me to explain the test again. I explained and demonstrated the test again. Wynn stated she understood my instructions and had no questions regarding the test. I observed Wynn raise her right foot and raise her arms for balance. After approximately 10 seconds I stopped the test for her safety. Wynn was swaying while balancing and hopped towards the travel lanes. (4 clues)

I asked if Wynn would be willing to continue with further tests which were not standardized field sobriety tests. Wynn agreed to continue. I instructed the Romberg balance test. Wynn stated she understood my instructions and had no questions regarding the test. Wynn estimated the passage of 30 seconds in approximately 22 seconds. During the test, I observed distinct eyelid tremors in both eyes. I also observed Wynn swaying side to side during the test.

I asked Wynn to sit on the front push bumper of my patrol car and instructed the lack of convergence test. Wynn stated she understood my instructions and had no questions regarding the test. I performed the test twice. On the first attempt, Wynn did not follow my finger in towards her face. On the second attempt, I observed distinct lack of convergence in her left eye.

NEVADA HIGHWAY PATROL
DECLARATION OF ARREST
PAGE 3

ID: 5686794 EVENT: 190202314

I asked if Wynn would be willing to take a preliminary breath test. Wynn stated that she would rather just get her blood drawn and refused the PBT.

At approximately 0245, I placed Wynn in my custody using a rear passive technique, checked the handcuffs for tightness and double locked them. I performed a rear-standing search for weapons and contraband with negative findings. Wynn was then placed in the rear of my patrol car. I asked Wynn if there was anything in the car that she would like to take with her and she stated that she wanted her purse.

I retrieved her purse from the vehicle, which was the only purse in the vehicle and performed a search of the contents. In the bottom of her purse was an orange prescription pill bottle addressed to a "Patricia Mortel" dated 09/20/2010 containing 20 round white pills stamped "74" on one side and "TEVA" on the other. A drugs.com search of the pill identified it as "Zolpidem Tartrate 10mg", used to treat insomnia. Drugs.com classified the pill as a schedule 4 controlled substance and listed the pill availability as by prescription only. Wynn was then transported to the City of Las Vegas Detention Center.

Upon arrival to the jail, I read Wynn her rights for a DUI arrest to which she agreed to take a blood test. After several failed attempts by the medical staff at the jail to draw blood, Wynn was transported to UMC Trauma Center. At the hospital, I observed lab technician Sabrina Wilson draw two vails of blood from Wynn's right forearm at approximately 0417. I took custody of the vials and sealed them appropriately in the blood kit box. Wynn was then transported back to the City of Las Vegas Detention Center.

Upon arrival to the jail, I realized I had made a mistake regarding the type of charges on Wynn. The city jail will not accept felony charges. Due to the state statues regarding possession of a controlled substance, Wynn was then transported to the Clark County Detention Center where she was booked appropriately without incident. The blood kit and pill bottle were both booked appropriately at the NHP Southern Command Evidence Vault.

Wherefore, the declarant prays that a finding be made by a magistrate that probable cause exists to hold said person for preliminary hearing (if charges are a felony or gross misdemeanor) or for trial (if charges are misdemeanor).

DECLARANT: 434
Trp. C. Black #434

Involvements

Date	Type	Description	Relationship
03/02/19	Name	WYNN, NATALIE RAE	Arrestee
03/02/19	Vehicle	SIL 2013 KIA SOR NV	Vehicle
02/26/19	Offense	51358 454.316.1 - G - 1 count	Charged With
02/26/19	Offense	51127 453.336.2a - F - 1 count	Charged With
02/26/19	Offense	53900 484C.110.1a - M - 1 count	Charged With
02/26/19	Offense	53788 484B.223.1 - M - 1 count	Charged With
02/26/19	Cad Call	02:26:27 02/26/19 TRAFFIC STOP PS	Initiating Call

12

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521

APPLICATION FOR PHYSICIAN'S ASSISTANT - PRESCRIBE
REGISTRATION FEE: FOR AUTHORITY TO PRESCRIBE DANGEROUS DRUGS ONLY $80.00 TOTAL
FOR AUTHORITY TO PRESCRIBE CONTROLLED SUBSTANCES $200.00 TOTAL

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

First: Tammy Middle: Lynn Last: Hankins

Home Address: Cherry Tree Blvd

City: Lake Havasu City State: AZ Zip Code:

SS# or ITIN: Date of Birth Sex: ☐ M or ☒ F

Telephone: -5241 E-mail address: @yahoo.com

PRACTICING LOCATION

Practice Name (if any): Vida Spa

Physical Address: 3225 S Rainbow Blvd Suite #: 107

City: Las Vegas State: NV Zip Code: 89146

Telephone: 702-202-3050 Fax:

Medical/Osteopathic Board PA #: PA2277 Issued: 3/6/2020 Expires: 6/30/2021

☒ **Check this box if you are a PA who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.) (Provide $200.00 Registration fee.)**

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or a physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
3. Have you been the subject of a board citation, administrative action whether completed or pending in any state?	☒	☐
4. Have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (1-4) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
	AZ	8/21/11 3/16/12	PA-11-0127A

Criminal Action:	State	Date:	Case #:	County	Court
	AZ	8/11/14 3/27/14	CR-2012-287 CR-2014-088 TR-20130400S	Mohave	Mohave County Superior Court Mohave County Superior Court Lake Havasu City Municipal Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature of PA, no copies or stamps accepted — Date: 6/1/2020

* Required Signature of Supervising Physician — Required Supervising Physician – Please Print — Date: 6/1/2020

Board Use Only: Date Processed _____ Amount 200.00

Tammy Hankins PA-C Letter of Detailed Explanation

May 18, 2020

Dear Nevada Pharmacy Board, and Drug Enforcement Agency,

My name is Tammy Hankins, and I appreciate the difficult decisions the Nevada Pharmacy Board and DEA Board makes on a weekly basis. The reason for this request is to ask the Nevada Pharmacy Board and DEA to issue me a DEA license to practice as a physician assistant. I worked as a physician assistant for approximately 14 years; as a prior Internal Medicine/Urgent Care, OB/Gyn, family practice, surgery as second surgeon, and plastic and reconstructive surgery. I assisted as a second surgeon in EENT, general surgery, OB/Gyn surgery, orthopedic surgery, and urological surgery.

I have an undergraduate degree in biochemistry and biology, and a post graduate degree in medicine and physician assistant studies. I graduated high school as the valedictorian. I graduated my under graduate studies cum laude, and I graduated my post graduate studies magna cum laude.

The reason I am writing you today is to explain the circumstances which caused me to let my DEA, and my Arizona medical license to expire.

After graduating physician assistant school in 1999, my husband and I were living in Grand Rapids, Michigan. My husband, Warren Tracy Hankins, is a medical doctor, whom specializes in plastic and reconstructive surgery. We moved from Michigan to Arizona so my husband could practice plastic surgery. I helped my husband as a surgical second surgeon in the operating room and in the office seeing patients, and doing procedures. During that time I had multiple other specialties as a physician assistant. Over the next six years, my husband and I moved in and out of Arizona practicing medicine.

In 2005, my husband and I practiced plastic surgery together in Arizona, and my husband had a second practice in Las Vegas. My position in Lake Havasu City, Arizona was a full time physician assistant specializing in plastic and reconstructive surgery with my husband as my supervising physician. Since my husband and I had two offices opened, I ran the Lake Havasu office and he came down from Las Vegas, Nevada to Lake Havasu City, Arizona one day per week spending half or more of the day in surgery. I worked five days per week and was on call over the weekend, and was responsible for all post operative care. I was responsible for all pre-operative visits, clearing patients for surgery, and subsequently prescribing all medications needed by each patient. Since in many of our plastic surgery procedures the surgeon has to cut muscle and sometimes the patients bone, the surgery results in a very painful post-operative recovery. This requires the physician assistant to prescribe narcotic pain medication to each patient. The common pain medications prescribed in our office was Percocet and Vicodin. It was common for me to prescribe Valium as well, which offered muscle relaxing effects and sedation. A few to some patients received muscle relaxers, and nausea medication. If we did surgery in the operating room, the patients received an antibiotic. My husband, my supervising physician, was in the Lake Havasu medical office only one half day per week, leaving me completing most physician responsibilities, and writing all the prescriptions. Our Lake Havasu practice also included a weight loss clinic and some primary care.

I watched my husband operate. I saw and followed the post-operative results in the Lake Havasu patients. It is my opinion that he was a good surgeon and doctor. Our patients visiting our clinics were happy and had great surgical results. I felt he was a great teacher of plastic and reconstructive surgery procedures. Even though my husband was a good physician, he failed as a husband and father, which leads me into the next events.

My husband started to have affairs while I was raising our four children. I rarely saw my husband, and our children suffered from not seeing their father much. My husband's affairs became too much, and when he was home he was angry and mean. Since I personally caught my husband having affairs

three times, and his behavior at home was drastically effecting the kids, I asked my husband to move out, and we agreed to a subsequent divorce. My husband was not happy with this decision, and he launched an attack on me for ending the marriage. When I asked for a divorce, it negatively affected out work relationship greatly, and it threatened my job, income, and career. It put my medical license in jeopardy because he was my supervising physician.

My husband was hurt, bitter, and extremely angry that I was leaving him. My husband was worried about the money, and was afraid that I was going to take our investments. He started the repeated threats of removing himself as my supervising physician. My husband called the police department, and then went to the police department to make a police report that said I was writing prescriptions to patients to resell them to other people. This accusation he made is entirely false, and not true at all. He called the local pharmacies and accused me of writing illegal prescriptions to patients. One pharmacist called the Arizona Medical Board to file a complaint. Then my husband called the medical Board stating the above false accusations and more.

At this time, I was approximately 40 years old, and I had never been in trouble with the police or the medical Boards. In the past, my criminal records may have shown a couple of speeding tickets. I have never used illegal drugs. To be totally honest with the Boards, when was in high school, I tried marijuana two or three times and I hated it, so I never used any drugs again.

These accusations resulted in simultaneous police department and medical Board investigations. When I found out there were two concurrent, criminal and administrative, investigations against me for the same event at the same time, I almost passed out. I was paralyzed in fear because I didn't know how I was going to take care of my children.

The accusations against me are not true. In my opinion, the accusations are without basis. I felt my husband did these things to be hurtful and revengeful for ending our marriage. I felt my husband didn't want his image ruined from a divorce due to his adultery, and he feared losing a lot of money. By tarnishing my reputation, he would save his, and he would get to keep all the money. If I was in jail, I would have no resources or access to defend myself in the divorce.

Our divorce was filed in 2009, but we continued to work together in the Lake Havasu office for 2 years. The conditions of this work environment were changing with threats of my husband leaving the practice as my supervising physician, and threatening to kick me out of my own business. We argued every time we saw each other in the medical office.

On October 7, 2011, my former husband, while we were working together, went to the Lake Havasu police department, and filed a crime report stating I was over prescribing narcotics and taking them myself, and selling them. These accusations were untrue. I was not taking any narcotics, or patient prescriptions, and I was not selling them. It's my opinion my husband made up these false accusations so he could take the Lake Havasu business away from me, which I was given by the court in our divorce. I felt my husband was unhappy since the divorce hurt his reputation in the community since he was cheating on me in multiple affairs, and with patients.

I would like the DEA to take into consideration that I was contacted by the police within days of the police report being filed. The police came to my business, at least four officers, and we talked about my husband changing the locks on my business. This is when he locked me out of my business, the one that was ours but was given to me by the court in the divorce, and stole it from me. I spoke face to face with multiple police officers, and I was not arrested. I assume they sent four officers because of the accusations that I was using illegal drugs. I assumed the police officers were evaluating me for drug use while talking to me about my ex-husband stealing the business. I felt the officers were looking for signs of intoxication like dilated pupils, slurred speech, and unusual movements. I felt since I was not arrested, they felt I was not under the influence of drugs.

As a physician assistant who understands drugs, it is easy for trained professionals to recognize the signs of drug abuse and intoxication. I felt I would have gone to jail if I showed any signs of being under the influence, but I was never arrested for possession or using drugs.

I worked for six hospitals including my physician assistant training. During these times, I had multiple drug tests that have always come out with no drug use.

Ordered by the Arizona Medical Board, a physician hired by the Board, whom evaluates physician assistants, Dr Sucher, performed a complete exam, evaluation, and assessment of my medical practice skills including prescribing history. This included urine and hair drug tests. As well I had a blood drug test. I showed no drug use in any test. I passed all tests, including prescribing history. I also completed and passed random drug tests ordered by the medical Board separately.

After I was not arrested for using drugs, and being under the influence of drugs, and I as not arrested for possession of drugs, on November 1, 2011, Tim Youso, a pharmacist from Walmart said in an email that he was contacted by my husband, and he felt I was recklessly writing prescriptions without supervision. This pharmacist contacted the Arizona Medical Board with this complaint.

After the first attempt by my husband trying to get me arrested for drug use failed, he then contacted a pharmacist stating I was writing prescriptions recklessly. This would cause not only a criminal investigation, but also a medical board investigation.

On October 29, 2011, Walmart pharmacist, Timothy Youso, whom was notified by my husband, filed a crime report for an additional charge of fraud listing me as a suspect. The crime stated I committed fraud at Walmart after a customer, JC turned in two prescriptions for medication and the crime report said I did not have proper approval by my supervising physician.

I have never in my career written prescriptions recklessly, nor have I over prescribed medication. Because of our bitter divorce, my husband was not going to stop until he put me in jail. I would like the board to know it is an email letter which started the original medical board investigation, from Walmart pharmacist Timothy Youso. after talking to Warren Tracy Hankins, MD, and then alleges I was recklessly writing prescriptions without supervision.

In his self-report to the LHCPD, my husband, Warren Tracy Hankins, MD, accuses me of "over prescribing prescription medication, and possibly abusing them myself." I was contacted after his report by the LHCPD, and his complaint did not work, so my husband created new false accusations using a pharmacist, Timothy Youso, stating I was recklessly writing prescriptions without supervision.

These accusations started full investigations by both the police department, and by the Arizona Medical Board. The police department sent it to the grand jury, and it resulted in an indictment. There was no evidence to any of the false accusations, so there was no charge that stuck. However, I took an Alford plea for conspiracy, because I was guaranteed probation and no jail time. I could not be away from home because I had my 4 children to take care of. An Alford plea is a plea maintaining your innocence.

At the same time, the Arizona Medical Board was conducting a concurrent investigation for the same accusations regarding the same events based on the same complaint. As earlier stated, Dr Sucher did a complete evaluation including drug testing. My medical practice and all prescribing history was evaluated. He pulled a complete prescribing history. Dr. Sucher, the Arizona Medical Board Physician Health Program contracted physician, reported to the Board indicating I was safe to perform healthcare tasks, and no further evaluation, treatment, or monitoring recommendations were made. I was told by the Arizona Medical Board that I was not losing my license for these accusations. They also concluded that I was not using drugs based on multiple source drug testing. I went in front of the Arizona Medical Board finally for the formal interview on 11/28/2012, and they concluded that I would receive a letter of reprimand, ordered me to take 2 in person CME courses, one on boundaries, and one for pain management, and to be on practice probation for one year or until I completed the CME ordered,

whichever came first.

I could not afford to pay for the courses, or to leave my children to go take them, as I had no help from my husband at the time, and I had no income. My husband locked me out, and stole my business, and gave me very little in the divorce. I had no job, and minimum income. I could not afford a lawyer, and with the impending state felony charge, I had to let my DEA license, and my medical license expire, which was due to renew 6/1/2013.

As if I hadn't already done enough damage, I acquired a misdemeanor DUI on 12/19/2013 which resulted in fines only. I had just gone through open reconstructive surgery to repair my shattered left wrist only days prior, and was in a tremendous amount of pain. My wrist was shattered as a result of a fall incurred as a result of domestic violence delivered from my then ex-boyfriend of the past 2 years. He was another terrible choice I allowed in my life. My ex-husband had just served me with more legal paperwork, this time demanding to take my children to live with him for one school year. I had no money to fight him, and no resources. I was in a torrent downward spiral in every aspect in my life, and I was not handling it well.

Then on 1/17/2014, my probation for the conspiracy charge was revoked and I was sentenced to 2.5 years prison, as I was charged with violating my probation, and I was given a new charge of Sexual Conduct with a Minor. This was a class 6 felony, which was to decrease down to a misdemeanor once my sentence of an additional 1 year was completed. The minor was 6'5" and 250lbs, and told me he was 25. I was unaware of his age, but it turned out he was under 18, and still in high school. He went to school and bragged, and it got around to a teacher, whom told the high school guidance officer, whom then passed it on to a LHCPD detective, whom investigated and turned it in to the prosecutor, whom pressed charges. I was unaware of his age, and what was happening until I was contacted by the police, again.

I was turned in by my probation officer on 1/16/2014 to the county jail, and I was not released. When you violate probation, you do not get released until you are re-sentenced for that crime. I was finally sentenced on 8/11/2014, and I was sent to Arizona Department of Corrections, Arizona State Prison Complex- Perryville in Goodyear (Phoenix), on 8/13/2014 until I completed all time ordered, 3.5 years, and was released the end of January, 2017, to be on community supervision until the end of June, 2017.

During my incarceration, I completed extensive counseling and many classes. I was also able to work, surprisingly still in the medical field, but in the computer programming medical information management section of medicine. I worked for Wolters Kluwer Health, selling and teaching its programs to large medical centers. Most fortunate for me, there is a company, TeleVerde, based in Phoenix, that has a handful of working call centers in ADC, offering full-time positions to those who qualify. And so, I did spend my time working hard on myself, and still working hard to support myself and saving money for my release, to be able to put my life back together.

I still had my house, and so I returned to Lake Havasu City, the first weekend of March of 2017, after ADC was able to transfer my parole to Mohave county. The corrections system is so backed up, that I had to be paroled out of ADC to Maricopa county (Phoenix, where I was) and wait for them to get to me, to transfer me to Mohave county, where my home is located. I had to wait for a weekend because I had to wait until my two, then adult, children could come from U of A in Tucson, where they were very active students, and drive me the 5.5 hour trip from Phoenix to Lake Havasu City. I had no car, as my ex-husband sold my car while I was incarcerated, and I had no current drivers license, as I still had ADOT repentance to complete as a result of my DUI.

Once I was back at home, after setting up DUI counseling, finding and purchasing a car, and setting up an alcohol breath detector blowing machine arrangement with MVD and the machine company(located an hour drive away), I was able to get a short term qualified drivers license. After six

months of this extensive ADOT MVD DUI therapy, I was freed of the blower, and given my unlimited drivers license.

Wow, fast difficult lessons learned so hard and for so long! I am so sorry for the disasters I created, and for the people I have hurt in my life. I have been working diligently, so intensely, to put my life back together. I have held two jobs, entirely non-clinical, since my release, and I so look forward to going back to what I love. I have corrected, rehabilitated, and resolved my issues in my life, and I have been working very hard at getting my life back. Medicine is what I know, what I am trained in, and it is what I am good at doing. I have extensive experience, education, and knowledge, and I want nothing more than to continue in it. I have taken care of all other issues in my life which I created, and I am so ready to go back into medicine. My children need me to be able to provide for them. They have been living with their father, but have not had all their needs met. I have been assisting in supporting them as best I am able to do with limited income. As well, they need me more actively back in their lives, so badly. My destruction effected and affected them so significantly, and I need to be able to care for and provide for them now. My two youngest are now 14 and 17, and go to school in Las Vegas (Henderson), where they reside with their father. They see me on weekends, holidays, and during school breaks. I need to offer them a complete home with their mother, along with the home they have there with their father. My second to oldest is just now graduating from U of A, and will be moving to NYC for an amazing job opportunity. My oldest is 24 and lives in Austin, Texas working a great job she obtained with her U of A education, until she is relocated to NYC as well. They also need a home with their mother to come home to. My children deserve a complete life. I am working hard to give this back to them.

My previous DEA license was MH0445127. There never were any actions or sanctions placed on my DEA license, and there was a DEA officer present at all police interviews during my investigation. On March 20, 2019 I sat for the PANRE, and re-certified with NCCPA. They have issued a letter of censure from all my trouble. I keep up on CME monthly, and read journals and articles weekly. I went before the Nevada Medical Board in Reno, NV on March 6, 2020, and I was issued my Nevada medical license. I have obtained a full time job with Vida Medspa in Las Vegas, and I have a new supervising physician. I am ready to go back into clinical medicine. Please grant my prescribing privileges request.

Most Sincerely,

Tammy Hankins, PA-C

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

Required Addendum for APN's and PA's applying for DEA registrations

Please complete the following information and return by mail to address above or by fax to (775) 850-1444. When the completed form has been received and is complete, we will notify DEA of the required information.

Name: Tammy Hankins APN or PA (Circle one)

Practicing Address: 3225 S. Rainbow Blvd, #107, Las Vegas, NV
(This can not be a home address)

City: Las Vegas State: NV Zip: 89146

Telephone: (702) 202-3050

Fax: ( )

Email: gapc@live.com

Supervising Physician: Salvador Borromeo III . MD

Signature: Date: 6/1/2020

Board Use Only

Date Received: Date DEA notified:

Pending CS #: Lic #:

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information	
Name:	Tammy Lynn HANKINS
Address:	3225 S. Rainbow Blvd. #107 Las Vegas NV 89146
Phone:	7022023050

License Information			
License Type:	Physician Assistant		
License Number:	PA2277	Status:	Active
Issue Date:	3/6/2020	Expiration Date:	6/30/2021

Scope of Practice

Scope of Practice: Physician Assistant

Education & Training

School:	Olivet College / Olivet, MI
Degree\Certificate:	Bachelor of Arts
Date Enrolled:	
Date Graduated:	5/9/1993
Scope of Practice:	

School:	Western Michigan University / Kalamazoo, MI
Degree\Certificate:	Bachelor of Science
Date Enrolled:	
Date Graduated:	12/12/1998
Scope of Practice:	Physician Assistant

School:	Western Michigan University / Kalamazoo, MI
Degree\Certificate:	Physician Assistant Degree
Date Enrolled:	9/1/1996
Date Graduated:	12/12/1998

13

Nevada State Board of Pharmacy

License Renewal

Add

Search By Name :

License # :

SS # : XXX-XX-XXXX

Last Name : robert

First Name : mark

Email :

Status : Select

Search Cancel

Show All

	License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
	12780	Pharmacist	Mark	Robertson	10/25/2019		Submitted	

Renewal Application
Pharmacist

Application Fee : $180.00
Convenience Fee : $10.00
License Number : 12780
License Type : Pharmacist
New Expiration Date : 10/31/2021

Personal Information

First Name : * Mark

Middle (initial only) : Bruce

Last Name : * Robertson

License # : 12780

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : West Kingman Pharmacy

Military Address :

Street : * 3135 Stockton Hill Rd

Country : * United States

City : * KINGMAN

State : * Arizona

Zip : * 86401

Practice Phone : (928) 377-1350

Practice Fax : (XXX) XXX-XXXX

Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address :

Street : * Ridgecrest Drive

Country : * United States

City : * Kingman State : * Arizona Zip :

Home Pho Cell Phone :

Email Address : * jmail.com Fax : (XXX) XXX-XXXX

☑ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

* I DO NOT have a Nevada Business license number

I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending

I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License

Business License #

Child Support Information – Check appropriate answer

* I am **NOT SUBJECT** to a court order for the support of a child

I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order

I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order

Military Service Information

Have you ever served in the military : * Yes * No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? * Yes * No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * Yes * No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * * Yes No

Failure to properly notify Arizona Board of Pharmacy of emergency pharmacy move. All requirements set out in citation have been completed as ordered.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Arizona Disciplinary Action PDF	Legal - Question 3	10/22/2019	(OL)		Document Details	🗑

Document Name Document Type -Select DocumentType-

Document

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

Date : 03/07/2018

State : Arizona

Case # : 17-0128

Criminal Action :

Date : MM/DD/YYYY

State : Select

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? *

○ Yes ● No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature * Mark Robertson

Date Of Application * 10/22/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	$180.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$190.00**

Save

Fee and Payment

Payment Method : * Credit / Debit Card

Override

Application Fees : * 180

Convenience Fee : * 10

Late Fees : * 0

Total Fees : * 190

Reference Number : 61986966482

InvoiceDate : 10/22/2019

Paid

Approve Close

First () Previous () 1 () Next () Last ()

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(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
15 South 15th Ave. SGD/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **MARK ROBERTSON, PHARMD.** Holder of License No. S014451 For the Practice of Pharmacy In the State of Arizona	Board Case No. 17-0128 **CONSENT AGREEMENT FOR CIVIL PENALTY AND EXAMINATION**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.* Mark Robertson ("Respondent"), holder of license S014451 as a Pharmacist in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 17-0128 involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke acceptance of the Consent Agreement or make any modifications to the document

regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B)(20) and A.R.S. §32 - 1927(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Mark Robertson Dated: 3/5/2018

Mark Robertson, PharmD.
Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of license number S014451 as a Pharmacist in the State of Arizona.

3. At all relevant times, Respondent was the Pharmacist-In-Charge ("PIC") at West Kingman Pharmacy located at 915 W. Airway Ave. , Kingman, AZ 86409 (Y004696).

4. On or about October 1, 2017, an officer manager for West Kingman Pharmacy contacted a Compliance Officer with the Board stating that the Pharmacy would be losing its lease but was exploring the possibility of extending the lease with the landlord. The Pharmacy did file an application for change in location.

5. On or about November 1, 2017, the Board received a complaint alleging that West Kingman Pharmacy moved to and were operating out of a non-permitted location (Lingenfelter Center) with numerous unsupervised technicians.

6. On November 2, 2107, a Board Compliance office conducted an inspection of the Pharmacy at the Lingenfelter Center. Respondent was present and confirmed that

West Kingman Pharmacy had lost its lease. Respondent made the decision to move all the medications and records to the sister pharmacy at the Lingenfelter Center. The sister pharmacy is Desert West Pharmacy (Y004151).

7. The following observations were noted during the inspection:

a. The Pharmacy was set up in a room approximately 12' x 10' in a non-permitted space in the same building as Desert West Pharmacy.

b. The door was open and the room was completely unsecured.

c. There was no pharmacist present, however, 4 to 5 technicians were working.

d. There were drugs in the space but no sink.

8. Respondent immediately moved the drugs from the space and stated that he immediately would cease operating the West Kingman Pharmacy and transfer all drugs and records to the sister pharmacy, Desert West, to accommodate the needs of the patients.

9. Respondent stated that he had notified the Board's Executive Director about the Pharmacy's "emergency" relocation as a result of losing the lease. Respondent's Notice to the Board was sent the evening before the move. In response to the Notice, the Board's Executive Director informed Respondent that the Pharmacy would have to comply with the discontinuation procedure set forth in the Board's statutes and rules. The discontinuation procedures were not followed.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. §§ 32-1901.01(B)(19) as it is relates to Arizona Administrative Code R4-23-609(A), (E) and (F) and R4-23-611(A)(9) and R4-23-1104(A) and (B)

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Respondent shall pay to the Board the sum of **$3,000.00 as a civil penalty** for the above-referenced violation. The civil penalty shall be paid in full to the Board within **ninety (90) days** of the effective date of this Consent Agreement and Order. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. In addition, within ninety (90) days of the effective date of this Consent Agreement and Order, Respondent shall take and pass the Multistate Pharmacy Jurisprudence Examination ("MPJE"). Respondent shall ensure his score is provided directly to the Board.

3. If the Board determines that Respondent has not complied with **all** the requirements of this Consent Agreement, the Board, in its sole discretion, may institute

90 days from March 9

proceedings for noncompliance with this Consent Agreement, which may result in the suspension or revocation of Respondent's license. Failing to abide by this Consent Agreement and Order is a violation of A.R.S. §32-1901.01(B)(20), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the board it its executive director."

4. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action.

5. If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's license. The issue at such a hearing will be limited solely to whether this Order has been violated.

DATED this 8 day of March, 2018.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: _____
KAMLESH GANDHI, PharmD
Executive Director

ORIGINAL OF THE FORGOING FILED
this 8th day of March, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 8th day of March, 2018, to:

Mark Robertson
600 Ridgecrest Dr
Kingman, AZ 86409

EXECUTED COPY OF THE FOREGOING MAILED
this 8th day of March, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
15 South 15th Ave., SGD/LES
Phoenix, Arizona 85007
Attorneys for the Board

J Mitchell

Doc #6821257

14

Nevada State Board of Pharmacy

License Renewal

Add

Search By Name :

License # : PT16372 SS # : XXX-XX-XXXX

Last Name : First Name :

Email : Status : Select

Search Cancel

Show All

License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
PT16372	Pharmaceutical Technician	EYOSIAS	BEKELE	12/18/2019		Submitted	

Renewal Application
Pharmaceutical Technician

Application Fee : $40.00
Convenience Fee : $3.00
License Number : PT16372
License Type : Pharmaceutical Technician
New Expiration Date : 10/31/2020

Personal Information

First Name : * EYOSIAS

Middle (initial only) : Last Name : * BEKELE

License # : PT16372

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Home Address :

Military Address :

Street : * Gentle Spirit

Country : * United States

City : * Las Vegas State : * Nevada Zip : * 89148

Home Phone : (XXX) XXX-XXXX Cell Phone : (

Email Address : * Fax : (XXX) XXX-XXXX

Nevada Business License Information - Check appropriate answer

- **I DO NOT** have a Nevada Business license number.

I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.

I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

- I am **NOT SUBJECT** to a court order for the support of a child.
- I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the distnct attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : * Yes * No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? * Yes * No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * * Yes No

First time offense misdemeanor DUI. Under legal limit

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
State of Nevada vs. BEKELE, EYOSIAS	Legal - Question 2	12/17/2019	(OL)		Document Details	

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : Nevada Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Nevada Date : MM/DD/YYYY

Case # :

County : Court :

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * Yes * No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? * Yes * No

Acknowledgement and Declaration

Technicians in Training must be registered at each PLACE of employment. By signing below, you certify that you have completed at least 1 hour of continuing education in an approved Nevada Law, program as required.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statues, rules and regulations may be grounds for suspension or revocation of this

permit. I understand that Nevada law requires a license PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local enforcement agency.

Signature * Eyosias Bekele

Date Of Application * 12/17/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2018 to 10/31/2020	License Renewal Fee	$40 00
	Convenience Fee	$3 00
	Late Fee	$20 00
	Total :	**$63.00**

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override

Application Fees * 40

Convenience Fee * 3

Late Fees * 20

Total Fees * 63

Reference Number 62089035517

InvoiceDate 12/17/2019

Paid

Approve Close

First () Previous () 1 () Next () Last ()

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Provided by Docket Alarm, Inc.

State of Nevada vs. BEKELE, EYOSIAS

18M17451X | Nevada State, Las Vegas Township, Justice Court, Department 13

Location JC Department 13

Case Type Misdemeanor

Judge Suzan Baucum

Status Closed

Filed Nov. 9, 2018

Last Update: 3 months, 3 weeks ago.

Filing Date	Docket Text
4/24/2019	**Minute Order - Department 13**
4/24/2019	**Case Closed - Requirement(s) Completed**
4/24/2019	**Bench Warrant Ordered then Order for Warrant Withdrawn** Defendant arrived late - Case recalled
4/24/2019	**Status Check** (7:30 AM) O/R Result: Matter Heard
4/1/2019	**Coroner's Visitation Program Report** DUI
3/27/2019	**Minute Order - Department 13**
3/27/2019	**Status Check on Requirements** Coroner's DUI program & $335 fine balance due
3/27/2019	**Motion to Continue - Defense** Motion Granted
3/27/2019	**Community Service Report** Las Vegas Rescue Mission
3/27/2019	**Victim Impact Panel Completion Receipt**
3/27/2019	**Certificate of Completion** DUI School
3/27/2019	**Status Check** (7:30 AM) O/R Result: Matter Heard
11/28/2018	**Transcript of Proceedings**
11/28/2018	**Minute Order - Department 13**
11/28/2018	**Status Check on Requirements**
11/28/2018	**Judgment Entered**
11/28/2018	**Defendant Waives the Right to Trial**
11/28/2018	**Admonishment of Rights - DUI** Filed in open Court
11/28/2018	**Public Defender Appointed**
11/28/2018	**Arraignment Completed** Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint
11/28/2018	**Arraignment** (7:30 AM) O/R Result: Matter Heard
11/28/2018	CANCELED **Status Check on Filing of Criminal Complaint** (7:30 AM) Criminal Complaint Filed O/R
11/28/2018	**Plea** 1. DUI of alcohol and/or controlled or prohibited substance, 1st offense [53900] Nolo Contendere
11/28/2018	**Disposition** 1. DUI of alcohol and/or controlled or prohibited substance, 1st offense [53900] Guilty as Charged 2. Fail to properly maintain travel lane or improper lane change [53788] Dismissed
11/28/2018	**Misdemeanor Sentence** 1. DUI of alcohol and/or controlled or prohibited substance, 1st offense [53900] Condition - Adult: 1. Suspended Jail Sentence, 30 days *11/28/2018*, Closed 04/24/2019 2. Stay Out of Trouble, *11/28/2018*, Satisfied 04/24/2019 3. DUI School, BOSS Court Education *11/28/2018*, Satisfied 03/27/2019 4. Victim Impact Panel, Stop DUI *11/28/2018*, Satisfied 03/20/2019 5. Community Service, 69 Hours In Lieu of fine *3/26/19* - 35 hours completed, 34 hours remaining *11/28/2018*, Satisfied 04/24/2019 6. Defendant Sentenced to 2 Days Jail, with 2 Days Credit for Time Served *11/28/2018*, Satisfied 11/28/2018 7. Coroner's DUI program, *11/28/2018*, Satisfied 03/28/2019 8. Defendant Admonished, not to show up to any of the classes under the influence because that would violate the stay out of trouble order. *11/28/2018*. Closed 04/24/2019 9. If Defendant picks up a new DUI during this case, court will impose 180 days jail *11/28/2018*. Closed *04/24/2019* Fee Totals: AA Fees $125.00 DUI FEE $100 $100.00 Forensic/Analysis Fee-Ordered by Judge $60.00 State Fines-Criminal $400.00 Fee Totals $ $685.00
11/9/2018	**Criminal Complaint**
11/6/2018	**CTRACK Case Modified** Jurisdiction/DA;
8/22/2018	**Minute Order - Department 13**
8/22/2018	**Continued for Status Check on filing of Criminal Complaint**
8/22/2018	**Motion to Continue - State** for 90 days - Motion Granted
8/22/2018	**Misdemeanor Court Return Date** (7:30 AM) O/R Result: Matter Heard
7/23/2018	**Temporary Custody Record**
7/23/2018	**Release Agreement**
7/23/2018	**Administrative Own Recognizance Release**
7/23/2018	**Standard Bail Set** Ct2: $1000 Cash/$1000 Surety
7/23/2018	**CTRACK Track Assignment JC11**
7/23/2018	**Standard Bail Set** Ct1: $2000 Cash/$2000 Surety

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION FOR ADVANCED PRACTITIONER OF NURSING • DISPENSE

You must have current pharmacy board registration to submit this application.

REGISTRATION FEE: $300.00 (non-refundable money order or cashier's check only, no cash)

First: JOHN Middle: R Last: PHOENIX

Home Address: ALDEN AVE

City: LAS VEGAS State: NV Zip Code: 89121

Telephone: 702 979 1111 SS#: Date of Birth:

E-mail address: JPHOENIXARNP@HUNTRIDGEFCF.ORG

Board of Nursing APN Certificate #: ARNP 00135T Pharmacy Board #: CS 199962

PRACTICING LOCATION

Practice Name (if any): HUNTRIDGE FAMILY CLINIC

Physical Address: 1830 E SAHARA Suite #: 201

City: LAS VEGAS State: NV Zip Code: 89104

Telephone: 702 979 1111 Fax: 702 979 6229

SUPERVISING PHYSICIAN – Please Print

First: N/A Middle: Last: Physical

Address: Suite #:

City: State: Zip Code:

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	○	○
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	○	○
2. Been the subject of an administrative action whether completed or pending in any state?	○	○
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	○	○

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Original Signature of APN, no copies or stamps accepted — Date: 3/11/2023

Original Signature of Supervising Physician, no copies or stamps accepted: N/A. — Date

Board Use Only

Received Amount Entity:

Nevada State Board of NURSING

Primary Source License Verification

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

JOHN ROBERT PHOENIX

Wednesday, March 11 2020 12:14:53 PM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only

Active– *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

Active Prescribing– *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII *– ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL *– ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

Active Prescribing -D– *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL –D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing verifying that they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	RN	T-786094A	Expired	03/04/1994	07/04/1994	NO

Primary Source Board of Nursing Messages & Notifications

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	RN	RN25160	Active	03/23/1994	07/07/2020	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	APRN-CNP	TAPN700742	Expired	01/24/2012	07/07/2012	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

Advanced Practice license/recognition information

- Population Focus / Specialty:
  - Focus/Specialty: Family Across the Lifespan
  - Expiration Date: 07/07/2012
  - Original Issuance Date: 01/24/2012
  - Current Issue Date: 01/24/2012
  - Has discipline: NO
  - Certification expiration date: 11/30/2021

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	APRN-CNP	APRN001359	Active - Prescribing - CII - D	01/30/2012	07/07/2020	NO

Advanced Practice license/recognition information

- Population Focus / Specialty:
  - Focus/Specialty: Family Across the Lifespan
  - Expiration Date: 07/07/2020
  - Original Issuance Date: 01/30/2012
  - Current Issue Date: 05/24/2018
  - Has discipline: NO
  - Certification expiration date: 11/30/2021

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

March 5, 2020

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: jphoenixm@gmail.com

John Robert Phoenix, APRN
1830 E Sahara Avenue - Ste 201
Las Vegas, NV 89104

Re: CEASE and DESIST/CITATION: Unlicensed Dispensing (Case No. 19-143-S)

Dear Mr. Phoenix:

The Nevada State Board of Pharmacy (Board) has determined that you have dispensed dangerous drugs, specifically clinical trial medications, for Nevada patients without a valid registration. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NAC 639.742 and NRS 639.310.

You are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST dispensing any controlled substances or dangerous drugs for Nevada patients. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the forgoing does not preclude further investigation or the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or **bkandt@pharmacy.nv.gov**.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0238 8807 85

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: $300.00 (non-refundable money order or cashier's check only)

This application is for physicians only. APRN's or PA's have their own dispensing applications.

New Dispensing Location ☒ Address Change ☐ (Requires Fee and New Application)

Current Dispensing License #_____

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? Yes ☒ No ☐

If no, please complete the *Application for Non-Practitioner Dispensing Site Owners* as required by NAC 639.742 (2).

I will be dispensing ☐ controlled substances ☒ dangerous drugs or ☐ both. Must check a box.

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First: John Middle: Robert Last: Phoenix Degree: MSN

Practice Name (if any): Huntrige Family Clinic

Nevada Address: [redacted] Sahara Ave Suite #: __

(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: n/A SS#: _____ Sex: ☒ M or ☐ F

E-mail address _____ huntridgefcf.org Date of Birth: _____

City: Las Vegas State: NV Zip Code: 89104

Nevada Work Telephone: 702-979-1111 Nevada Fax: 702-979-6227

Practitioner License Number: APRN001359 Specialty: Family Practice

You must be licensed with your respective BOARD before we will process this application.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. Been the subject of an administrative action whether completed or pending in any state?	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide documentation**:

	State	Date:	Case #:	County	Court
Board Administrative Action:		/ /			
Criminal Action:		/ /			

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

[signature] 3/9/2020

Original Signature, no copies or stamps accepted. Date

Board Use Only

Received: _____ Amount: _____ Entity# _____

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Y

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy #206 – Reno, NV 89521

INTERN PHARMACIST APPLICATION
Registration Fee: $40.00 (non-refundable **money order or cashier's check only, no cash**)

Complete Name (no abbreviations):

First: Dustin Middle: Rivera Last: Goday

Home Address: [redacted] Pescara Court Apt #:

City: Las Vegas State: NV Zip Code: 89123

Telephone: 702-[redacted] SS# or ITIN: [redacted]
(Required, no exceptions)

Date of Birth: [redacted] Place of Birth: Las Vegas, NV Sex: ☑ M ☐ F

E-mail Address: [redacted]@gmail.com

Pharmacy School: Roseman University of Health Sciences College of Pharmacy
Attendance dates: August 2020 to May 2023
Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number:

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...	☐	☑
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☑	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	NV	4/5/2020	20M05578X	Clark	

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

	Yes	No
Are you the subject of a court order for the support of a child?.....	☐	☑
IF you marked **YES** to the question, above are you in compliance with the court order?.....	☐	☐

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

[redacted]
Original Signature, no copies or stamps accepted.

8/7/2020
Date

Board Use Only Date Processed: Amount: 40.00

My name is Dustin Godoy and I am an upcoming P1 student at Roseman University. Earlier this year (April 4, 2020) I was arrested for DUI (alcohol related). On the night of April 4, 2020, I made the incredibly selfish decision to get behind the wheel while intoxicated, I had a few drinks and felt the need to get some food at the In-n-Out located on Serene Avenue and Eastern Avenue. On my way back home, I failed to maintain my lane and accidentally collided into my neighbor's trailer, this occurred heading east on Pescara Court, less than one minute away from my home. Fifteen minutes after the collision, a police officer arrives on scene to assess the situation. The police officer asks if I had been drinking that night to which I answer yes. I was then brought to the Clark County Detention Center and my blood was drawn to evaluate my blood alcohol content to which I am still awaiting the results.

I have no excuses for my actions, I made a poor decision and I am still trying to cope with the situation. My actions performed that night are by no means reconcilable. No one was hurt or injured in the accident and I thank God for keeping those around me safe from the harm I could have potentially inflicted upon them that night. I continue to thank God for watching over those around me on that very night. The only way I can cope with the situation is by trying to move forward and to improve myself. Since the accident I have not had a sip of alcohol and will not do so going forward.

Currently I am still going through the legal motions, my first court appearance was scheduled for June 4, 2020 but has been pushed back until December 10, 2020. At this point in time, I have been arrested for DUI but have not been charged or convicted of a crime. If granted the pharmacy intern license, I will be sure to keep the Nevada State Board of Pharmacy, as well as Roseman University updated with the legal proceedings as they occur. I will also be sure to

provide all documentation pertaining to the situation to the Board of Pharmacy and Roseman University when I receive said documentation (blood test results, etc.).

I respectfully ask the Nevada State Board of Pharmacy to not deny my pharmacy intern application. I do recognize that the mistake I made in April is detrimental to my character but I respectfully ask the Board of Pharmacy to not judge my character based solely on this particular instance. If granted the pharmacy intern license, I willfully oblige myself to random blood tests to ensure the Board of Pharmacy, as well as Roseman University of my sobriety. In the event that my blood tests do not yield a negative result, I will surrender my pharmacy intern license.

I have worked incredibly hard to get to this point in my life. I want to set a good example for my niece and nephews; I want to prove to them that dedication, hard work and patience gets you to where you want to be in life. Please consider the approval of my pharmacy intern application, denial of my application would be very devastating to my loved ones. Denial of my application would also result in the automatic loss of my seat and I will be dropped from the program that I worked extremely hard to get into. If granted the opportunity to appear before the board to explain the situation in greater detail and to also take the opportunity to express my deepest regrets for my actions, I would greatly appreciate it.

Dustin Godoy

E 1 OF 1 ☐ UOF ☒ BODY CAM

S# 7093403 ☐ NEW ID

UVENILE ☐ DNA SAMPLE TAKEN ☐ DNA NOT REQ'D

GT APPROVAL

EBOOK ☐ ABSENTIA ☐ FORM 6 ☐ NDOC ☐ EXT TO LAS VEGAS ☐ LVC ☐ HND ☐ NLV ☐ COURTESY HOLD ☐ DETAINER

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
TEMPORARY CUSTODY RECORD
(* DENOTES OFFICER REQUIRED FIELD)

TCR1078367

*ARREST DATE: 4/5/2020 *ARREST TIME: 01:05

*EVENT #: LLV200400021164

*CO-DEF: NO

AKE NAME (AKA, ALIAS, ETC.) LAST	FIRST	MIDDLE	TRUE NAME LAST	FIRST	MIDDLE
GODOY	DUSTIN		Godoy,	Dustin	

ME ADDRESS (STREET # AND STREET NAME)	BLDG./APT.#	*CITY	STATE	*ZIP	*PLACE OF BIRTH
PESCARA		LAS VEGAS	NV	89123	LAS VEGAS NV

E OF BIRTH	*RACE	HISP ETHN	*SEX	*HEIGHT	*WEIGHT	*HAIR	*EYES	*SOCIAL SECURITY #	*CITIZENSHIP	*ALIEN REGISTRATION #	
/2/1993	A	N	M	5'10"	175	BLK	BRO	[redacted]	USA		☐ US VETERAN ☐ ACTIVE MILITARY

ATION OF CRIME (STREET ADDRESS, CITY, STATE, ZIP)	*LOCATION OF ARREST (STREET ADDRESS, CITY, STATE, ZIP)	
☒ OC ☐ LV		☐ CITIZEN'S ARREST
86 PESCARA LAS VEGAS NEVADA 89123	2186 PESCARA LAS VEGAS NEVADA 89123	☒ SPEAKS ENGLISH

R ** PE	*COURT JURIS	*WARRANT # / CASE #	*# CNTS	*NOC CODE	* CATEGORY	*CHARGE LITERAL	*ORD / NRS	*BAIL	*EVENT# / NIC#
C	JC		1	53900	M	DUI (1ST) alcohol	484C.110	2000	LLV200400021164
C	JC		1	53788	M	FAIL MAINT LANE/IMPROPER LANE CHANGE	484B.223.1	1000	LLV200400021164
		466055							

ER JURISDICTION:

**ARREST TYPES:
PC – PROBABLE CAUSE BS – BONDSMAN SURRENDER BW – BENCH WARRANT AW – ARREST WARRANT RM – REMAND GJI – GRAND JURY INDICTMENT

TIME STAMP AT BOOKING

04/5/2020 1911 LVMPD

A17918M

*ARRESTING OFFICER SIGNATURE	A. MORIARITY *PRINTED NAME	16428 *P#	LAS VEGAS *AGENCY	S3 *SECTOR/BEAT OF ARREST
*TRANSPORTING OFFICER SIGNATURE	M. BOTELHO *PRINTED NAME	17353 *P#	LAS VEGAS *AGENCY	EAC AREA CMD OF ARREST

*EMERGENCY CONTACT	Fred	CUSTODY RELEASED TO
*RELATIONSHIP	dad	NAME
*PHONE NUMBER	[redacted]	POSITION
*EMAIL ADDRESS		AGENCY

FIRST APP DATE:	TIME STAMP AT RELEASING
TIME:	
COURT: ☐ JUSTICE ☐ MUNICIPAL ☐ JUVENILE ☐ STD BAIL ☐ O.R. REL ☐ PC ☐ I.A.D.	
JUDGE:	P#

OC DIST P# _____ REL REV P#

PID: 1:1 RT LT RI LI SCORE: 1:N RT LT RI LT SCORE: no hit A17918M

☐ POLICE RECORDS COPY ☐ COURTS COPY ☐ DSD RECORDS COPY ☐ PROCESSING COPY

INMATE COPY

(Rev. 08/17) WORD 2010

1201

JOHN MILLION TURCO

attorney at law

June 4, 2020

Dustin Godoy
2206 Pescara Ct
Las Vegas, NV 89123

RE: Case No. 20M05578X

Dear Mr. Godoy,

Please be advised I appeared in the Las Vegas Justice Court, Department 13 on June 4, 2020 at 7:30a.m. on your behalf. No charges have been filed at this time. Your court date was rescheduled for December 10, 2020 at 8:00a.m. in The Las Vegas Justice Court, Department 13. **Your presence is not required at that time.**

Should you have any questions or concerns, please do not hesitate to contact me at your earliest convenience.

Sincerely,

John Million Turco, Esq.

JMT/jlp

ROSEMAN UNIVERSITY
OF HEALTH SCIENCES

August 17, 2020

Ms. Candy Nally
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

Re: **Dustin Rivera Godoy** - PharmD Student
Class of 2023

Dear Ms. Nally:

I am writing to advise you that Dustin Rivera Godoy has enrolled in the Roseman University of Health Sciences College of Pharmacy Doctor of Pharmacy program on August 17, 2020 as a full-time student, with an anticipated graduation date of May 2023.

If you are in need of any further information, please do not hesitate to contact me at (702) 990-4433.

Sincerely,

Larry Fannin, PharmD
Dean, College of Pharmacy
Roseman University of Health Sciences
lfannin@roseman.edu

ROSEMAN UNIVERSITY
OF HEALTH SCIENCES

August 17, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

Attn: Mr. Mangosing

VIA: UPS OVERNIGHT

Re: Dustin Godoy – Class of 2023
NV Intern License Application

Dear Mr. Mangosing,

On behalf of our Class of 2023 pharmacy student, Dustin Godoy, I am officially submitting Mr. Godoy's NV intern license application and supporting documentation. This is pursuant to Mr. Godoy's conversation with you earlier this month and his request to be placed on the September Board meeting agenda so he can attend.

Sincerely,

Kathy Lindsay
Compliance Officer for Experiential Programs
College of Pharmacy
Roseman University of Health Sciences
Henderson Campus
Office: 702-968-2049
Fax: 702-968-2067
www.roseman.edu

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☒ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 02716

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: Drug Depot, LLC d/b/a APS Pharmacy

Physical Address: 34911 Us Hwy. 19 N., Suite 600

Mailing Address: Same as physical address.

City: Palm Harbor State: Florida Zip Code: 34684

Telephone: 727-787-4137 Fax: 727-781-7361

Toll Free Number: 855-787-4137 (Required per NAC 639.708)

E-mail: info@apsmeds.com/ nmarling@apsmeds.com Website: www.apsmeds.com

Managing Pharmacist: George Chrysakis License Number: PS36009 (PIC)
PH 20986 (Pharmacy)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☒	☐ Sterile Compounding **
		☒	☐ Non Sterile Compounding
	All boxes must be checked	☒	☐ Mail Service Sterile Compounding **
	For the application to be complete	☒	☐Other Services: Veterinary

****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? **Please see attached supplemental response. 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.

Jaime Rios

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jaime Rios

Print Name of Authorized Person

3/23/20

Date

Board Use Only	Date Processed: 4/20/2020	Amount: 500-

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: To be supplemented

Parent Company if any: See attached ownership information

Mailing Address: 34911 US Hwy. 19 N., Suite 600

City: Palm Harbor State: Florida Zip: 34684

Telephone: 727-787-4137 Fax: 727-781-7361

Contact Person: George Chrysakis, Pharmacist In Charge

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A See attached Corporate Information and Structure Chart
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jaime Rios

Responsible Person of Drug Depot, LLC d/b/a APS Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jaime Rios
Print Name of Authorized Person

3/23/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Ohio)
) ss.
Franklin COUNTY)

I, Jaime Rios, 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 Corporate President for Drug Depot, LLC d/b/a APS (the Pharmacy) 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, Jaime Rios, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
23 day of March, 2020

NOTARY PUBLIC

NOTARIAL SEAL
STATE OF OHIO

WILLIAM BRAUN
Notary Public, State of Ohio
My Commission Expires 12-22-2020

AC# 8637985

STATE OF FLORIDA

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/09/2018	PH 20986	104254

he **PHARMACY**
amed below has met all requirements of
ıe laws and rules of the state of Florida.
xpiration Date: **FEBRUARY 28, 2021**

RUG DEPOT INC
PS PHARMACY
4911 US 19 N, SUITE 600
ALM HARBOR, FL 34684

QUALIFICATION(S):
SCHEDULE II & III
COMMUNITY PHARMACY
3:1 PHARMACY TECHNICIAN RATIO APPROVED

Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

XPIRATION DATE: **FEBRUARY 28, 2021**

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AC# 8637985

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/09/2018	PH 20986	104254

The **PHARMACY**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2021**

DRUG DEPOT INC

QUALIFICATION(S):
Schedule II & III
Community Pharmacy
3:1 Pharmacy Technician Ratio Approved

Your license number is PH 20986. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service System?" will display.
   a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
   b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

AC# 8637986

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/09/2018	PH 27903	104257

The **PHARMACY** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**

DRUG DEPOT, INC
IPS Pharmacy
4911 US HWY 19N
SUITE 600
PALM HARBOR, FL 34684

QUALIFICATION(S):
SPECIAL STERILE COMPOUNDING
3:1 PHARMACY TECHNICIAN RATIO APPROVED

Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 8637986

DATE	LICENSE NO.	CONTROL NO.
11/09/2018	PH 27903	104257

The PHARMACY named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: FEBRUARY 28, 2021

DRUG DEPOT, INC

QUALIFICATION(S):
Special Sterile Compounding
3:1 Pharmacy Technician Ratio Approved

EXPIRATION DATE: **FEBRUARY 28, 2021**

Your license number is PH 27903. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service System?" will display.
   a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
   b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

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Department of Health

License Verification

Printer Friendly Version

DRUG DEPOT INC APS PHARMACY

License Number: PH20986

Data As Of 2/20/2020

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners | Subordinate Practitioners

Profession	Pharmacy
License	PH20986
License Status	CLEAR/
Qualifications	Schedule II & III Community Pharmacy
License Expiration Date	2/28/2021
License Original Issue Date	11/23/2004
Address of Record	34911 US 19 N, SUITE 600 PALM HARBOR, FL 34684
Discipline on File	Yes - *Click on Discipline/Admin Action tab to see more details*
Public Complaint	Yes - *Click on Discipline/Admin Action tab to see more details*

Primary Source Verified

Back

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

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Department of Health

License Verification

Printer Friendly Version

DRUG DEPOT, INC APS Pharmacy

License Number: PH27903

Data As Of 2/20/2020

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners

Profession	Pharmacy
License	PH27903
License Status	CLEAR/
Qualifications	Special Sterile Compounding
License Expiration Date	2/28/2021
License Original Issue Date	03/22/2014
Address of Record	34911 US HWY 19N SUITE 600 PALM HARBOR, FL 34684
Discipline on File	No
Public Complaint	No

Back

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

Primary Source Verified

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Within the last five (5) years:
3) Has the corporation, any owner(s), shareholder(s), partner(s), with any interest, ever been the subject of an administrative action, board citation, site fine, or proceeding relating to the pharmaceutical industry?

First, the applicant, Drug Depot, LLC d/b/a APS Pharmacy (*"Applicant"*), wishes to clarify that, as a new entity, it has never been the subject of an administrative action, board citation, site fine or another other type of proceeding by any board or agency in any jurisdiction. Out of an abundance of caution, we have elected to disclose the below disciplinary history for the predecessor entity, Drug Depot, Inc. d/b/a APS Pharmacy (*"Predecessor Entity"*). Copies of all materials related to the below are enclosed for your reference.

We wish to note that in 2018 the Pennsylvania Board of Pharmacy granted the Predecessor Entity's renewal application, but subjected its license to an indefinite period of probation due to sister-state administrative actions from 2012-2017. The Pennsylvania Board initially chose not to list the probation on its website as a disciplinary action, nor was there language in the Proposed Order characterizing the probation as a discipline. Accordingly, the Predecessor Entity was under the impression that the Pennsylvania Board did not consider the probation to be a discipline and did not report the event as a discipline. Nevertheless, we are reporting it here out of an abundance of caution.

- **Alabama** - In September 2015, the Alabama Board of Pharmacy ("*Alabama BOP*") entered a Consent Order directing the Predecessor Entity to pay a fine of $500. The Predecessor Entity paid the fine and its license remains in good standing today.

- **Oklahoma** - In February 2016, the Oklahoma Board of Pharmacy ("*Oklahoma BOP*") placed the Predecessor Entity's license on probation for three years and imposed a fine and Plan of Correction. The Oklahoma BOP released the Predecessor Entity's license from probation in February 2019 and that license remains in good standing today.
    - **Kansas (sister-state action)** - In January 2017, the Kansas Board of Pharmacy (*"Kansas BOP"*) placed the Predecessor Entity's license on probation for a period not to exceed five years as a result of the 2016 Oklahoma Consent Order. The Predecessor Entity is nevertheless permitted to dispense into the state.
    - **Michigan (sister-state action)** - In February 2017, the Michigan Board of Pharmacy (*"Michigan BOP"*) entered a Consent Order against the Predecessor Entity in a sister-state action for disciplinary actions from Iowa (2016, below) and Oklahoma (2016, above). The Predecessor Entity was ordered to pay a fine of $2500 and its license was placed on probation for a period of six months. The Predecessor Entity paid the fine, its license is no longer under probation, and it remains in good standing today.
    - **California (sister-state action)** - In July 2017, the California Board of Pharmacy ("*California BOP*") brought a sister-state action against the Predecessor Entity based on disciplinary actions from Iowa (2016, below) and Oklahoma (2016, above). The California BOP received a citation and issued a fine. The Predecessor Entity's California license remains in good standing today.
    - **Oregon (sister-state action)** – In March 2018, the Oregon Board of Pharmacy ("*Oregon BOP*") entered a Consent Order that placed the Predecessor Entity's license

on probation for the duration of the Oklahoma probation. The Oregon BOP released the Predecessor Entity's license from probation in May 2019 and it remains in good standing today.

- **Oklahoma Bureau of Narcotics (sister-agency action)** – In April 2018, the Oklahoma Bureau of Narcotics assessed a fine against the Predecessor Entity's controlled substance registration as a result of the Oklahoma probation. The Predecessor Entity's controlled substance registration remains in good standing today.

- **Iowa** - In March 2016, the Iowa Board of Pharmacy (*"Iowa BOP"*) issued a citation and ordered a fine against the Predecessor Entity. The Predecessor Entity's Iowa license remains in good standing today.

- **Colorado** – In October 2016, the Colorado BOP issued a Letter of Admonition for the 2015 Alabama discipline and failure to report said action.

- **Texas** - In November 2016, the Texas BOP issued a fine against the Predecessor Entity for failure to report the 2012 Colorado disciplinary action on a 2014 renewal application. The Texas BOP further initiated a sister-state action based on the Colorado (2012), Iowa (2016), and Oklahoma (2016) disciplinary actions. The Predecessor Entity's Texas license remains in good standing today.

- **Colorado** - In December 2016, Colorado BOP placed the Predecessor Entity's license on indefinite probation for the Oklahoma (2016) and Iowa (2016) disciplinary actions and for failure to timely report said actions. The Predecessor Entity's license is active and it is permitted to dispense into the state.

- **Louisiana** - In April 2017, the Louisiana Board of Pharmacy ("*Louisiana BOP*") issued a Letter of Reprimand and ordered a fine against the Predecessor Entity for failure to report disciplinary actions from Alabama (2015), Colorado (2012, 2016), and Texas (2012). The Predecessor Entity's Louisiana license remains in good standing today.

- **Michigan** - In December 2017, the Michigan BOP issued a fine and suspended the Predecessor Entity's license as a result of the 2015 Alabama disciplinary action and failure to timely report said action. The Predecessor Entity's Michigan license was reinstated in January 2018 and remains in good standing today.

- **Minnesota** - In January 2018, the Minnesota Board of Pharmacy ("*Minnesota BOP*") issued a reprimand and ordered a fine against the Predecessor Entity. The Predecessor Entity's Minnesota license remains in good standing today.

- **Alabama (sister-state action)** - In January 2018, the Alabama BOP issued a fine against the Predecessor Entity in a sister-state action for disciplinary actions from Colorado (2016), Iowa (2016), Oklahoma (2016), and Texas (2018). The Predecessor Entity's Alabama license remains in good standing today.

- **Pennsylvania (sister-state)** - In August 2018, the Pennsylvania Board of Pharmacy ("*Pennsylvania BOP*") granted the Predecessor Entity's application for a non-resident pharmacy permit, but subjected the license to an indefinite period of probation due to out-of-state disciplinary actions from 2012-2017. The Predecessor Entity's Pennsylvania license remains active and it is permitted to dispense into the state.

- **Texas** – In November 2018, the Texas BOP issued a fine against the Predecessor Entity. The Predecessor Entity's Texas license remains in good standing today.

- **Maryland** - In January 2019, the Maryland Board of Pharmacy ("*Maryland BOP*") entered an order against the Predecessor Entity for allegedly dispensing into the state without proper licensure and also initiated a sister-state action based on disciplinary actions from Michigan (2018), Oklahoma (2016), Iowa (2016), Alabama (2015), and Florida (2010). The Predecessor Entity paid a fine and its Maryland license remains in good standing today.

- **Illinois (sister-state action)** - In September 2019, the Illinois Board of Pharmacy reprimanded the Predecessor Entity in a sister-state action for disciplinary actions from Iowa (2016), Oklahoma (2016), Texas (2016), Colorado (2016), California (2017), Kansas (2017), Louisiana (2017), Michigan (2017), and Alabama (2018). The Predecessor Entity's Illinois license remains in good standing today.

- **Missouri (sister-state action)** – In February 2020, the Missouri Board of Pharmacy (*"Missouri BOP"*) entered an order against the Predecessor Entity in a sister-state action based on disciplinary actions from Oklahoma (2016), Colorado (2016), Iowa (2016), Texas (2016), Kansas (2017) California (2017), Michigan (2017), Alabama (2018), Minnesota (2018), and Oregon (2018). Missouri BOP placed the Predecessor Entity's license on probation for a period of three years. The Predecessor Entity's license remains active and it is permitted to dispense into the state.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
DRUG MEDICAL INC; dba APS PHARMACY	)	
Non- Resident Pharmacy	)	BOARD OF PHARMACY
Permit #114007/202063	)	

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against DRUG MEDICAL INC; dba APS PHARMACY (hereinafter referred to as "APS"') relating to engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first receiving your permit from the Board required by Code of Alabama (1975) §34-23-30 in violation of Code of Alabama (1975), §34-23-33(7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, APS pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That APS is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.

2. That APS shall pay to the Board simultaneously with the

AUG 18 2015

SEP 24 2015

execution of this Consent Order a fine in the amount of Five Hundred Dollars ($500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and APS shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order APS 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 complaint.

4. That APS expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against APS. APS 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.

5. That APS 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 their license.

AUG 18 2015

SEP 24 2015

6. That APS acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. APS acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 17 day of August, 2015.

DRUG MEDICAL INC; dba APS PHARMACY

DONE this the 17 day of Sept, 2015.

ALABAMA STATE BOARD OF PHARMACY

BY: Dan C McConaghy
Dan McConaghy, R.Ph.
Its President

BY:
James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205)871-5404

AUG 18 2015

SEP 24 2015

BEFORE THE STATE BOARD OF PHARMACY
STATE OF OKLAHOMA

IN THE MATTER OF THE COMPLAINT AGAINST:	)	
APS Pharmacy (99-7398)	)	**Case No. 1390**
34911 US Highway 19 N, Ste 600	)	
Palm Harbor, FL 34684	)	

AGREED FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

This matter came for hearing on February 24, 2016, before the Oklahoma State Board of Pharmacy ("Board"). Board members St. Cyr, Dudley, Spoon, Wilson, Adams, and Whitehead were present. President Spoon presided. Brinda K. White, Assistant Attorney General, served as prosecutor for the Board. Respondent was represented by legal counsel Beauchamp M. Patterson.

The Complaint in this matter is incorporated by reference into this Order.

The Board and Respondent hereby agree to the following Findings of Fact, Conclusions of Law and Final Order. Respondent has been advised of its right to contest the allegations against it, to cross-examine witnesses, and to present witnesses and evidence in it own defense. Respondent hereby knowingly and voluntarily waives these rights. In addition, Respondent understands and acknowledges that this document is a public record that must be provided to anyone requesting it.

Should this Order not be accepted by the Board, Respondent agrees that neither the presentation of the Order to the Board nor the Board's consideration of the Order will be deemed to have unfairly or illegally

prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participating in proceedings related to the matters set forth in the Order.

AGREED FINDINGS OF FACT

1. Respondent is licensed in the State of Oklahoma as a non-resident pharmacy and is located at 34911 US Highway 19 N, Ste 600, Palm Harbor, FL 34684.

2. In March of 2015, the Board received information that the Drug Enforcement Administration ("DEA"), the Oklahoma Bureau of Narcotics and Dangerous Drugs ("OBNDD"), and the Oklahoma State Board of Medical Licensure and Supervision ("Medical Board") (collectively, "The Agencies") had investigated an Oklahoma business called Enhance Spa. Based on their respective findings of fact, The Agencies determined that employees of Enhance Spa, one of whom was a nurse: (i) examined the patients and drew blood for blood chemistry tests; (ii) interpreted the lab results; (iii) made diagnoses and prescribed medication; and (iv) sent prescriptions for the patients, including CDS prescriptions with stamped signatures, to Respondent who filled and shipped the prescriptions to Enhance Spa based on their apparent content. The Agencies further determined that the nurse at Enhanced Spa implanted the pellets under the skin of the patients, and that Dr. Darnell Blackmon, whose name was on the scripts, neither saw the patients nor authorized their prescriptions.

3. The Medical Board, OBNDD, and DEA seized all of the testosterone at Enhance Spa because Dr. Blackmon was not registered with the DEA at that address. Subsequently, the Board determined that

Respondent was not permitted to mail patient-specific drugs to any address other than to the patient's home or place of employment. An audit by The Agencies showed that Enhance Spa had 24 vials of Testosterone pellets, 22 of which were labeled for specific patients.

4. On September 24, 2015, Dr. Blackmon was disciplined by the Medical Board. Dr. Blackmon's license was suspended for a period of 20 days, he was fined $50,000, he was not permitted to dispense controlled substances for a period of 5 years and he was limited to practicing orthopedic medicine for a period of 5 years.

5. Because Respondent was not continuously licensed by the Board during the entire time in which Respondent was shipping drugs to Enhance Spa, the Board subpoenaed Respondent's dispensing records in June of 2015 for the period October 1, 2013 through May 31, 2015. The records produced by Respondent showed that during this period of time, Respondent filled and shipped 1952 prescriptions of which 1002 were for controlled substances. The majority of prescriptions filled consisted of medications that were sterile products such as testosterone or estradiol pellets and testosterone or HCG injections. During the October 1, 2013 through May 31, 2015 time frame, Respondent continued to submit CDS prescriptions to Oklahoma's Prescription Monitoring Program ("PMP").

6. Respondent's dispensing records showed that it compounded HCG injection in 11,000 units; this drug is available commercially in 10,000 units. Respondent's dispensing records showed that it compounded Cyanocobalamin Injection 1mg/ml which is available commercially in that strength. Respondent's dispensing records showed that it compounded Testosterone Cypionate 200mg/ml and Testosterone Enanthate 200mg/ml

which are both available commercially in that strength. However, Respondent did not use the same oil that is used in commercially available drugs. Respondent used sesame and grapeseed oils.

7. On August 11, 2015, the Board received a Non-Resident Pharmacy application from Respondent. The Board issued Respondent's license on August 19, 2015.

8. In Section G of the license application, Applicant History, Respondent answered "No" to Question 4:

> Has any sanction or disciplinary action been taken regarding any license permit or registration issued to the applicant, officers, directors, partners or stockholders involving the practice of pharmacy? (If the applicant is a business entity, you need not include members, partners or stockholders in this question unless they currently serve as managers, officers or directors of the applicant business, or own more than twenty percent (20%) of the business entity.)

Respondent included in its application a copy of the pharmacy license it was issued by the State of Florida Department of Health Division of Medical Quality Assurance, license number PH 20986.

9. On October 30, 2015, the Board received a Parenteral Permit Application from Respondent. Respondent never received approval for the application. The application stated that John Ford, Oklahoma licensed DPh number 13183, is the PIC. Since March 20, 2015,John Delano Ford, DPh 13183, has been and still is the PIC at H & G Home Medical & Infusion (pharmacy license number 9-4296), 112 NE Washington Blvd in Bartlesville, Oklahoma. Ford is not licensed as a pharmacist in Florida; therefore, Ford could not be Respondent's PIC.

10. The State of Florida Department of Health has disciplined

Respondent. On July 2, 2009, the State of Florida Department of Health filed an Administrative Complaint in Case No. 2008-16712 against Respondent. The complaint contained 9 counts and these counts included violations for wholesaling drugs without a permit, dispensing prescription drugs without prescriptions, failing to properly maintain compounding records, purchasing prescription drugs from an unauthorized vendor, receipt of prescription drugs from a wholesaler without receipt of pedigree papers, mislabeling of drugs, having outdated drugs in the pharmaceuticals active stock, having an improper generic drug sign and improperly storing prescription drugs (the "Florida 2009 Complaint").

11. On January 7, 2010, Respondent entered into a Settlement Agreement in Case No. 2008-16712 with the State of Florida Department of Health. On May 11, 2010, the State of Florida Department of Health issued a Final Order Approving Settlement Agreement. Respondent was fined $2500.00 in addition to administrative costs associated with the investigation and prosecution of this matter which was determined to be $2534.31. Also, the prescription department manager was required to successfully complete a 12 hour laws and rules CE course approved by the Florida Department of Health or successfully take the MPJE within 1 year after the date the Final Order was filed (the "Florida Settlement Agreement").

12. Respondent disclosed both the Florida 2009 Complaint and the corresponding Florida Settlement Agreement to the Board in connection with Respondent's 2011 non-resident license application, which the Board granted.

AGREED CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter and over the

Respondent pursuant to 59 O.S. §§ 353.7 and 353.26.

2. Any Finding of Fact which is properly a Conclusion of Law is hereby incorporated by reference and vice versa.

3. Respondent has admitted violating 59 O.S. § 353.18(A)(1) by selling at retail, or offering for sale, dangerous drugs, medicines, chemicals or poisons for the treatment of disease, excluding agricultural chemicals and drugs or accepting prescriptions for the same, without first procuring a license from the Board for the period of October 1, 2013 through May 31, 2015, as set forth in Count 1 of the Complaint.

4. Respondent has admitted violating OAC 535:15-3-9(b)(1) by failing, as a non-resident pharmacy, to make application and receive an annual non-resident pharmacy license at a fee set by the Board for the period October 1, 2013 through May 31, 2015, as set forth in Count 2 of the Complaint.

5. Respondent neither admits nor denies violating 59 O.S. § 353.24(A)(4) by entering into an arrangement whereby prescription orders are received, or prescriptions are delivered, at a place other than the pharmacy in which they are filled, compounded or dispensed, as set forth in Count 3 of the Complaint.

6. Respondent does not dispute that the Board has found that it violated OAC 535:15-10-53(a) by compounding a drug preparation that is commercially available in the marketplace or that is essentially a copy of an available FDA-approved drug product, as set forth in Count 4 of the Complaint.

7. Respondent neither admits nor denies violating OAC 535:15-3-2(c)(4) by failing to establish and maintain effective controls against the

diversion of prescription drugs into other than legitimate medical, scientific, or industrial channels as provided by federal, state or local laws or rules, as set forth in Count 5 of the Complaint.

8. Respondent neither admits nor denies violating OAC 475:30-1-4(a) and OAC 535:10-3-1.2(1) by filling a written prescription that was not signed by the practitioner in the same manner as he/she would sign a check or legal document, as set forth in Count 6 of the Complaint.

9. Respondent neither admits nor denies violating OAC 535:15-3-13(c) by failing to ensure that the prescription drug or medication order, regardless of the means of transmission, has been issued for a legitimate medical purpose by an authorized prescriber acting in the usual course of the prescriber's professional practice, as set forth in Count 7 of the Complaint.

10. Respondent neither admits nor denies violating OAC 535:15-3-13(d) by dispensing a prescription drug knowing or should have known that the prescription was issued without a valid preexisting patient-prescriber relationship, as set forth in Count 8 of the Complaint.

11. Respondent has admitted violating OAC 535:25-9-4(1) by making or filing a report or record that the registrant knows or should have known to be false, intentionally or negligently failing to file a report or record required by federal, state or local laws or rules, willfully impeding or obstructing such filing, or inducing another person to violate this rule, as set forth in Count 9 of the Complaint. Specifically, Respondent admits that it submitted a parenteral permit application that designated a Pharmacist-in-Charge who was not licensed in the State of Florida.

12. Respondent neither admits nor denies violating OAC 535:25-9-3 by directly violating (or indirectly, through actions of another), or by assisting

or abetting in the violation of, or by conspiring to violate, any provision of the Oklahoma Pharmacy Act (59 O.S. § 353 et seq.), the Federal Food, Drug and Cosmetic Act, as amended by the Drug Quality and Security Act of 2013, the Prescription Drug Marketing Act (21 U.S.C. Sec. 331 et seq.), the Robinson-Patman Act (15 U.S.C. Sec. 13 et seq.), or federal, state and local laws and rules, as set forth in Count 10 of the Complaint.

13. Respondent has admitted violating OAC 535:25-7-3(a) by failing to conduct business at all times in conformity with all federal, state and municipal laws, as set forth in Count 11 of the Complaint.

14. Respondent neither admits nor denies violating OAC 535:25-7-3(b) by failing to conduct itself at all times in a manner that will entitle it to the respect and confidence of the community in which it practices, as set forth in Count 12 of the Complaint.

15. Respondent neither admits nor denies violating OAC 535:15-3-9(c)(1) by failing to follow Oklahoma pharmacy laws and regulations in the practice of pharmacy for the Oklahoma portion of the nonresident pharmacy's practice or operation; specifically, Respondent submitted an application including a pharmacist-in-charge who was not currently licensed as a pharmacist in Florida and in Oklahoma, as set forth in Count 13 of the Complaint.

16. Pursuant to 59 O.S. §353.7(11), for any registrant who violates any provision of the Oklahoma Pharmacy Act including the Board's rules, the Board has authority to levy fines not to exceed Three Thousand Dollars ($3000.00) for each violation; to reprimand, place on probation or suspend or revoke the license of a licensee; to require extra hours of continuing education and to require participation in a rehabilitation program for the

impaired. The Board may also impose as part of any disciplinary action the payment of costs expended by the Board for any legal fees and costs, including, but not limited to, staff time, salary and travel expense, witness fees and attorney fees.

17. Based on the above Agreed Findings of Fact, Respondent is subject to disciplinary action pursuant to 59 O.S. §§ 353.7 and 353.26.

AGREED ORDER

1. Respondent, APS Pharmacy, holder of non-resident pharmacy license No. 99-7398, admits to guilt on Counts 1, 2, 9, and 11. Respondent does not dispute that the Board has found it violated Count 4. Respondent neither admits nor denies guilt on the remainder of the counts.

2. Respondent is hereby placed on probation for three (3) years until February 24, 2019.

3. Respondent is hereby fined Three Thousand Dollars ($3000.00) per count on Counts 1, 2, 4, 9 and 11 for a total fine of Fifteen Thousand Dollars ($15,000.00). The fine is due on February 24, 2016.

4. Respondent shall develop and implement a Plan of Correction. That Plan of Correction shall be submitted on or before March 24, 2016, to the Board's Executive Director for his approval.

5. Failure of Respondent to abide by any of the terms of this Agreed Order could result in further disciplinary action as allowed by the Oklahoma Pharmacy Act or the Board's rules.

6. The Board retains jurisdiction over the instant case until all matters are finally resolved as set forth in this Order.

All participating members vote "Aye".

James O. Spoon, D.Ph., President
Oklahoma State Board of Pharmacy

State of Oklahoma)
) ss.
County of Oklahoma)

Subscribed and sworn before me on this the 24th day of February, 2016.

Notary Public

CYNTHIA R. FAN NOTARY # 00003042 EXP. 02/18/20 PUBLIC STATE OF OKLAHOMA

I am Jaime Rios of APS Pharmacy (99-7398), and, therefore, I am authorized to sign on behalf of APS Pharmacy. I have read the above Agreed Findings of Fact, Conclusions of Law and Final Order. I understand that by its terms APS Pharmacy will be waiving certain rights accorded it under Oklahoma Law. I also understand that by its terms the Oklahoma State Board of Pharmacy has placed APS Pharmacy on probation and that APS Pharmacy must comply with the terms and conditions of the Agreed Order or further discipline will be imposed on it. On behalf of APS Pharmacy, I agree to the above Agreed Order.

Dated this 19th day of February, 2016.

APS Pharmacy, Respondent

By:

AGREED AND APPROVED:

Beauchamp M. Patterson, OBA # 19188
Patricia A. Rogers, OBA # 18353
Attorneys for Respondent

OKLAHOMA
State Board of Pharmacy

2920 N. Lincoln Blvd, Suite A • Oklahoma City, OK 73105-4211
pharmacy@pharmacy.ok.gov • www.pharmacy.ok.gov
Dorothy Gourley, DPh, Executive Director
Phone: 405.521.3815 • Fax: 405.521.3758

April 30, 2019

APS Pharmacy
34911 US Hwy 19 N, Ste. 600
Palm Harbor, FL 34684

Re: Case No. 1390 – February 24, 2016

Dear Pharmacist:

This letter will confirm the end of the probation of the pharmacy. The completion date for the Board ordered probation of your Oklahoma pharmacy license #99-7398 was February 24, 2019. The records in the Board office will no longer show that your license is on probation.

It is the Board's desire that you continue your practice in accordance with all pharmacy laws and rules in order to avoid further action against your license by the Board.

If you have any questions, please feel free to call

Sincerely,

Dorothy Gourley

Dorothy Gourley, DPh
Executive Director

DG:rj

A Constitutional Board Established in 1907

President	Vice-President	Member	Member	Member	Public Member
Kyle Whitehead, D.Ph. *Enid*	Mark St.Cyr, .D.Ph. *Jones*	Greg Adams, D.Ph. *Clinton*	James O. Spoon D.Ph. *Sand Springs*	Justin Wilson, D.Ph. *Norman*	Stephen Dudley *Edmond*

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 16-097
APS Pharmacy	)	
	)	
Registration No. 22-12906	)	

SUMMARY ORDER

NOW on this 6 day of January, 2017, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of APS Pharmacy ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 22-12906 which entitles Respondent to function as a non-resident pharmacy in the State of Kansas ("Respondent's Registration").

2. On or about June 30, 2016, Respondent submitted a renewal application to the Board. Respondent reported disciplinary history with other states in the renewal application and submitted the S-300 Facility History form, along with a Final Order with the Oklahoma Board of Pharmacy, on July 21, 2016.

3. The Oklahoma Order included the following offenses:

(1) Respondent allowed its non-resident license to lapse.

(2) Respondent compounded a commercially available drug.

(3) Respondent delivered patient-specific testosterone pellets to a physician's office for surgery.

(4) Respondent allowed inconsistent signatures from a specific physician.

(5) Before servicing any clinic, Respondent required signed paperwork explaining the practice setting to ensure proper doctor-patient relationship, however, upon investigation, it was determined that this policy had not been satisfied.

(6) Respondent did not have a Pharmacist in Charge licensed in Oklahoma as well as the resident state where the pharmacy is located, as required by Oklahoma law.

(7) Respondent neither admitted nor denied guilt.

4. The Oklahoma Board placed Respondent Pharmacy on probation for three years, or until February 24, 2019, imposed a fine of $15,000, and required Respondent to develop and implement a Plan of Correction.

5. Furthermore, the Oklahoma Order stipulated that failure to abide by any of the terms of the Order would result in further disciplinary action.

6. On September 8, 2016, an investigator for the Board called and spoke to an Oklahoma Board inspector about Respondent and the Oklahoma Order, who confirmed the above statements.

CONCLUSIONS OF LAW

7. Pursuant to K.S.A. 65-1627(a)(12), the Board may place on probationary status the registration of any pharmacy upon a finding that the pharmacy has had a registration limited or censured by the proper licensing authority of any state.

8. Respondent's discipline and probation imposed by the Oklahoma Board of Pharmacy warrants the Board to place its renewal registration on probationary status in Kansas.

ORDER

Based upon the foregoing findings of fact and conclusions of law, Respondent's Renewal is GRANTED, subject to a probationary period not to exceed five years, with bi-annual reporting of (1) patient specific prescriptions sent to Kansas patient residences, Kansas physician offices and any and all other Kansas locations, (2) any and all recalls issued by Respondent, and (3) notification to the Board of any FDA inspection. Respondent is also required to comply with state and federal laws during the probationary period.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

3. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

11/6/17
Date

Alexandra Blasi, J.D., M.B.A.
Executive Secretary
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 6 day of January, 2017, deposit in the United States Mail, postage prepaid, a copy of the foregoing Summary Order, properly addressed to the following:

APS Pharmacy
34911 US Highway 19N, Ste. 600
Palm Harbor, FL 34684

and the original hand delivered to:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Ste. 1414
Topeka, KS 66612

Kansas Board of Pharmacy Staff

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

APS PHARMACY
License Number: 53-01-009652

File Number: 53-16-142843
CONSENT ORDER AND STIPULATION

CONSENT ORDER

On October 6, 2016, the Department of Licensing and Regulatory Affairs (Department) executed an Administrative Complaint (Complaint) charging APS Pharmacy (Respondent) with violating section(s) 17768(2)(d) of the Public Health Code, MCL 333.1101 et seq.

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Disciplinary Subcommittee of the Michigan Board of Pharmacy (Board) has reviewed the Consent Order and Stipulation (Order) and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation of section(s) 17768(2)(d) of the Public Health Code, supra.

Accordingly, IT IS ORDERED that for the cited violations of the Public Health Code, Respondent is placed on PROBATION for six months, commencing on the effective date of this Order. The terms of probation shall be as follows:

1. ACCREDITATION DOCUMENTATION: Respondent shall submit board-accepted verification of accreditation by a national accrediting organization that assessed Respondent for compliance with U.S. Pharmacopeial Convention (USP) standards.

   Respondent shall mail the verification of accreditation documentation to the **Department of Licensing and Regulatory Affairs, Legal Affairs Division, Compliance Section, P.O. Box 30670, Lansing, MI 48909**.

2. COMPLIANCE WITH THE PUBLIC HEALTH CODE: Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated thereunder.

3. COSTS: Respondent shall be solely responsible for payment of all costs incurred in complying with the terms of this Order.

IT IS FURTHER ORDERED that Respondent shall be automatically discharged from probation at the end of the probationary period, PROVIDED Respondent has paid the fine set forth below, complied with the terms of this Order and has not violated the Public Health Code.

IT IS ORDERED that for the cited violation of the Public Health Code, Respondent is FINED $2,500.00 to be paid to the State of Michigan within 90 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Legal Affairs Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-16-142843.**

IT IS FURTHER ORDERED that if Respondent fails to comply with the terms and conditions of this Order, Respondent's license to practice as a pharmacy shall be automatically suspended for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent's license to practice as a pharmacy remains suspended for more than six months, Respondent must apply for reinstatement of the license. In the event Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections 16245 and 16247 of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: _____

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of section 17768(2)(d) the Public Health Code, supra.

2. Respondent understands and intends that by signing this Stipulation, Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 et seq, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq; and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Patricia A. Keim, R.Ph., a member of the Michigan Board of Pharmacy, who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee. Respondent and the Department expressly reserving the right to further proceedings without prejudice should the Order be rejected.

AGREED TO BY:

_____
Kim Gaedeke, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: _____

kp

AGREED TO BY:

_____
Michael Marling, GM
APS Pharmacy
Respondent

Dated: _____

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 3, 2018

APS Pharmacy
34911 US Hwy 19 N #600
Palm Harbor, FL 34684

Re: File 53-16-142843

Dear Licensee :

You have complied with the terms of the Board of Pharmacy Disciplinary Subcommittee's Consent Order dated April 12, 2017. Effective January 3, 2018, you are discharged from probation, and the status of your license has been changed from suspended to full and unlimited.

Please be advised that in accordance with State law, this disciplinary action will remain a permanent part of your license history.

Bureau of Professional Licensing
Enforcement Division
Compliance Section

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

July 28, 2017

DATED MATERIAL ENCLOSED

APS PHARMACY
ATTN: JAIME ALBERTO RIOS, PRS
34911 US HWY 19N STE 600
PALM HARBOR, FL 34684

RE: CI 2016 74158
APS PHARMACY
NRP 1286

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- August 27, 2017: Unless the Citation is contested payment of fine(s) must be received by the Board.
- August 11, 2017: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- August 27, 2017: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Ericka Busby, Enforcement Analyst at (916) 574-7731.

Sincerely

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **August 27, 2017.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Ericka Busby
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7731

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than August 11, 2017 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than August 27, 2017 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Associate Enforcement Analyst, at (916) 574-7924.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2016 74158	APS PHARMACY, NRP 1286

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action	$2,500.00
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action	$2,500.00

CONDUCT:

Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. Specifically, on March 8, 2016, the Iowa Board of Pharmacy cited APS Pharmacy's Iowa license and ordered it to pay $2,500 after the pharmacy shipped approximately 100 prescriptions into Iowa without an active pharmacy license from Jan. 1, 2014 through Sep. 7, 2014.

Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. Specifically, on Feb. 24, 2016, the Oklahoma Board of Pharmacy (OKBP) placed APS Pharmacy's Oklahoma license on probation for three years, until Feb. 24, 2019, and fined it $15,000. The OKBP acted after finding that APS Pharmacy was not continuously licensed from Oct. 1, 2013, to May 31, 2015, when it shipped 1,952 prescriptions to Enhance Spa, 1,002 of which were for controlled substances; mailed patient-specific drugs to addresses other than the patient's home or place of employment; and compounded medications in strengths that were already commercially available.

CITATION ISSUED ON: July 28, 2017

TOTAL AMOUNT OF FINE(S): $5,000.00

PAYMENT OF FINE(S) DUE BY: August 27, 2017

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2016 74158	APS PHARMACY, NRP 1286

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action	$2,500.00
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action	$2,500.00

CONDUCT:

Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. Specifically, on March 8, 2016, the Iowa Board of Pharmacy cited APS Pharmacy's Iowa license and ordered it to pay $2,500 after the pharmacy shipped approximately 100 prescriptions into Iowa without an active pharmacy license from Jan. 1, 2014 through Sep. 7, 2014.

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CITATION ISSUED ON: July 28, 2017

TOTAL AMOUNT OF FINE(S): $5,000.00

PAYMENT OF FINE(S) DUE BY: August 27, 2017

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: APS PHARMACY, NRP 1286
Citation and Fine CI 2016 74158

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On July 28, 2017, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
APS PHARMACY ATTN: JAIME ALBERTO RIOS, PRS 34911 US HWY 19N STE 600 PALM HARBOR, FL 34684	7016 2710 0000 2970 9339

I declare under penalty of perjury that the forgoing is true and correct.

Executed on July 28, 2017, at Sacramento, California.

DECLARANT

Ericka Busby
Enforcement Analyst

Oregon
Kate Brown, Governor

Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Phone: (971) 673-0001
Fax: (971) 673-0002
Pharmacy.board@oregon.gov
www.oregon.gov/pharmacy

May 6, 2019

APS Pharmacy
34911 US Highway 19 N Ste 600
Palm Harbor, FL 34684-1921

Re: Case No. 2017-0372

This letter will confirm the end of your probation. The completion date for your Board ordered probation is May 6, 2019.

It is the Board's desire that you continue your practice in accordance with all pharmacy laws and rules in order to avoid further action by the Board against your license.

Should you have any questions concerning your practice in the future, you are encouraged to call the Board office for assistance.

Sincerely,

Brianne Efremoff, Pharm.D, R.Ph.
Compliance Director

CC: Oregon Board of Pharmacy Licensing Department
National Practitioner Data Bank

BE/ko

RECEIVED
MAR 09 2018
OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2017-0372
DRUG DEPOT INC dba: APS PHARMACY	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that the registrant's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby imposes the following sanctions:

1. The respondent is placed on probation for the duration of their probation with the Oklahoma Board of Pharmacy. Terms of probation with the Oregon Board of Pharmacy:
   a. The respondent shall comply with all terms and conditions of the Oklahoma Board of Pharmacy Agreed Findings of Fact, Conclusions of Law and Final Order in Case No. 1390 (Oklahoma Order);
   b. Respondent shall notify the Oregon Board in writing within 15 calendar days of any action related to their Oklahoma Order, including but not limited to, the completion of their probation. Respondent shall submit said written acknowledgement to the Board office by certified mail (or other method approved by the Board in writing) within 15 calendar days and retain receipt of verification of delivery to the Board office; and
   c. The respondent shall comply with all Oregon laws and rules regarding

pharmacy practice.

2. Failure of the respondent to comply with all the requirements of this Consent Order constitutes unprofessional conduct and is grounds for revocation or any other form of discipline or sanction authorized by law.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Authorized Representative
DRUG DEPOT INC dba:
APS Pharmacy
Registrant (Registration No. RP-0002770)

3/1/18
Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

3/12/18
Date

BEFORE THE OKLAHOMA STATE BUREAU OF NARCOTICS AND DANGEROUS DRUGS CONTROL
STATE OF OKLAHOMA

FILED
Oklahoma State Bureau of Narcotics and Dangerous Drug Control
APR 26 2018
Office of the General Counsel
By

STATE OF OKLAHOMA, *ex rel.* THE OKLAHOMA STATE BUREAU OF NARCOTICS AND DANGEROUS DRUGS CONTROL, JOHN SCULLY, Director,

Petitioner,

v.

APS PHARMACY, OBN REGISTRATION #52622,

Respondent.

*CORRECTION: OBNDD REGISTRATION NUMBER IS 46706

Case No. SCH-2018-007

STIPULATION AND AGREED ORDER

COMES NOW the parties to the above-styled and numbered cause to present this *Stipulation and Agreed Order*. The State of Oklahoma appears by and through Oklahoma Bureau of Narcotics Deputy General Counsel Sunne Riedel Day, and the Respondent, APS Pharmacy, by and through Jaime Rios and attorney Vani Singhal. The parties hereby agree to the following:

JURISDICTION

1. That John Scully is the Director of the Oklahoma Bureau of Narcotics (OBN) and is charged with the duty of administering and enforcing the provisions of the Uniform Controlled Dangerous Substances Act of the State of Oklahoma (UCDSA), *63 O.S. §§ 2-101 et seq.*; *See also 63 O.S. § 2-106;*
2. That the Director has the authority to register practitioners to dispense, prescribe, administer or use for scientific purposes controlled dangerous substances (CDS) in

Schedules II through V of the UCDSA and shall register practitioners if they are authorized to carry on their respective activities under the laws of the State of Oklahoma, *63 O.S. §2-303(C)*;

3. That once a practitioner is a registrant pursuant to *63 O.S. §2-303*, the Director has the authority to limit, condition, deny, suspend or revoke a registration upon a finding that the registrant has violated any provision of *63 O.S. §2-304(A)*;
4. That in lieu of or in addition to any other remedies available to the Director, if a finding is made that a registrant has committed any act in violation of federal law relating to any controlled substance, any provision of the UCDSA, or any OBN rules, the Director is authorized to assess an administrative penalty not to exceed Two Thousand Dollars ($2,000.00) for each act, *63 O.S. §2-304(D)*;
5. That before the Director takes any action on an OBN registration, the Director shall serve upon the registrant an order to show cause why registration should not be denied, revoked or suspended or why the renewal should not be refused, *63 O.S. §2-305(A)*;
6. That the registrant is entitled to an administrative hearing on an order of show cause, wherein the State of Oklahoma must prove by clear and convincing evidence the allegations contained within the order to show cause, *63 O.S. §2-305(A)*;

FINDINGS OF FACT

7. That APS Pharmacy (hereinafter – *Respondent*) is licensed by the Oklahoma State Board of Pharmacy (OSBP) as a non-resident pharmacy (license number 99-7398)

owned by Drug Depot, Inc., 34911 US Hwy 19 N, Ste. 600, Palm Harbor, FL, 34684;

8. That Respondent is an OBN registrant (OBN registration number 52622 - expiration October 31, 2018) authorized to dispense, prescribe, administer or use for scientific purposes controlled dangerous substances in Schedules II through V of the UCDSA;

9. That an *Order to Show Cause and Notice of Hearing* was filed with the Oklahoma Bureau of Narcotics in an administrative action on April 3, 2018;

10. That the *Order to Show Cause and Notice of Hearing* was served on the Respondent and Respondent submits to the jurisdiction of the Director as an OBN registrant;

11. That on or about February 24, 2016, OSBP, pursuant to an agreed order, placed Respondent on probation for three (3) years until February 24, 2019;

12. That between October 1, 2013 to May 31, 2015, Respondent sold at retail dangerous drugs without first procuring a license from OSBP;

CONCLUSIONS OF LAW

13. Upon a finding that Respondent has violated a provision of *63 O.S. §2-304*, the OBNDD Director may limit, condition, deny, suspend or revoke a Respondent's registration. Based on the allegations of fact contained herein, Respondent is alleged to have violated the following statutory provisions:

    13.1 "Has had a restriction, suspension, revocation, limitation, condition, or probation placed on his or her professional license or certificate or

practice as a result of a proceeding pursuant to the general statutes" *63 O.S. §2-304(A)(6)*;

13.2 "Has violated any federal law relating to any controlled substances, any provision of the Uniform Controlled Dangerous Substances Act, or any rules of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control" *63 O.S. §2-304(A)(11)*;

13.3 "Except as authorized by the Uniform Controlled Dangerous Substances Act, it shall be unlawful for any person:

1. To distribute, dispense, transport with intent to distribute or dispense, possess with intent to manufacture, distribute, or dispense, a controlled dangerous substance or to solicit the use of or use the services of a person less than eighteen (18) years of age to cultivate, distribute or dispense a controlled dangerous substance" *63 O.S. §2-401*;

STIPULATION

The parties hereby stipulate that if State's witnesses were called and sworn, that the testimony presented would be sufficient to prove by clear and convincing evidence that Respondent, as an OBN registrant, violated provisions of the Uniform Controlled Dangerous Substances Act of the State of Oklahoma, *63 O.S. §2-101 et seq.*, as stated in paragraphs 13.1, 13.2, and 13.3 herein. By agreement of the parties, paragraph 13.1 will account for one (1) count of having had a restriction, suspension, revocation, limitation, condition, or probation placed on his or her professional license or certificate or practice in violation of *63 O.S. §2-304(A)(6)*. Paragraphs 13.2 and 13.3 will account for one (1) count of

having violated any provision of the Uniform Controlled Dangerous Substances Act to wit: distribute, dispense, transport with intent to distribute or dispense, possess with intent to manufacture, distribute, or dispense, a controlled dangerous substance in violation of *63 O.S. §2-304(A)(11)* and *63 O.S. §2-401.*

AGREED ORDER

NOW on this 23rd day of April, 2018, based on the stipulations of the parties, the agreed findings of fact and conclusions of law, and under the authority of the powers granted by *63 O.S. §2-101 et. seq.* as Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, I hereby find:

1. That APS Pharmacy, the Respondent herein, is licensed by the Oklahoma State Board of Pharmacy (OSBP) as a non-resident pharmacy (license number 99-7398) owned by Drug Depot, Inc.;

2. That Respondent is a current OBN registrant (registration number 52622) and is therefore subject to compliance with the requirements of the UCDSA and OBN rules;

3. That this administrative action is properly under the lawful jurisdiction of the Director of the Oklahoma Bureau of Narcotics;

4. That by clear and convincing evidence, Respondent has had a restriction, suspension, revocation, limitation, condition, or probation placed on his or her professional license or certificate or practice in violation of *63 O.S. §2-304(A)(6)* **(1 count)**;

5. That by clear and convincing evidence, Respondent has violated a provision of the Uniform Controlled Dangerous Substances Act to wit: distribute, dispense, transport

with intent to distribute or dispense, possess with intent to manufacture, distribute, or dispense, a controlled dangerous substance in violation of *63 O.S. §2-304(A)(11)* and *63 O.S. §2-401* **(1 count)**;

IT IS THEREFORE ORDERED that Respondent is hereby assessed a total administrative penalty of Three Thousand Dollars ($3,000.00). This penalty is a cumulative assessment of One Thousand Five Hundred Dollars ($1,500.00) for each of the counts that are the subject of this order. Respondent is ordered to pay the $3,000 administrative penalty instanter.

It is the express purpose of the parties for this Order to resolve all matters currently before the Oklahoma Bureau of Narcotics associated with the investigation of this matter.

JOHN SCULLY
Director

SUNNE RIEDEL DAY
Deputy General Counsel
Oklahoma Bureau of Narcotics

JAIME RIOS, APS PHARMACY
Respondent

VANI SINGHAL
Attorney for Respondent

BEFORE THE IOWA BOARD OF PHARMACY

Re: Nonresident Pharmacy License of **DRUG DEPOT, INC.** **d/b/a APS PHARMACY** License Nos. 4139 & 4375 Respondent.	)	CASE NO. 2013-4139 **SETTLEMENT AGREEMENT AND FINAL ORDER**

Pursuant to Iowa Code sections 17A.12(5) and 272C.3(4) (2015), and 657 IAC 36.6, the Iowa Board of Pharmacy ("Board") and Drug Depot, Inc. d/b/a APS Pharmacy ("Respondent") enter into the following Settlement Agreement and Final Order ("Order") to settle a contested case currently pending before the Board.

The allegations contained in the Statement of Charges against Respondent shall be resolved without proceeding to hearing, as the Board and Respondent stipulate as follows:

1. The Board filed a Notice of Hearing and Statement of Charges on January 12, 2016.

2. The Board has jurisdiction over the parties and the subject matter of these proceedings.

3. Respondent admits the allegations in the Statement of Charges and acknowledges that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline agreed to in this Order.

4. Execution of this Order constitutes the resolution of a contested case. Respondent has a right to hearing before the Board on the charges, but Respondent waives the right to hearing and all attendant rights, including the right to appeal or seek judicial review of the Board's actions, by freely and voluntarily entering into this Order. Once entered, this Order shall have the force and effect of a disciplinary order entered following a contested case hearing.

5. Respondent acknowledges that it has the right to be represented by counsel on this matter.

6. Respondent agrees that the State's counsel may present this Order to the Board and may have *ex parte* communications with the Board while presenting it.

7. This Order is subject to approval by a majority of the Board. If the Board does not approve this Order, it shall be of no force or effect to either party, and shall not be admissible for any purpose in further proceedings in this matter. If the Board approves this Order, it shall be the full and final resolution of this matter.

8. This Order shall be part of Respondent's permanent record and shall be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

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FEB 01 2016
IOWA BOARD OF PHARMACY

9. This Order shall not be binding as to any new complaints received by the Board.

10. Respondent understands the Board is required by federal law to report any adverse action to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.

11. This Order, when fully executed, is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapters 22 and 272C.

12. The Board=s approval of this Order shall constitute a **FINAL ORDER** of the Board.

IT IS THEREFORE ORDERED:

13. Respondent is hereby **CITED** for providing pharmacy services to Iowa residents without an active Iowa pharmacy license violating and **WARNED** that Respondent's failure to comply with the laws and rules governing the practice of pharmacy in the future could result in further discipline.

14. Respondent shall pay a **CIVIL PENALTY** in the amount of two thousand five hundred dollars ($2,500) within thirty (30) days of Board approval of this Order. The check shall be made payable to the "Treasurer of Iowa" and shall be deposited in the general fund. The civil penalty should be mailed to the Iowa Board of Pharmacy, Attn: Debbie Jorgenson, 400 SW Eighth Street, Suite E, Des Moines, IA 50309.

15. Should Respondent violate the terms of this Order, the Board may initiate action to impose other licensee discipline as authorized by Iowa Code chapters 147, 155A, and 272C and 657 IAC 36.

This Settlement Agreement and Final Order is voluntarily submitted by Respondent to the Board for its consideration on the 29 day of January, 2016.

DRUG DEPOT, INC.
APS PHARMACY
Respondent

By this signature, Michael Marling acknowledges s/he is the General Manager for Drug Depot, Inc. d/b/a APS Pharmacy and is authorized to sign this Settlement Agreement and Final Order on behalf of Drug Depot, Inc. d/b/a APS Pharmacy.

This Settlement Agreement and Final Order is approved by the Iowa Board of Pharmacy on the 8th day of March, 2016.

Chairperson
Iowa Board of Pharmacy

Copy to:

Laura Steffensmeier
Assistant Attorney General
Licensing & Administrative Law Division
Iowa Department of Justice
Hoover Building, 2nd Floor
Des Moines, IA 50319
ATTORNEY FOR THE STATE

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2016-835

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF DRUG DEPOT, INC., REGISTRATION NO. OSP 5618,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Drug Depot, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2016-835, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about February 22, 2012, being issued registration number OSP 5618, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 34911 US Highway 19 N, Ste. 600, Palm Harbor, FL 34684.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On September 17, 2015, Respondent Pharmacy entered into a Consent Order with the Alabama Board of Pharmacy for engaging in the selling, offering for sale, compounding, and dispensing of drugs during the year 2015 without first having renewed its permit.

6. Respondent Pharmacy failed to notify the Colorado Board of the Alabama disciplinary action.

7. Respondent Pharmacy's violations of Alabama law would also constitute violations of Colorado law.

8. Respondent Pharmacy admits that its conduct, as set forth above, constitutes a violation of §§12-42.5-123(1)(c)(I)-(III), (g), and (q), C.R.S., and Rule 9.00.10(b), and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet.

DISPOSITION

9. **Letter of Admonition.** This Final Agency Order shall constitute a Letter of Admonition as set forth in §12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Pharmacy for the acts and omissions described in paragraphs 5-7 above.

10. **Waiver of Right to Contest.** By entering into this Final Agency Order, Respondent Pharmacy agrees to waive the right provided by §12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.

11. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

    a. promptly pay all its 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 pharmaceuticals and pharmacists in the State of Colorado.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy 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 §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy 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 Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

c. To have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

14. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy 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 Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

15. **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 this case. 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.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **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.

18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Pharmacist In Charge Dated: 10/18/16
Authorized Representative / Title

Subscribed and sworn to before me in the County of Pinellas, State of Florida, this 18th day of October, 2016, by Cletis Koukoulakis, in his/her capacity as an authorized agent of Drug Depot, Inc.

REBECCA KARUKIN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF009426
Expires 4/17/2017

Rebecca Karukin
Notary Public

My commission expires: 4/17/2017

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 19th day of October, 2016.

State Board of Pharmacy

BY: _____
Chris Gassen
Interim Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 19th day of October 2016, addressed as follows:

By electronic mail to Respondent:
Drug Depot, Inc.
Attn: Cletis Koukoulakis, PharmD
34911 US Highway 19 N, Ste. 600
Palm Harbor, FL 34684
Email: mmarling@apsmeds.com

Agent of the Board

AGREED BOARD ORDER #IC-15-034

RE: IN THE MATTER OF
APS PHARMACY
(PHARMACY LICENSE #28068)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 28068 issued to APS Pharmacy (Respondent), 34911 United States Highway 19 North, Suite 600, Palm Harbor, Florida 34684.

By letter dated June 23, 2016, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3), (10) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014), as alleged in the Counts below.

The conduct described in the disciplinary actions of the Oklahoma State Board of Pharmacy and the Iowa Board of Pharmacy is substantially similar to conduct described in:

Sections 560.001(b); and 565.002(a)(3) and (4) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Sections 291.32(a)(2)(H); 291.32(c)(1)(E); 291.131(d)(1)(D); and 291.133(d)(1)(D) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

PREVIOUS HISTORY

On or about May 8, 2012, the Texas State Board of Pharmacy entered Agreed Board Order #L-12-003 in the matter of the application for pharmacy license by APS Pharmacy. The Order was based on disciplinary action entered against the pharmacy by the Florida Board of Pharmacy on May 11, 2010, regarding various violations identified during a board inspection of the pharmacy. The Order granted the license, and imposed a reprimand.

COUNTS

(1) On or about February 14, 2012, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order against the application for registration as a non-resident pharmacy by APS Pharmacy. The Order was based on the disciplinary action by the Florida Board of Pharmacy described above in Previous History. The Order granted the registration, subject to probation with conditions for a period of one year.

(2) On or about June 23, 2014, APS Pharmacy submitted to the Texas State Board of Pharmacy an application for renewal as a nonresident pharmacy engaged in compounding sterile preparations. On the application, it was falsely indicated that the pharmacy had not been the subject of professional disciplinary action by a regulatory authority within the last 36 months, when it was disciplined by the Colorado Board of Pharmacy on February 14, 2012, as described above in Count (1).

(3) On or about February 24, 2016, the Oklahoma State Board of Pharmacy entered an Agreed Findings of Fact, Conclusions of Law and Final Order against the Oklahoma pharmacy license number 99-7398 held by APS Pharmacy. The Order was based on findings including that between October 1, 2013, and May 31, 2015, the pharmacy shipped 1,952 prescriptions, including controlled substances, to patients in Oklahoma without a valid pharmacy license. In addition, some of these prescriptions were for compounded drugs that were essentially a copy of commercially manufactured drugs. The Order placed the license on probation for a period of three years, imposed a $15,000 fine, and required the pharmacy to develop and implement a Plan of Correction.

(4) On or about March 8, 2016, the Iowa Board of Pharmacy entered a Settlement Agreement and Final Order against the Iowa pharmacy license numbers 4139 and 4375 held by APS Pharmacy. The Order was based on allegations contained in a Notice of Hearing and Statement of Charges that between January 1, 2014, and September 7, 2014, the pharmacy shipped approximately 100 prescriptions to patients in Iowa after its license became delinquent and prior to submitting a new nonresident pharmacy application. The Order cited and warned the pharmacy, and imposed a $2,500 penalty.

An informal conference was held in the Board's office on September 6, 2016. Jaime Rios, Corporate President of Drug Depot, Inc., on behalf of Respondent, was not in attendance; however, Bruce D. Lamb, Legal Counsel for Respondent, submitted a written statement. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By signing this Order, Jaime Rios and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order; and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS _____ day of _____, _____.

_____
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

_____
Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

_____
Jaime Rios, Corporate President, Drug Depot, Inc.
For and on behalf of APS Pharmacy

_____
Bruce D. Lamb, Legal Counsel for APS Pharmacy
Gunster
401 East Jackson Street, Suite 2500
Tampa, Florida 33602

APPROVED AS TO FORM:

_____
Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case Nos. 2016-1848 & 2016-1913

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF DRUG DEPOT, INC., REGISTRATION NO. OSP 5618,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Drug Depot, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Numbers 2016-1848 and 2016-1913, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this 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. (2016).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about February 22, 2012, being issued registration number OSP 5618, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 34911 US Highway 19 North, Suite 600, Palm Harbor, FL 34684-1921.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On or about February 24, 2016, the Oklahoma Board of Pharmacy issued a Final Order against Respondent Pharmacy for shipping approximately 1,952 prescriptions, 1,002 of which were controlled substances, into the State of Oklahoma from October 1, 2013 through May 31, 2015, without an active registration.

6. The Oklahoma Board placed Respondent's registration on probation for three (3) years, until February 24, 2019.

7. On or about January 1, 2016, Respondent Pharmacy entered into a Settlement Agreement with the Iowa Board of Pharmacy for shipping approximately 100 prescriptions into the State of Iowa from January 1 through September 7, 2014, without an active registration.

8. Respondent failed to report the Oklahoma and Iowa disciplinary actions to the Colorado Board.

9. Respondent Pharmacy admits that its 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 Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

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:

(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;

(g) Has had his or her license to practice pharmacy in another state revoked or suspended, or is otherwise disciplined or has committed acts in any other state that would subject him or her to disciplinary action in this state;

(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.

12-42.5-130. Nonresident prescription drug outlet - registration. (1) Any prescription drug outlet located outside this state that ships, mails, or delivers, in any manner, drugs or devices into this state is a nonresident prescription drug outlet and shall register with the board and disclose to the board the following:

(a) The location, names, and titles of all principal entity officers and all pharmacists who are dispensing drugs or devices to the residents of this state. The nonresident prescription drug outlet shall submit a report containing this information to the board on an annual basis and within thirty days after any change of office, officer, or pharmacist.

(b) A verification that it complies with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is licensed as well as with all requests for information made by the board pursuant to this section. The nonresident prescription drug outlet shall maintain at all times a valid, unexpired license, permit, or registration to conduct the prescription drug outlet in compliance with the laws of the state in which it is a resident. As a prerequisite to registering with the board, the nonresident prescription drug outlet shall submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which it is located.

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

(3) A nonresident prescription drug outlet doing business in this state that has not obtained a registration shall not conduct the business of selling or distributing drugs in this state without first registering as a nonresident prescription drug outlet. A nonresident prescription drug outlet shall make application for a nonresident prescription drug outlet registration on a form furnished by the board. The board may require such information as it deems necessary to carry out the purpose of this section.

(4) (a) The board may deny, revoke, or suspend a nonresident prescription drug outlet registration for failure to comply with this section or with any rule promulgated by the board.

(b) The board may deny, revoke, or suspend a nonresident prescription drug outlet registration if the nonresident prescription drug outlet's license or registration has been revoked or not renewed for noncompliance with the laws of the state in which it is a resident.

Pharmacy Board Rules and Regulations

9.00.10 Reporting.

b. All licensees or registrants shall notify the Board in writing within 30 days of any disciplinary action against them in another state. Such notification shall include the following:

1. The state;
2. The jurisdiction;
3. The case name;
4. The case number;
5. A description of the matter and a copy of the indictment or charges;
6. A copy of the discipline; and
7. Proof of completion of any requirements set forth in the order, if applicable.

10. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy'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

11. **Probation.** Respondent Pharmacy's registration shall be placed on indefinite probation until Respondent Pharmacy submits documentation to the Colorado Board evidencing that its pharmacy license/registration/permit is in an active and unencumbered status with all other states in which it is registered. Credit toward satisfying the period of probation shall be given only during such periods of time that Respondent Pharmacy is in total compliance with all provisions of this Final Agency Order.

Terms of Probation

12. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

a. promptly pay all its 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 pharmaceuticals and pharmacists in the State of Colorado.

13. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy 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 §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the

obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

14. Completion of Terms. Respondent must make a written request to the Board to end the terms and conditions of this Final Agency Order. In any request, it shall be Respondent's sole responsibility to establish, through written and other documentation, that Respondent has met all terms of this Final Agency Order. Respondent's probation shall continue until the Board or its designated authority has verified that Respondent has completed all terms of this Final Agency Order. The Board will consider Respondent's request during the ordinary course of business.

15. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy 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 Pharmacy acknowledges its understanding that it has the following rights:

a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

16. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy 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 Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

17. 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 this case. 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.

18. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. 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.

20. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record with the Board. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Michael Marling GM
Authorized Representative / Title

Dated: 12/14/16

Subscribed and sworn to before me in the County of Pinellas, State of Florida, this 14th day of December, 2016, by Michael Marling, in his/her capacity as an authorized agent of Drug Depot, Inc.

Rebecca Karukin
Notary Public

My commission expires:
4/17/17

REBECCA KARUKIN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF009426
Expires 4/17/2017

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 16 day of December, 2016.

State Board of Pharmacy

BY. _____

Chris Gassen
Interim Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 16 day of December 2016, addressed as follows:

Drug Depot, Inc.
Attn: Cletis Koukoulakis, PharmD
34911 US Highway 19 North, Suite 600
Palm Harbor, FL 34684-1921
Email: george@apsmeds.com and mmarling@apsmeds.com

Agent of the Board

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: CONSENT ORDER

DRUG DEPOT, INC. D/B/A APS PHARMACY

LOUISIANA PHARMACY PERMIT NO. 6689 Case No. 17-0050

****

CONSENT AGREEMENT

WHEREAS, DRUG DEPOT, INC. D/B/A APS PHARMACY (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 6689, 34911 US Highway 19 N, Suite 600, Palm Harbor, Florida 34684, was disciplined by several Board Orders and failed to report said disciplinary action as follows:

(1) Board Order issued by the Colorado State Board of Pharmacy on February 14, 2012 and Board Order issued by the Texas State Board of Pharmacy on May 8, 2012. Respondent failed to report these disciplinary actions to the Louisiana Board of Pharmacy ("The Board") as part of its Application for Louisiana Pharmacy Permit Located Out-of-State in 2013.

(2) Board Order issued by the Alabama State Board of Pharmacy on September 17, 2015. Respondent failed to report this disciplinary action to the Board as part of its Application for Renewal for Year 2016.

(3) Board Order issued by the Colorado State Board of Pharmacy on October 19, 2016. Respondent failed to report this disciplinary action to the Board as part of its Application for Renewal for Year 2017.

WHEREAS, such actions constitute a violation of the following:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1241(A)(2): Has attempted to or obtained a license by misrepresentation.

LA. R.S. 37:1241(A)(6) Has had his license, permit, certification, registration or any other designations deemed necessary to engage in the practice of pharmacy revoked or suspended, or has had other disciplinary action taken, or has had his application for licensure refused, revoked, or suspended by the proper authorities of another state, territory, or country based upon conduct by the licensee similar to conduct that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(7): Has failed to report to the board any adverse action taken by another government agency, law enforcement agency, or court that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(22): Has failed to furnish to the board or representatives any information legally requested by the board.

To facilitate the submission of this Consent Agreement Respondent does not admit to violating any federal or state law. Respondent understands that the Board may be able to prove a finding of those violations, because Respondent waives its right to offer a defense at a formal administrative hearing.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **Louisiana Pharmacy Permit No. 6689 belonging to DRUG DEPOT, INC. D/B/A APS PHARMACY is issued a Letter of Reprimand.**

2. **DRUG DEPOT, INC. D/B/A APS PHARMACY is ordered to pay a fine of $20,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $20,250.00, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to provide the Board with the following for reporting purposes to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB):

Respondent's National Provider Identifier (NPI) Number: 1548409758

Medicare Provider Number (if in the possession of one): _____

I, Michael Marling, authorized to act on behalf of and acting on behalf of DRUG DEPOT, INC. D/B/A APS PHARMACY, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 3 DAY OF April, 2017.

DRUG DEPOT, INC. D/B/A APS PHARMACY
Louisiana Pharmacy Permit No. 6689

BY: Authorized Representative

JENNIFER JONES THOMAS
Kean Miller LLP
II City Plaza
400 Convention Street, Suite 200
Baton Rouge, LA 70802
Attorney for Respondent

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on _____, 2017, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

_____
Carl W. Aron
President and Hearing Officer for the Board

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

APS PHARMACY
License Number: 53-01-009652

File Number: 53-16-142841
CONSENT ORDER AND STIPULATION

CONSENT ORDER

On March 9, 2017, the Department of Licensing and Regulatory Affairs (Department) executed an Administrative Complaint (Complaint) charging APS Pharmacy (Respondent) with violating section(s) 17748a(5) and 17768(2)(d) of the Public Health Code, MCL 333.1101 et seq.

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Disciplinary Subcommittee of the Michigan Board of Pharmacy (Disciplinary Subcommittee) has reviewed the Consent Order and Stipulation (Order) and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation(s) of section(s) 17748a(5) and 17768(2)(d) of the Public Health Code, supra.

Accordingly, IT IS ORDERED that for the cited violation(s) of the Public Health Code, Respondent is FINED $250.00 to be paid to the State of Michigan within 60 days from the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Legal Affairs/Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display the file number **53-16-142841**.

IT IS FURTHER ORDERED that if Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically SUSPENDED for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent's license remains suspended for more than six months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections 16245 and 16247 of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

Dated: 10-11-17

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of section(s) 17748a(5) and 17768(2)(d) of the Public Health Code, supra.

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 et seq., to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq., and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Dhafer Almaklani, R.Ph., a member of the Board who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:

Kim Gaedeke, Director
Bureau of Professional Licensing

Dated: 8-7-17

AGREED TO BY:

Michael Marling, General Manager
APS Pharmacy
Respondent

Dated: 7/22/17

lb

BEFORE THE MINNESOTA

BOARD OF PHARMACY

In the Matter of
APS Pharmacy
License No. 264531

STIPULATION AND CONSENT ORDER

STIPULATION

APS Pharmacy ("Licensee") and the Minnesota Board of Pharmacy Committee on Professional Standards ("Committee") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Pharmacy ("Board") is authorized pursuant to Minnesota Statutes chapter 151 to license and regulate pharmacies and to take disciplinary action as appropriate.

2. Licensee holds a pharmacy license from the Board and is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Consent Order.

II.

CONFERENCE

3. On December 13, 2017, Licensee met with the Committee to discuss the allegations described in a Notice of Conference. Board members Joseph Stanek and Samantha Schirmer comprised the Committee. Julie K. Letwat, Esq., Faegre Baker Daniels LLP, represented Licensee. Hans A. Anderson, Assistant Attorney General, represented the Committee.

III.

FACTS

4. On or about November 26, 2012, the Board licensed Licensee as a pharmacy in Minnesota. Licensee has never been licensed by the Board as a drug wholesaler.

5. On or about June 30, 2013, Licensee's Minnesota pharmacy license expired.

6. On or about July 31, 2014, Licensee submitted an Application for a Minnesota Pharmacy License. During the review process of this application, the Board advised Licensee that a Minnesota pharmacy license only allows pharmacies to compound and dispense drug products into Minnesota pursuant to valid patient-specific prescriptions. The Board required Licensee to respond in writing, acknowledging its awareness of Minnesota law, and attesting it would limit its activities to filling only patient-specific prescriptions, or that it would apply for the required manufacturer and wholesaler licenses in the event that Licensee intended to ship products into Minnesota in any other manner.

7. On or about August 4, 2014, Licensee responded, acknowledging its awareness of Minnesota law regarding the shipping of non-patient-specific drugs, and attesting it would limit its activities to filling only patient-specific prescriptions.

8. On or about August 5, 2014, the Board again licensed Licensee as a pharmacy in Minnesota.

9. On or about February 26, 2016, in response to a Board request, Licensee provided the Board with documentation showing ten separate compounded preparations Licensee shipped to Minnesota physicians for "office use" over an eleven month period in 2015. Licensee stated that its shipment of drugs into Minnesota for "office use" was an "oversight."

10. Licensee also provided the Board with documentation showing nine additional prescriptions that were shipped by Licensee directly to medical clinics in Minnesota. Six of the

nine were filled in the name of the prescribing physician, and two were filled in the name of the physician's employee, the clinic's "Director of Operations." Those same prescriptions were billed by Licensee to the clinic, and not to the patients, resulting in wholesale transactions.

11. From January 5, 2015, through June 30, 2015, 39% of the prescriptions Licensee dispensed and shipped into Minnesota were veterinary medications. Licensee had not checked the veterinary category of licensure on its application, and was thus not licensed by the Board to dispense and ship veterinary medications into Minnesota.

IV.

LAWS

12. Licensee acknowledges the conduct described in section III. above constitutes a violation of Minn. Stat. § 151.071, subd. 2(7), Minn. Stat. § 151.34(11), Minn. Stat. § 151.47, subd. 1, Minn. R. 6800.2250, subp. 1 (H); and Minn. R. 6800.0350, and warrants the disciplinary action described below.

V.

DISCIPLINARY ACTION

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

13. The Board **REPRIMANDS** Licensee and imposes a **CIVIL PENALTY** in the amount of $2,500.00 for the conduct described in section III above. The civil penalty shall be paid by cashier's check or money order made payable to the Minnesota Board of Pharmacy, c/o Cody Wiberg, Executive Director, 2829 University Avenue S.E., Suite 530, Minneapolis, Minnesota 55414, within 60 days of the date of this Order.

VI.

CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS

14. If Licensee fails to comply with or violates this Stipulation and Consent Order, the Committee may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

a. The Committee shall schedule a hearing before the Board. At least 20 days before the hearing, the Committee must mail Licensee a notice of the violation(s) alleged by the Committee. In addition, the notice must designate the time and place of the hearing. Within ten days after the notice is mailed, Licensee shall submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

b. The Committee, in its discretion, may schedule a conference with Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

c. Prior to the hearing before the Board, the Committee and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Committee and Licensee may present oral argument. Argument may not refer to matters outside the record. The evidentiary record must be limited to the affidavits submitted prior to the hearing and this Stipulation and Consent Order. The Committee will have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations, but may present argument concerning the appropriateness of additional discipline. Pursuant to this process, Licensee waives a hearing before an administrative law judge, discovery, cross-examination of

adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation before the conference, hearing, or meeting of the Board may be taken into account by the Board but does not limit the Board's authority to impose discipline for the violation. A decision by the Committee not to seek discipline when it first learns of a violation does not waive the Committee's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while Licensee's license is in a suspended status.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board must dismiss the allegations. If a violation is proved, the Board may impose additional discipline, including conditions or limitations on Licensee's license, a period of suspension, conditions of reinstatement, or revocation of Licensee's license.

f. Nothing herein limits the Committee's or the Board's right to temporarily suspend Licensee's license as provided in Minnesota Statutes chapters 151 and 214, based on a violation of this Stipulation and Consent Order or based on conduct of Licensee not specifically referred to herein.

VII.

ADDITIONAL INFORMATION

15. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

16. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the investigation of

the conduct herein, or the negotiation or execution of this Stipulation and Consent Order, which may otherwise be available to Licensee.

17. This Stipulation and Consent Order, the files, records, and proceedings associated with this matter shall constitute the entire record and may be reviewed by the Board in its consideration of this matter.

18. Either party may seek enforcement of this Stipulation and Consent Order in any appropriate civil court.

19. Licensee has read, understands, and agrees to this Stipulation and Consent Order and has voluntarily signed the Stipulation and Consent Order. Licensee is aware this Stipulation and Consent Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Consent Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Consent Order will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Consent Order, it will be of no effect except as specified in the following paragraph.

20. Licensee agrees that if the Board rejects this Stipulation and Consent Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Consent Order or of any records relating to it.

21. This Stipulation and Consent Order does not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis of any act, conduct, or admission of Licensee which constitutes grounds for disciplinary action and which is not directly related to the specific facts and circumstances set forth in this document.

VIII.

DATA PRACTICES NOTICES

22. This Stipulation and Consent Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Consent Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed health professional, and as such, is classified as confidential data pursuant to Minnesota Statutes section 13.41, subdivision 4.

23. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

CONSENT:

APS PHARMACY
Licensee

Dated: 1/9/18

MINNESOTA BOARD OF PHARMACY
COMMITTEE ON PROFESSIONAL STANDARDS

Board Member

Dated: 01-16-2018

ORDER

Upon consideration of the Stipulation, the Board **REPRIMANDS** Licensee, imposes a **CIVIL PENALTY** on Licensee's license, and adopts all of the terms described above on this 16TH day of January, 2018.

MINNESOTA BOARD OF PHARMACY

CODY WIBERG
Executive Director

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
DRUG DEPOT INC. d/b/a APS PHARMACY	)	**BOARD OF PHARMACY**
	)	
	)	
Non-Resident Pharmacy Permit Number: 114007	)	**CASE NO: 16-L-0174**

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Drug Depot Inc. d/b/a APS Pharmacy (Drug Depot) which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Drug Depot through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The parties stipulate that Drug Depot denies the allegations of the Statement of Charges and Notice of Hearing (SOC) and stipulates that for the purpose of this proceeding and this proceeding only the Board would meet its required burden of proof and therefore finds that Drug Depot violated the provisions of law based upon the conduct set out in Counts One, Four, Six, Seven and/or Eight. All remaining Counts shall be dismissed with prejudice.

2. Drug Depot shall pay an administrative fine in the amount of Twenty-Five Thousand Dollars ($25,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Drug Depot attempt to discharge the

same.

3. Drug Depot expressly waive its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Drug Depot further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Drug Depot hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Drug Depot acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Drug Depot's permit, including, but not limited to revocation.

6. Drug Depot acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Drug Depot 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 5 of January ,2018.

DRUG DEPOT INC. D/B/A APS PHARMACY

BY: _____

ITS: GM

_____

J. Andrew Lemons, attorney for Drug Depot Inc. d/b/a APS Pharmacy

DONE this the 9th of January ,2018.

ALABAMA STATE BOARD OF PHARMACY

By: _____

David Darby, R.Ph., President

By: _____

James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

In the Matter of the Application for the Nonresident Pharmacy Registration of Drug Depot, Inc., d/b/a APS Pharmacy, Applicant	:	**Docket No. 0896-54-18** **File No. 18-54-03878**

PROPOSED ORDER

AND NOW, this 2nd day of **August, 2018**, upon consideration of the foregoing findings of fact, conclusions of law and discussion, it is hereby ordered that the application for nonresident pharmacy registration of Drug Depot, Inc., d/b/a APS Pharmacy ("Applicant") is **GRANTED.**

Upon the grant of a nonresident pharmacy certificate of registration ("license") to Applicant, said license **IMMEDIATELY** shall be placed on **PROBATION** for an **INDEFINITE** period of time, until such time as each and every one of Applicant's pharmacy permits, registrations, licenses, or any other authorizations to practice, in every jurisdiction in which Applicant possesses such authorizations, shall be active and unencumbered.

Said period of probation shall be subject to the following terms and conditions:

GENERAL

1. Applicant shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions and all rules and regulations and laws pertaining to the practice of the profession in this Commonwealth or any other state or jurisdiction in which Applicant holds a permit, registration, license or any other authorization to practice the profession. Summary traffic violations shall not constitute a violation of this Order.

2. Applicant shall at all times cooperate with the Bureau of Professional and Occupational Affairs and its agents and employees in the monitoring, supervision and investigation of Applicant's compliance with the terms and conditions of this Order, including requests for, and causing to be

submitted at Applicant's expense, written reports, records and verifications of actions that may be required by the Bureau of Professional and Occupational Affairs.

3. Applicant shall not falsify, misrepresent or make material omission of any information submitted pursuant to this Order.

4. Applicant shall notify the Bureau of Professional and Occupational Affairs, in writing, within five (5) days of the filing of any criminal charges against Applicant, the initiation of any legal action pertaining to Applicant's authorizations to practice of the profession, the initiation, action, restriction or limitation relating to Applicant by a professional licensing authority of any state or jurisdiction, or **any violation of Applicant's term of probation imposed by any professional licensing authority of any state or jurisdiction, including but not limited to the terms of probation imposed upon Applicant by Oklahoma State Board of Pharmacy in the matter captioned *In the Matter of the Complaint Against: APS Pharmacy (99-7398), Case No 1390*, by the Agreed Findings of Fact, Conclusions of Law and Final Order dated February 24, 2016.**

5. Applicant shall notify the Bureau of Professional and Occupational Affairs by telephone within 48 hours and in writing within five (5) days of any change of Applicant's business address, phone number, ownership and/or change in practice.

VIOLATION OF THIS ORDER

6. Notification of a violation of the terms or conditions of this Order shall result in the **IMMEDIATE TERMINATION** of the period of probation and **ACTIVATION** of a suspension of Applicant's license(s) to practice the profession in the Commonwealth of Pennsylvania as follows:

a. The prosecuting attorney for the Commonwealth shall present to the Board's Probable Cause Screening Committee ("Committee") a Petition that indicates that Applicant has violated any terms or conditions of this Order.

b. Upon a probable cause determination by the Committee that Applicant has violated any of the terms or conditions of this Order, the Committee shall, without holding

a formal hearing, issue a preliminary order vacating the stay of the within suspension, terminating this probation and activating the suspension of Applicant's license.

c. Applicant shall be notified of the Committee's preliminary order within three (3) business days of its issuance by certified mail and first-class mail, postage prepaid, sent to the Applicant's last registered address on file with the Board, or by personal service if necessary.

d. Within twenty (20) days of mailing of the preliminary order, Applicant may submit a written answer to the Commonwealth's Petition and request that a formal hearing be held concerning Applicant's violation of probation, in which Applicant may seek relief from the preliminary order activating the suspension. Applicant shall mail the original answer and request for hearing to the Department of State Prothonotary, 2601 North Third Street, P.O. Box 2649, Harrisburg, PA 17105, shall mail a copy to the prosecuting attorney for the Commonwealth, and shall do the same with all subsequent filings in the matter.

e. If the Applicant submits a timely answer and request for a formal hearing, the Board or a designated hearing examiner shall convene a formal hearing within forty-five (45) days from the date of the Prothonotary's receipt of Applicant's request for a formal hearing.

f. Applicant's submission of a timely answer and request for a hearing shall not stay the suspension of Applicant's license under the preliminary order. The suspension shall remain in effect unless the Board or the hearing examiner issues an order after the formal hearing staying the suspension again and reactivating the probation.

g. The facts and averments in this Order shall be deemed admitted and uncontested at this hearing.

h. If the Board or hearing examiner after the formal hearing makes a determination against Applicant, a final order will be issued sustaining the suspension of Applicant's license and imposing any additional disciplinary measures deemed appropriate.

i. If Applicant fails to timely file an answer and request for a hearing, the Board, upon motion of the prosecuting attorney, shall issue a final order affirming the suspension of Applicant's license.

j. If Applicant does not make a timely answer and request for a formal hearing and a final order affirming the suspension is issued, or the Board or the hearing examiner makes a determination against Applicant sustaining the suspension of Applicant's license, after at least **one (1) year** of active suspension and any additional imposed discipline, Applicant may petition the Board for reinstatement upon verification that Applicant has complied with the Board's order, abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth.

k. Applicant's failure to fully comply with any terms of this Order may also constitute grounds for additional disciplinary action.

7. Nothing in this Order shall preclude the prosecuting attorney for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Order.

8. At such time as each and every one of Applicant's pharmacy permits, registrations, licenses, or any other authorizations to practice, in every jurisdiction in which Applicant possesses such authorizations, shall be active and unencumbered, Applicant may petition the Board to reinstate Applicant's license to unrestricted, non-probationary status upon an affirmative showing that Applicant has complied with all terms and conditions of this Order.

The State Board of Pharmacy has announced its intention to review this Proposed Report in accordance with 1 Pa. Code § 35.226(a)(2).

BY ORDER

Ruth D. Dunnewold

Ruth D. Dunnewold
Hearing Examiner

For the Applicant: Thomas J. Weber, Esquire
CALDWELL AND KEARNS, P.C.
3631 North Front Street
Harrisburg, PA 17110

For the Commonwealth: Monty J. Batson, Esquire
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE OFFICE OF CHIEF COUNSEL
PROSECUTION DIVISION
P.O. Box 69521
Harrisburg, PA 17106-9521

Date of mailing: 8/2/18

AGREED BOARD ORDER #L-16-076

RE: IN THE MATTER OF
APS PHARMACY
(PHARMACY LICENSE #28068)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 28068 issued to APS Pharmacy (Respondent), 34911 United States Highway 19 North, Suite 600, Palm Harbor, Florida 34684.

By letter dated October 10, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 560.001(b); 561.002; 561.003(b); 561.0031; 561.005; and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 291.14 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), in that allegedly:

PREVIOUS HISTORY

(1) On or about May 8, 2012, the Texas State Board of Pharmacy entered Agreed Board Order #L-12-003 in the matter of the application for pharmacy license by APS Pharmacy. The Order was based on disciplinary action entered against the pharmacy by the Florida Board of Pharmacy on May 11, 2010, regarding various violations identified during a board inspection of the pharmacy. The Order granted the license and imposed a reprimand.

(2) On or about November 1, 2016, the Texas State Board of Pharmacy entered Agreed Board Order #F-15-034 in the matter of APS Pharmacy. The Order was based on a disciplinary action by the Oklahoma State Board of Pharmacy for shipping prescriptions, including compounded drugs that were essentially a copy of commercially manufactured drugs, to patients in Oklahoma without a valid license, a disciplinary action by the Iowa Board of Pharmacy for shipping to patients in Iowa with a delinquent license, and the pharmacy's failure to disclose a disciplinary action by the Colorado State Board of Pharmacy on a renewal application. The Order imposed a $6,000 penalty.

COUNT

On or about June 1, 2016, through on or about August 28, 2016, APS Pharmacy, 34911 United States Highway 19 North, Suite 600, Palm Harbor, Florida 34684, was unlawfully operating in that the pharmacy shipped approximately 500 prescriptions into Texas with an expired license. On or about April 27, 2016, APS Pharmacy submitted a renewal application for

a non-resident pharmacy engaged in compounding sterile preparations, but the pharmacy had not been inspected by a Texas State Board of Pharmacy approved vendor. The National Association of Boards of Pharmacy inspected the pharmacy on August 4 and 5, 2016, and the pharmacy's license was ultimately renewed on August 29, 2016.

By letter dated October 10, 2018, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Jaime Rios, Corporate President, Drug Depot, Inc., on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of November, 2018.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Jaime Rios, Corporate President, Drug Depot, Inc.
On behalf of APS Pharmacy

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

IN THE MATTER OF	*	**BEFORE THE**
DRUG DEPOT, INC. d/b/a APS PHARMACY	*	**STATE**
Respondent	*	**BOARD OF PHARMACY**
Permit Number: P07142	*	**Case Number: 18-135**

* * * * * * * * * * * * *

CONSENT ORDER

Background

In March 2016, the Maryland Board of Pharmacy (the "Board") received an application for Permit from Drug Depot, Inc., d/b/a APS Pharmacy (the "Pharmacy"), Permit P07142. The Pharmacy was previously issued Permit No. P05882 on September 24, 2012, which expired on May 31, 2014 due to non-renewal. The Board issued Permit P07142 on October 21, 2016.

On January 11, 2018, the Pharmacy sent the Board a self-report notice of disciplinary action based on a Consent Order with the Michigan Board of Pharmacy. The Michigan Board of Pharmacy took action against the Pharmacy based upon similar action taken by the Oklahoma Board of Pharmacy. These actions were taken against the Pharmacy primarily for practicing pharmacy without an active permit in those jurisdictions, and as a result the Board opened an investigation into the Pharmacy and issued a subpoena for the Pharmacy's dispensing records. These records showed that the Pharmacy dispensed over 3,800 prescriptions into the State of Maryland between May 31, 2014, and October 21, 2016 while the Pharmacy was not permitted to do so.

In lieu of instituting formal proceedings against the Pharmacy, in accordance with the Maryland Pharmacy Act, Md. Code Ann., Health Occ. § 12-101 *et seq.*, the Board and Drug Depot, Inc. d/b/a APS Pharmacy agreed to resolve this matter as set forth in this Consent Order.

FINDINGS OF FACT

1. The Pharmacy was initially issued a permit to operate as a nonresident pharmacy in the State of Maryland on or about September 24, 2012, under permit number P05882. This permit expired on May 31, 2014 due to non-renewal.
2. On or about March 17, 2016, the Pharmacy submitted a new application ("the application") for Nonresident Pharmacy Permit to the Board. On October 21, 2016, a new Nonresident Pharmacy Permit was issued to the Pharmacy under permit number P07142. This permit is scheduled to expire on May 31, 2020.
3. As part of its new application, the Pharmacy attached disciplinary actions from the Boards of Pharmacy in the States of Iowa, Alabama, and Florida.
4. On or about January 11, 2018, the Board received a self-report notice of disciplinary action from the Pharmacy based on a consent order with the Michigan Board of Pharmacy ("Michigan Board.")
5. The Board then opened an investigation into the Pharmacy.
6. On or about October 6, 2016 the Michigan Board took disciplinary action against the Pharmacy, and subsequently entered into a Consent Order based upon action

taken against the Pharmacy by the Oklahoma Board of Pharmacy ("Oklahoma Board"), and the Iowa Board of Pharmacy ("Iowa Board"), respectively.

7. The Michigan Board of Pharmacy placed the Pharmacy on a six (6) month probation, and assessed a $2,500 fine. The Stipulation and Consent Order were agreed to by the Pharmacy on or about February 7, 2017.

8. On or about February 2, 2016, the Oklahoma Board of Pharmacy ("Oklahoma Board") issued a Final Order regarding violations committed by the Pharmacy. The Oklahoma Board and the Pharmacy agreed to findings of fact including the following grounds for discipline: The Pharmacy mailed patient-specific drugs to an address other than the patient's home or place of employment; and the Pharmacy was not continuously licensed by the Oklahoma Board during the entire time in which prescriptions were being filled. In addition, on or about August 11, 2015 the Pharmacy in its license application answered "No" to the question of having been sanctioned or disciplined regarding any license permit or registration issued to the applicant. This question was answered in the negative despite Pharmacy having entered into a Settlement Agreement with the State of Florida Board of Pharmacy ("Florida Board") on or about January 7, 2010.

9. On or about February 24, 2016, the Pharmacy was placed on a three (3) year probation by the Oklahoma Board of Pharmacy, and assessed a $15,000 fine for operating without a license, filing false reports, and unauthorized dispensing of medication from October 1, 2013, through May 31, 2015.

10. On or about May 11, 2010, the Pharmacy entered into a Final Order with the Florida Board. Pursuant to the Final Order, the Pharmacy did not dispute allegations outlined in the Administrative Complaint including but not limited to: wholesaling drugs without a permit, dispensing prescription drugs without prescriptions, purchasing prescription drugs from an unauthorized vendor, mislabeling of drugs, and improper storage of prescription drugs. The Pharmacy was ordered to pay costs of investigation and prosecution totaling $2,534.31.

11. On or about August 17, 2015, the Pharmacy entered into a Consent Order with the Alabama Board of Pharmacy ("Alabama Board.") Pursuant to the Consent Order the Pharmacy pled guilty to "engaging in the selling, offering for sale, compounding, or dispensing of drugs during the year 2015 without first having your permit with the Board..." The Pharmacy was ordered to pay a fine in the amount of $500.

12. On or about March 8, 2016, the Pharmacy entered a Consent Order with the Iowa Board of Pharmacy ("Iowa Board.") Pursuant to the Consent Order the Pharmacy admitted to "providing pharmacy services to Iowa residents without an active Iowa pharmacy license." The Pharmacy was ordered to pay a civil penalty of $2,500.

13. On or about January 12, 2018, staff from the Maryland Board subpoenaed dispensing records from the Pharmacy covering the period of May 31, 2014 through October 21, 2016, during which Pharmacy's nonresident pharmacy permit was

lapsed. The dispensing records revealed that in the period of time during which the nonresident pharmacy permit was lapsed, the Pharmacy dispensed over 3,800 prescriptions into the State of Maryland.

14. The Pharmacy has since made several administrative and personnel changes to their in-house practices in the wake of the previous violations. The Pharmacy indicates that they have added a full-time quality assurance pharmacist whose dedicated responsibilities include all regulatory matters in relation to sterile and non-sterile compounding. The pharmacy has also added another position to handle all regulatory and compliance matters at both the federal and state levels. The Pharmacy believes these changes will prevent any future compliance issues from taking place.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes that the Pharmacy is subject to disciplinary action in accordance with Md. Code Ann., Health Occ. §§ 12-313(b)(24) and (25), 12-403(c)(1), (e)(1), and (g)(1).

ORDER

Based on an affirmative vote of a majority of the Board, it is this _____ day of _____, 2019, hereby:

ORDERED that Drug Depot, Inc., d/b/a APS Pharmacy, Permit No. P07142, shall be assessed a civil fine in the amount of FIVE THOUSAND

DOLLARS ($5,000.00), payable to the Maryland Board of Pharmacy within thirty (30) days of the date of this Order, and sent to:

Wells Fargo Bank
Attn: State of Maryland – Board of Pharmacy
Lockbox 2051
7175 Columbia Gateway Drive
Columbia, Maryland 21046
(*Please include the Case Number 18-135 to ensure proper assignment.);*

and it is further

ORDERED that failure to pay in full the above fine within thirty (30) days of the date of this Order shall be considered a violation of this Order, and after notice and opportunity for a show cause hearing shall subject the Pharmacy to further discipline such as suspension, revocation or further fines based on the violations cited in this Order; and it is further

ORDERED that Drug Depot, Inc., d/b/a APS Pharmacy, shall practice in Maryland at all times in accordance with the Maryland Pharmacy Act; and it is further

ORDERED that in the event that Drug Depot, Inc., d/b/a APS Pharmacy violates any of the terms above, the Board, after notice and an opportunity for a hearing, and a determination of a violation, may impose any disciplinary sanction it deems appropriate, including suspension, revocation,

and fines, said violation being proven by a preponderance of the evidence; and it is further

ORDERED that this is a formal order and as such is a public document pursuant to Md. Code Ann., General Provisions Art. § 4-301 *et seq.*

1-28-19
Date

Deena Speights-Napata
Executive Director for:

Kevin Morgan, Pharm. D.
Board President

CONSENT

1. The Pharmacy submits to the foregoing Consent Order as a resolution of this matter in lieu of formal charges, in order to avoid the cost and uncertainty of litigation and without admitting that its conduct violated any law, code or regulation.
2. By signing this Consent, the Pharmacy waives any rights it may have had to contest the findings and determinations contained in this Consent Order.
3. The Pharmacy acknowledges that this is a formal order of the Board and as such is a public document.

4. The Pharmacy acknowledges the legal authority and the jurisdiction of the Board to enter into and enforce this Consent Order.
5. The Pharmacy signs this Consent Order freely and voluntarily and after having had the opportunity to consult with counsel. The Pharmacy fully understands the language, meaning, and effect of this Consent Order.

Drug Depot, Inc. d/b/a APS Pharmacy

Permit No. P07142

1-17-19
Date

Name:
Title:

NOTARY

STATE OF Florida
CITY/COUNTY OF Pinellas

I HEREBY CERTIFY that on this 17th day of January, 2019, before me, a Notary Public of the foregoing State and City/County personally appeared Jaime Rios and made oath in due form of law that signing the foregoing Consent Order was his/her voluntary act and deed.

AS WITNESSETH my hand and notary seal.

NOTARY PUBLIC STATE OF FLORIDA
REBECCA KARUKIN
MY COMMISSION # GG 092018
EXPIRES: April 17, 2021
Bonded Thru Budget Notary Services

Rebecca Karukin
Notary Public

My commission expires:
4/17/21

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois,	Complainant,	)	No. 2018-01718
v.		)	
DRUG DEPOT INC., License No. 054.018831,	Respondent.	)	

CONSENT ORDER

The Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation, by and through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and Drug Depot Inc., Respondent, hereby agree to the following:

STIPULATIONS

Drug Depot Inc. (hereinafter "Respondent") is the holder of a pharmacy license in the State of Illinois, License No. 054.018831. Said license is currently in active status. At all times material to the matter set forth in this Consent Order, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation (hereinafter the "Department") has had jurisdiction over the subject matter and parties herein.

On or about March 8, 2016, Respondent entered into a Settlement Agreement and Final Order with the Iowa State Board of Pharmacy. Respondent's Iowa pharmacy license was disciplined for shipping approximately one hundred (100) prescriptions into Iowa without an active registration issued by the Iowa State Board of Pharmacy. Respondent was assessed a fine of two thousand five hundred dollars ($2,500.00) by the Iowa Board of Pharmacy.

On or about February 19, 2016, Respondent entered into an Agreed Order with the Oklahoma State Board of Pharmacy. Respondent's Oklahoma pharmacy license was disciplined for shipping pharmaceuticals into Oklahoma without an active registration issued by the Oklahoma State Board of

Pharmacy. Respondent was placed on probation for a period of three (3) years and was assessed a fine of fifteen thousand dollars ($15,000.00) by the Oklahoma Board of Pharmacy.

On or about November 1, 2016, Respondent entered into an Agreed Board Order with the Texas State Board of Pharmacy. Respondent's Texas pharmacy license was disciplined for failing to disclose prior sister state discipline on an application for renewal of Respondent's Texas Pharmacy License. Respondent was assessed a fine of six thousand dollars ($6,000.00) by the Texas Board of Pharmacy.

On or about December 14, 2016, Respondent entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy. Respondent's Colorado pharmacy license was disciplined due to adverse actions in Iowa and Oklahoma. Respondent was placed on an indefinite probation by the Colorado Board of Pharmacy. Respondent's Colorado probation has since been terminated.

On or about July 28, 2017, Respondent was disciplined by the California State Board of Pharmacy. Respondent's California pharmacy license was cited and issued a fine of five thousand dollars ($5,000.00) due to adverse actions taken in Iowa and Oklahoma.

On or about January 6, 2017, Respondent was disciplined by the Kansas State Board of Pharmacy. Respondent's Kansas pharmacy license was disciplined due to adverse action in Oklahoma. Respondent was placed on probation by the Kansas Board of Pharmacy. Respondent's Kansas probation has since been terminated.

On or about April 3, 2017, Respondent entered into a Consent Order with the Louisiana Board of Pharmacy. Respondent's Louisiana pharmacy license was disciplined for failing to report prior sister state disciplines to the Louisiana Board of Pharmacy. Respondent was assessed a fine of twenty thousand dollars ($20,000.00) by the Louisiana Board of Pharmacy.

On or about October 11, 2017, Respondent entered into a Consent Order with the Michigan Board of Pharmacy. Respondent's Michigan pharmacy license was disciplined for failing to report

prior sister state complaints to the Michigan Board of Pharmacy. Respondent was assessed a fine of two hundred fifty dollars ($250.00) by the Michigan Board of Pharmacy.

On or about January 9, 2018, Respondent entered into a Consent Order with the Alabama Board of Pharmacy. Respondent's Alabama pharmacy license was disciplined for failing to report prior sister state disciplines to the Alabama Board of Pharmacy. Respondent was assessed a fine of twenty-five thousand dollars ($25,000.00) by the Alabama Board of Pharmacy.

The aforementioned conduct, if proven to be true, would constitute grounds for disciplinary action against Respondent's pharmacy license on the authority of 225 ILCS 85/30(a)(8).

Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation. Respondent acknowledges that Respondent has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation in furtherance of the approval of this Consent Order.

Respondent and the Department have agreed that Respondent be permitted to enter into this Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interest of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and Drug Depot Inc., Respondent, agree:

A. Respondent's Illinois Pharmacy License, license No. 054.018831, shall be REPRIMANDED.

B. This Consent Order is a public disciplinary action and will be reported to all applicable public indexes, including the National Association of Boards of Pharmacy. This Consent Order will be available to the general public;

C. This Consent Order shall become effective upon signing and approval by the Director of the Division of Professional Regulation of the Department of Financial and Professional Regulation.

D. The above-named Respondent consents to electronic service of the Final Director's Order in lieu of service by certified mail. Service shall be made upon Respondent and Respondent's Attorney's email addresses of record with the Department.

E. A copy of any original signature(s) affixed to this Consent Order shall be given the full force and effect of an original signature(s) affixed to this Consent Order.

Signatures on the following page.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

8-23-19
DATE

Brandon R. Thom
Enforcement Attorney, Health-Related Prosecutions

8/12/19
DATE

Vice President
Drug Depot Inc.
Respondent

8/23/2019
DATE

Member-
Illinois State Board of Pharmacy

This Consent Order is approved in full.

DATED THIS 9th DAY OF September, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Aboundis
Division of Professional Regulation

Case No. 2018-01718
License No. 054.018831

STATE OF MISSOURI
MISSOURI BOARD OF PHARMACY

IN RE:	)
	)
DRUG DEPOT, INC.	)
d/b/a APS PHARMACY	)
34911 US Highway 19 N, Ste. 600	)
Palm Harbor, FL 34684	)
Permit No. 2012034117	)

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND DRUG DEPOT, INC. d/b/a APS PHARMACY

COME NOW Drug Depot, Inc. d/b/a APS Pharmacy ("Respondent" or the "Pharmacy") and the Missouri Board of Pharmacy ("Petitioner" or "Board") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's permit to operate as a pharmacy will be subject to discipline.

Pursuant to the terms of Section 536.060, RSMo, the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri ("AHC") and, additionally, the right to a disciplinary hearing before the Board under Section 621.110, RSMo, and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witness appearing at the hearing against it; the right to a decision upon the record by a fair and impartial Administrative Hearing Commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board, at which time it may present evidence in mitigation of

discipline; and the right to recover attorney's fees incurred in defending this action against its permit. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the AHC, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's permit.

For purposes of settling this dispute, Respondent stipulates that the factual allegations contained in this Settlement Agreement are true and further stipulates that Respondent's permit as a pharmacy, numbered 2012034117, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo.

JOINT STIPULATION OF FACTS

1. Petitioner is an agency of the State of Missouri created and established pursuant to Section 338.110, RSMo,[1] for the purpose of executing and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, located at 34911 US Hwy. 19 N, Ste. 600, Palm Harbor, FL 34684, is permitted by the Board as a pharmacy under permit number 2012034117. Respondent's permit was at all times relevant herein current and active.

3. On or about July 10, 2017, Petitioner learned that the Kansas Board of Pharmacy entered a Summary Order dated January 6, 2017, placing Respondent's renewal registration on probation for a period not to exceed five (5) years ("Kansas Order"). The Kansas Order states

[1] All statutory references are to the Revised Statutes of Missouri 2016, as amended, unless otherwise stated.

that the discipline imposed by Kansas was based on discipline and probation imposed by the Oklahoma State Board of Pharmacy.

4. The Oklahoma Board of Pharmacy and Respondent entered into Agreed Findings of Fact, Conclusions of Law, and Final Order on or about February 24, 2016, placing Respondent on probation for three (3) years and imposing a fine of $15,000.00 (Fifteen Thousand and 00/100 Dollars) (the "Oklahoma Order"). The Oklahoma probationary period has ended.

5. The Oklahoma Board alleged, among others, that Respondent violated Oklahoma law by shipping prescriptions, including controlled substance prescriptions, into the State of Oklahoma without a valid license; by compounding a commercially available drug; by dispensing prescriptions when it knew or should have known that they were issued without valid pre-existing patient-prescription relationships; and by failing to conduct its business in conformity with all federal, state and municipal laws.

6. Respondent admitted it violated Oklahoma law by shipping prescriptions, including controlled substance prescriptions, into the State of Oklahoma without a valid license and by failing to conduct its business in conformity with all federal, state and municipal laws. Respondent neither admitted nor denied that it dispensed prescriptions when it knew or should have known that they were issued without valid pre-existing patient-prescription relationships.

7. Respondent has also been disciplined in Alabama, California, Colorado, Iowa, Michigan, Minnesota, Oregon, and Texas.

8. On or about March 8, 2016, the Iowa State Board of Pharmacy and Respondent entered into a Settlement Agreement and Final Order wherein the Iowa Board imposed a

$2,500.00 (Two Thousand Five Hundred and 00/100 Dollars) civil penalty upon Respondent for providing pharmacy services to Iowa residents without an active Iowa pharmacy license.

9. On or about November 1, 2016, the Texas State Board of Pharmacy and Respondent entered into an Agreed Board Order imposing an administrative penalty of $6,000.00 (Six Thousand and 00/100 Dollars) on Respondent for providing false information on its nonresident pharmacy application for renewal and based for violations cited in the Oklahoma and Iowa Orders.

10. On or about December 16, 2016, the Colorado State Board of Pharmacy and Respondent entered into a Stipulation and Final Agency Order placing Respondent's registration as a non-resident prescription drug outlet on indefinite probation until it had submitted documentation to the Colorado Board showing unencumbered status in all other states in which it is registered ("Colorado Order"). Respondent admitted that its failure to report the Oklahoma and Iowa Orders to the Colorado Board constituted unprofessional conduct and violations of Colorado law, including its reporting requirements.

11. On or about April 12, 2017, the Michigan Board of Pharmacy entered a Consent Order and Stipulation placing Respondent's pharmacy license on probation for six (6) months and imposing a $2,500.00 (Two Thousand Five Hundred and 00/100 Dollars) fine as a result of the Oklahoma and Iowa Orders.

12. On or about July 28, 2017, the California Board of Pharmacy issued a citation and imposed a fine of $5,000.00 (Five Thousand and 00/100 Dollars) on Respondent for unprofessional conduct as a result of the discipline issued under the Oklahoma and Iowa Orders.

13. On or about January 9, 2018, the Alabama State Board of Pharmacy and Respondent entered into a Consent Order imposing a $25,000.00 (Twenty-Five Thousand and

00/100 Dollars) administrative fine on Respondent's non-resident pharmacy permit for unprofessional conduct based on the entry of and/or certain allegations in the Oklahoma, Iowa, Colorado and California and Texas Orders.

14. On or about January 16, 2018, the Minnesota Board of Pharmacy and Respondent entered into a Stipulation reprimanding Respondent's pharmacy license and imposing a $2,500.00 (Two Thousand Five Hundred and 00/100 Dollars) civil fine for shipping compounded preparations into Minnesota without patient-specific prescriptions under a pharmacy license, dispensing legend drugs without valid prescriptions, making wholesale transactions in Minnesota without a wholesaler license, and dispensing and shipping veterinary medications into Minnesota without the appropriate licensure, all in violation of Minnesota law.

15. On or about March 12, 2018, the Oregon Board of Pharmacy and Respondent entered into a Consent Order placing Respondent on probation for the duration of the probation imposed by the Oklahoma Board of Pharmacy for the violations contained in the Oklahoma Order which violated acceptable standards of practice and unprofessional conduct in Oregon. The Oregon probation has been completed.

16. On or about September 9, 2019, the Department of Financial and Professional Registration of the State of Illinois, Division of Professional Registration and Respondent entered into a Consent Order agreeing that Respondent's Illinois pharmacy license is reprimanded for conduct described above which would constitute grounds for disciplinary action in Illinois.

17. Respondent is subject to discipline in Missouri because Respondent has been the subject of disciplinary action in multiple states on grounds for which denial/discipline is authorized in Missouri under Section 338.055.2(8), RSMo.

JOINT CONCLUSIONS OF LAW

17. Cause exists for Petitioner to take disciplinary action against Respondent's pharmacy permit under Section 338.055.2(8) and (15), RSMo, which states, in pertinent parts:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (8) Denial of licensure to an applicant or disciplinary action against an applicant or the holder of a license or other right to practice any profession regulated by this chapter granted by another state, territory, federal agency, or country whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, surrender of the license upon grounds for which denial or discipline is authorized in this state;
>
> * * *
>
> (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

JOINT AGREED DISCIPLINARY ORDER

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the Disciplinary Order entered by the Board in this matter under the authority of Section 621.045.3, RSMo:

1. Respondent's pharmacy permit numbered 2012034117 shall be placed on **PROBATION** for a period of **THREE (3) YEARS** ("Disciplinary Period"). The terms of discipline shall be as follows:

A. Respondent shall pay all required fees for licensing to the Board and shall renew its pharmacy license prior to October 31 of each licensing year.

B. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

C. If requested, Respondent shall provide the Board a list of all licensed pharmacists employed by Respondent, and the individuals' current home addresses and telephone numbers.

D. If, after disciplinary sanctions have been imposed, Respondent fails to keep its pharmacy license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months (due by each January 1 and July 1), beginning with whichever date occurs first after this Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of its disciplinary order.

F. Respondent shall not serve as an intern training facility for Missouri interns.

G. Respondent shall make a representative of the pharmacy available for personal interviews to be conducted by a member of the Board or the Board of Pharmacy staff. Said meetings will be at the Board's discretion and may occur periodically during the Disciplinary Period. Respondent will be notified and given sufficient time to arrange these meetings.

H. Respondent's failure to comply with any condition of discipline set forth herein constitutes a violation of this disciplinary Agreement.

I. The parties to this Agreement understand that the Board of Pharmacy will maintain this Agreement as an open record of the Board as provided in Chapters 324, 338, 610, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a pharmacy in Missouri shall be fully restored if all other requirements of law have been satisfied provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement the Board may, in its discretion, after an evidentiary hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs, and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to Section 536.087, RSMo, or any claim arising under 42 U.S.C.

§1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____REQUESTS

___X_____DOES NOT REQUEST

THE AHC TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S PERMIT TO OPERATE AS A PHARMACY.

Respondent understands that it may, either at the time the Settlement Agreement is signed by all parties, or within fifteen (15) days thereafter, submit the Settlement Agreement to the AHC for determination that the facts agreed to by the parties constitute grounds for disciplining Respondent's permit. If Respondent desires the AHC to review this Agreement, it may submit its request to: Administrative Hearing Commission, Truman State Office Building, Room 640, 301 W. High Street, P.O. Box 1557, Jefferson City, Missouri 65101.

If Respondent has not requested review by the AHC, the Settlement Agreement goes into effect fifteen (15) days after the document is signed by the Board's Executive Director ("Effective Date").

[Remainder of page left blank intentionally – signature page follows]

RESPONDENT

DRUG DEPOT, INC.
d/b/a APS PHARMACY

By: _____
Jaime Rios
President
As Authorized Agent for
DRUG DEPOT, INC.
d/b/a APS PHARMACY

Date: 12/2/2019

PETITIONER

MISSOURI BOARD OF
PHARMACY

By: _____
Kimberly Grinston
Executive Director

Date: 12/7/20

GREENSFELDER, HEMKER & GALE, P.C.

By: _____
Sanja Ord #67340
10 S. Broadway, Suite 2000
St. Louis, MO 63102
Telephone: (314) 345-5448
Fax: (314) 516-2693
sord@greensfelder.com

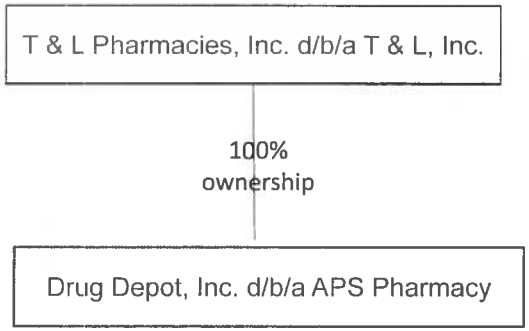
Attorneys for Drug Depot, Inc.
d/b/a APS Pharmacy

NEWMAN, COMLEY & RUTH P.C.

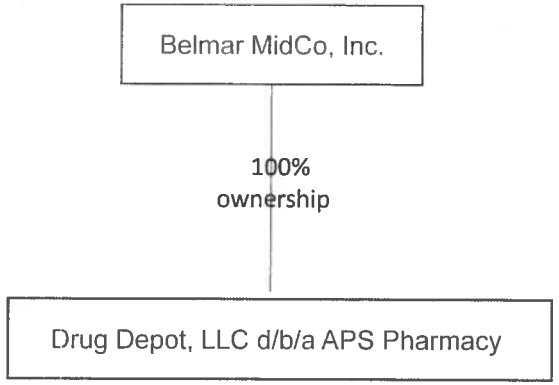
By: _____
Alicia Embley Turner #48675
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: (573) 634-2266
Fax: (573) 636-3306
turnera@ncrpc.com

Attorneys for Missouri Board of
Pharmacy

Old Structure



New Post-Closing Structure



Ownership Information for Drug Depot, LLC d/b/a APS Pharmacy

Drug Depot, LLC
d/b/a APS Pharmacy
34911 US Highway 19 N, Ste. 600
Palm Harbor, FL 34684
Ph: 888-787-4137
Fx: 866-739-4750

Officers of Drug Depot, LLC:

- Jaime Rios, President
  Lafferre Lane
  Hilliard, OH 43026
  (

- Michael A. Marling, Vice President
)6 Canopy Dr.
  Tampa, FL 33626

- David Malm, Secretary and Treasurer
  Boylston Street, # 9009
  Boston, MA 02116

Drug Depot, LLC will be wholly owned by Belmar MidCo, Inc.

Belmar MidCo, Inc.
c/o Webster Equity Partners
1000 Winter Street
Waltham, MA 02451
(781) 419-1515

Officers and Directors of Belmar MidCo, Inc.:

- David W. Hill, CEO and President
- Robert Kilgore, VP and CFO
- David P. Malm, Secretary and Treasurer; Director

Drug Depot, LLC is Manager-Managed by Belmar Holdings, Inc.

ReedSmith
Driving progress
through partnership
David T. Hartmann
Direct Phone: +1 312 207 6556
Email: dhartmann@reedsmith.com

Reed Smith LLP
10 South Wacker Drive
Chicago, IL 60606-7507
+1 312 207 1000
Fax +1 312 207 6400
reedsmith.com

April 10, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206,
Reno, NV 89521

Re: Drug Depot, LLC d/b/a APS Pharmacy [Permit#PH02716]

Dear Sir or Madam:

On behalf of the Applicant, Drug Depot, LLC d/b/a APS Pharmacy ("*APS*"), please accept the attached Change of Ownership Application for review and approval. Also enclosed is a cashier's check made out to Nevada State Board of Pharmacy in the amount of $500.

By way of background, on or about **May 14, 2020**, APS will undergo a reorganization and change of ownership wherein the current licensee, Drug Depot, Inc. d/b/a APS Pharmacy, will be converted from a corporation to a limited liability company, and its equity will be contributed to a new parent entity, Belmar Midco, Inc. APS Pharmacy will, thereafter, operate as Drug Depot, LLC d/b/a APS Pharmacy. The location and operations will otherwise remain unchanged. For ease of reference, please see the pre- and post-closing organization structure charts enclosed with this application.

Please feel free to contact me at 312-207-6556, or my paralegal, Silvia Somoza, at 312-651-1620, with any questions during the application review process.

Very truly yours,

David T. Hartmann

David. T. Hartmann

17B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 8952

APPLICATION FOR OUT-OF-STATE PHARMACY L

$500.00 Fee made payable to: Nevada State Board of Pha

(**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: Sisu Healthcare Solutions, Inc.

Physical Address: 914 S. 52nd St. Ste. 110 Tempe, AZ 85281

Mailing Address: 914 S. 52nd St. Ste. 110

City: Tempe State: Arizona Zip Code: 85281

Telephone: (480) 999-4488 Fax: (480) 999-4488

Toll Free Number: 1-888-890-3411 (Required per NAC 639.708)

E-mail: Mulm@sisuhealthcaresolutions.com Website: www.sisuhealthcaresolutions.com

Managing Pharmacist: Samantha Chapman 207-464-0909 License Number: S023056

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes	No	Yes	No
☒ Retail	☐	☐ Off-site Cognitive Services	☒
☐ Hospital (# beds N/A)	☒	☒ Parenteral **	☐
☐ Internet	☒	☒ Parenteral (outpatient)	☐
☐ Nuclear	☒	☐ Outpatient/Discharge	☒
☐ Ambulatory Surgery Center	☒	☐ Mail Service	☒
☐ Community	☒	☐ Long Term Care	☒
☐ Other: N/A	☒	☒ Sterile Compounding **	☐
		☐ Non Sterile Compounding	☒
All boxes must be checked		☒ Mail Service Sterile Compounding **	☐
For the application to be complete		☐ Other Services: N/A	☒

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Marcus Ulm
Print Name of Authorized Person

2/23/2020
Date

Board Use Only	Date Processed: MAR 0 9 2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Arizona

Parent Company if any: N/A

Mailing Address: 914 S. 52nd St. Ste. 110

City: Tempe State: AZ Zip: 85281

Telephone: 480-999-8844 Fax: 480-999-8844

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) Marcus Ulm (Name) 914 S. 52nd St. Ste. 110 Tempe, AZ 85281 (Address)

b) David Scheven (Name) 914 S. 52nd St. Ste. 110 Tempe, AZ 85281 (Address)

c) Thomas Martin (Name) 914 S. 52nd St. Ste. 110 Tempe, AZ 85281 (Address)

d) Keith Zobrist (Name) 914 S. 52nd St. Ste. 110 Tempe, AZ 85281 (Address)

2) Provide the number of shares issued by the corporation. 100,000

3) What was the price paid per share? .001

4) What date did the corporation actually receive the cash assets? 06/01/2018

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours X

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20181542117

requirements of the Securities Act of Arizona, as amended, and the Federal Securities Act of 1933, as amended, by virtue of applicable exemptions from the registration requirements thereof.

NOW THEREFORE, the following resolutions are hereby approved and adopted:

RESOLVED, that upon receipt of consideration, the President and Secretary be and they hereby are authorized to issue One Hundred Thousand (100,000) shares of the Corporation's Common Stock, $.001 Par Value; and

RESOLVED FURTHER, that such shares of Common Stock shall be issued to the following persons for the consideration set opposite their respective names:

Names	**Shares**	**Consideration**
Marcus Ulm	25,000	$500.00
The Scheven Family Trust dated 11/13/02	25,000	$500.00
The Martin Family Trust dated 10/12/05	25,000	$500.00
The Zobrist Family Revocable Trust dated 6/28/06	25,000	$500.00

RESOLVED FURTHER, that the issuance of such shares of Common Stock is being made in reliance upon applicable exemptions from the registration requirements of the Federal Securities Act of 1933, as amended, and the Securities Act of Arizona, as amended, and the President and Secretary be and they hereby are authorized and directed to stamp the certificates representing such shares of Common Stock with the appropriate legend and to take such further action as shall be necessary or appropriate to comply with such requirements in connection with the issuance of such shares of Common Stock.

Federal Employer Identification Number

RESOLVED, that officers of this Corporation, be and they are hereby authorized and directed, for and on behalf of the Corporation, to execute all documents necessary and take any and all action required to enable the Corporation to obtain a federal employer identification number under the applicable provisions of the Internal Revenue Code.

Fiscal Date

RESOLVED, that the fiscal date of the Corporation shall be December 31 of each year.

Shareholders Agreement

RESOLVED, that the officers of this Corporation, be and they are hereby authorized and directed, for an and on behalf of the Corporation to sign that certain Shareholders Agreement attached hereto as Exhibit "C" and that that a

ENTITY INFORMATION

Search Date and Time: 2/24/2020 4:04:55 PM

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:

In Good Standing

Approval Date:

7/3/2018

Status Date:

7/3/2018

Original Incorporation Date:

6/1/2018

Life Period:

Perpetual

Business Type:

Health Care and Social Assistance

Last Annual Report Filed:

2019

Domicile State:

Arizona

Annual Report Due Date:

6/1/2020

Years Due:

Privacy Policy (http://azcc.gov/privacy-policy) I Contact Us (http://azcc.gov/corporations/corporation-contacts)

Original Publish Date:

Statutory Agent Information

Name:

Marcus Ulm

Appointed Status:

Active 6/1/2018

Attention:

Address:

4980 S. Alma School Road # 2-212, CHANDLER, AZ 85248, USA

Agent Last Updated:

5/30/2019

E-mail:

Attention:

Mailing Address:

County:

Maricopa

Principal Information

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Director	Marcus Ulm		4980 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		9/14/2018
Director	David Scheven		4980 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		9/14/2018
Director	Thomas D. Martin		4980 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		9/14/2018
Director	Keith H. Zobrist		4980 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		9/14/2018

Title	Name	Attention	Address	Date of Taking Office	Last Updated
President/CEO	Marcus Ulm		4980 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA	6/1/2018	5/30/2019

Page 1 of 1, records 1 to 5 of 5

Address

Attention: Marcus Ulm

Address: 4980 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, USA

County: Maricopa

Last Updated: 9/13/2018

Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

Back | Return to Search | Return to Results

Document History | Name/Restructuring History | Pending Documents | Microfilm History

Sisu Healthcare Solutions, Inc. - Ownership Information				
Name	Title	Address	% ownership	Tax ID#
Marcus Ulm	Incorporator, President, and Director	4980 S Alma School #2-212 Chandler, AZ 85248	25%	83-1111735
David Scheven	Director	4981 S Alma School #2-212 Chandler, AZ 85248	25%	83-1111736
Tom Martin	Director	4982 S Alma School #2-212 Chandler, AZ 85248	25%	83-1111737
Keith Zobrist	Director	4983 S Alma School #2-212 Chandler, AZ 85248	25%	83-1111738

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

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

2/23/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

I, Samantha Chapman, 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 Sisu Healthcare Solutions, Inc (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Samantha Chapman, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Samantha Chapman
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
21st day of February, 2020.

NOTARY PUBLIC

WILLIE MOSLEY
NOTARY PUBLIC - ARIZONA
Maricopa County
Commission # 568338
My Commission Expires
June 22, 2023

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Sisu Healthcare Solutions, Inc.
Address :	914 S 52nd Street #110 Tempe AZ 85281
License No :	Y008155
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	01/10/2020
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 02/24/2020

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 06/25/2019
Receipt Number: 201961668
Receipt Amount $: 480.00

Pharmacy - Limited Service

Closed Door,Compounding – Sterile

PERMIT NO
Y008155

EXPIRES
10/31/2021

Issued to : Sisu Healthcare Solutions, Inc.
Marcus Ulm
914 S 52ND STREET #110 TEMPE, AZ 85281

Sisu Healthcare Solutions, Inc.
914 S 52ND STREET #110
TEMPE, AZ 85281

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Marcus Ulm
LICENSE NUMBER : Y008155
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days .

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Certificate of Compliance

Awarded To:

SISU Healthcare Solutions
914 S. 52nd Street, Suite 110
Tempe, AZ 85281
(480) 999-4488 phone

Testing Completed By:

Controlled Environment Management (CEM)
2487 S. Gilbert Road, Suite 106-610
Gilbert, Arizona 85295
(480) 836-4144 phone

This is to certify that the following area(s) have been tested and certified in accordance with ISO 14644 and CETA CAG-003 specifications. The air cleanliness classification designation and testing criteria are listed below.

Area ID: **Pharmacy Cleanroom Suite**
Date of Testing: December 13, 2019
ISO 14644: Class 7 (Dry Ante,
Haz Buffer, Non-Haz)
ISO 14644: Class 8 (Wet Ante)
Particle Size: ≥ 0.5µm
Area Mode: Dynamic

Jeff Raposa
NEBB Certified CPT Professional
CEM Project: SIS191213

Registered Cleanroom Certification Professional for Sterile Compounding Facilities
CETA National Board of Testing
Jeff Raposa
Expires 2019

CEM

1348

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

Sisu Healthcare Solutions, Inc.
TEMPE, ARIZONA

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

PHARMACY

Ambulatory Infusion Center, Infusion Nursing Services, Infusion Pharmacy Services (incl. Sterile Compounding, Ref. USP <797>), Specialty Pharmacy Services

FROM *March 13, 2020* THROUGH *September 12, 2022*

PRESIDENT & CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS

ACCREDITATION COMMISSION FOR HEALTH CARE
ACHC

1349

CERTIFICATE *of* DISTINCTION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

Sisu Healthcare Solutions, Inc.
TEMPE, ARIZONA

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS ADDITIONALLY GRANTED DISTINCTION IN THE FOLLOWING:

HAZARDOUS DRUG HANDLING – USP 800

In Association with Pharmacy Accreditation

FROM *March 13, 2020* THROUGH *September 12, 2022*

PRESIDENT & CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS

ACCREDITATION COMMISSION FOR HEALTH CARE
ACHC

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

Sisu Healthcare Solutions, Inc.
TEMPE, ARIZONA

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

DMEPOS

Home/Durable Medical Equipment Services

FROM *January 23, 2020* THROUGH *September 12, 2022*

PRESIDENT & CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS

ACCREDITATION COMMISSION FOR HEALTH CARE
ACHC

Candy Nally

From: Michael Smith <msmith@sisuhealthcaresolutions.com>
Sent: Tuesday, June 23, 2020 2:28 PM
To: Candy Nally
Subject: unencrypt New PIC for Sisu Healthcare Solutions in AZ

Hi Candy,

My name Is Mike Smith and I am the new PIC for Sisu Healthcare Solutions in AZ. We have a temporary license for Nevada that I just spoke with Yenh about and she told me to email you to notify you of our PIC change. Our NV license number is PH04219 and my AZ pharmacist license number is S013356. Please let me know if you need anything else.

Thanks,

Mike Smith

SISU Healthcare Solutions has been actively taking precautions to protect our patients, staff, their families and our community during this crisis. As part of our emergency preparedness plan we will not allow any unscheduled visitors into our facilities.

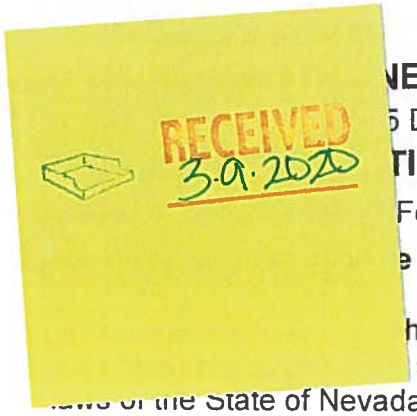
Michael Smith | Pharmacy Manager
Mobile: 480-999-4488
Office: 480-999-4488
WebSite: www.sisuhealthcaresolutions.com

Confidentiality Notice:

The information contained in this email is legally privileged and confidential information intended only for the use of the individual or entity to which it is addressed. If the reader of this message is not the intended recipient, you are hereby notified that any viewing, dissemination, distribution, or copy of this e-mail message is strictly prohibited. If you have received and/or are viewing this e-mail in error, please immediately notify the sender by reply e-mail, and delete this e-mail from your system. Thank you.

18

18A



NEVADA STATE BOARD OF PHARMACY

5 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

TION FOR OUT-OF-STATE PHARMACY LICENSE

Fee made payable to: Nevada State Board of Pharmacy

e and **not transferable money order or cashier's check only)**

Application must be printed legibly or typed

he answer to any question on this application is grounds for refusal 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: Carepharm Pharmacy, LTC

Physical Address: 3535 Briarpark Drive Suite 110A Houston, Texas 77042

Mailing Address: 3535 Briarpark Drive Suite 110A

City: Houston State: Texas Zip Code: 77042

Telephone: 281-619-2079 Fax: 281-610-2085

Toll Free Number: 800-503-7604 (Required per NAC 639.708)

E-mail: nancy@getcompletecare.com Website: N/A

Managing Pharmacist: Nancy Harris License Number: TX #62580

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☑ Long Term Care
☒	☐ Other: Mail	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Nancy Harris, PharmD. Pharmacist in Charge
Print Name of Authorized Person

03/05/2020
Date

Board Use Only Date Processed: 3.26.2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited X

Partnership Name: Express Rx, LLC

Mailing Address: 3535 Briarpark Drive Suite 110A

City: Houston State: Texas Zip Code: 77042

Telephone Number: 281-619-2050 Fax Number: 800-333-9797

Contact Person: Christopher Miller

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
John P. Monteverde, III	L	90%
Type text here		

List names of 4 largest partners and percentage of ownership:

Name: Christopher Miller %: 5%

Name: Mark Walz %: 5%

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday ~~thru~~ Friday (Wednesday Thursday 11am-4pm) 8 am 5 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

AGREED BOARD ORDER #L-19-007-B

RE: IN THE MATTER OF CAREPHARM PHARMACY LTC (PHARMACY LICENSE #24133)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 24133 issued to Carepharm Pharmacy LTC (Respondent), 3535 Briar Park Drive, Suite 110A, Houston, Texas 77042.

By letter dated February 21, 2019, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 551.003(29); 562.101(b); 565.001(a)(1), (2), (12) and (13); and 565.002(a)(3) and (7) Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and
>
> Sections 281.7(a)(13); 291.11(a)(2) and (b); 291.31(35); 291.32(a)(1)(A); 291.32(a)(2)(H); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2019), in that allegedly:

COUNTS

(1) From on or about November 25, 2015, through on or about September 25, 2018, Linzay L. Kelly, while acting as an employee (pharmacist-in-charge) of Carepharm Pharmacy LTC, 3535 Briar Park Drive, Suite 110A, Houston, Texas 77042, failed to legally operate Carepharm Pharmacy LTC, in that the pharmacy ceased to engage in the business of pharmacy for a period of thirty days or longer. Specifically, on August 15, 2018, Texas State Board of Pharmacy (Board) inspectors were unable to access the pharmacy and were informed by one of the pharmacy's corporate managing officers that Mr. Kelly rarely came to the pharmacy and only dispensed one or two prescriptions per month. On August 23, 2018, the Board inspectors were granted access to the pharmacy by Mr. Kelly and requested records of dispensing for November 1, 2015, through August 23, 2018. The pharmacy's records indicate that three prescriptions were dispensed on November 24, 2015, but that no prescriptions were dispensed since that time. Subsequently, on September 25, 2018, a Board inspector observed that the pharmacy had not commenced regular operations.

(2) On or about February 8, 2019, through on or about April 9, 2019, Carepharm Pharmacy LTC, 3535 Briar Park Drive, Suite 110A, Houston, Texas 77042, was engaged in the operation of a pharmacy in violation of Texas State Board of Pharmacy Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge.

An informal conference was held in the Board's office on April 9, 2019, with Chris Miller, Chief Operating Officer and General Counsel, Express RX, LLC, on behalf of Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; Julie Spier, R.Ph., Board Member; and Allison Vordenbaumen Benz, R.Ph., M.S., Executive Director/Secretary; with Kerstin Arnold, General Counsel. Mary Martha Murphy, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Chris Miller, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license shall be placed on probation for a period of two (2) years, with such period to commence thirty (30) days after the entry of this Order. During the period of probation, Respondent may actively operate as a pharmacy subject to the terms and conditions listed in this Order. Respondent shall abide by the terms of this Order, and shall not violate any pharmacy or drug statute or rule of this state, another state, or the United States with respect to pharmacy, controlled substances, and dangerous drugs.

(2) Respondent shall pay a probation fee of one thousand two hundred dollars ($1,200) due one hundred twenty (120) days after the entry of this Order.

(3) Respondent shall pay an administrative penalty of four thousand dollars ($4,000) due one hundred twenty (120) days after the entry of this Order.

(4) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(5) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2019).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th **day of** May, 2019.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Chris Miller, Chief Operating Officer and General Counsel
On behalf of Carepharm Pharmacy LTC

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

Corporations Section
P.O.Box 13697
Austin. Texas 78711-3697

Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for EXPRESS Rx, LLC (file number 800336496), a Domestic Limited Liability Company (LLC), was filed in this office on April 27, 2004.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate JP MONTEVERDE as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

3535 BRIARPARK DR
STE. 110
HOUSTON, TX - 77042 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 27, 2020.

Ruth R. Hughs
Secretary of State

Office of the Secretary of State
Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697
(Form 503)

Filed in the Office of the
Secretary of State of Texas
Filing #: 800336496 6/20/2007
Document #: 174953170004
Image Generated Electronically
for Web Filing

ASSUMED NAME CERTIFICATE
FOR FILING WITH THE SECRETARY OF STATE

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

Carepharm Pharmacy LTC

2. The name of the entity as stated in its certificate of formation, application for registration, application for certificate of authority, or comparable document is:

EXPRESS Rx, LLC

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is TEXAS and the address of its registered or similar office in that jurisdiction is:
#12 Chapel Lane, New Boston, TX, USA 75570

4. The period, not to exceed 10 years, during which the assumed name will be used is (enter number of years or a date of expiration): 06/19/2017

5. The entity is a : Domestic Limited Liability Company (LLC)

6. If the entity is required to maintain a registered office in Texas, the address of the registered office is:

#12 Chapel Lane, New Boston, TX, USA 75570

and the name of its registered agent at such address is:

Dennis Schafer

The address of the principal office (if not the same as the registered office) is:

10 Main Dr., New Boston, TX, USA 75570

7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is:

and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is:

and the office address elsewhere is:

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

ALL COUNTIES

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

EXPRESS Rx, LLC

Name of the entity

By: John P. Monteverde III

Signature of officer, general partner, manager, representative or attorney-in-fact of the entity

NOTE

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.

FILING OFFICE COPY

TEXAS SECRETARY of STATE
RUTH R. HUGHS

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number: 800336496
Original Date of Filing: April 27, 2004
Formation Date: N/A
Tax ID: 12010571896
Duration: Perpetual

Entity Type: Domestic Limited Liability Company (LLC)
Entity Status: In existence
FEIN:

Name: EXPRESS Rx, LLC
Address: 3535 BRIARPARK DR STE 110
HOUSTON, TX 77042-5290 USA

REGISTERED AGENT | FILING HISTORY | NAMES | MANAGEMENT | ASSUMED NAMES | ASSOCIATED ENTITIES

View Image	Document Number	Filing Type	Filing Date	Effective Date	Eff. Cond	Page Count
	59059770003	Articles of Organization	April 27, 2004	April 27, 2004	No	2
	111217930001	Public Information Report (PIR)	December 31, 2005	December 9, 2005	No	1
	135383930001	Public Information Report (PIR)	December 31, 2006	July 4, 2006	No	1
	174892470002	Certificate of Assumed Business Name	June 19, 2007	June 19, 2007	No	2
	174953170004	Certificate of Assumed Business Name	June 20, 2007	June 20, 2007	No	2
	202940211684	Tax Forfeiture	February 8, 2008	February 8, 2008	No	1
	331503850001	Public Information Report (PIR)	December 31, 2009	September 28, 2010	No	1
	309065240002	Reinstatement	May 24, 2010	May 24, 2010	No	N/A
	341639630001	Public Information Report (PIR)	December 31, 2010	November 22, 2010	No	1
	462270580001	Public Information Report (PIR)	December 31, 2012	January 22, 2013	No	1
	482231020002	Change of Registered Agent/Office	May 20, 2013	May 20, 2013	No	2
	561404210001	Public Information Report (PIR)	December 31, 2014	August 15, 2014	No	1
	664109490001	Public Information Report (PIR)	December 31, 2015	April 4, 2016	No	1
	745767430001	Public Information Report (PIR)	December 31, 2016	June 21, 2017	No	1
	761696930002	Certificate of Assumed Business Name	September 14, 2017	September 14, 2017	No	2
	768528350001	Public Information Report (PIR)	December 31, 2017	October 25, 2017	No	1
	892214820001	Public Information Report (PIR)	December 31, 2018	May 24, 2019	No	1

Order | Return to Search

Instructions:

- To place an order for additional information about a filing press the 'Order' button.

TEXAS STATE BOARD OF PHARMACY

License No.
62580

Expiration Date
02/28/2022

NANCY HARRIS
REGISTERED PHARMACIST

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

This certifies that the pharmacy named below is hereby licensed to operate as a Class A pharmacy.

License No **24133**

Expiration Date: **5/31/2021**

Balances: 1

CAREPHARM PHARMACY LTC
3535 BRIAR PARK DR STE 110A
HOUSTON TX 77042

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
) ss.
HARRIS COUNTY)

I, NANCY HARRIS, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACIST for CAREPHARM (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, NANCY HARRIS, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
27th day of FEBRUARY, 2020.

NOTARY PUBLIC

AIMEE COATES
Notary ID #129295573
My Commission Expires
March 1, 2021

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, NANCY HARRIS

Responsible Person of CARE PHARM PHARMACY

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

NANCY E. HARRIS
Print Name of Authorized Person

1/20/20
Date

Care Pharm
3535 Briarpark Drive, Suite 110
Houston, Texas 77042

18B

NEVADA STATE BOARD OF PHARMACY

PH04213

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH***_____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Partnership - Pages 1,2,5,7*
☐ *Sole Owner – Pages 1,2,6,7*

*Script2U LLC is a Limited Liability Company Date of Formation: 06/05/2019 State of Formation: Delaware

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Script2U LLC

Physical Address: 4971 Southridge Blvd., Ste. 115, Memphis, TN 38141

Mailing Address: C/O McKesson / Regulatory Affairs, 6651 Gate Parkway

City: Jacksonville State: FL Zip Code: 32256

Telephone: (833) 672-7478 Fax: (844) 832-3444

Toll Free Number: (833) 672-7478 (Required per NAC 639.708)

E-mail: Script2U@McKesson.com Website: N/A

Managing Pharmacist: Katherine Therese Twomey License Number: TN #37225

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐ ☒	Retail	☐ ☒	Off-site Cognitive Services
☐ ☒	Hospital (# beds_____)	☐ ☒	Parenteral **
☐ ☒	Internet	☐ ☒	Parenteral (outpatient)
☐ ☒	Nuclear	☐ ☒	Outpatient/Discharge
☐ ☒	Ambulatory Surgery Center	☒ ☐	Mail Service
☒ ☐	Community	☐ ☒	Long Term Care
☐ ☒	Other: _____	☐ ☒	Sterile Compounding **
		☐ ☒	Non Sterile Compounding
	All boxes must be checked	☐ ☒	Mail Service Sterile Compounding **
	For the application to be complete	☒ ☐	Other Services: Fulfillment; Central-Fill

****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 ☐
Please see Attachment #5

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Katherine Therese Twomey
Original Signature of Person Authorized to Submit Application, no copies or stamps

Katherine Therese Twomey
Print Name of Authorized Person

3/12/20
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A ~~NON PUBLICY TRADED CORPORATION~~ Limited Liability Company

State of Incorporation: state of formation: Delaware

Parent Company if any: Script2U Holdings LLC

Mailing Address: C/O McKesson / Regulatory Affairs, 6651 Gate Parkway

City: Jacksonville State: FL Zip: 32256

Telephone: (833) 672-7478 Fax: (844) 832-3444

Contact Person: Katherine Therese Twomey

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) No individual owners. Script2U Holdings LLC is the sole owner.
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 08:00 am 4:30 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours _____

*Pharmacist on Call M-F 4:30pm - 6:00pm and Saturday 8:00am - 6:00pm

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Please see Attachment #1

List of officers and directors

Script2U LLC has one (1) member: Script2U Holdings, LLC and the principal officers listed below:
Clay Courville, President
Edward Franklin Childress, III, Vice-President and Treasurer
Katherine Therese Twomey, Vice-President and Secretary

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Katherine Therese Twomey

Responsible Person of Script2U 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.

Katherine Therese Twomey

Original Signature of Person Authorized to Submit Application, no copies or stamps

Katherine Therese Twomey

Print Name of Authorized Person

3/12/20

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Tennessee)
) ss.
Shelby COUNTY)

I, Katherine Therese Twomey, 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 VP and Secretary and PIC for Script2U LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Katherine Therese Twomey, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Katherine Therese Twomey
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
11th day of March, 2020.

Trinette Robinson
NOTARY PUBLIC

TRINETTE ROBINSON
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY

Attachment #1

Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCRIPT2U LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCRIPT2U LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

7455099 8300

SR# 20200010239

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202103203

Date: 01-02-20

Attachment #2

Letter of Good Standing

Last Updated: 3/18/2020

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-778-4504

Health Care Facilities

Licensed Facilities

Current Listings

Type = Pharmacy
County = All
Results = 1

Click here to return to the search page

1	Script2U LLC 4971 Southridge Blvd., Ste 115 Memphis, TN 38141 636-751-8405	Rank: Pharmacy Pharmacist: TWOMEY, KATHERINE THERESE	Facility License Number: 00006851 Status: Licensed Date of Original Licensure: 03/17/2020 Date of Expiration: 03/31/2022 **No Disciplinary Actions**

Attachment #3

Pharmacy License

State of Tennessee
Department of Health

1 04 9 8
49921

TENNESSEE BOARD OF PHARMACY
PHARMACY
SCRIPT2U LLC
4971 SOUTHRIDGE BLVD., STE 115
MEMPHIS TN 38141

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000006851
EXPIRATION DATE: 03/31/2022

John W Sidwell
DIRECTOR, HEALTH RELATED BOARDS

Rosa Laney
COMMISSIONER

DGF171

Attachment #5

Script2U LLC is a wholly-owned subsidiary of McKesson Corporation, a publicly-traded company. McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your agency requires information regarding non-disciplinary fines.***

Please note that the disciplinary actions described below do NOT pertain to Script2U LLC operations, only to its indirect owner, McKesson.

McKesson entered into agency orders with the Boards of Pharmacy in Colorado, Georgia, and Oklahoma between 2009 and 2012. The terms of these final agency orders required that McKesson take certain actions to maintain its wholesale distributor licenses in these states, such as pay a fine. In 2014 McKesson disclosed these final agency orders to the Michigan Board of Pharmacy, who subsequently filed a complaint on the grounds that it is a violation of Michigan pharmacy law for a licensee to be the subject of administrative action in another state. The Michigan Board of Pharmacy asked McKesson to prove compliance with the agency orders in Colorado, Georgia, and Oklahoma. McKesson promptly supplied proof of compliance to the Michigan Board of Pharmacy. The matter was resolved via consent order, pursuant to which McKesson accepted a reprimand and a fine. The Michigan Board of Pharmacy determined that McKesson has accepted responsibility in Colorado, Georgia, and Oklahoma and taken corrective measures to prevent re-occurrences of the issues that gave rise to those agency orders.

In 2014, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning its Landover, Maryland distribution center (the "Landover DC"), which closed in May 2012. The Final Consent Order resolved allegations that, from January 2008 – November 2009, McKesson's Landover DC purchased approximately $2.95 million of prescription drugs/devices from a wholesale distributor that was not licensed in Maryland. McKesson paid a $30,000 fine in November 2014.

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of

Attachment #5

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations are temporarily suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances for three years; Livonia, Michigan - all controlled substances for two years; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension; and Lakeland, Florida - hydromorphone products for one year. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit has been suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration has been suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration has been suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House,

Attachment #5

Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance has been suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. Because these two facilities are impacted by the DEA settlement, the Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but is restricted. The facility is prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. Utah's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

Attachment #5

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The Oregon Consent originates from McKesson's report to Oregon of a settlement that McKesson entered into with the Idaho Board of Pharmacy. The Idaho settlement, in turn, was based on the settlement that McKesson entered into the DEA entered into on January 17, 2017 (the "DEA Settlement"). Note, the suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia has been suspended until 1/17/2019. Note, the suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut (see attached). This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles. However, despite multiple warnings from McKesson, the drivers did not comply with this requirement. When made aware of the Connecticut Agency's concern, McKesson hosted a training session, along with the Connecticut Agency, for all of the local delivery carrier's drivers.

On February 27, 2019, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). The Wisconsin Consent applies to McKesson distribution centers located in Livonia, Michigan and Washington Court House, Ohio. The Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin has been suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. Note, the suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

Attachment #5

On May 10, 2019, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. Note, the suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio, Aurora, Colorado and Livonia, Michigan. The facilities were subject to a fine under the terms of the Alabama Consent: fifteen thousand dollars ($15,000) by each permit. The Alabama Consent originates from McKesson's report to Alabama of a settlement that McKesson entered into with the DEA on January 17, 2017 (the "DEA Settlement").

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for

Attachment #5

shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

Please note that the disciplinary actions described below do NOT pertain to Script2U LLC operations, only to its indirect owner, McKesson.

If any additional information is required, please contact us via email at mckessonlicesning@mckesson.com.

18C

PH04194

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Partnership - Pages 1,2,5,7*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ScriptHero Pharmacy LLC

Physical Address: 2 Miranova Pl 10th Fl, Columbus, OH 43215

Mailing Address: 2 Miranova Pl 10th Fl

City: Columbus State: OH Zip Code: 43215

Telephone: 866-747-4276 Fax: 614-232-8850

Toll Free Number: 866-747-4276 (Required per NAC 639.708)

E-mail: kdresbach@covermymeds.com Website: www.ScriptHero.com/pharmacy

Managing Pharmacist: Kyle Dresbach License Number: OHIO - 03234033

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☐	☒ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☒	☐ Other: consulting non-dispensing pharmacy	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
		☐	☒ Mail Service Sterile Compounding **
		☒	☐ Other Services: Digital Pharmacy Services

All boxes must be checked
For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required. Please see Attachment 5.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Thomas Gilbert Traylor, III
Print Name of Authorized Person

2/7/20
Date

Board Use Only Date Processed: FEB 13 2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: ScriptHero Pharmacy Holdings LLC

Mailing Address: 2 Miranova Pl 10th Fl

City: Columbus State: OH Zip: 43215

Telephone: 866-747-4276 Fax: 614-232-8850

Contact Person: Kyle Dresbach

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) No individual owners. ScriptHero Pharmacy Holdings LLC is the sole owner.
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. n/a

3) What was the price paid per share? n/a

4) What date did the corporation actually receive the cash assets? n/a

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: n/a %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00AM am 5:00 PM pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

The senior officer of ScriptHero Pharmacy LLC is:

Thomas Gilbert Traylor, III, Senior Vice President, Strategic Initatives

ScriptHero Pharmacy LLC is a member managed limited liability company and therefore has no directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

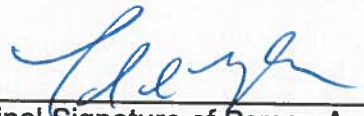
I, Thomas Gilbert Traylor, III

Responsible Person of ScriptHero Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Thomas Gilbert Traylor, III
Print Name of Authorized Person

2/7/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Ohio)
) ss.
Franklin COUNTY)

I, Kyle Dresbach, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for ScriptHero Pharmacy LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Kyle Dresbach, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
21 day of January, 2026

NOTARY PUBLIC

MARK A. STINE ATTORNEY AT LAW MY COMMISSION HAS NO EXPIRATION

Ohio | eLicense Ohio Professional Licensure

License Look Up

1/10/2020 2:18 PM

ScriptHero Pharmacy LLC

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Terminal - Pharmacy - LIMITED Category 2
License Number	0234000008
License Issue Date	05/24/2019
License Expiration Date	03/31/2021
License Effective Date	05/24/2019
Street Address	2 Miranova Pl 10th Fl
City	Columbus
State	OH
Zipcode	43215-5078
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
KYLE DRESBACH		Active	Mon May 13 00:00:00 GMT 2019	

Current date & time: **1/10/2020 2:18 PM**

1394

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCRIPTHERO PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCRIPTHERO PHARMACY LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7176487 8300

SR# 20200545792

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202260065

Date: 01-27-20

STATE OF OHIO BOARD OF PHARMACY

VERIFICATION OF LICENSURE

BUSINESS NAME:	ScriptHero Pharmacy LLC
DBA	ScriptHero Pharmacy
LOCATION:	2 Miranova Pl 10th Fl Columbus, OH 43215-5078
LICENSE NUMBER:	0234000008
TYPE OF LICENSE:	Terminal - Pharmacy - LIMITED Category 2
ORIGINAL LICENSURE DATE:	May 24, 2019
EXPIRATION DATE:	March 31, 2021
CURRENT LICENSE STATUS:	Active
CURRENT LICENSE SUB STATUS:	N/A
BOARD ACTION:	No (If Board Action is "Yes", you may find more information at elicense.ohio.gov)
DATE OF VERIFICATION:	1/30/2020

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2021.

ScriptHero Pharmacy LLC

ScriptHero Pharmacy

2 Miranova Pl 10th Fl

Columbus, OH 43215-5078

License Number: 0234000008

Terminal - Pharmacy - LIMITED Category 2

Expiration Date: March 31, 2021

CLASS: Terminal - Pharmacy - LIMITED Category 2
BUSINESS TYPE: CR – Consulting Pharmacy Only

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
KYLE DRESBACH RPH	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

ATTACHMENT 5

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities. repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to

January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as

disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns

with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio, Aurora, Colorado and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to the Washington Court House, Ohio distribution center. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019 McKesson received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 McKesson entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

Pending Actions

The Indiana Board of Pharmacy issued a complaint and **McKesson Corporation** responded but have not had further communication with the Board.

The Georgia Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Delaware Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Illinois Department of Financial and Professional Regulation informed **McKesson Corporation** that the state would be seeking disciplinary action against Illinois licensed facilities. Please note that for the above-referenced pending actions, no final action has been taken and all

Thomas Gilbert Traylor, III

2/7/20

Date

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 02/13/2020
Amount: $ 500.00
License #: PH04194

ScriptHero Pharmacy LLC
2 Miranova Pl, 10th Fl
Columbus OH 43215

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacy
Expires:09/20/2020

ScriptHero Pharmacy LLC
2 Miranova Pl, 10th Fl
Columbus OH 43215

License #
PH04194
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacy

Expires: 09/20/2020
STATUS: Temporary

License Type: Pharmacy
License #: PH04194

Managing Pharmacist :

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

ScriptHero Pharmacy LLC
2 Miranova Pl, 10th Fl
Columbus OH 43215

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 03/20/2020.

Quarles & Brady LLP

Renaissance One
Two North Central Avenue
Phoenix, AZ 85004-2391
602-229-5200
Fax 602-229-5690
www.quarles.com

Attorneys at Law in
Chicago
Indianapolis
Madison
Milwaukee
Minneapolis
Naples
Phoenix
Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 602-229-5439
E-Mail: Nicholas.Meza@quarles.com

March 19, 2020

VIA E-MAIL

J. David Wuest
Executive Secretary
dwuest@pharmacy.nv.gov
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

Re: Request for Temporary Permit

Executive Secretary Wuest:

I hope this letter finds you well. Quarles & Brady LLP represents ScriptHero Pharmacy LLC ("ScriptHero Pharmacy"). We write to respectfully request that you issue a temporary nonresident pharmacy permit to ScriptHero Pharmacy pursuant to your authority and discretion under Nev. Admin. Code § 639.200.

ScriptHero Pharmacy is a non-dispensing, closed-door pharmacy located in Columbus, Ohio. The pharmacy is affiliated with McKesson Corporation. ScriptHero Pharmacy does not adjudicate claims, handle controlled substance prescriptions, or dispense medications of any kind.

As you know, ScriptHero Pharmacy was summoned to appear before the Nevada State Board of Pharmacy's (the "Board") Thursday, March 19, 2020 meeting for consideration of ScriptHero Pharmacy's nonresident pharmacy application. The meeting was canceled due to the COVID-19 outbreak. It is our understanding that ScriptHero Pharmacy was called before the Board due to an affirmative response on Question 3 of the disciplinary history section of the nonresident pharmacy application. The question at issue broadly asks if the *corporation*, its *owners*, *shareholders* or *partners* with interest, have ever been subject to administrative action relating to the pharmaceutical industry. Because ScriptHero Pharmacy is owned by McKesson, ScriptHero Pharmacy answered in the affirmative to Question 3 and appropriately disclosed McKesson's disciplinary history. Of note, the applicant, ScriptHero Pharmacy, has never been the subject of any investigation or disciplinary action by any regulatory body.

Due to the uncertainty brought on by the COVID-19 outbreak, including the Board postponing its March 19th and potentially future meetings, and travel restrictions put in place by employers across the country, issuance of a temporary permit in this instance is warranted. The issuance of a temporary permit to ScriptHero Pharmacy will allow, among other things, the pharmacy to perform non-dispensing pharmacy services in the state. As such, we respectfully request that ScriptHero Pharmacy be issued a six-month temporary permit. ScriptHero Pharmacy is optimistic that, after six months, public meeting and travel restrictions will ease and ScriptHero Pharmacy representatives will be available to physically appear before the Board and answer whatever questions the Board may have regarding the pharmacy's operations.

Thank you for your consideration. Should you need additional information, please do not hesitate to contact me.

Very truly yours,

Nicholas H. Meza

NHM:cf

CC: Brett Kandt
General Counsel
Nevada State Board of Pharmacy
775-850-1440
bkandt@pharmacy.nv.gov

19

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Medical Action Industries, Inc.

Physical Address: 25 Heywood Road Arden, NC 28704

(This must be a business address, we can not issue a license to a home address)

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: (828) 338-7540 Fax: (828) 681-8828

E-mail: owm@slsny.com Website: www.owens-minor.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12:00 to 11:59 Tue: 12:00 to 11:59 Wed: 12:00 to 11:59 Thu: 12:00 to 11:59

Fri: 12:00 to 11:59 Sat: Closed to Closed Sun: 11:00 to 11:59 Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nichole Kimberly Early

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Surgical Prep & Sanitation Supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Nicole Kimberly Early Telephone: 1-800-645-7042

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A		

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

N/A

- ☐ Practitioner Name: _____
- ☐ Advanced Practitioner of Nursing Name: _____
- ☐ Physician's Assistant Name: _____
- ☐ Physical Therapist Name: _____
- ☐ Occupational Therapist Name: _____
- ☐ Registered Nurse Name: _____
- ☐ Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Nicholas Joseph Pace II
Print Name of Authorized Person

11-25-19
Date

Board Use Only	Received: MAR 0 9 2020	Amount: 500 –

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Owens & Minor, Inc.

Corporation Name: Medical Action Industries, Inc.

Mailing Address: c/o State License Servicing c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Owens & Minor, Inc. 910 Lockwood Blvd Mechanicsville, VA 23229
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. Owens & Minor, Inc is the 100% Sole Owner

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

South Carolina
Department of Labor, Licensing and Regulation

Board of Pharmacy

110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
Phone: (803) 896-4700
FAX: (803) 896-4596

Henry D. McMaster
Governor

Emily H. Farr
Director

www.llr.sc.gov/POL/Pharmacy/

February 7, 2020

Medical Action Industries, Inc.
25 Heywood Road
Arden, NC 28704

Dear Nichole Early:

Your application for a South Carolina Non-Resident Pharmacy permit was reviewed by the Non-Resident Application Review Committee at its February 6, 2020, meeting. The Committee's recommendations will be presented to the Board for approval or denial of the permit applications at its March 11, 2020, Board meeting.

The Committee is recommending your permit application for approval pending the following:

Approved conditioned upon submission of fine in the amount of $5,000 for shipping into SC without a permit; applicant must pay fine within six months of Board's approval of committee recommendation, or application will be considered withdrawn.

Requested documents may be emailed to chelsi.swartz@llr.sc.gov. Once the above conditions have been met, your permit will be issued.

Sincerely,

Traci Collier

Traci Collier, PharmD
Administrator and Chief Drug Inspector
SC Board of Pharmacy

Medical Action Industries, Inc.

Corporate Address: 25 Heywood Road, Arden, NC 28704 USA
FEIN: 11-2421849
www.owens-minor.com

Drug Labeler Code:
Incorporation State: DE
Incorporation Date: 11/5/1987

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MDA	25 Heywood Road Arden, NC 28704 County: Buncombe	1030451		03-236-4462	No	(828) 338-7540	(828) 681-8828

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Nichole Kimberly Early	Phoenix Circle Alexander, NC 28701	Quality Compliance Analyst	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Owens & Minor, Inc.	) Lockwood Blvd. Mechanicsville, VA 23229		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Christopher Michael Lowery	Seabiscuit Alpharetta, GA 30004	President & CEO	No
Jonathan Andrew Leon	Grove Ave. Richmond, VA 23221	Vice President & Treasurer	No
Nicholas Joseph Pace II	Kanawha Road Richmond, VA 23226	Senior VP, General Counsel, Secretary	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
CT Corporation

Company Particulars 1412

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/27/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Beecher Carlson Insurance Services 6 Concourse Parkway, Suite 2300 Atlanta, GA 30328 www.beechercarlson.com	CONTACT NAME: Beecher Carlson Insurance Services PHONE (A/C, No, Ext): 678-539-4800 FAX (A/C, No): 770-870-3031 E-MAIL ADDRESS:
INSURED Owens & Minor, Inc. c/o Medical Action Industries Inc. 9120 Lockwood Blvd Mechanicsville VA 23116	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Safety National Casualty Corporation — 15105 INSURER B : ACE Property and Casualty Insurance Co — 20699 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 52644256 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			GLA4057854	12/1/2019	12/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$3,000,000 $1,000,000 $10,000 $2,000,000 $6,000,000 $
A	AUTOMOBILE LIABILITY ✓ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			CAA4057853	12/1/2019	12/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$3,000,000 $ $ $
B	✓ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ✓ CLAIMS-MADE ☐ DED ✓ RETENTION $25,000			XEU G71762907 001	12/1/2019 12/1/2019 12/1/2019	12/1/2020 12/1/2020 12/1/2020	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000 $
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDC4057855 PS4057856 Work Comp - WI (Retro)	12/1/2019 12/1/2019	12/1/2020 12/1/2020	✓ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

Owens & Minor, Inc.
c/o Medical Action Industries Inc
9120 Lockwood Blvd.
Mechanicsville VA 23116

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE *Beecher Carlson Insurance Services, LLC*

Beecher Carlson Insurance Services, LLC

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NORTH CAROLINA
Department of the Secretary of State

HOME STATE GOOD STANDING

CERTIFICATE OF AUTHORIZATION

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

MEDICAL ACTION INDUSTRIES INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 23rd day of May, 1988.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of January, 2020.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 106160276-1 Reference# 15790336- Page: 1 of 1
Verify this certificate online at http://www.sosnc.gov/verification

2020

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
125

LICENSE/CERTIFICATE: Repackager
TYPE PRESCRIPTION DRUG LICENSE
Expiration Date 12/31/2020

LICENSEE OR CERTIFICATOR
Medical Action Industries, Inc.
25 Heywood Road
Arden NC 28704

LICENSED
2020
NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

1415

Food & Drug Protection Division

Drug License Search

Go Back

New Search (search.asp)

Your search for 125 returned the following results...

~~Organon Teknika Corporation~~, LLC
100 Rodolphe Street, Bldg. 1300
Durham, NC 27712

License Type: 086
License Number: 125
Description: Manufacturer

Status: Active – in good standing
Issue Date: 12/13/2019
Expiration Date: 12/31/2020

~~Abbott Laboratories, Inc. Crown~~ Carriers
400 English Road
Rocky Mount, NC 27804

License Type: 087
License Number: 125
Description: Distributor

Status: Inactive
Issue Date: 12/7/2009
Cancellation Date: 10/28/2010

~~Air Liquide America Specialty~~ Gases LLC
1311 New Savannah Road
Augusta, GA 30901

License Type: 088
License Number: 125
Description: Wholesaler

Status: Inactive
Issue Date: 12/17/2009
Cancellation Date: 11/24/2010

Medical Action Industries, Inc.
25 Heywood Road
Arden, NC 28704

License Type: 089
License Number: 125
Description: Repackager

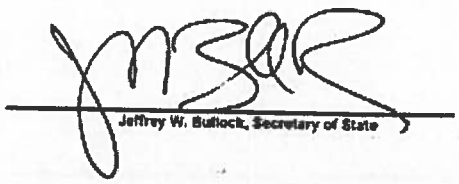
Status: Active – in good standing
Issue Date: 11/5/2019
Expiration Date: 12/31/2020

NORTH CAROLINA DOES NOT SUPPLY OFFICIAL VERIFICATION OF LICENSURE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL ACTION INDUSTRIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2020.



2142766 8300

SR# 20201081913

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202384739

Date: 02-13-20

20

NEVADA STATE BOARD OF PHARMACY

MP02974

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.

☒ New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b
☐ Partnership - Pages 1,2,3,6
☒ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Nevada Prime Healthcare LLC

Physical Address: 3100 MILL ST #213B RENO NV 89502
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME AS ABOVE

City: RENO State: NV Zip Code: 89502

Telephone: 775-375-8619 Fax: 775-571-1860

E-mail: Jkoler@nevadaprime.com Website: _____

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 5 Sat: NA to Sun: NA to Holidays: NA to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: JARED KOLER

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: PNEUMATIC COMPRESSION DEVICE

**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: _____

JK

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

NPI 1225593262 _____ _____

NPI 1972132678 _____ _____

_____ _____ _____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐

3) Are any of the owners health professionals? If yes, please check the box and list name. NO

☐ Practitioner	Name: _____
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

JR

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

JARED KOLEN
Print Name of Authorized Person

4/21/2020
Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: JARED KOLER

Business Name: NEVADA PRIME HEALTHCARE LLC

Current Business Address: 3100 MILL ST Ste 21313

City: RENO State: NV Zip: 89502

Telephone: 775-375-8649 Fax: 775-571-1860

SOLE OWNER

Include with the application for a sole owner

Complete personal history record. Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/04/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	PHONE (A/C, No, Ext): (888) 202-3007	FAX (A/C, No):
	E-MAIL ADDRESS: contact@hiscox.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Nevada Prime Healthcare LLC 3100 Mill St Ste 213B Reno NV 89502	INSURER A : Hiscox Insurance Company Inc	10200
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			UDC-4175211-CGL-19	06/01/2019	06/01/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ S/T Gen. Agg.
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1424

Date 4/21/20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for DURABLE MEDICAL EQUIPMENT
Nature of License

NEVADA PRIME HEALTHCARE LLC
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

KOLER — Last Name
JARED — First Name
OLIVER — Middle Name
JERRID — Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

CASCADE STABLE DR — Present Residence Address-Street or RFD
RENO — City
NV — State/Zip

MILL ST — Present Business Address
Dates 6/2019 to Present — City
RENO — State/Zip
NV

MEDICAL EQUIPMENT SALES — Occupation
Dates 6/2017 to Present

Phone:
Residence
Business 775-375-8649

GRANTS PASS / ST JOSEPHINE / OREGON — Date of Birth / Place of Birth (City, County, State)

47 — Age
Social Security Number or ITIN
Male — Sex

BROWN — Color of Eyes
BROWN — Color of Hair
WHITE — Complexion
200 — Weight
STOCKY — Build
5'7" — Height

Scars, tattoos or distinguishing marks and/or characteristics NA

Are you a citizen of the United States? (Yes) No — If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single — (Married) — Separated — Divorced — Widowed — Engaged

Applicant's initial

A. **Current Marriage** 4/27/2002 (Date) Seattle / King / WA (City, County and State)

Spouse's full name (Maiden) ATHENA DEANNE TOFFRY SS# or ITIN

Date of Birth Place of Birth TACOMA, WA

Resident address CASCADE STABLE DR (Street) RENO (City) NV (State) (Zip)

Telephone: Residenc Business SAME

Spouse's employer TACTILE MEDICAL Occupation MEDICAL DEVICE SALES

Address of employer 3701 WAYZATA BLVD STE 300 (Street) MINNEAPOLIS (City) MN (State) 55416 (Zip)

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
GAGE HOLLEN		WA	CASCADE STABLE DR
DARIAN HOLLEN		NV	89521

B. Child Support Information:

Please mark the appropriate response:

- [x] I am not subject to a court order for the support of child.
- [ ] I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- [ ] I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JA

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	LAWRENCE HOLEN		Ave NW Seattle WA	LENDING LOR
Mother	KATHERINE SCHMID		CASCADE STABLE DR RENO, NV	RETIRED
Father-in-Law				
Mother-in-Law	Catherine Lyncs		Ave NW Seattle WA	RETIRED

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	JENNIFER HOLEN		BRISBAN AUSTRALIA	BOOKKEEPER
Spouse	ANGELA HOLEN		Seattle WA	Sales
	MARTY DUNN	UNK	Seattle WA	TRUCK DRIVER
Spouse	NICOLE HOLEN		Seattle WA	NA
	JORDAN JANSOUR	UNK	Seattle WA	RESEARCH SCIENTIST
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Sanslo	Seattle WA	1980-84	Yes / No
High School	Chief Salth	Seattle WA	1986-90	Yes / No
College University	University of Nevada	Reno, NV	2003-6	Yes / No
Other	SAME		2015-19	Yes / No

Type of degree obtained, if any BS. Business Administration M.S. Biotechnology

College or university where obtained University of Nevada, Reno

Applicant's initial _____

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? (Yes) No

Branch US Army Date of entry-active service 5/5/1992

Date of separation 11/94 Type of discharge OTHER THAN HONORABLE

Rating at separation E-1 Serial numb [redacted]

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 King State WA Date registered 9-19-90

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
1-4-2000	27	POSSESSION MARIJUANA	CEDAR CITY, UT	1-4-00	SHERIFFS DEPT

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes (No) If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes (No)

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes (No)

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes (No)

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes (No)
If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes (No)
If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes (No)
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial _____

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → (No) → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → (No) → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
12/2018-Present	CASCADE STABLE DR	RENO	NV
12/16 – 12/18	150 PINEY CREEK RD	RENO	NV
6/12 – 12/16	15793 FAWN LN	RENO	NV
6/06 – 6/12	6255 W ARBY DR	LAS VEGAS	NV
6/06 – 6/08	3812 AQUA LN	POUND ROCK	TX
6/04 – 6/06	1429 LINDSAY DR	RENO	NV
6/03 – 6/04	4050 CANOCHIA AVE	RENO	NV
10/00 – 6/03	#2319 N 113TH PL	Seattle	WA
6/98 – 10/00	2822 DAWN CROSSING DR	HENDERSON	NV
8/96 – 6/98	6421 W Brittany PL	Littleton	CO
1/95 – 8/96	2325 McCue RD	HOUSTON	TX

Applicant's initial JE

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
JAN/19	NEVADA PRIME HEALTHCARE LLC 3100 MILL ST Ste 2133 RENO NV 89502	PRESENT
Title	**Description of Duties**	**Name of Supervisor**
OWNER	MEDICAL DEVICES SALES	SELF

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUN/17	SPECTRUM HEALTHCARE LLC 20 VALLEVILLE RD ENGLEVILLE PA 19403	PRESENT
Title	**Description of Duties**	**Name of Supervisor**
Sales Manager	MEDICAL DEVICE SALES	SELF

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUN/2012	CHARLIE PALMER GROUP 2500 E. SECOND ST RENO NV 89595	GRADUATED - NEW JOB
Title	**Description of Duties**	**Name of Supervisor**
BARTENDER	SALES FOOD & ALCOHOL	JOSH RICHWARDT

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MAY/2008	NO LIMIT NO PROFIT LAS VEGAS NV	MOVED TO RENO
Title	**Description of Duties**	**Name of Supervisor**
DIRECTOR	GENERAL OFFICE WORK FOR NON PROFIT	VANESSA ROSSO

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUN 2006	DELL COMPUTERS 1 DELL WAY AUSTIN, TX	MOVED TO VEGAS
Title	**Description of Duties**	**Name of Supervisor**
Sales	INSIDE SALES REP - COMPUTERS	MICHELLE BLAND

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
AUG 2004	RENO HILTON 2500 E SECOND ST RENO NV 89595	GRADUATED - NEW JOB
Title	**Description of Duties**	**Name of Supervisor**
WAITER	SALES - FOOD & ALCOHOL	JOHN SCOTT

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MAY 2001	DANIEL BAILEY 809 FAIRVIEW PL SEATTLE WA 98109	MOVED TO ATTEND UNR
Title	**Description of Duties**	**Name of Supervisor**
SEATTLE	SALES FOOD & ALCOHOL	FRED GOLD

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MAR/96	MORTONS OF CHICAGO 5000 WESTHEIMER #190 HOUSTON TX 77056	BUSINESS SLOWED - NEW JOB
Title	**Description of Duties**	**Name of Supervisor**
WAITER	SALES FOOD & ALCOHOL	JIM HOFER

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial _____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name JOHN SCOTT	Home	RENO	NV		-4282	16
Employer MONTRELUX	Business	HOSPITALITY				
Name JOHN EKEZIAN	Home	RENO	NV		-8175	8
Employer TOTAL WINE	Business	MANAGER				
Name Geoff Lay	Home	Las Vegas	NV		-0175	12
Employer Custom IT	Business	PC REPAIR				
Name JAMESON CHAN	Home	LAS VEGAS	NV		-9046	13
Employer HEALTHCARE	Business	HEALTHCARE				
Name BRIAN BELAND	Home	Walnut Creek	CA		-3483	16
Employer American Mortgage	Business	HOME LOAN CONSULTANT				

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 JE

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

A

Date of photograph 4/21/20

Applicant's initial JE

STATE OF NEVADA
ss.
COUNTY OF WASHOE

I, JAMES OLIVER KOLOR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 21st day of April, 2020

Notary Public

JEANNE LEIGH AHARONIAN
Notary Public - State of Nevada
County of Washoe
APPT. NO. 17-3574-2
My Appt. Expires Sept. 13, 2021

Applicant's initial

EMPLOYMENT HISTORY CONTINUED:

AUG 94 — The LAKES CLUB — MOVED TO HOUSTON
777 100TH Ave NE BELLEVUE WA
WAITER — Sales FOOD & Alcohol — Rebecca PRICE

MAY 92 — US ARMY — MENTAL HEALTH
FOOD SERVICE SPECIALIST — 1/505TH Ft Bragg NC — SSGT WALLER

JAN 90 — RED ROBIN — ENLISTED IN ARMY
17300 SOUTHCENTER PKWY
WAITER — TUKWILA, WA 98188

Applicant's initial _____

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 4-21-20

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for DME- Pneumatic Compression Device - Lymphedema

Nature of MDEG

NEVADA PRIME HEALTHCARE LLC 3100 MILL ST #213B RENO NV 89502

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

JK

1. PERSONAL INFORMATION:

KOLER (Last Name) | JARED (First Name) | OLIVER (Middle Name)

JERRID

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

CASCADE STABLE DR (Present Residence Address-Street or RFD) | RENO (City) | NV 89521 (State/Zip)

3100 Mill St 213B (Present Business Address) | Dates Aug 2019 to present | RENO (City) | NV 89521 (State/Zip)

OWNER (Present Position with the MDEG) | Dates JAN 2019 to Present

Phone: 775-375-8649 | Fax: 775-571-1860

Email address: nevadaprime.com

Date of Birth | Grants Pass, OR (Place of Birth (City, County, State))

47 (Age) | Social Security Number | Male (Sex)

Brown (Color of Eyes) | Brown (Color of Hair) | 190 (Weight) | 5'7" (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.)

JK

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
6/2017 to Present	SPECTRUM HEALTHCARE 20 Eagleville rd Eagleville, PA 19403	5,440
Title	**Description of Duties**	**Name of Supervisor**
Sales Manager	All Sales Duties for Pneumatic Compression Devices	- Self
1		
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: _____

b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written

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.....

.....

A

Date of photograph 4-21-20

I, JARED OLIVER KOLLER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Original Signature of Applicant

21

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

See Attachment A

☐ New Wholesaler ☒ Ownership Change ☒ Name Change ☐ Location Change

(Please provide current license number if making changes: WH 01791)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a

☒ Non Publicly Traded ~~Corporation~~ – Page 1,2,3,5,5a,5b (LLC) ☐ Sole Owner – Page 1,2,3,7,7a

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: MD Logistics LLC

Physical Address: 12125 Moya Blvd., Reno, NV 89506

Mailing Address: 12125 Moya Blvd.

City: Reno State: NV Zip Code: 89506

Telephone: 317-839-8900 Fax: N/A

Toll Free Number: N/A

E-mail: info@mdlogistics.com Website: www.mdlogistics.com

Facility Manager: Dirk R. Clark

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

☒ Other: Nursing Home Pharmacies and Clinics.

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other:

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

APPLICATION FOR NEVADA WHOLESALER LICENSE

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate.) See Attachment C

Licensed as a Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of the FDA registration) N/A

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

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) Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536
Name Address
Pharmaceutical Manufacturer
Business

2) CSL Behring LLC 1020 First Avenue, King of Prussia, PA 19406
Name Address
Pharmaceutical Manufacturer
Business

3) Terrain Pharmaceuticals 50 W Liberty Street, Suite 1080, Reno, NV 89501
Name Address
Pharmaceutical Manufacturer
Business

4) Merck Pharmaceuticals 2000 Galloping Hill Road, Kenilworth, NJ 07033
Name Address
Pharmaceutical Manufacturer
Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Dirk R. Clark
Print Name of Authorized Person

04JUN2020
Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of ~~Incorporation~~ Formation: Indiana

Parent Company if any: Nippon Express U.S.A., Inc.

Corporation Name: MD Logistics LLC

Mailing Address: 12125 Moya Blvd.

City: Reno State: NV Zip: 89506

Telephone: 317-839-8900 Fax: N/A

Contact Person: Dirk R. Clark

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) Nippon Express U.S.A., Inc. - 24-01 44th Rd., 14th Floor, Long Island City, NY 11101
Name Address

b) N/A - No additional parent companies at this level.
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. N/A - The new company is an LLC.

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

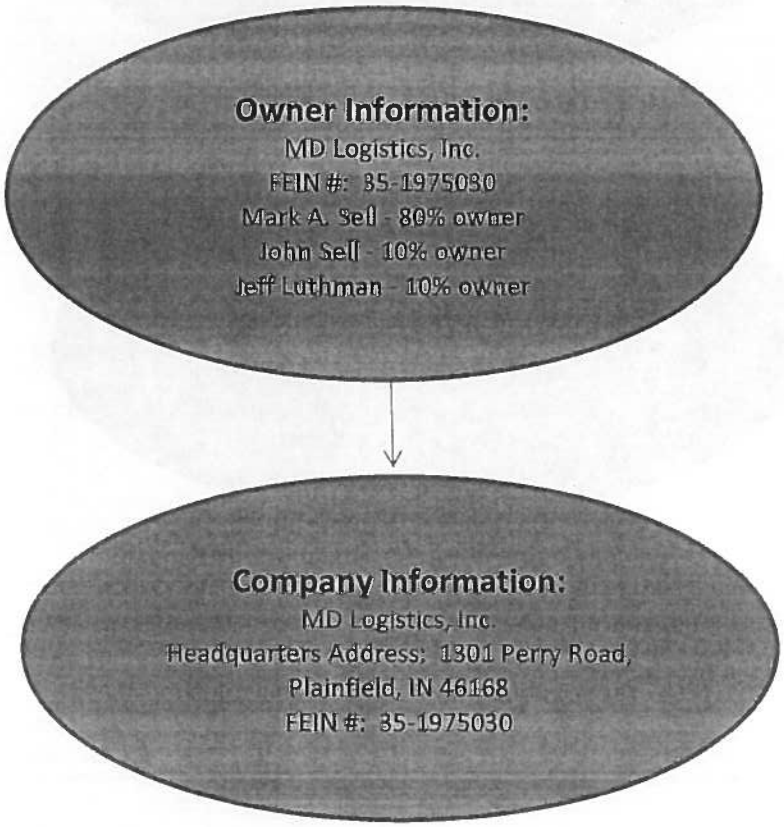
5) Provide a copy of the corporation's stock register evidencing the above information N/A

Attachment A

Regarding the Ownership and Name Changes

Effective on or around August 31, 2020, MD Logistics, Inc. will undergo changes in name and ownership. The company will first undergo a name change/conversion to MD Logistics LLC. The LLC will then go from being a company that is majority-owned by an individual, Mark A. Sell, to a company that is a wholly-owned subsidiary of Nippon Express U.S.A., Inc. This will result in changes to **the licensee's name, FEIN #, and ownership. Note that there have been no changes to the company officers, site Designated Representatives or facility addresses.** Documentation of the changes will be provided once available. Provided below is the pre and post-ownership change information.

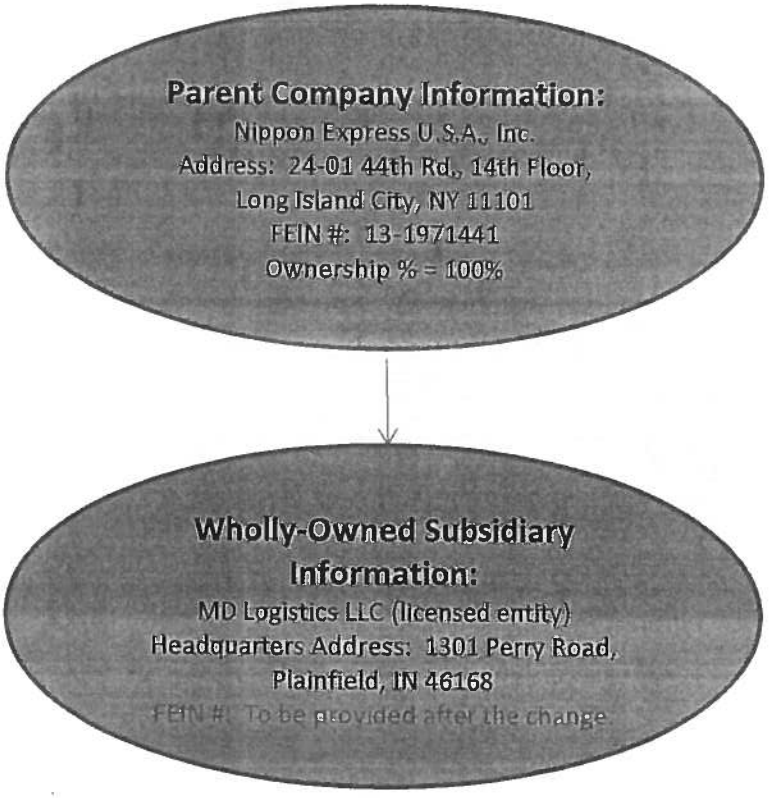
Pre-Ownership/Name Change Information (prior to 8/31/2020):



Attachment A

Regarding the Ownership and Name Changes (cont.)

Post-Ownership/Name Change Information (after 8/31/2020):



Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/18/2018
Amount: $ 515.00
License #: WH01791

MD LOGISTICS, INC.
12125 MOYA BLVD
RENO NV 89506

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler

Expires:10/31/2020

MD LOGISTICS, INC.
12125 MOYA BLVD
RENO NV 89506

License #
WH01791
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Expires: 10/31/2020
STATUS: Active

License Type: Wholesaler
License #: WH01791

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Managing Pharmacist :

MD LOGISTICS, INC.
12125 MOYA BLVD
RENO NV 89506

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 06/24/2020.

Attachment B

Facility Manager's Resume

Dirk Clark

dclark@MDLogistics.com
775-
12125 Moya Blvd. Reno, NV 89506

EMPLOYMENT

Assoc. Director of Shared Pharmaceutical Services – MD Logistics – Reno, NV
July 2015 - Current

- Manages Operations Managers
- Ensures standards for product quality are maintained
- Manages budget and controls expenses
- Develops, monitors, and reports on operating costs
- Ensures quality standards

Site Leader – Honeywell Safety Products– Reno, NV
January 2011 – July 2015

- Daily activities coordination
- Safety Program adherence
- Reports on daily production, personnel, and quality statistics
- Reviews and approves reports, plans, schedules
- Wage evaluation projects
- Ability to confront and resolve conflict

Operations Manager – Schering Plough Corporation – Reno, NV
February 1999– December 2011

- Oversaw Pharma Shipping operations
- Participated in National Transportation network
- Project Management facilitation and organization
- Ensured compliance to safety and regulatory requirements
- Responsible for compliance and training of all personnel to operations procedures

Technical Skills

- Microsoft- word, Excel, Publisher, Visio
- RedPrairie Warehouse Management System
- DOT Hazardous Materials Training
- OSHA Training
- QCBD Training

CERTIFICATES & MEMBERSHIPS

- Certification in Advanced Business Management – University of Nevada
- Certification in Basic IATA/49CFR Dangerous Goods Shipping
- Supply Chain Leaders in Action

EDUCATION

- University of Nevada – Bachelor of Arts, Criminal Justice

Attachment C

Regarding the Drug Distributor Accreditation

This facility is currently certified with the National Association Boards of Pharmacy (NABP) and verification is available at the following website: https://nabp.pharmacy/programs/drug-distributor/accredited-facilities/ under the previous ownership and name, MD Logistics, Inc.

Enclosed is a copy of the current DDA certificate for this facility. The name and ownership changes are pending with the NABP.

1450

NABP ACCREDITED

DRUG DISTRIBUTOR

MD Logistics, Inc

located at

12125 Moya Blvd, Reno, NV 89506

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary

9/2/2018 - 9/1/2021
Period of Accreditation

Verified
MS
6/15/20

Accredited Drug Distributors

DRUG DISTRIBUTOR ACCREDITATION

Apply

Criteria

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 1 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years
Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
MD Logistics, Inc.	12125 Moya Blvd Reno, NV 89506	09/02/18

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®).

Attachment D

LLC Officer Information

MD Logistics LLC

MD Logistics LLC is wholly-owned by its parent company, Nippon Express U.S.A., Inc.

Mark A. Sell
President/CEO

Attachment E

Indiana Certificate of Existence

Enclosed please find the current company's certificate of existence. Once the new LLC is formed, a copy of that documentation can be provided to your office.

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

M D LOGISTICS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 22, 1995, and was in existence or authorized to transact business in the State of Indiana on May 20, 2020.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 20, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1995121421 / 20201439833

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on June 19, 2020.

State of Indiana
Office of the Secretary of State

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Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1995121421 / 20201439833

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on June 19, 2020.

Attachment F

Designated Representative Form

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date 08 June 2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 NEVADA WHOLESALER LICENSE (ownership and name changes)
Nature of Pharmacy or Wholesaler

MD Logistics LLC, 12125 Moya Blvd., Reno, NV 89506
Name and Address of Business for Which Designated Representative is Requested

MD Logistics, Inc.
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Clark	Dirk	Robert
Last Name	First Name	Middle Name

N/A
Aliases, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

) Windswept Loop	Sparks	NV / 89436
Present Residence Address-Street or RFD	City	State/Zip
12125 Moya Blvd.	Reno	NV / 89506
Present Business Address	City	State/Zip

Dates

Associate Director of Pharmaceutical Operations Dates 7/27/2015 - present
Present Position with the Pharmacy or Wholesaler

Phone: Residence 775

Business 775-677-1455

Orange, Orange County, CA
Date of Birth — Place of Birth (City, County, State)

53		M
Age	Social Security Number or ITIN	Sex

Blue	GRY	LIGHT	210		5'9"
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

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 15 AUG 1987 (Date) RENO, WASHOE, NV (City, County and State)

Spouse's full name (Maiden) Jennifer Rae Clark (Rials) SS# or ITIN_____

Date of Birth_____ Place of Birth RENO, NV

Resident address WINDSWEPT Loop (Street) SPARKS (City) NV (State) 89436 (Zip)

Telephone: Residence 775- Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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
JACOB CLARK		RENO, NV	WINDSWEPT Loop SPARKS
LUCAS CLARK		RENO, NV	SAME
HANK CLARK		RENO, NV	SAME

B. Child Support Information:

Please mark the appropriate response:

X = I am not subject to a court order for the support of child.

= I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

= I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial [initials]

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	Don Clark		Plata Mesa Dr Reno, NV 89506	Retired
Mother	Patricia Clark		Plata Mesa Dr Reno, NV 89506	Retired
Father-in-Law	Bill Rials		Deceased	N/A
Mother-in-Law	Jackie Rials (Walkingstick)		Tamra Dr Reno, NV 89506	Retired

D. **Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Debra Diamond (Clark)		Whitewood Dr	Retired
Spouse	Mike Diamond		Sparks, NV 89434	Retired
	Vicki Phillips (Clark)		Adobe Wy	Home Care
Spouse	Shawn Phillips		Elko, NV 89801	Plumber
	Lisa Robinson (Clark)		Liparelli Ln	Receptionist
Spouse	Mike Robinson		Spring Creek, NV 89815	Miner
	Don Clark		Bolzano Dr	Terminal Mgr.
Spouse	Keri Clark (Brindle)		Reno, NV 89521	
	Darren Clark		Plata Meba Dr. Reno, NV 89506	Disabled

4. **EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes (No)
High School	Hug High School	Reno, NV	1981-1985	Yes (No)
College University	University of Nevada	Reno, NV		Yes (No)
Other				Yes No

Type of degree obtained, if any Bachelor of Arts, Criminal Justice

College or university where obtained University of Nevada

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes → (No) →

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes → No → If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? (Yes) → No →

County WASHOE State NV Date registered 4/26/85

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
NONE					

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
NONE				

Applicant's Initial [signature]

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes — No — (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes — No — If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
7/17 - PRESENT	Windswept Loop	Sparks	NV
12/16 - 7/17	9040 VISTA VERDE RD	RENO	NV
12/02 - 12/16	11305 CARLSBAD RD	RENO	NV
10/01 - 12/02	5208 PALO ALTO CIR	SPARKS	NV
7/99 - 10/01	365 BRIDLE PATH TER	SPARKS	NV
1/99 - 7/99	6480 STONE VALLEY DR.	RENO	NV
8/87 - 1/99	11685 DEODAR WAY	RENO	NV

Applicant's initial _____

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.

7//2015	MD Logistics LLC (f/k/a MD Logistics, Inc.) 12125 Moya Blvd., Reno, NV 89506	~8,500 hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Associate Director of Pharmaceutical Operations	See enclosed resume.	Chad P. Hodges
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

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 Luis Pacheco	Home	*			775-	20
Employer	Business					
Name Mike Carver	Home				775-	30
Employer Univ of Nevada	Business					
Name Gayle Dozet	Home				775-	8
Employer Arrow Elec.	Business					
Name Rob Siegel	Home				775-	5
Employer Atlantic Pkg.	Business					
Name	Home					
Employer	Business					

*Addresses available upon request. CS 10JUN2020

10. Have you ever held a privileged, occupational or professional license in any state, including but notlimited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes — (No) —

If yes, state type, where and years held

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes — (No) —
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes — (No) —

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes — (No) —

If yes to the above, state where, when and for what reason:

Applicant's initial

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No

Date of photograph 06-01-2020

Applicant's initial

STATE OF Indiana

ss.

COUNTY OF Hendricks

I, Dirk Robert Clark, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license, that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 10th day of JUNE, 2020

Notary Public

(seal)

CHEYANNE C. STINSON
Notary Public
SEAL
State of Indiana
My Commission Expires April 21, 2023

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial

Attachment G

Surety Bond

BOND RIDER

To be attached to and form a part of Pharmaceutical Wholesaler Surety Bond, Bond # 5022790 Dated September 27, 2006, with MD Logistics, Inc., as Principal and The Bond Safeguard Insurance Company, as Surety, and in favor of Nevada State Board of Pharmacy, as Obligee.

It is understood and agreed that the Bond is changed or revised in the particulars as indicated below.

Add Additional Location:

12125 Moya Blvd.
Reno, NV 89506

Said Bond shall be subject to all its terms, conditions, and limitations, except as herein expressly modified.

This Bond Rider shall become effective: February 24, 2011

Signed, Sealed and Dated this 25th Day of February 2011.

Bond Safeguard Insurance Company
SURETY

By: Deborah M. Roth
Deborah M. Roth, Attorney-In-Fact

AGENT

American Contracting Services, Inc.
340 E. Thompson Road
Indianapolis, IN 46227
(317) 780-1919

[redacted]

COPY

NEVADA STATE BOARD OF PHARMACY
556 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 5022790

Application/License No _____

HD Logistics, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1301 Perry Road, Plainfield, IN 46168, as
Address of Applicant/Principal
PRINCIPAL, and Bond Safeguard Insurance Company, a
Surety Company
corporation organized under the laws of the state of Illinois
State of Incorporation
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
1919 S. Highland Ave., Bldg. A., #300, Lombard, IL 60148 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 27, 2006.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

[redacted]

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 27th day of September, 20 06.

APPLICANT/PRINCIPAL
MD Logistics, Inc.

_____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY
Bond Safeguard Insurance Company

_____
Surety Company's Representative

Deborah M. Roth, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
Nevada Resident Agent

POWER OF ATTORNEY AP 45405

Bond Safeguard INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS, that BOND SAFEGUARD INSURANCE COMPANY, an Illinois Corporation with its principal office in Lombard, Illinois, does hereby constitute and appoint: Anthony George Balzano, Deborah Mary Rotli, ******
Jacqueline Demeter **********

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of BOND SAFEGUARD INSURANCE COMPANY on the 7th day of November, 2001 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed $1,000,000.00, One Million Dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, BOND SAFEGUARD INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate seal to be affixed this 7th day of November, 2001.

BOND SAFEGUARD INSURANCE COMPANY

BY _____
David E. Campbell
President

ACKNOWLEDGEMENT

On this 7th day of November, 2001, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of BOND SAFEGUARD INSURANCE COMPANY, the corporation described in and which executed the above instrument, that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

"OFFICIAL SEAL"
MAUREEN K. AYE
Notary Public, State of Illinois
My Commission Expires 09/21/09

_____
Maureen K. Aye
Notary Public

CERTIFICATE

I, the undersigned, Secretary of BOND SAFEGUARD INSURANCE COMPANY, An Illinois Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Lombard, Illinois this 27th Day of September, 20 06

_____
Donald D. Buchanan
Secretary

[redacted]

POWER OF ATTORNEY AO 69181

Bond Safeguard INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS, that **BOND SAFEGUARD INSURANCE COMPANY**, an Illinois Corporation with its principal office in Lombard, Illinois, does hereby constitute and appoint: Anthony G. Balzano, Deborah M. Roth, ********** Jacqueline Demeter, Cheryl L. Boaird **********

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **BOND SAFEGUARD INSURANCE COMPANY** on the 7th day of November, 2001 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed $1,000,000.00, One Million Dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **BOND SAFEGUARD INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate seal to be affixed this 7th day of November, 2001.

BOND SAFEGUARD INSURANCE COMPANY

BY _____
David E. Campbell
President

ACKNOWLEDGEMENT

On this 7th day of November, 2001, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of **BOND SAFEGUARD INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

"OFFICIAL SEAL"
MAUREEN K. AYE
Notary Public, State of Illinois
My Commission Expires 02/21/13

_____
Maureen K. Aye
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **BOND SAFEGUARD INSURANCE COMPANY**, An Illinois Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Lombard, Illinois this 25th Day of February 20 11

_____
Donald D. Buchanan
Secretary

*WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact

June 10, 2020

VIA USPS PRIORITY MAIL

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Dear Sir or Madam:

Enclosed please find a completed Application for Nevada Wholesaler License providing notification of changes in name and ownership for MD Logistics LLC's Reno, NV facility (f/k/a MD Logistics, Inc., current license #: WH01791). Kindly process the application along with the following enclosed:

- A check for $500.00 made payable to: "Nevada State Board of Pharmacy."
- Attachment A: Regarding the Ownership and Name Changes.
- Attachment B: Facility Manager's Resume.
- Attachment C: Regarding the Drug Distributor Accreditation.
- Attachment D: LLC Officer Information.
- Attachment E: Indiana Certificate of Existence.
- Attachment F: Designated Representative Form.
- Attachment G: Surety Bond.

Should you need further information, please feel free to contact me.

Very truly yours,

Chevanne Stinson
Manager of Quality
MD Logistics LLC

Enclosures

22

22A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Aurolife Pharma LLC

Physical Address: 2400 Route 130 North

City: Dayton State: NJ Zip Code: 08810

Telephone Number: (732) 839-9400 Fax Number: (732) 917-2421

Toll Free Number: (866) 850-2876

E-mail: AUL@SLSNY.com Website: www.aurobindousa.com

Facility Manager: Sanjay Singh

Professional qualifications and experience of facility manager: Handeling operations and planning functions of multiple manufacturing sites engaged in the manufacture of oral solid dosage forms and sterile dosage forms.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Distribution sites with organization, distributors, US Government

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☒ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Acetris Health LLC, Masters Drug Company DBA RXTPL
Address: 4200 Binion Way, Mason, OH 45036-9469

Name: Aurobindo Pharma USA, Inc.
Address: 6 Wheeling Road, Dayton, NJ 08810

Name: McKesson Coroporation
Address: 8313 Polk Lane, Olive Branch, MS 38654

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☒ No ☐

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Sanjay Singh
Print Name of Authorized Person

11/12/18
Date

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Aurobindo Pharma USA, Inc.

Mailing Address: Aurolife Pharma, LCC c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Aurobindo Pharma USA, Inc. (Name) 279 Princeton Hightstown Road, East Windsor, NJ 08520 (Business Address) (100% Sole Owner)

b) _____ (Name) _____ (Business Address)

c) _____ (Name) _____ (Business Address)

d) _____ (Name) _____ (Business Address)

2) Provide the number of shares issued by the corporation. Aurobindo Pharma USA, Inc.

3) What was the price paid per share? No Shares Issued

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

1480

Aurolife Pharma LLC

Corporate Address: 279 Princeton Hightstown Road, East Windsor , NJ 08520 USA
FEIN: 26-2273768
www.aurobindousa.com

Drug Labeler Code: 13107
Incorporation State: DE
Incorporation Date: 03/26/2008

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
DNJ	2400 Route 130 North Dayton, NJ 08810 County: Middlesex	3005796917	RA0372110 RA0435188	829084461	No	(732) 839-9400	(732) 917-2421

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	
Sanjay Singh	10 Columbia Place West Windsor, NJ 08550	Sr. Vice President, Operations	No	*For all except ID, ME & SD & NJ-CS*
Venkata Kota	2 Farmhouse Drive Plainsboro, NJ 08536	Chief Operating Officer	No	*ID, ME, SD & NJ-CS only*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Aurobindo Pharma USA, Inc.	279 Princeton Hightstown Road East Windsor, NJ 08520		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	
Venkata Kota	Farmhouse Drive Plainsboro, NJ 08536	Chief Operating Officer	No	*ID, ME, SD & NJ-CS only*
Sanjay Singh	Columbia Place West Windsor, NJ 08550	Sr. Vice President, Operations	No	*For all except ID, ME & SD & NJ-CS*
Jeffrey J. Jackowski	Einstein Way East Windsor, NJ 08512	VP, Quality Assurance & Compliance	No	

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Corporation Service Company

3PLS

Name	Address	Title	Prescribing Authority
Aurobindo Pharma USA, Inc.	6 Wheeling Road Dayton, NJ 08810		
Aurologistics LLC	203 Windsor Center Drive East Windsor, NJ 08520		

Company Particular

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737613

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

2400 ROUTE 130 NORTH DAYTON, NJ 08810-
6 WHEELING RD, STE B DAYTON,NJ 08810-
203 WINDSOR CENTER DR, UNIT 3 EAST WINDSOR, NJ 08520-

Reg. No.
5003810

AUROLIFE PHARMA LLC
C/O STATE LICENSE SERVICING
1751 STATE ROUTE 17A, STE 3
FLORIDA, NY 10921-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY

State Of New Jersey

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL

DIVISION OF CONSUMER AFFAIRS

CONTROLLED DANGEROUS SUBSTANCES

CDS REGISTRATION NUMBER
CM00029600

AUROLIFE PHARMA LLC
C/O Venkata Kota
2400 Route 130 North
Dayton NJ 08810

PLEASE DETACH HERE
STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS
THIS IS TO CERTIFY THAT
AUROLIFE PHARMA LLC
CDS REGISTRATION NUMBER CM00029600
DEA NUMBER RA0372110
FOR SCHEDULES 1 2 3 4 5
02/11/2019 TO 03/31/2020 VALID
SIGNATURE
ACTING DIRECTOR
10CM00029600 LICENSE NO.
PLEASE DETACH HERE

IS REGISTERED AS: **Manufacturer**

FOR SCHEDULES: **1 2 3 4 5**

IF YOUR LICENSE/ID CARD IS LOST PLEASE NOTIFY:

02/11/2019 TO 03/31/2020	RA0372110	10CM00029600
VALID	DEA NO.	LICENSE/REGISTRATION/CERTIFICATION #

Drug Control Unit
P.O. Box 45045
Newark, NJ 07101

SIGNATURE OF REGISTRANT

ACTING DIRECTOR

PLEASE DETACH HERE

AUROLIFE PHARMA LLC

EXPIRATION DATE **2020**

YOUR LICENSE NUMBER IS **10CM00029600** AND YOUR CDS REGISTRATION NUMBER IS **CM00029600** PLEASE USE BOTH NUMBERS IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Drug Control Unit
P.O. Box 45045
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certification to be displayed, it should be within reasonable proximity of your original license/certificate/registration at your principal office or place of business.

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Aurolife Pharma**

CSVExcel

Filter: 2400

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Aurolife Pharma LLC	3005796917	829084461	ANALYSIS; LABEL; MANUFACTURE; PACK; REPACK;	2400 Route 130 North, Dayton, New Jersey (NJ) 08810, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries (filtered from 4 total entries)
Previous1Next
Data Current through: Monday, Jan 6, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified DZ

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Aurolife**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Aurolife Pharma LLC	3014026025	080970298	ANALYSIS; MANUFACTURE;	Unit-III, 203 Windsor center Dr, East Windsor, New Jersey (NJ) 08520, United States (USA)	12/31/2019
Aurolife Pharma LLC	3014028588	080970299	ANALYSIS; MANUFACTURE;	Unit-II, 2929 Weck Drive, Durham, North Carolina (NC) 27709, United States (USA)	12/31/2019
Aurolife Pharma LLC	3005796917	829084461	ANALYSIS; MANUFACTURE;	2400 Route 130 North, Dayton, New Jersey (NJ) 08810, United States (USA)	12/31/2019
Aurolife Pharma LLC	3005796917	078296263	LABEL; MANUFACTURE; PACK; RELABEL; REPACK;	6 Wheeling Road, Dayton, New Jersey (NJ) 08810, United States (USA)	12/31/2019

Showing 1 to 4 of 4 entries

Previous1Next

Data Current through: Thursday, Apr 11, 2019

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

AUROLIFE PHARMA LLC
0600322732

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 April 01, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019

I further certify that the registered agent and office are:

VENKATA KOTA
2400 ROUTE 130N
DAYTON, NJ 08810

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of December, 2019

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6103386289

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0766307

Application/License No. _____

Aurolife Pharma LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2400 Route 130 North, Dayton, NJ 08810 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 702 Oberlin Road, Raleigh, NC 27605 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of Twenty Five Thousand ($25,000), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 18, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of March, 20 20.

APPLICANT/PRINCIPAL

COMPANY Aurolife Pharma LLC

Authorized Representative

SURETY

Harco National Insurance Company

Robyn Rost

Surety Company's Representative

Robyn Rost, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Karla Luongo

Witness Pamela Wylie

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0766307 1488

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Summmit, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1964 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018 , before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies, that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079919 NEW JERSEY My Comm. Exp. April 04, 2023

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 04, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day. March 18, 2020

B31765 USI Insurance Services, LLC.

Irene Martins, Assistant Secretary

Harco National Insurance Company and Affiliates Pool

702 Oberlin Road, Raleigh, North Carolina 27605
Statement of Assets, Liabilities, Surplus and Other Funds
As of December 31, 2018

ASSETS

Bonds	$	470,138,260
Preferred Stocks		76,049,555
Common Stocks		891,402,162
Cash and Short Term Investments		52,273,294
Other Invested Assets		21,476,183
Uncollected Premiums and Agents' Balances in the Course of Collection		159,906,521
Deferred Premiums, Agents Balances & Installments booked		108,679,441
Reinsurance Balances Recoverable		70,581,520
Current Federal & Foreign Income Tax Recoverable & Interest		5,587,079
Investment Income Due and Accrued		7,001,147
Other Assets		610,865
Total Assets	$	1,863,706,027

LIABILITIES, SURPLUS & OTHER FUNDS

Reserves for Losses and Loss Adjustment Expenses	$	583,031,214
Reinsurance payable on paid losses & loss adjustment expense		5,941,983
Commissions Payable, Contingent Commissions & Other Similar Charges		28,909,805
Other Expenses (Excluding Taxes, Licenses and Fees)		10,446,018
Taxes, Licenses & Fees (Excluding Federal Income Tax)		7,741,957
Net Deferred Tax Liability		18,657,956
Unearned and Advanced Premiums		361,900,470
Ceded Reinsurance Premiums Payable		125,800,010
Funds Held for Account of Others		28,301,613
Other Liabilities		24,355,888
Total Liabilities		1,195,086,914
Common Capital Stock		16,100,004
Gross Paid-in & Contributed Surplus		334,193,860
Unassigned Funds (Surplus)		318,325,249
Surplus as Regards Policyholders		668,619,113
Total Liabilities, Surplus & Other Funds	$	1,863,706,027

I David G. Pirrung, attest that I am the duly appointed President of: Harco National Insurance Company ("Harco"); Commercial Alliance Insurance Company; Transguard Insurance Company of America, Inc.; Occidental Fire & Casualty Company of North Carolina; Wilshire Insurance Company; Acceptance Indemnity Insurance Company and Acceptance Casualty Insurance Company, which are all members of a Reinsurance Pooling Agreement, whereby Harco is the "Pool Leader" and all other companies previously listed are "Pool Members" (the Pool Leader and Pool Members are collectively referred to as the ("Pool")

I further attest that the attached statutory-basis statement of assets, liabilities, surplus and other funds was compiled from the annual statements, with appropriate eliminations, of each company within the Pool as they were filed with the respective state departments of insurance and National Association of Insurance Commissioners

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of Harco, this 18th day of March, 2019.

Harco National Insurance Company

D. P.

David G. Pirrung, President

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that Venkata Kota of Aurolife Pharma LLC with principal offices at 279 Princeton Hightstown Road, East Windsor, NJ 08520, in the capacity of Chief Operating Officer, has made and appointed, and by these presents does make and appoint Christine Cannon of State License Servicing Inc., 1751 State Rte. 17A, Suite 3, Florida, NY 10921, true and lawful attorney-in-fact for her and in her name, place and stead, for the following specific and limited purposes only:

Application, servicing and renewals of all state licenses, permits, business licenses, foreign qualifications, and drug and device product registrations required for Aurolife Pharma LLC **to operate as a manufacturer and/or wholesale distributor in all states, as required. This Power of Attorney specifically precludes and limits State License Servicing Inc.'s power and authority from receiving, answering or defending any complaint or disciplinary action against** Aurolife Pharma LLC **by any state or federal authority,** but giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if I were personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney ☒ *does* ☐ *does not* name State License Servicing Inc as Representative Agent in Puerto Rico on behalf of Aurolife Pharma LLC to act in the capacity of representative agent as defined by Puerto Rico law. State License Servicing will act as a liaison only in Puerto Rico, at no time will have possession of any drugs, and will file and process paperwork only.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11 day of December, 2017.

K.V. Ramaiah

State of NJ)
County of Mercer

The foregoing instrument subscribed and sworn to before me this 11th day of December 17 by: Venkata Kota who is personally known by me or who has produced _____ as identification.

Faith A Phillips

Notary Public
State of
My Commission Expires:

(SEAL)

Faith A. Phillips
Notary Public of New Jersey
ID# 50063676
My Commission Expires on July 7, 2022

Accepted: Christine Cannon, Attorney-in-Fact

Date: 12/13/17

Sanjay Singh

Career Enrichment in Pharmaceutical Industry

Operation Management ~ Process Improvements / Enhancements (Product Development) ~ Quality Assurance

Professional Synopsis

Over 27 years of cross cultural & leadership experience in Operation Management, Process Improvement, Quality Assurance and Resource Management in reputed Pharmaceutical Organisations in India, such as Cadila Laboratories, Nicholas Piramal India Ltd., Glenmark Pharmaceuticals and Cipla Ltd. Gained wide exposure of cGMP and International Standards of Manufacturing, HVAC, Water, Quality and Formulation. Successfully handled many regulatory and non-regulatory audit like USFDA, MHRA, MCC, WHO, IDA, MSF etc. Stellar in managing **many Green Field Projects and Up-gradation projects.** Excellent analytical, relationship management, organisational and problem solving skills.

Key Result Areas

- ❒ Formulating & executing production and manpower schedules / plans for smooth execution within time & cost parameters.
- ❒ Coordinating with various departments for ensuring the accomplishment of daily & monthly production targets.
- ❒ Ensuring complete in-process quality control and continuous improvement in process capabilities.
- ❒ Investigating the unusual / unacceptable results, process validation & cleaning validation etc.
- ❒ Ensuring quality across raw materials, work in progress, finished goods in various functional Departments as per **cGMP certifications.**
- ❒ Mentoring & directing quality - routine and non-routine issues by interacting with concerned departments of projects till final completion.
- ❒ Delegating work schedules; preparing & implementing the SOP guidelines; leading & monitoring performance of team to ensure efficiency in operations.
- ❒ Ensuring optimum quality in Operational and Technical functions.
- ❒ Leading and monitoring the performance of team members to ensure efficiency in operations.
- ❒ Creating & sustaining dynamic environment that fosters development opportunities and motivates high performance amongst team.

Significant Highlights

- ❒ Actively involved in succession planning of some key people, handling improper portfolio.
- ❒ Clearances of regulatory and non-regulatory audit.
- ❒ Successfully trained team to achieve Material Planning, Productivity, Cost Saving, High Compliance and Low Defect.
- ❒ Improved the process development, technology transfer and CGMP compliances.
- ❒ Managed various green fields Pharma Project to complete in time.

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Sanjay Singh

Work Highlight

March 2011- Present. Senior Vice President Operations

Aurobindo Pharma Ltd /Aurobindo USA Inc / Aurologistics LLC

Role:

- Handling Operations and planning functions of multiple manufacturing sites engaged in manufacture of Oral Solid dosage forms and Sterile dosage forms.
- Provide overall leadership, direction and co-ordination to the plant, maintaining awareness for the need for on-going change and continuous improvement, monitoring performance versus Plan and Update and taking corrective action as necessary to meet targets for output, payroll and operating expenses.
- Leading by example, maintain the highest standards of safety, quality, environmental control and customer service.
- Ensuring all production schedules and targets are complied with at all times.
- Help prepare local sites to successfully face audits from various customers and regulatory agencies.
- Ensure the plant produces the highest quality products in the safest, most efficient and hygienic manner, in compliance with all company policies and procedures.
- Leading and motivating the team at each site. To ensure that all employees are trained to adhere to product and process standards for product operations, providing best operating practices for production and distribution.
- Recognize crisis situations and make decisions to implement corrective actions at the earliest indication.
- Ensure continued implementation of the Performance Excellence initiative throughout the plants, completing all goals, performance reviews and growth plans as scheduled
- Carry out benchmarking exercises for plant operations against industry best practices, with the objective of improving and optimizing plant performance
- Budget management and Cost Control.
- Introduction of new technologies

Cipla Ltd, Indore (SEZ) **Plant Head** **Mar'2008- Mar'2011**

Role:

- Handling project conceptualisation & setting up project for Sterile and Non-sterile preparation for European and U.S. Market.
- Conceptualisation basic engineering and detail engineering with team.
- Designing of operating cost including manpower, utility, engineering & miscellaneous items.
- Interaction with various external agencies like Local FDA, Municipal corporation, PCB etc.
- Evaluating different technologies and process.
- Start-up and Managing of Production activities.
- To participate in design, implementation, monitoring and continual improvement of Quality System.
- Perform root cause analyses
- Facilitate CAPA activities and other quality functions as needed

Mob. E om

Sanjay Singh

- Guide the technical team to analyse problems and creating associated solutions in order to achieve production targets.
- Plans and recommends the future development of assigned activity, controls results in relation to established objectives, evaluates performance against the established standards and initiates corrective action where necessary.
- Evaluation /recommendation / implementation of new technologies
- To ensure that qualities of pharmaceutical products are fit for intended use, comply with requirements of marketing and do not place patients at risk due to inadequate safety, quality or efficacy.
- Updation of facilities and conceptualization of new projects.
- Compliance with national/overseas statutory requirements, License works with government departments and other statutory bodies.
- Process / Productivity improvement.

Glenmark Pharmaceuticals **Vice President (Technical)** **Oct.2007 – Mar.2008**

Role:

- Managing multi-location manufacturing sites.
- Handling project conceptualisation & setting up project for Aerosols, Nasal spray and Tablets for European and U.S. market at Sao Paulo, Brazil
- Understanding and influencing key stakeholder's needs, manage relationships and be part of a global team that delivers products worldwide to tight budgetary and regulatory guidelines Designing of operating cost including manpower, utility, engineering & miscellaneous items.
- Support the creation of a global supply chain organization and create centres of excellence within the manufacturing and allied areas of the same.
- Ensuring all production schedules and targets are complied with, at all times.
- Control over overall quality aspects of all products and processes in each of the plants and introduction of best in class systems.
- Help prepare local sites to successfully face audits from various.
- Budget management and control.
- Efficiency improvement.
- Leading and motivating the team at Indian and International sites. To ensure that all employees are trained to adhere to product and process standards for product operations, usage of approved raw materials, providing best operating practices for production and distribution.
- Evaluating different technologies and process.

Cipla Ltd, Goa **Plant head (Sterile Formulations)** **Mar.2000- Oct.2007**

Role:

- Managing manufacturing facilities for Sterile and non-sterile Formulation including Oncology products.
- Attaining approval for facilities by the International Auditors for the audits.
- Preparing products for USFDA and MHRA.

Sanjay Singh

- Successfully handling Many Regulatory and Non-regulatory audits
- Successfully managed up-gradation projects.
- Instrumental in achieving the production targets and introducing & implementing micro-planning.
- Effectively brought the concept of Zero Defect; developed designed & implemented documentation as per International standard.
- Successfully imparted an in-house training to the employees on Production Planning, cGMP Troubleshooting, Safety and Induction.
- Materialized cost control concept by Yield Improvement, Controlling Rejection, Manpower Reduction and Improvement in Process & Power.

Nicholas Piramal India Ltd. **Sr. Production Manager** **Jan.1992 – Feb.2000**

Role:

- Managing complete charge of the Ophthalmic Department (FFS) at Pithampur (M.P.)

- Successfully handled complete validation of plant.
- Effectively improved productivity by optimum utilisation of resources.
- To investigate production bottlenecks of unusual delays, analyse difficulties & expedite solution so that normal production may be resumed.
- To prepare and present monthly M.I.S. report.
- Waste reduction & yield improvement.
- Training and Implementation of cGMP on the Shop floor.

Cadila Laboratories, Ahmedabad **Sr.Tech. Supervisor** **Jun.1990 – Dec.1991**

Role:

Manufacturing, filling and documentation of Small Volume Parenteral.

Research & Publications

Research work entitled " Synthesis of some (1,2,4) Triazolo (4,3-a) Thieno (3,2-e)-Pyrimidinones and Thieno (2,3-d) Pyrimidinones for Pharmacological Screening"as a part of M.Pharm. research work.

LIST OF PUBLICATIONS :

1] Paper on "Synthesis & Biological activity of some 2-(N,N-Substituted)amino- 3-Phenylthieno (2,3-d)Pyrimidine -4(3H)-Ones.
Indian J. Chem., 1991, 30-B 618-619 .

2] Paper on " Synthesis & Biological activity of some 2-{ (Substituted Amino-Acetyl) Amino}-3-Carbethoxy-4-(4-Methyl Phenyl) Thiophenes.
Indian J. Pharm.Sci., 1991, 53(3), PP 85-87

3] Paper on "Synthesis of some (1,2,4)Triazolo (4,3-a)Thieno(3,2-e) Pyrimidin 5 (4H)-Ones " .

Sanjay Singh

Indian J. Chem. , 1992 , 31B , PP 223-229

4] Paper on "Crystallographic studies of 4-Phenyl - 6,7,8,9 –tetrahydro - [1] benzothieno – [3,2 – e][1,2,4] triazolo [4,3 - a] pyrimidin - 5 (4H) - one.
Acta. Crystallographica , (1995), C 51 , pp - 2092 - 2094.

Education

- M.B.A. (PT) in Finance Management from I.M.S, Indore in 1996.
- M. Pharma from L.M. College of Pharmacy, Ahmedabad in 1990.
- B.Pharm. from D.A.V.V., Indore in 1988.

Personal

Date of Birth :
Address : Osprey Way, West Windsor
(USA)

Mobile: +1(732)809 5055

Email: ssingh@aurobindousa.com

Mark I. Sedar

From: Pharmacy Board
Sent: Tuesday, April 14, 2020 10:47 AM
To: Mark I. Sedar
Subject: FW: Aurolife Pharma LLC - Notice of Change of Officer
Attachments: Banner.gif; Flash Logo Smallish.jpg; Disclaimer.jpg

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From: compliance@slsnysupport.com [compliance@slsnysupport.com]
Sent: Tuesday, April 14, 2020 10:17 AM
To: Pharmacy Board
Subject: Aurolife Pharma LLC - Notice of Change of Officer

[cid:Banner]

[cid:Header]

Date: April 14, 2020
To: Nevada State Board of Pharmacy
Re: Aurolife Pharma LLC, 2400 Route 130 North, Dayton, NJ 08810, Permit #: Pending - Initial

Dear Licensing Authority:

State License Servicing, Inc. represents Aurolife Pharma LLC in the servicing of their state licenses. This letter shall serve as notice of a change of officer for Aurolife Pharma LLC. Effective March 1, 2020 Jeffrey J. Jackowski has been removed as officer and Krishnare Chada has been added as Vice President, Operations. The officer list for Aurolife Pharma LLC is as follows:

Sanjay Singh – Associate President, Operations Krishnare Chada – Vice President, Operations

As well, please let your files reflect that there has not been any change of ownership, interest or tax identification numbers with this recent change. Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these are being completed and will be filed shortly.

If you need any additional information, please feel free to call or email me at the address below

Kind Regards,

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@slsny.com

[cid:Signature]

22B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Clinical Solutions Wholesale, LLC

Physical Address: 416 Mary Lindsay Polk Drive, Suite 519

City: Franklin State: TN Zip Code: 37067

Telephone Number: 615-333-9852 Fax Number: 866-920-1597

Toll Free Number: 877-826-5488

E-mail: csptech@clinicalsolutionspharmacy.com Website: http://clinicalsolutionspharmacy.com

Facility Manager: Christi Throneberry

Professional qualifications and experience of facility manager: Licensed PharmD and Facility Owner for 16 years.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☑ Other: Correction Facilities

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☑ Controlled Substances (include copy of DEA)
☑ Other: OTCs
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☑ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Smith Drug Company
Address: 1104 Jones Rd, Paragould AR 72450

Name: ParMed Pharmaceuticals/Cardinal Health
Address: 7000 Cardinal Place, Dublin OH 43017

Name: TopRx
Address: 2950 Brother Blvd., Bartlett TN 38133

Name: Quest Pharmaceuticals
Address: 300 East Chestnut Street, Murray KY 42071

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Christi Throneberry, Owner/Manager
Print Name of Authorized Person

3.16.2022
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Tennessee

Parent Company if any: Clinical Solutions, LLC

Mailing Address: 416 Mary Lindsay Polk Drive, Suite 515

City: Franklin State: TN Zip: 37067

Telephone: 877-826-5488 Fax: 866-920-1597

Contact Person: Christi Throneberry

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Christi Throneberry, 2 Vaulx Lane, Nashville TN 37204, 95.01% Owner
Name Business Address

b) Paula Throneberry, 4 Church Street, Unit 2100, Nashville TN 37219, 4.99% Owner
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 0

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Clinical Solutions**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
CLINICAL SOLUTIONS WHOLESALE, LLC	3010191394	078710347	REPACK;	416 Mary Lindsay Polk Dr Ste 519, Franklin, Tennessee (TN) 37067, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Friday, Dec 13, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified 3/26/2020 NS

CLINICAL SOLUTIONS, LLC CORPORATE OFFICER(S)
March 6, 2020

Christi Throneberry, CEO
Diana Crawford, CFO

CLINICAL SOLUTIONS, LLC CORPORATE DIRECTORS
Marcus Brown, Director of Clinical Services
Chase Breland, Director of Strategic Initiatives
Mark Stewman, Director of Operations
Kathy Derby, Director Marketing
JD Garrison, Director IT

C065

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

OKLAHOMA SECRETARY OF STATE
ROOM 122
2300 N LINCOLN BLVD.
OKLAHOMA CITY, OK 73105

March 5, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0353383

Issuance Date: 03/05/2020
Copies Requested: 1

Document Receipt

Receipt # : 005342504

Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3777017821 $20.00

Regarding: Clinical Solutions Wholesale, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 06/27/2011
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control # : 661662
Date Formed: 06/27/2011
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Clinical Solutions Wholesale, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

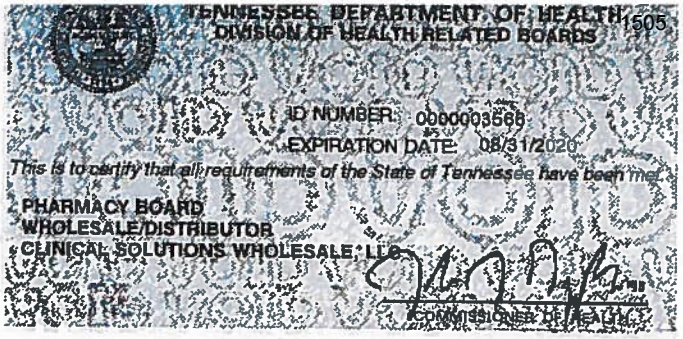
* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

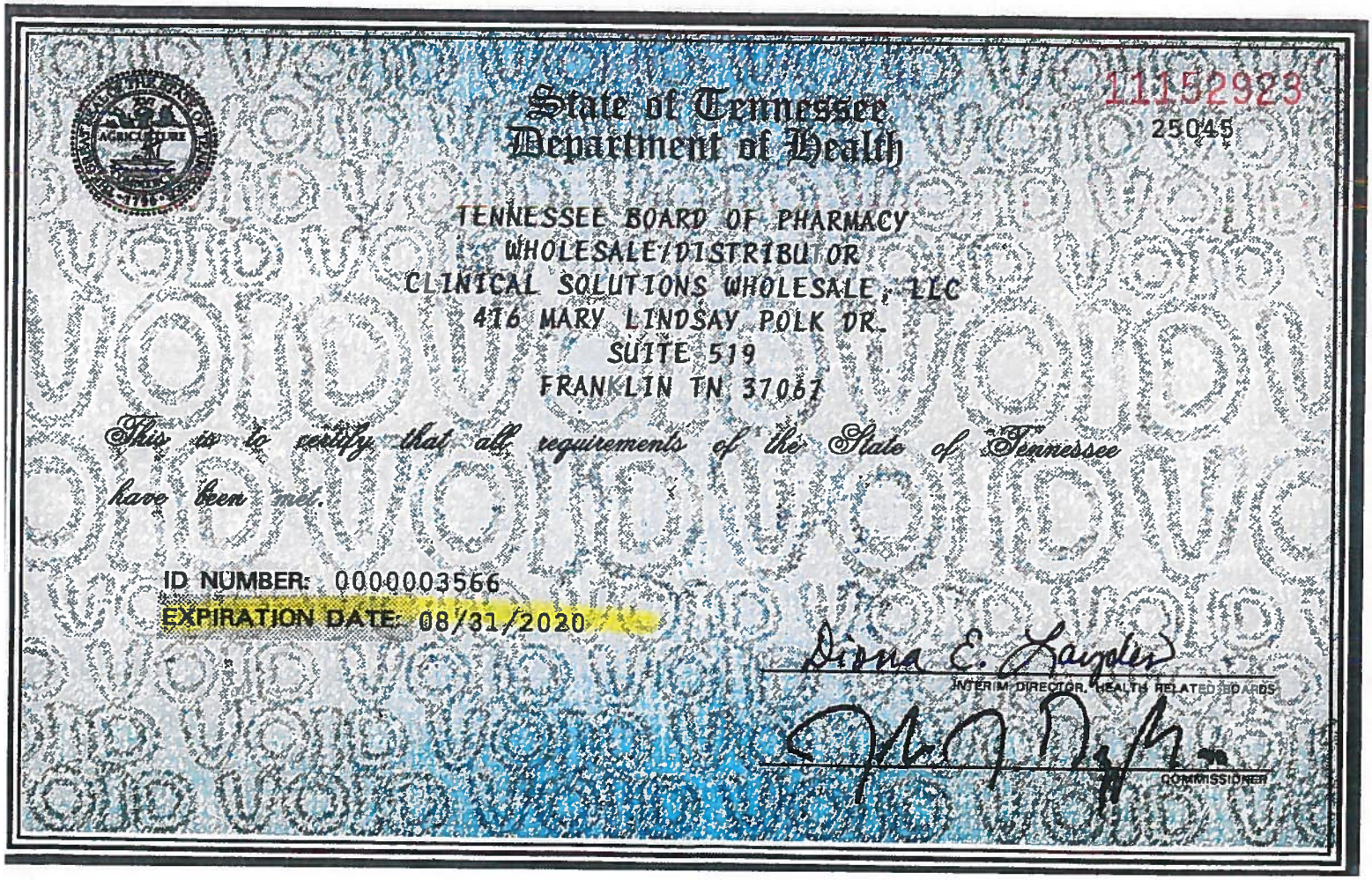
Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 038268738



CLINICAL SOLUTIONS WHOLESALE, LLC
416 MARY LINDSAY POLK DR. STE. 519
FRANKLIN TN 37067-2681



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV5206036

Application/License No. _____

Clinical Solutions Wholesale LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 416 Mary Lindsay Polk Drive, Suite 519 Franklin, TN 37067 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 13, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 13th day of March, 2020.

APPLICANT/PRINCIPAL

COMPANY

Clinical Solutions Wholesale LLC

(X) _____
Authorized Representative

SURETY

Merchants Bonding Company (Mutual)

_____
Surety Company's Representative

Jean Kuper
print name, Attorney-in-fact

SIGNED and SEALED in the presence of:

(X) _____
Witness

(X) _____
Witness

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
Nevada Resident Agent

LP 2079 NV (7/19)

MERCHANTS
BONDING COMPANY

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Jean Kuper

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and aut hority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 13th day of March , 2020 .

MERCHANTS NATIONAL BONDING INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss

On this 13th day of March , 2020 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 13th day of March , 2020 .

MERCHANTS NATIONAL BONDING INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
Secretary

 For bond verification contact verify@merchantsbonding.com

CHRISTI THRONEBERRY, PHARMD, CCHP - CEO AND OWNER

CURRENT POSITION

- Certified Tennessee and National WBE (Woman Business Enterprise)
- Formed Clinical Solutions, LLC from scratch starting with mail order medications to one small county jail to now shipping to 200+ correctional facilities in 13 states
- Public Health and Correctional Pharmacy Specific Consulting Services
- Expanded company from three (3) to over 50 employees
- Celebrated ten (10) years of being in business in 2014 with double digit growth annually
- In 2013, Clinical Solutions began a new wholesale line of business which also involved being an FDA-Repackager
- Clinical Solutions, LLC was awarded the 2012 Best in Business Award from the Nashville Business Journal
- Negotiated and Contracted with Wholesalers and GPOs through a formal bid process

EDUCATION

- Saint Thomas Health System (5/2002 to 5/2003); ASHP-Accredited Pharmacy Practice Residency
- Doctorate of Pharmacy (PharmD) – Samford University McWhorter School of Pharmacy, Birmingham, AL
- Pre-Pharmacy Completion and early acceptance in PharmD Program - Samford University, Birmingham, AL

EMPLOYMENT HISTORY

- Clinical Solutions, LLC (2/2004 to Present); CEO and Owner/Founder
- Secure Pharmacy Plus (5/2003 to 1/2004); Clinical Pharmacy Coordinator

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
Manufacturer/Wholesaler/Distributor
1-800-778-4123 or 6152531299

March 9, 2020

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. The Tennessee Board of Pharmacy is pleased to furnish the following information from our files:

PROFESSION:	Manufacturer/Wholesaler/Distributor
NAME:	Clinical Solutions Wholesale LLC
RANK:	Wholesale/Distributor
LICENSE NUMBER:	3566
ISSUE DATE:	August 04, 2011
EXPIRATION DATE:	August 31, 2020
CURRENT STATUS:	Licensed
STATUS DATE:	August 04, 2011
SPECIAL ENDORSEMENTS:	Controlled Substance Registration

COMMENTS: There is no history of disciplinary action on this license. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Regina B. Cummings

Tennessee Board of Pharmacy
VERIFICATN

CLINICALsolutions

CLINICAL SOLUTIONS, LLC
416 MARY LINDSAY POLK DRIVE
SUITE 515
FRANKLIN, TN 37067
PHONE: 615-369-2494
FAX: 866-920-1597

RE: Clinical Solutions, LLC, Non-Resident Pharmacy License #112560, License Renewal Disclosure Details

The purpose of this letter is to provide an explanation to disclosure of, "Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant, officer, member or partner involving the operation of a pharmacy, manufacturer, wholesaler or distributor?". Because the question now asks for discipline at any point in time in the licensee's history.

We answer "Yes" based on the Louisiana Board of Pharmacy's issuance of an allegation February 3, 2014, as stated in La. R.S. 37: 1221(B). That allegation was based solely on a brief lapse in the out-of-state pharmacy permit, which resulted from a clerical error on our licensing tracking sheet following the relocation of the business. In Louisiana, there is no grace period between the time a license expires to when you may still renew it and continue business without interruption. It was only a few days from the time the license lapsed until our company determined the error and self-reported the few prescriptions that were shipped during the lapse. This conduct occurred over six years ago for nine days, from January 1 to 17th, 2014.

Following the self-report and submission of the renewal application, Clinical Solutions ceased operations in the State of Louisiana until written authorization to continue was received from the board. Both prior to and following submission of the renewal application, Clinical Solutions met all requirements of La. R.S. 37:1232, and its' out-of-state permit #5543 in Louisiana was issued without incident. Based on the incident, the Louisiana Board of Pharmacy issued a letter of warning; and further assess a fine of $5,000.00 plus administrative costs.

Based on the Louisiana allegation, Kentucky did investigate the issuance of sister discipline in March 2016 following self-report on a license renewal, but ultimately dismissed the matter with no action taken. Texas Board of Pharmacy issued Preliminary Notice Letter received dated March 15, 2017 after Clinical Solutions self-reported the Louisiana matter on our Texas non-resident pharmacy license renewal. Texas ultimately took no action on the notice and dismissed the matter in June of 2017.

Clinical Solutions has remained in good standing with the Louisiana, Kentucky, and Texas Boards of Pharmacy without interruption and has always acted in good faith in keeping compliant with the laws in Louisiana Kentucky, and Texas.

We would like to point out that there was no premeditation to conduct business within the state of Louisiana following the expiration of the out-of-state pharmacy permit; the matter was self-reported with voluntary admissions of the conduct which served as a basis for the Louisiana disciplinary action. Clinical Solutions had no prior history of similar conduct in Louisiana or any other state. Since the Louisiana matter, Clinical Solutions has instituted a triple check process for licensing to ensure that lapses like the one in Louisiana do not occur. The pharmacy takes its compliance responsibilities very seriously, and aside from the Louisiana issue, has had no violations of law in Louisiana, Kentucky, Texas, Alabama or any other state. In addition, Clinical Solutions continues its' self-reporting

CLINICALsolutions

CLINICAL SOLUTIONS, LLC
416 MARY LINDSAY POLK DRIVE
SUITE 515
FRANKLIN, TN 37067
PHONE: 615-369-2494
FAX: 866-920-1597

March 6, 2020

RE: Clinical Solutions Pharmacy / Nevada Wholesale License Application

To whom it may concern,

I hope this letter finds you well. The purpose of this letter is to explain the "Yes" answer to the Application Questions regarding "any" prior discipline. Because we responded yes, we are providing the following statement to clarify.

We answered "Yes" based on the Louisiana Board of Pharmacy's issuance of an allegation February 3, 2014, as stated in La. R.S. 37: 1221(B). That allegation was based solely on a brief lapse in the out-of-state pharmacy permit, which resulted from a clerical error on our licensing tracking sheet following the relocation of the business. In Louisiana, there is no grace period between the time a license expires to when you may still renew it and continue business without interruption. It was only a few days from the time the license lapsed until our company determined the error and self-reported the few prescriptions that were shipped during the lapse. This conduct occurred over four years ago for nine days, from January 1 to 17th, 2014.

Following the self-report and submission of the renewal application, Clinical Solutions ceased operations in the State of Louisiana until written authorization to continue was received from the board. Both prior to and following submission of the renewal application, Clinical Solutions met all requirements of La. R.S. 37:1232, and its' out-of-state permit #5543 in Louisiana was issued without incident. Based on the incident, the Louisiana Board of Pharmacy issued a letter of warning; and further assess a fine of $5,000.00 plus administrative costs.

Based on the Louisiana allegation, the Texas Board of Pharmacy issued Preliminary Notice Letter received dated March 15, 2017 after Clinical Solutions self-reported the Louisiana matter on our Texas non-resident pharmacy license renewal. Texas ultimately took no action on the notice and dismissed the matter in June of 2017. Similar reviews were conducted by Alabama and Kentucky Boards of Pharmacy who found no cause for sister state discipline was founded.

Clinical Solutions has remained in good standing with the Louisiana Board of Pharmacy without interruption and has always acted in good faith in keeping compliant with the laws in Louisiana, Texas, Alabama, and Kentucky.

We would like to point out that there was no premeditation to conduct business within the state of Louisiana following the expiration of the out-of-state pharmacy permit; the matter was self-reported with voluntary admissions of the conduct which served as a basis for the Louisiana disciplinary action. Clinical Solutions had no prior history of similar conduct in Louisiana or any other state. Since the Louisiana matter, Clinical Solutions has instituted a triple check process for licensing to ensure that lapses like the one in Louisiana do not occur. The pharmacy takes its compliance responsibilities very seriously, and aside from the Louisiana issue, has had no violations of law in

CLINICALsolutions

CLINICAL SOLUTIONS, LLC
416 MARY LINDSAY POLK DRIVE
SUITE 515
FRANKLIN, TN 37067
PHONE: 615-369-2494
FAX: 866-920-1597

Louisiana, Texas, Alabama, Kentucky, or any other state. In addition, Clinical Solutions continues its' self-reporting by disclosing the Louisiana discipline. Clinical Solutions has no prior conduct or disciplinary actions other than the minor license lapse in Louisiana.

I hope you find this information helpful. Please feel free to contact me if you have any other questions or if I can be of any additional assistance.

Sincerely,
Clinical Solutions, LLC

By _____
Christi Throneberry, Owner/PIC
Phone: (615) 403-4422
Email: christi@clinicalsolutionspharmacy.com

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

CLINICAL SOLUTIONS

LOUISIANA PHARMACY PERMIT NO. 5543 **Case No. 14-0042**

****

CONSENT AGREEMENT

WHEREAS, **CLINICAL SOLUTIONS** (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 5543, P.O. Box 110725, Nashville, Tennessee 37222-0725, dispensed prescriptions to Louisiana residents without a current and valid Louisiana pharmacy permit.

WHEREAS, Respondent violated the following laws and regulations by dispensing drug prescriptions to Louisiana residents without a Louisiana out-of-state pharmacy permit:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

LAC Title 46: LIII §2305. Out-of-State Pharmacy Permit Requirements

A. The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board. The board may require such information as reasonably necessary to carry out the provisions of R.S. 37:1232, including, without limitation, the name, address, and position of each officer and director of a corporation or of the owners, if the pharmacy is not a corporation.

B. The out-of-state pharmacy shall pay an annual permit fee as defined in R.S. 37:1184.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **A Letter of Warning is issued to Louisiana Pharmacy Permit No. 5543; and**
2. **Respondent is ordered to pay a fine of $5,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $ 5,250.00, to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting.

However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to provide the Board with the following for reporting purposes to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB):

Respondent's National Provider Identifier (NPI) Number: 1760601074

Medicare Provider Number (if in the possession of one): N/A

I, Christi Throneberry, authorized to act on behalf of and acting on behalf of **CLINICAL SOLUTIONS,** understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 11 DAY OF February, 2014.

CLINICAL SOLUTIONS
Louisiana Pharmacy Permit No. 5543

BY: Authorized Representative

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 7, **2014**, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron
President and Hearing Officer for the Board

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV5206036

Application/License No. _____

Clinical Solutions Wholesale LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 416 Mary Lindsay Polk Drive, Suite 519 Franklin, TN 37067 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 13, 2020 (Effective Date).

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THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 13th day of March, 2020.

APPLICANT/PRINCIPAL

COMPANY

Clinical Solutions Wholesale LLC

(X) _____
Authorized Representative

SURETY

Merchants Bonding Company (Mutual)

_____
Surety Company's Representative

Jean Kuper, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

(X) _____
Witness

(X) _____
Witness

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
Nevada Resident Agent

LP 2079 NV (7/19)

MERCHANTS BONDING COMPANY

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Jean Kuper

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

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In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 13th day of March , 2020 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss
On this 13th day of March , 2020 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 13th day of March , 2020 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
Secretary

22C

EPI-CG-B-N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Exelan Pharmaceuticals, Inc.

Physical Address: 370 West Camino Gardens Boulevard, Suite 204

City: Boca Raton State: FL Zip Code: 33432

Telephone Number: (561) 287-6631 Fax Number: (561) 287-6631

Toll Free Number: N/A

E-mail: EPI@SLSNY.com Website: www.exelanpharma.com

Facility Manager: Teresa Lee Arndt

Professional qualifications and experience of facility manager: Project manager capable of leading cross-functional teams in producing successful results. Twenty plus years experience in all aspects of pharmaceutical contract negotiation, administration and management.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: US Government and Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☒ Controlled Substances (include copy of DEA)
☒ Other: Gabapentin
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) Labeler Code: 76282

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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

Brian Walter Christensen
Print Name of Authorized Person

12/3/09
Date

Board Use Only	Date Processed: _____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Invagen Pharmaceuticals, Inc.

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Invagen Pharmaceuticals, Inc. 7 Oser Avenue Hauppauge, NY 11788 100% Sole Owner
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. Invagen Pharmaceuticals, Inc. is the sole shareholder

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Exelan Pharmaceuticals, Inc.

Corporate Address: 370 West Camino Gardens Blvd., Suite 204, Boca Raton, FL 33432 USA
FEIN: 27-4312556
www.exelanpharma.com

Drug Labeler Code: 76282
Incorporation State: DE
Incorporation Date: 09/21/2010

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
CGB	370 West Camino Gardens Boulevard Suite 204 Boca Raton, FL 33432 County: Palm Beach	N/A	N/A - Uses 3PL DEA	967795266	No	(561) 287-6631	(561) 287-6631

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Teresa Lee Arndt	4799 Brighton Lakes Blvd Boynton Beach, FL 33436	Manager, Contracts	

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Invagen Pharmaceuticals, Inc.	, Oser Avenue Hauppauge, N		100%	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Brian Walter Christensen	Shanno Way Boca Raton, F	CEO	No
Biplab Mazumdar	ennyson Drive Plainsboro, NJ 08536-3016	Secretary, treasurer	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Corporation Service Company (CSC)

3PLS

Name	Address	Title	Prescribing Authority
UPS Supply Chain Solutions, Inc.	Outer Loop Road Louisville, KY 40219		

Company Particulo

1525

Home Stat

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

EXELAN PHARMACEUTICALS, INC.
1751 STATE ROUTE 17A SUITE 3
FLORIDA NY 10921

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

4515 ISSUED: 10/22/2019

PRESCRIPTION DRUG MANUFACTURER - VIRTUAL
EXELAN PHARMACEUTICALS, INC.

under the provisions of Ch. FS.
Expiration date OCT 31, 2021 L1910220000849

DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER
4515

The RX DRUG MANU V
Named below
Under the provisions of Chapter FS.
Expiration date: OCT 31, 2021

EXELAN PHARMACEUTICALS, INC.
370 WEST CAMINO GARDENS BLVD
SUITE 204
BOCA RATON FL 33432

ISSUED: 10/22/2019

DISPLAY AS REQUIRED BY LAW

SEQ # L1910220000849

Good Stand.

State of Florida
Department of State

I certify from the records of this office that EXELAN PHARMACEUTICALS INC. is a Delaware corporation authorized to transact business in the State of Florida, qualified on July 1, 2011.

The document number of this corporation is F11000002698.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on February 16, 2019, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourth day of December, 2019

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 3869313046CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. E386402

Application/License No. _____

Exelan Pharmaceuticals Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 370 W. Camino Gardens Blvd., Suite 204, Boca Raton, FL 33432 (Address of Applicant/Principal), as PRINCIPAL, and Great American Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 301 E 4th Street, Cincinnati, Ohio 45202 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of Twenty Five Thousand ($25,000), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 22, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than FOUR

No. 0 20979

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
STEPHEN SCHLUSSEL ROBYN ROST WILLIAM F. MARONEY MAUREEN GRANDE	ALL OF NEW YORK	ALL $10,000,000.00

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 5TH day of DECEMBER , 2017 .

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 5TH day of DECEMBER , 2017 , before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 05-18-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 22nd day of January , 2020.

Assistant Secretary

S1029AF (06/15)

STATE LICENSE SERVICING
1751 Route 17A, Suite 3
Florida, NY 10921
Tel, 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

Date: 12/10/19

To: Nevada State Board of Pharmacy

Re: Exelan Pharmaceuticals, Inc.

Wholesaler Application

Facility Address: 370 West Camino Gardens Boulevard, Suite 204, Boca Raton, FL 33432

Dear Sir/Madam:

Please be advised that I represent **Exelan Pharmaceuticals, Inc.** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/money order #2591626786 for your fee in the amount of **$500.00**. As required, the following documents are also being submitted:

- ☒ Company Particulars with Personal Info
- ☒ DEA Registration of Applicant
- ☒ Good Standing
- ☒ Home State License/Exemption Letter, Copy
- ☒ Proof of Labeler Code

If you have any questions or need any additional documentation, please contact our Deficiency Department at deficiencies@slsny.com.

Kind regards,

Jennifer Schneider
VP, Client Services

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)
PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)
EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
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Current through January 06, 2020

Records marked with (U): This information was removed from publication, because the record is uncertified.

You have searched Finished drug products

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Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Alfuzosin hydrochloride	76282-302-05	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090284	Exelan Pharmaceuticals Inc.	76282-302	Alfuzosin hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Alfuzosin hydrochloride	76282-302-01	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090284	Exelan Pharmaceuticals Inc	76282-302	Alfuzosin hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Alfuzosin hydrochloride	76282-302-90	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090284	Exelan Pharmaceuticals Inc	76282-302	Alfuzosin hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-237-05	2.5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc	76282-237	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-239-90	10 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc	76282-239	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-239-10	10 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc	76282-239	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-238-90	5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc	76282-238	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-237-90	2.5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc	76282-237	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
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Amlodipine besylate	76282-238-05	5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc	76282-238	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Aripiprazole	76282-044-30	2 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc	76282-044	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG
Aripiprazole	76282-046-01	10 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc	76282-046	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG

Verified DJ

Labeler coc

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

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Alfuzosin hydrochloride	76282-302-90	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090284	Exelan Pharmaceuticals Inc.	76282-302	Alfuzosin hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTIC DRUG
Alfuzosin hydrochloride	76282-302-01	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090284	Exelan Pharmaceuticals Inc.	76282-302	Alfuzosin hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTIC DRUG
Amlodipine besylate	76282-237-10	2.5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-237	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIC DRUG
Amlodipine besylate	76282-239-05	10 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-239	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIC DRUG
Amlodipine besylate	76282-237-05	2.5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-237	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIC DRUG
Amlodipine besylate	76282-238-90	5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-238	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIC DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Amlodipine besylate	76282-238-10	5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-238	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIC DRUG
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Aripiprazole	76282-044-01	2 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-044	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIC DRUG
Aripiprazole	76282-048-01	20 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-048	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIC DRUG
Aripiprazole	76282-044-30	2 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-044	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIC DRUG
Aripiprazole	76282-045-30	5 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-045	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIC DRUG
Aripiprazole	76282-046-30	10 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-046	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIC DRUG
Aripiprazole	76282-048-30	20 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-048	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIC DRUG
Aripiprazole	76282-049-01	30 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-049	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIC DRUG
Aripiprazole	76282-046-01	10 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-046	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIC DRUG
Aripiprazole	76282-047-30	15 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-047	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIC DRUG
Aripiprazole	76282-049-30	30 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-049	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIC DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Aripiprazole	76282-045-01	5 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-045	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTI DRUG
Aripiprazole	76282-047-01	15 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-047	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTI DRUG
Budesonide	76282-640-38	.25 mg/2mL	INHALANT	ORAL	ANDA205710	Exelan Pharmaceuticals, Inc.	76282-640	Budesonide	BUDESONIDE	HUMAN PRESCRIPTI DRUG
Budesonide	76282-641-38	.5 mg/2mL	INHALANT	ORAL	ANDA205710	Exelan Pharmaceuticals, Inc.	76282-641	Budesonide	BUDESONIDE	HUMAN PRESCRIPTI DRUG
Budesonide	76282-642-38	1 mg/2mL	INHALANT	ORAL	ANDA205710	Exelan Pharmaceuticals, Inc.	76282-642	Budesonide	BUDESONIDE	HUMAN PRESCRIPTI DRUG
Bupropion Hydrochloride	76282-480-05	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA206556	Exelan Pharmaceuticals Inc.	76282-480	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTI DRUG
Bupropion Hydrochloride	76282-481-30	300 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA206556	Exelan Pharmaceuticals Inc.	76282-481	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTI DRUG
Calcium Acetate	76282-377-60	667 mg/1	CAPSULE	ORAL	ANDA203135	Exelan Pharmaceuticals, Inc.	76282-377	Calcium Acetate	CALCIUM ACETATE	HUMAN PRESCRIPTIO DRUG
Calcium Acetate	76282-377-02	667 mg/1	CAPSULE	ORAL	ANDA203135	Exelan Pharmaceuticals, Inc.	76282-377	Calcium Acetate	CALCIUM ACETATE	HUMAN PRESCRIPTIO DRUG
CITALOPRAM HYDROBROMIDE	76282-207-05	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-207	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIO DRUG
CITALOPRAM HYDROBROMIDE	76282-628-10	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-628	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIO DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
CITALOPRAM HYDROBROMIDE	76282-628-90	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-628	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-206-10	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-206	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-206-30	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-206	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-207-30	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-207	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-629-30	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-629	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-206-90	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-206	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-207-10	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-207	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-208-30	40 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-208	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-628-05	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-628	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-207-90	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-207	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-208-05	40 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-208	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-208-90	40 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-208	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-206-05	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-206	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-208-10	40 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-208	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG
CITALOPRAM HYDROBROMIDE	76282-629-10	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-629	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIC DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
CITALOPRAM HYDROBROMIDE	76282-628-30	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-628	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTI DRUG
CITALOPRAM HYDROBROMIDE	76282-629-05	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-629	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTI DRUG

Showing 1 to 50 of 278 entries

Previous 1 2 3 4 5 6 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

STATE LICENSE SERVICING

STATE LICENSE SERVICING, INC.
1751 State Route 17A, Suite 3
Florida, New York 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

July 13, 2020

To: Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: **Notice of Administrative Fine**
Exelan Pharmaceuticals, Inc.
License/Permit No.: Pending – Initial

Dear Licensing Authority:

I write, on behalf of Exelan Pharmaceuticals, Inc. ("Exelan"), 370 West Camino Boulevard, Suite 204, Boca Raton, Florida 33432, to notify your agency that Exelan has entered a settlement agreement with the Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics ("DDC"). While the Florida DDC agrees that the agreement does not constitute discipline against Exelan within the meaning of applicable statutes and regulations, we wanted to apprise you of this development.

Exelan entered into a settlement agreement with the DDC and agreed to pay fifteen thousand dollars ($15,000). The final order, filed July 8, 2020, resolved allegations that Exelan operated a virtual prescription drug manufacturer without a permit, failed to maintain required records and failed to notify the DDC and related deficiencies before closing a licensed establishment. The final order is attached.

The aforementioned actions took place while Exelan was moving its corporate address from Georgia to the State of Florida. During the transition, the authentication documents produced by the third-party logistics provider listed the Florida address without a proper Florida license number. Exelan is now passing title as a virtual manufacturer from its licensed address in Florida and has closed its Georgia offices.

If you have questions or need any additional information, feel free to call me at (845) 544-2482 Ext. 207 (office) or (845) 545-1009 (cell) or e-mail me at jennifers@slsny.com.

Kind Regards,

Jennifer Schneider
VP, Client Services
State Licensing Servicing, Inc.

{00678879}

FILED
Department of Business and Professional Regulatio
Senior Deputy Agency Clerk
CLERK Brandon Nichols
Date 7/8/2020
File # 2020-03857

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v.

Case Nos.: 2019-055867
2019-055872
2019-052558

EXELAN PHARMACEUTICALS, INC.,

Respondent.
_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Exelan Pharmaceuticals, Inc. and the Department, attached hereto and incorporated by reference. This Final Order resolves alleged violations of Section 499.005(22), Florida Statutes (2018-2019), operating without a permit; Section 499.005(18), Florida Statutes (2018-2019), failure to maintain records as required; and Section 499.012(6), Florida Statutes (2018), failure to notify the Department before closing one establishment, failure to return the permit to the Department; failure to indicate the disposition of prescription drugs, if any, and failure to provide the name of a person to contact regarding access to records required to be maintained.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 2nd day of July, 2020 in Tallahassee, Florida.

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
for Walter Copeland
Division Director
Drugs, Devices, and Cosmetics
by delegation dated
6/26/2020

Prepared by:

Kathryn B. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Larry K. Houck, Hyman, Phelps and McNamara, P.C. 700 13th Street, N.W. Suite 1200, Washington, DC 20005 this 8th day of July, 2020.

By: _____
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

Case No(s).: 2019-055867
2019-055872
2019-052558

v.

EXELAN PHARMACEUTICALS, INC.,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case numbers 2019-055867, 2019-055872 and 2019-052558 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Exelan Pharmaceuticals, Inc. (hereinafter, "Respondent") is permitted as a prescription drug manufacturer—virtual by the Department, having been issued permit number 45:15.

2. Respondent's address of record is 370 West Camino Blvd., Ste. 204, Boca Raton, Florida 33432.

3. Respondent was issued a Notice of Violation on May 6, 2020, alleging that it

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committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case numbers 2019-055867, 2019-055872 and 2019-052558, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of fifteen thousand dollars ($15,000). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. Respondent affirms that the violations alleged in the Notice of Violation letter issued in case numbers 2019-055867, 2019-055872 and 2019-052558 have been corrected.

9. The Department agrees that this agreement will not be deemed to constitute discipline against the Respondent within the meaning of Section 499.066, Florida Statutes, and

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Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action or proceeding against Respondent by the Department. The Department will not deny or seek to deny any application for a permit of Respondent based on the allegations. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

10. As of the date the final order adopting this settlement agreement is filed, the Department releases Respondent from any civil or administrative claim by the Department arising from the facts and conclusions alleged in the Notice of Violation.

STANDARD PROVISIONS

11. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case numbers 2019-055867, 2019-055872 and 2019-052558. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

13. Respondent expressly waives all further procedural steps and expressly waives all

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rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

14. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

16. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

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EXELAN PHARMACEUTICALS, INC.,

By: DocuSigned by: Brian Christensen
0E0472E00AB0479

Name: Brian Christensen

Title: President

Date: 6/3/2020

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: E. Renée Alsobrook

Name: E. Renée Alsobrook

Title: Chief Compliance

Date: 6/2/2020

for Walter Copeland, Director by delegation dated 6/26/2020

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

STATE LICENSE SERVICING, INC.
1751 State Route 17A, Suite 3
Florida, New York 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

July 14, 2020

To: Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: **Notice of Discipline**
Licenses in the name of: Exelan Pharmaceuticals Inc.

License/Permit No.: Pending Initial

Dear Licensing Authority:

State License Servicing, Inc. represents Exelan Pharmaceuticals Inc., in the servicing of their state license portfolio. This letter shall serve as notice and disclosure of an administrative fine for the above-referenced licensee.

Exelan Pharmaceuticals has received a complaint letter from the New Hampshire Board of Pharmacy and has agreed to pay an administrative fine of five hundred dollars ($500). This complaint letter is the result of late notification of a change in address through the New Hampshire Board of Pharmacy's online system.

Exelan Pharmaceuticals has remitted the payment to the New Hampshire Board of Pharmacy.

Attached, please find a copy of the complaint letter and receipt of payment.

If you need any additional information, please feel free to call or e-mail me at the address below.

Kind Regards,

Jennifer Schneider

VP, Client Services
State Licensing Servicing, Inc.
EPI@slsny.com

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
BOARD OF PHARMACY
121 South Fruit Street, Suite 401
Concord, NH 03301-2412
Phone 603-271-2350 · Fax 603-271-2856
www.oplc.nh.gov/pharmacy

April 28, 2020

Exelan Pharmaceuticals, Inc.
NH License # 5395
370 West Camino Gardens Boulevard, Suite 204
Boca Raton, FL 33432

VIA EMAIL TO: bchristensen@exelanpharma.com

NOTICE OF VIOLATION

At its March 18, 2020 Meeting, the New Hampshire Board of Pharmacy ("Board") reviewed the Facility Change of Address Notice sent by your company on January 3, 2020 which showed your licensed facility's address (NH license # 5395) changed as of October 22, 2019. NH RSA 318:51-a, V and Ph 1002.12 (a) require notice of changes to any information noted on the original application, be submitted to the Board no later than 30 days following the change

These regulations state:

> *318:51-a Licensing of Manufacturers and Wholesalers Required. –*
>
> *V. (a) The manufacturer, wholesaler, distributor, reverse distributor, or broker to which a license has been issued shall, within 30 days of any change of information supplied in the original application, notify the board.*
>
> *Ph 1002.12 Reporting Changes.*
>
> *(a) It shall be the responsibility of the manufacturer/wholesaler to immediately notify the board of any changes of information submitted in the application for licensure.*

The Board further noted that Exelan was issued a Notice of Violation and fine of $150.00 on July 31, 2019 for violating the above regulations when it failed to submit a Change of Facility Contact Person within 30 days.

Accordingly, as this is the second offence violating these same sections of the Board's laws/rules, per the provisions of NH RSA 318:29, the Board sees fit to assess an administrative fine of $500.00.

You have the following two options upon receipt of this Notice. First, you can waive the right to a hearing, sign/date this document below, and submit along with your payment of the **$500.00** proposed fine via check or money order payable to ***Treasurer, State of New Hampshire*** within thirty (30) days of receipt of this Notice. Second, you may request a hearing on the matter by submitting a request for hearing in writing within 30 days of receipt of this Notice. The Board will thereafter schedule a hearing on the matter.

Per Order of the Board,

Jason Richard

April 28, 2020

Jason Richard
Acting Board Administrator

Authorized Representative for Licensed Facility:

Dated: 7/9/2020

Signature of Authorized Representative:

Printed Name: Brian Christensen

Title: President

1548

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WAT

11564063

citibank®
Citibank, N.A.

OFFICIAL CHECK

FCR 00452 Pat 004 $0.00 ONL
0X0-02 Ck. Ser.# 11564063

DATE

PAY ***FIVE HUNDRED DOLLARS*****

TO THE ORDER OF ***TREASURER, STATE OF NEW HAMPSHIRE***

NAME OF REMITTER
ADDRESS INVADER PHARMACEUTICALS INC

Citibank, N.A. One Penn's Way
New Castle, DE 19720

Drawer: Citibank, N.A.

BY
AUTHORIZED SIGNATURE

⑈11564063⑈ ⑆031100209⑆ 38762924⑈

22D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Mizner BioScience, LLC

Physical Address: 225 NE Mizner Boulevard, Suite 760

City: Boca Raton State: FL Zip Code: 33432

Telephone Number: (561) 570-1875 Fax Number: (561) 566-6066

Toll Free Number: N/A

E-mail: MIZ@slsny.com Website: www.miznerbioscience.com

Facility Manager: Marc Carpio Lanzar

Professional qualifications and experience of facility manager: Regulatory Affairs professional with great depth and breadth of experience in generics. Superb multitasker able to handle multiple projects efficiently and accurately.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☒ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Labeler Code:86039

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: *As of 02/10/2020, Mizner Bioscience, LLC has not distributed any products.
Address: Product launch is planned for Q1 2020.*

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Joseph T. Anzalone
Print Name of Authorized Person

2/10/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Mizner BioScience, LLC

Parent Company if any: N/A

Mailing Address: 225 NE Mizner Boulevard, Suite 760

City: Boca Raton State: FL Zip: 33432

Telephone: (561) 570-1875 Fax: (561) 566-6066

Contact Person: Marc Carpio Lanzar

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Robert J. Edwards Jr. 336 E Key Palm Road, Boca Raton, FL 33432
Name Business Address

b) Joseph T. Anzalone 731 Marble Way, Boca Raton, FL 33432
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $1.00

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Mizner BioScience, LLC

Corporate Address: 225 NE Mizner Boulevard, Suite 760, Boca Raton, FL 33432 USA
FEIN: 83-2505262
www.miznerbioscience.com

Drug Labeler Code: 86039
Incorporation State: FL
Incorporation Date: 11/7/2018

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
2MB	225 NE Mizner Boulevard Suite 760 Boca Raton, FL 33432 County: Palm Beach	N/A	N/A - No CS	104644394	No	(561) 570-1875	(561) 566-6066

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	DOB	Driver's License	
Fun Larissa Chu	. . J SW 166th Ave Pembroke Pines, FL 33027		No			*DR only for FL VM*
Marc Carpio Lanzar	3 NW 51st Place Coral Springs, FL 33076	Regulatory Affairs Manager	No			*DR for all states, except FL VM*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	DOB	Driver's License
Joseph T. Anzalone	Marble Way Boca Raton, FL 33432	Vice President and Secretary	30	No		
Robert J. Edwards Jr.	Key Palm Road Boca Raton, FL 33432	President and Treasurer	70	No		

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	DOB	Driver's License
Joseph T. Anzalone	. . . Marble Way Boca Raton, FL 33432	Vice President and Secretary	No		
Robert J. Edwards Jr.	Key Palm Road Boca Raton, FL 33432	President and Treasurer	No		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	DOB	Driver's License
InCorp Services, Inc.		

3PLS

Name	Address	Title	Prescribing Authority	DOB	Driver's License
Woodfield Distribution, LI	Billingham Lane, Suite A Sugar Land, TX 77478				
Woodfield Distribution, L	Clint Moore Road, Suite A Boca Raton, FL 33487				

Compliance Particulars 1554

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

Home State License

MIZNER BIOSCIENCE, LLC
1751 STATE ROUTE 17A SUITE 3
FLORIDA NY 10921

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

4516 ISSUED: 10/30/2019

PRESCRIPTION DRUG MANUFACTURER - VIRTUAL
MIZNER BIOSCIENCE, LLC

under the provisions of Ch. FS
Expiration date OCT 31, 2021 L1910300001034

DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER
4516

The RX DRUG MANU V
Named below
Under the provisions of Chapter FS.
Expiration date: OCT 31, 2021

MIZNER BIOSCIENCE, LLC
225 NE MIZNER BLVD
SUITE 760
BOCA RATON FL 33432

ISSUED: 10/30/2019

DISPLAY AS REQUIRED BY LAW

SEQ # L1910300001034

Florida dbpr Department of Business & Professional Regulation

Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Halsey Beshears, Secretary

Ron DeSantis, Governor

FEBRUARY 17, 2020

NAME: MIZNER BIOSCIENCE, LLC

ADDRESS: 225 NE MIZNER BLVD, SUITE 760, BOCA RATON FL 33432

PROFESSION: PRESCRIPTION DRUG MANUFACTURER - VIRTUAL

LICENSE NUMBER: 45:16

STATUS: CURRENT

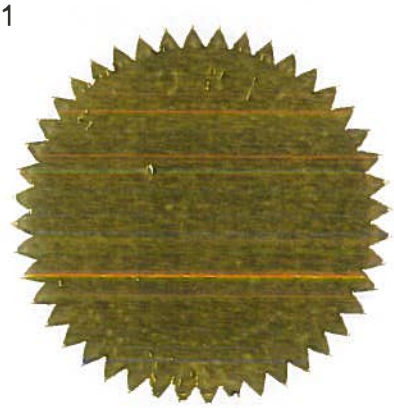
ISSUE DATE: OCTOBER 30, 2019

EXPIRATION DATE: OCTOBER 31, 2021

To Whom It May Concern:

The license is in a CURRENT status and EXPIRES OCTOBER 31, 2021
Verification by:

Ian Howard
Regulatory Specialist I
Florida Department of Business and Professional Regulation



You may also access online verification at https://www.myfloridalicense.com/wl11.asp?mode=0&SID=

Mizner Bioscience, LLC
NDC LABELER CODE REQUEST - ANIMAL DRUG

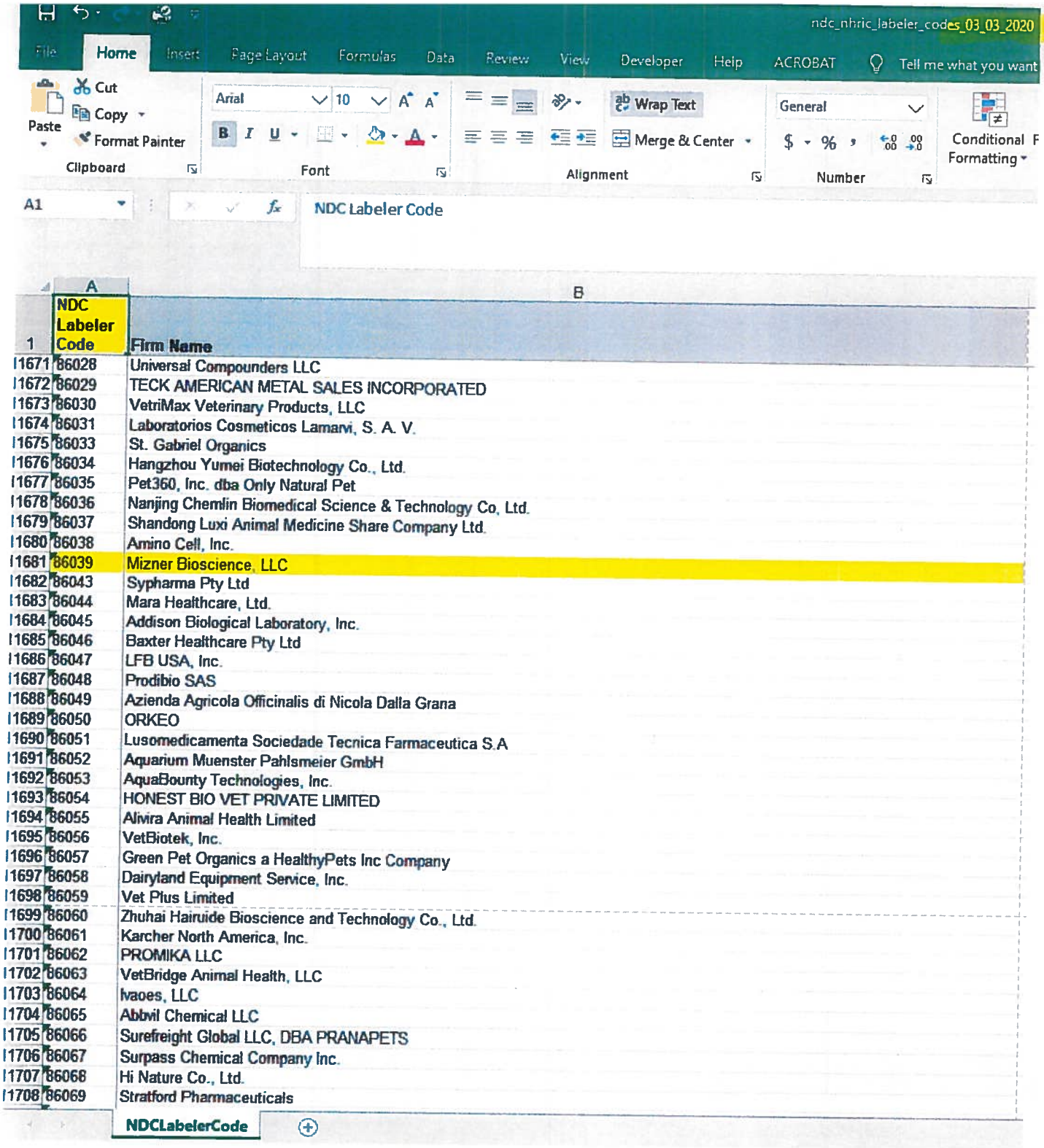
Labeler - Mizner Bioscience, LLC (104644394) **NDC Labeler Code:** 86039

Contact	Address	Telephone Number	Email Address
Anthony LaVela	Address: 225 NE Mizner BLVD. STE 650 City, State, Zip: Boca Raton, FL, 33432 Country: USA	+0-1-561-570-1875	Tony@miznerbioscience.com

Revised. 3/2019

Mizner Bioscience, LLC

labeler code



Verified DJ 3/3/2020

Subsidiary
FL 2008
Discipline

FLORIDA DEPARTMENT OF HEALTH

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

CERTIFIED MAIL/RETURN RECEIPT REQUESTED
NOTICE OF VIOLATION
Case No.: 2008-01080
Permit No.: 22:1018

November 21, 2008

Boca Pharmacal
Fred Elefant
3550 NW 126th Ave
Coral Springs, FL 33065

Dear Mr. Elefant:

Agents of the Department of Health (Department) detected the following violation of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (F.S.). These violations were detected during an inspection on December 13, 2007:

1. Boca Pharmacal received prescription drugs from an unlicensed entity. Boca Pharmacal received prescription drugs from Legacy Packing.

   This is a violation of Section 499.005(14), F.S.
   Monetary penalty ranges: $250.00 to $5,000.00 per day, per violation.
   Total fine assessed by Department: $500.00.

2. Boca Pharmacal failed to obtain a pedigree paper from its repackager.

   This is a violation of Section 499.005(28), F.S.
   Monetary penalty ranges: $250.00 to $5,000.00 per day, per violation.
   Total fine assessed by Department: $500.00.

The above referenced violation should not be regarded as an all-inclusive list of deficiencies that may be or may have been in existence at your company, and violation may not be limited to that cited above. It is your responsibility to ensure that your facility is in compliance with all requirements of the Florida Drug and Cosmetic Act and the Florida Administrative Code Regulations for Drugs, Devices, and Cosmetics. In order to resolve this matter, the Department proposes the following alternatives, either of which must be accomplished by your company within thirty (30) days of receipt of this letter:

4052 Bald Cypress Way, Bin A-02 • Tallahassee, FL 32399
850-245-4444 ext. 2022; fax: 850-413-8743

1. If your company does not contest the findings in this letter, and further agrees to waive its right to an administrative hearing pursuant to Florida Statutes 120.569 and 120.57, the Department and Boca Pharmacal, Inc. may resolve this matter. If you agree to a resolution, please sign and date the enclosed Agreement. Return to me at the address on this letterhead:

   (a) The original signed Agreement, and
   (b) A cashier's check, certified check, or money order for **ONE THOUSAND DOLLARS ($1,000.00)** made payable to the **Florida Drug, Device and Cosmetic Trust Fund.**

   Once the above listed two items are received, your case will be closed.

2. However, if you believe circumstances exist that the Department should consider before concluding this investigation, you may provide the Department your rationale and evidence to support your position within fifteen (15) days of receipt of this letter. If the Department does not agree with you, or we can not reach a satisfactory resolution of this matter, the Department may initiate appropriate legal action after expiration of the above referenced thirty (30) day time period. Appropriate legal action may include:
   (a) Filing and serving an administrative complaint for a hearing pursuant to Florida Statutes Chapter 120. This may result in the imposition of an administrative fine up to five thousand dollars ($5,000.00) per violation per day. Each day the violation continues constitutes a separate violation, and each such separate violation is subject to a separate fine. An Administrative Complaint also becomes a matter of public record and is published on the Department of Health website.
   (b) Revocation or suspension of the company permit.
   (c) Seizure for destruction of adulterated or misbranded products.
   (d) Seeking an injunction in Circuit Court to obtain compliance.
   (e) Initiating any other remedy authorized by law.

If you have any questions regarding this matter, or need further assistance in this matter, please contact me at the address on this letterhead or by telephone at 850.245.4444, Ext. 2022.

Sincerely,

Jennifer L. Condon
Assistant General Counsel

Enclosure: As Listed

Cc: Fred Elefant, 1650 Prudential Dr, Suite 105, Jacksonville, Fl 32207

Subsidiary
IL 2002
Discipline

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois,	Complainant	)	
v.		)	No. 2001-02638-1
BOCA PHARMACAL, INC. License No. 004/Unlicensed,	Respondent	)	

CONSENT ORDER

The Department of Professional Regulation by Michael C. Yount, one of its attorneys, and Boca Pharmacal, Inc., (hereinafter "Boca Pharmacal"), Respondent, hereby agree to the following:

STIPULATIONS

Boca Pharmacal, is a non-resident wholesale drug distributor located in the State of Florida. At all times material to the matter set forth in this Consent Order, the Department of Professional Regulation of the State of Illinois had jurisdiction over the parties and subject matter herein.

The Department alleges that Respondent, prior to licensure with the Department, engaged in the unlicensed practice of wholesale drug distribution.

The allegations as set forth herein, if proven to be true, would constitute grounds for disciplinary action against Respondent's license as a wholesale drug distributor on the authority of 225 ILCS (2001), Act 120, sections 25(a), 26, and 55 (a)(1).

As a result of the foregoing allegations, Respondent, by and through its attorney, Fred Elefant, expressed its desire to enter into a Consent Order with the Department. Michael C. Yount, staff attorney, represented the Department. Gary Reynolds, R.Ph., Chairperson of the Board of Pharmacy of the State of Illinois, was consulted regarding this matter.

Respondent admits the Department's allegation, however, Respondent presented the following information in mitigation: Respondent, at the time of the alleged violation, was unaware of the wholesale drug distributor licensing requirements in the State of Illinois; Respondent possesses a Florida Prescription Drug Wholesale license; and, Respondent regrets the incident, which was an oversight. Respondent has fully cooperated with the Department in this matter.

Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Michael C. Yount, its attorney, and Boca Pharmacal, Inc., Respondent, agree:

A. Respondent's Illinois wholesale drug distributor license shall be issued provided Respondent completes and submits to the Department all necessary forms and pays all necessary fees.

B. Immediately upon issuance of Respondent's license, said license shall be issued a reprimand.

C. Upon issuance of Respondent's license, said license shall be fined in the amount of $2,930.00. Within thirty (30) days of the effective date of this Consent Order, Respondent Boca Pharmacal, shall pay said fine by certified check or money order, made payable to the Illinois Department of Professional Regulation (IDPR). Respondent shall send the fine payment to the IDPR, Attn: Fiscal, 320 W. Washington, 3rd Floor, Springfield, Illinois 62786.

D. If Respondent Boca Pharmacal, fails to pay the aforementioned fine and the Department initiates a collection effort to retrieve the fine, Respondent Boca Pharmacal, shall be responsible for all costs and fees incurred by the Department in said collection effort.

E. Any violation of the terms and/or conditions of this Consent Order shall be grounds for the Department to immediately file a

Complaint to revoke or otherwise discipline Respondent's license to operate in the State of Illinois as a wholesale drug distributor.

F. This Consent Order shall become effective immediately after it is approved by the Director of the Department.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

12-03-01
DATE

Michael C. Yount
Attorney for the Department

11-25-01
DATE

Boca Pharmacal, Inc., by its designated representative, Respondent

11-21-01
DATE

Fred Elefant
Attorney for Respondent

11-30-2001
DATE

Gary Reynolds, R.Ph.
Member, Board of Pharmacy

The foregoing Consent Order is approved in full.

DATED THIS 11th day of January, 20 02.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

LEONARD A. SHERMAN
DIRECTOR

License No. 004 / Unlicensed
Case No. 2001-02638-1

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Bruce Rauner
Governor

Bryan A. Schneider
Secretary

Jay Stewart
Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

E5 Pharma LLC
Jennifer Moura
225 NE Mizner Blvd Ste 770
Boca Raton FL 33432

Licensee:	BOCA PHARMACAL INC
License Number:	004.001507
Profession:	LICENSED WHOLESALE DRUG DISTRIBUTOR
	SPECIALTY: WHOLESALER
Date of Issuance:	01/28/2002
Expiration Date:	12/31/2014
License Status:	NOT RENEWED
License Method:	NON-EXAM
Disciplinary History:	**Has been disciplined-see enclosed documents**

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

IL DEPT. OF FINANCIAL & PROFESSIONAL REGULATION DIV. OF PROFESSIONAL REGULATION

#7

Jay Stewart
Director
Division of Professional Regulation

May 5, 2016
Date

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Bruce Rauner
Governor

Bryan A. Schneider
Secretary

Jay Stewart
Director
Division of Professional Regulation

CERTIFICATION

I, Jay Stewart, Director of the Division of Professional Regulation, do hereby certify that I have been designated by the Secretary of the Department of Financial and Professional Regulation of the State of Illinois, as the keeper of its records and Seal. Such document(s) attached hereto are certified copies of the records maintained and kept by this Department in the regular course of business as of today's date.

IN WITNESS WHEREOF, I have set my hand and Seal of the Department of Financial and Professional Regulation at Springfield, Sangamon County, Illinois, this 5th day of April 2016.

#7

Jay Stewart
Director
Division of Professional Regulation

Please contact the *Division of Professional Regulation, Licensure Maintenance Unit*, at 1-800-560-6420 if you have any questions.

Documentation Certification ltr

State of Illinois
Department of Financial and Professional Regulation
Division of Professional Regulation
320 W. Washington St., 3rd Floor, Springfield, IL 62786

ATTENTION

The attached document is an official
State of Illinois
Licensure certification/verification, prepared by the
Illinois Department of Financial and Professional Regulation.

This certifies that the named individual has met all of the education/examination requirements by law in order to receive the credential that is being verified.

The Department has eliminated specific examination status from certifications/verifications of licensure, as passage of an examination is a requirement for licensure.

This information is the **ONLY** certification information provided by this Department. If other information is needed, it **MUST** be obtained from the applicant.

THANK YOU

Sister Company
AL 2018
Discipline

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
E5 PHARMA, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor	)	**CASE NO: 17-L-0092**
Virtual Permit No. 195367	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against E5 Pharma, LLC (hereinafter referred to as "E5") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that E5 violated the applicable provisions based upon the conduct set out in each and every Count of the Statement.

2. E5 shall pay to the Board an administrative fine in the amount of Five Thousand dollars ($5,000.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and E5 shall not attempt to discharge the same in any bankruptcy proceeding.

3. That E5 expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform

E5

Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. E5 further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, E5 hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That E5 agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That E5 acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. E5 acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

E5

DONE this the 5th day of April, 2018.

E5 Pharma, LLC

By: Robert J. Edwards Jr.
Its: CEO

Colleen M. Helsey, Attorney for E5 Pharma, LLC

DONE this the 17 day of April, 2017. 2018

ALABAMA STATE BOARD OF PHARMACY

By:
David Darby, R.Ph., President

By:
James S. Ward
Its Attorney

OF COUNSEL:
WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

E5

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
E5 PHARMA, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor	)	**CASE NO: 17-L-0092**
Virtual Permit No. 195367	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: E5 Pharma, LLC
225 NE Mizner Boulevard
Boca Raton, Florida 33432

Pursuant to the provisions of 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, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on April 17th, 2018 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate E5 Pharma, LLC as a Private Label Distributor-Virtual should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted in that it is alleged that E5 Pharma, LLC has been guilty of the following, to-wit:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(3) provides that the Board of Pharmacy shall consider, at a minimum, certain factors in reviewing the qualifications of those who engage in the wholesale distribution of drugs within Alabama. Those minimum factors

include:

(a) Compliance with licensing requirements under previously granted license, if any.

(b) Compliance with the requirements to maintain records required to be maintained.

(c) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution.

(d) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

3. Board Rule 680-X-2.23(3)(k)(1) provides that it shall be a violation of this Rule to operate in such a manner as to endanger public health.

4. Board Rule 680-X-2.23(3)(k)(2) provides any violation of this Rule may be grounds for the revocation, suspension, probation or refusal to issue the permit and/or to impose a fine not to exceed the sum of One Thousand and no/100 Dollars ($1,000) for each violation.

5. Board Rule 680-X-2.23(3)(k)(3) provides that must operate in compliance with applicable Federal and State law.

6. Code of Alabama (1975), § 34-23-32 requires a current and valid permit in order to engage in the activities set out therein.

COUNT ONE

Violating Code of Alabama (1975), §34-23-32 in that during 2014, 2015, 2016 and/or 2017 you distributed drug products or were involved in the distribution of drug

products in the State of Alabama without a current or valid permit to do so.

The Board alleges that each distribution is a separate and distinct violation.

COUNT TWO

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state by failing to disclose on your 2007-2008 initial application for a permit as a Manufacturer, Wholesaler/Distributor dated September 24, 2007, when required to do so, a Consent Order entered by the State of Illinois Department of Professional Regulation on January 11, 2007 attached hereto as Exhibit "A" and/or you engaging in the unlicensed practice of wholesale drug distribution.

COUNT THREE

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state by failing to disclose on your renewal application for 2013-2014 dated when required to do so a Settlement Agreement with the Florida State Board of Pharmacy on December 1, 2008 attached hereto as Exhibit "B".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 8th day of January, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson
Secretary

EXHIBIT A

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois	Complainant	)	
v		)	No 2001-02538-1
BOCA PHARMACAL, INC License No 004/Unlicensed	Respondent	)	

CONSENT ORDER

The Department of Professional Regulation by Michael C Yount one of its attorneys, and Boca Pharmacal, Inc (hereinafter "Boca Pharmacal") Respondent hereby agree to the following

STIPULATIONS

Boca Pharmacal is a non-resident wholesale drug distributor located in the State of Florida At all times material to the matter set forth in this Consent Order, the Department of Professional Regulation of the State of Illinois had jurisdiction over the parties and subject matter herein

The Department alleges that Respondent prior to licensure with the Department, engaged in the unlicensed practice of wholesale drug distribution

The allegations as set forth herein if proven to be true, would constitute grounds for disciplinary action against Respondent's license as a wholesale drug distributor on the authority of 225 ILCS (2001) Act 120, sections 25(a) 26 and 55 (a)(1)

As a result of the foregoing allegations, Respondent by and through its attorney, Fred Elefant, expressed its desire to enter into a Consent Order with the Department. Michael C Younl, staff attorney represented the Department Gary Reynolds, R.Ph , Chairperson of the Board of Pharmacy of the State of Illinois was consulted regarding this matter.

Respondent admits the Department's allegation, however, Respondent presented the following information in mitigation: Respondent, at the time of the alleged violation, was unaware of the wholesale drug distributor licensing requirements in the State of Illinois; Respondent possesses a Florida Prescription Drug Wholesale license, and, Respondent regrets the incident, which was an oversight. Respondent has fully cooperated with the Department in this matter.

Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to a hearing the right to contest any charges brought, and the right to administrative review of any order resulting from a hearing Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois

MAY 1 1 2017

CONDITIONS

WHEREFORE, the Department, through Michael C. Younl, its attorney, and Boca Pharmacal, Inc., Respondent, agree

A Respondent's Illinois wholesale drug distributor license shall be issued provided Respondent completes and submits to the Department all necessary forms and pays all necessary fees

B Immediately upon issuance of Respondent's license, said license shall be issued a reprimand

C Upon issuance of Respondent's license, said license shall be fined in the amount of $2,930.00. Within thirty (30) days of the effective date of this Consent Orcer, Respondent Boca Pharmacal, shall pay said fine by certified check or money order made payable to the Illinois Department of Professional Regulation (IDPR). Respondent shall send the fine payment to the IDPR, Attn: Fiscal, 320 W. Washington, 3rd Floor, Springfield, Illinois 62786.

D If Respondent Boca Pharmacal fails to pay the aforementioned fine and the Department initiates a collection effort to retrieve the fine, Respondent Boca Pharmacal shall be responsible for all costs and fees incurred by the Department in said collection effort

E Any violation of the terms and/or conditions of this Consent Order shall be grounds for the Department to immediately file a

Complaint to revoke or otherwise discipline Respondent's license to operate in the State of Illinois as a wholesale drug distributor.

F. This Consent Order shall become effective immediately after it is approved by the Director of the Department.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

12-03-01
DATE

Michael C. Yount
Attorney for the Department

11-25-01
DATE

Boca Pharmacal, Inc., by its designated representative, Respondent

11-21-01
DATE

Fred Elefant
Attorney for Respondent

11-30-2001
DATE

Gary Reynolds, R.Ph.
Member, Board of Pharmacy

The foregoing Consent Order is approved in full.

DATED THIS 11th day of January, 20 02

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

LEONARD A. SHERMAN
DIRECTOR

License No. 004 Unlicensed
Case No. 2001-02638-1

E5

EXHIBIT B

FL Discipline

INITIAL - 2348
Department of Health
By: Rachel B
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2008-01080

vs.

BOCA PHARMACAL, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on November 21, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about December 1, 2008, and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and ORDERED this 23 day of December 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: _____
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: Boca Pharmacal, Inc., 3550 NW 126th Ave, Coral Springs, Fl 33065, this 2nd day of December, 2008.

Deputy Clerk

cc: Jennifer Condon, DOH 4052 Bald Cypress Way, Bin #A-02 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

E5

SETTLEMENT AGREEMENT
Boca Pharmacal, Inc
Case No: 2008-01080

Pursuant to S. 120.57(4), Florida Statutes, the above named party hereby enters into this stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Boca Pharmacal, Inc. neither admits nor denies the alleged violations in the Notice of Violation.
2) During the time the alleged violations occurred, Boca Pharmacal, Inc was permitted as a Prescription Drug Wholesaler within the state of Florida.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes and Chapter 499, Florida Statutes.

CONCLUSIONS OF LAW

4) Boca Pharmacal, Inc, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes, and the jurisdiction of the Department.
5) Boca Pharmacal, Inc. admits that the findings set forth in the Notice of Violation, if proven, would constitute a violation of Chapter 499, Florida Statutes.

SETTLEMENT

6) Boca Pharmacal, Inc, agrees to pay a fine of ONE THOUSAND DOLLARS ($1,000.00), and acknowledges that the total payment is enclosed with this agreement.
7) Boca Pharmacal, Inc. affirms the violations cited in the Notice of Violation letter issued under this case number have been corrected.

EXHIBIT
A

MAY 11 2017

8) Boca Pharmacal, Inc. affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

9) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

10) Boca Pharmacal, Inc. expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

11) Boca Pharmacal, Inc. waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

Corporate Seal:

By: _____ 12/1/07
President (or authorized agent) Date

Attested by: _____ 12-1-07
Corporate Secretary Date

[Note this line only applies if the respondent is a corporation.]

Standing

State of Florida
Department of State

I certify from the records of this office that MIZNER BIOSCIENCE, LLC is a limited liability company organized under the laws of the State of Florida, filed on November 7, 2018.

The document number of this limited liability company is L18000261472.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on February 12, 2020, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-fifth day of February, 2020

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 3141789815CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. Duplicate #0779909

Application/License No. _____

Mizner Bioscience, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 225 NE Mizner Blvd Ste 760 Boca Raton, FL 33432 (Address of Applicant/Principal), as PRINCIPAL, and HARCO NATIONAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 702 Oberlin Road, Raleigh, North Carolina 27605 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 2/21/2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21th day of February, 2020.

APPLICANT/PRINCIPAL
Mizner Bioscience, LLC

Authorized Representative

SURETY COMPANY
HARCO NATIONAL INSURANCE COMPANY

Surety Company's Representative

Sharif Ismail, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Bond # Duplicate #0779909

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

RALF RIGO, SHARIF ISMAIL

Syracuse, NY

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1984 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079910 My Comm. Exp. 04-04-2023 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 02/24/2020

A00816

Irene Martins, Assistant Secretary

Marc C. Lanzar
NW PL
Coral Springs, FL 33076

iol.com

PROFESSIONAL SUMMARY

- Strongly reliable and focused Regulatory Affairs professional with great depth and breadth of experience in generics. Superb multitasker able to handle multiple projects efficiently and accurately. Effective independent worker as well as excellent coordinator with other members of a regulatory affairs team.

CORE QUALIFICATIONS

- Highly motivated, organized Regulatory Affairs professional
- Extensive work experience in generic CMC post-approval, Regulatory Operations & Labeling
- Strong organizational skills and able to handle multiple projects and set priorities
- Detail oriented
- Quickly adapt to new environments with the ability to learn new technologies and applications quickly and efficiently
- Strong communication skills and a great team player

PROFESSIONAL EXPERIENCE

Mizner Bioscience
Regulatory Affairs Manager 09/19 – Present

- Oversee and manage regulatory activities and drive project timelines to coordinate the compilation, review and submission process for new ANDA's/ANADA's, subsequent amendments including SPL/PLR (labeling), all interactions and communications with the FDA from product inception to approval, including regulatory support for assigned projects
- Provide strategic regulatory input for product issue resolution, coordinate, prioritize, and provide day-to-day regulatory support throughout product life cycle
- Support post-marketing regulatory activities for all approved ANDA and ANADA products
- Collect and coordinate information for regulatory documentation packages for eCTD compilation and submission

Endo Pharmaceuticals
Senior Regulatory Affairs Liaison Associate 05/19 – 09/19

- Assist in the development of regulatory strategies with an accurate assessment of regulatory impact and risk
- Assist in the authoring, compilation, review and submission of high quality regulatory submissions to Health Authorities in accordance with regulatory guidelines
- Support labeling development, reviews and approvals through the RA Labeling Group for NDA/ANDA products
- Support post-marketing regulatory activities for all approved NDA/BLA products
- Collaborate with cross functional teams in order to assist in the implementation of regulatory strategies aligned with business objectives

- Supports product teams, as needed, to ensure that regulatory requirements are incorporated as part of the product development process and life cycle management

Regulatory Affairs Associate – CMC 08/17 - 05/19

- Execute regulatory strategies by leading the development, authoring and review of CMC submission components and documentation to support supplements, annual reports and responses to FDA
- Provide input to products and project regulatory strategies by performing assessments of CMC changes for both internal and Contract Manufacturing Organizations, identifying regulatory requirements and evaluating supporting documentation to assess acceptability and identify potential risks
- Research and analyze regulatory information and maintain current regulatory knowledge
- Provide regulatory support and guidance to various departments, programs and teams with a strong emphasis on frequent interactions with technical teams to ensure that project timelines are met
- Collect and coordinate information for regulatory documentation packages for eCTD submission

Par Pharmaceutical formerly Qualitest Pharmaceuticals 04/14 - 08/17

Regulatory Affairs Specialist

- Prepare regulatory submissions to various health authorities in compliance with appropriate company business processes and external regulations/guidance/specifications
- Collect and coordinate information for regulatory documentation packages for eCTD submission
- Submit eCTD submissions to health authorities and track related information in department databases
- Perform QA/QC for submission documents and deliverables for submission-readiness
- Ensure that the quality, content and format of submissions comply with FDA Regulations and Guidelines
- Prepare ANDA's, Amendments, Controlled Correspondences, Annual Reports, Periodic Adverse Drug Experience Reports and Post-Approval Supplements for multiple dosage forms to the FDA in a timely matter
- Ensure timely review of submission of all assigned projects
- Review change controls internally and from Contract Manufacturing Organizations for changes supporting manufacturing/testing facilities, assessing regulatory impact and determining a reporting strategy
- Represent Regulatory Affairs on interdisciplinary project teams with some guidance and answer related questions
- Interact closely with colleagues across functional business units and sites to coordinate documentation required for submissions, ensuring that project timelines are met

Boca Pharmacal 07/13 – 04/14

Regulatory Affairs Associate

- Collect and coordinate information for regulatory documentation packages for eCTD submission
- Review labeling for compliance with regulatory requirements
- Structured product labeling (SPL) for final product text inserts

- Coordinate with CMO's and printing companies in regards to approved and unapproved labels
- Preparing ANDAs, amendments and supplements for submissions to the FDA
- Filing and reviewing Adverse Event Reports

Walgreens Pharmacy 04/06 – 04/14

Senior Certified Pharmacy Technician

- Registered Pharmacy Technician - State of Florida
- Handling & order of medication
- Management of drug inventory
- Compounding and reconstitution
- Quality customer service
- Assisting pharmacist
- In charge of scheduling

EDUCATION

- B.A., Biology, University of Miami, May 2009
- Marjory Stoneman Douglas High School, 2001-2005

CERTIFICATIONS

- Certified Pharmacy Technician (CPhT), Pharmacy Technician Certification Board (PTCB), September 2018
- Regulatory Affairs Certificate: Medical Devices and Pharmaceuticals (Dual), Regulatory Affairs Professionals Society (RAPS) Online University, April 2018

PROFESSIONAL AFFILIATIONS

- Regulatory Affairs Professional Society

REFERENCES

Fun Chu, Ph.D. -1331
Chief Scientific Officer, e5 Pharma/Mizner Bioscience

Cynthia Holdos -9990
Manager, Regulatory Affairs, Fougera Pharmaceuticals Inc.

Jeffry Lynch, Ph.D. 4193
Former Senior Director, Regulatory Affairs, Endo Pharmaceuticals

Kristi Bouras, Pharm.D.
Pharmacy Manager, Walgreens #6772 -8558

LANGUAGES

- English
- Spanish

STATE LICENSE SERVICING

RECEIVED
APR 15 2020
NEVADA STATE BOARD
OF PHARMACY

STATE LICENSE SERVICING, INC
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

April 13, 2020

To: Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: **Notice of Non-Disciplinary Action - Administrative Fine Only**

Mizner BioScience, LLC

Pending Initial: Wholesaler Virtual Manufacturer

- **225 NE Mizner Boulevard, Suite 760, Boca Raton, FL 33432**

Dear Licensing Authority:

State License Servicing, Inc. represents Mizner BioScience, LLC in the servicing of their state licenses. To extent required by your State, this letter shall serve as a disclosure of a **non-disciplinary administrative fine** for the above-referenced licensee.

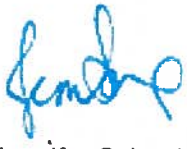
Mizner BioScience, LLC has entered into a Settlement Agreement with the State of Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics. The State of Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics issued an administrative fine against Mizner BioScience, LLC. in the amount of Six Thousand, Five Hundred Dollars ($6,500.00). This administrative fine is the result of a alleged violation of Chapter 499, Florida Statutes.

Mizner BioScience, LLC returned the signed Settlement Agreement to the State of Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics on March 5, 2020, and submitted payment for the Six Thousand, Five Hundred Dollars ($6,500.00) administrative fine on March 5, 2020.

Attached please find copies of the notice regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,



Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
MIZ@slsny.com

FILED 1591
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK Brandon Nichols
Date 3/10/2020
File # 2020-02074

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case Nos.: 2019-055687**

MIZNER BIOSCIENCE, LLC,

Respondent.
_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Mizner Bioscience, LLC. and the Department, attached hereto and incorporated by reference. This Final Order resolves alleged violations of Section 499.005(22), Florida Statutes (2019), by operating as a virtual prescription drug manufacturer without a permit; Section 499.005(14), Florida Statutes (2018), by purchasing prescription drugs from unauthorized persons; Section 499.005(2), Florida Statutes (2019), by causing the adulteration of prescription drugs and Section 499.005(4), Florida Statutes (2019), by commingling business records.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 9th day of March, 2020 in Tallahassee, Florida.

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter Copeland
Division Director
Drugs, Devices, and Cosmetics

Prepared by:

Kathryn H. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Edwin A. Bayó, Grossman, Furlow & Bayó, LLC 2022-2 Raymond Diehl Road, Tallahassee, Florida 32308, this 10th day of March, 2020.

By: _____
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

Case No(s).: 2019-055687

v.

Mizner Bioscience, LLC,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-055687 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Mizner Bioscience, LLC (hereinafter, "Respondent") is not permitted at this time by the Department, to operate as a Prescription Drug Manufacturer - Virtual.

2. Respondent's address of record is 225 Mizner Blvd., Ste. 760, Boca Raton, Florida 33432.

3. Respondent was issued a Notice of Violation on January 15, 2020 alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019-055687, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of ten thousand dollars ($10,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant**. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The Department agrees that this agreement will not be deemed to constitute discipline against the Respondent within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action or proceeding against Respondent by the Department. The Department will not deny or seek to deny any application for a permit of Respondent based on the

allegations. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-055687. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall

constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MIZNER BIOSCIENCE, LLC.,

By: _____

Name: Joseph Angalone

Title: Chief Operating Officer

Date: 3/2/2020

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 03.09.2020

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

STATE LICENSE SERVICING, INC
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

August 3, 2020

To: Nevada State Board of Pharmacy
985 Damonte Ranch Parlway
Suite 206
Reno, NV 89521

Re: **Notice of Administrative Fine**

Mizner BioScience, LLC

License/Permit No.:Pending initial
Address: 225 NE Mizner Boulevard, Suite 760, Boca Raton, FL 33432

Dear Licensing Authority:

State License Servicing, Inc. represents Mizner BioScience, LLC in the servicing of their state licenses. This letter shall serve as disclosure of Consent Agreement and non-disciplinary administrative fine for the above-referenced licensee.

Mizner BioScience, LLC has entered into a consent agreement with the Alabama State Board of Pharmacy. The Alabama State Board of Pharmacy has issued a non-disciplinary administrative fine against Mizner BioScience, LLC in the amount of One Thousand Dollars ($1,000.00). This administrative fine is the result of a violation of the Alabama Pharmacy Practice Act.

Mizner BioScience, LLC returned the signed Consent Agreement to the Alabama State Board of Pharmacy on July 20, 2020 and submitted payment for the One Thousand Dollars ($1,000.00) administrative fine on July 27 , 2020.

Attached please find copies of the notice regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
MIZ@slsny.com

DocuSign Envelope ID: 0BD682C1-AFBA-4035-ABFE-B505E1D79234

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
MIZNER BIOSCIENCE, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor Applicant	)	**CASE NO: 20-L-0048**

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a New Private Label Distributor application dated February 2, 2020 submitted by Mizner Bioscience, LLC (hereinafter referred to as the "Mizner") and a Statement of Charges and Notice of Hearing ("Statement") alleging whether the application was satisfactory to the Board allowing its issuance. A copy of the Statement is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Mizner through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The permit to operate Mizner as a Private Label Distributor in the State of Alabama shall be granted upon the payment of non-disciplinary administrative fine in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall the pharmacy attempt to discharge the same.

2. Mizner expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure 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

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Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with the Statement and any judicial review. Mizner 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.

3. By execution of this Consent Order, Mizner 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.

4. Mizner acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Mizner's permit, including, but not limited to revocation.

5. Mizner acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Mizner 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.

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DONE this the 20th of July, 2020.

MIZNER BIOSCIENCE, LLC

BY: _____

ITS: Joseph Anzalone, COO

Colleen M. Helsey, James Day

Colleen M. Helsey, attorney for Mizner Bioscience, LLC

DONE this the 20 of July, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: Ralph E. Sorrell

Ralph E. Sorrell, R.Ph., President

By: _____

James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

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EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
MIZNER BIOSCIENCE, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor Applicant	)	**CASE NO: 20-L-0048**

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Mizner Bioscience, LLC
225 NE Mizner Boulevard
Suite 760
Boca Raton, Florida 33432

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32(d), § 34-23-92 (12), and Code of Alabama (1975), § 41-22-12, you are hereby notified and required to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on July 23, 2020 at 8:00 a.m., at the Board office located at 111 Village Parkway, Birmingham, Alabama 35243 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether the Application for New Permit as a Private Label Distributor dated February 2, 2020 is satisfactory to the Board and/or should be granted based upon any or all of the following:

1. The Final Order entered by the Florida Department of Business, Professional Regulation, Division of Drugs, Devices and Cosmetics dated March 9, 2020 and/or the Settlement Agreement dated March 9, 2020 attached hereto together as Exhibit "A" and/or the allegations of violations of various statutory provisions as more fully set forth in the referenced Order.

At the aforesaid time and place and from time to time thereafter as may be

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directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 1st day of May, 2020.

ALABAMA STATE BOARD OF PHARMACY

Donna C Yeatman

By: Donna C. Yeatman
Executive Secretary

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EXHIBIT A

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK Brandon Nichols
Date 3/10/2020
File # 2020-02074

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case Nos.: 2019-055687**

MIZNER BIOSCIENCE, LLC,

Respondent.

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Mizner Bioscience, LLC, and the Department, attached hereto and incorporated by reference. This Final Order resolves alleged violations of Section 499.005(22), Florida Statutes (2019), by operating as a virtual prescription drug manufacturer without a permit; Section 499.005(14), Florida Statutes (2018), by purchasing prescription drugs from unauthorized persons; Section 499.005(2), Florida Statutes (2019), by causing the adulteration of prescription drugs and Section 499.005(4), Florida Statutes (2019), by commingling business records.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

APR 16 2020

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DONE and ORDERED this 11th day of March, 2020 in Tallahassee, Florida

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By:
Walter Copeland
Division Director
Drugs, Devices, and Cosmetics

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Edwin A. Bayó, Grossman, Furlow & Bayó, LLC 2022-2 Raymond Diehl Road, Tallahassee, Florida 32308, this 11th day of March, 2020.

By:
Agency Clerk's Office

DocuSign Envelope ID: 0BD682C1-AFBA-4035-ABFE-B505E1D79234

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION. DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner. **Case No(s).: 2019-055687**

v

Mizner Bioscience, LLC,

Respondent.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-055687 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Mizner Bioscience, LLC (hereinafter, "Respondent") is not permitted at this time by the Department, to operate as a Prescription Drug Manufacturer - Virtual.

2. Respondent's address of record is 225 Mizner Blvd., Ste. 760, Boca Raton, Florida 33432.

3. Respondent was issued a Notice of Violation on January 15, 2020 alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

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adopted pursuant thereto

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5 Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019-055687, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7 Respondent agrees to pay a settlement amount of ten thousand dollars ($10,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8 The Department agrees that this agreement will not be deemed to constitute discipline against the Respondent within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action or proceeding against Respondent by the Department The Department will not deny or seek to deny any application for a permit of Respondent based on the

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allegations. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

STANDARD PROVISIONS

9 It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-035687. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11 Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall

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constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MIZNER BIOSCIENCE, LLC.,	FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,
By:	By
Name:	Name: Walter Copeland
Title:	Title: Division Director
Date:	Date:

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

Mark I. Sedar

From: Compliance Department <compliance@slsnysupport.com>
Sent: Friday, August 7, 2020 10:12 AM
To: Mark I. Sedar
Subject: Re: [#73609] RE: Mizner BioScience, LLC - Addition of Controlled Substance
Attachments: Woodfield-Distribution-LLC-DEA-Distributor-License-Exp.-5-31-21.pdf; Woodfield-Distribution-LLC-TX-DEA-Distributor-License-Exp.-5-31-2021.pdf

From: State License Servicing, Inc.

Subject: RE: Mizner BioScience, LLC - Addition of Controlled Substance

Ticket Number 73609

Good afternoon Mark

I hope this email finds you well,

I hereby advise that this facility is a Virtual Manufacturer which relies upon a Third Party Logistics Provider for all drug distribution. Attached you'll find the 3PL's DEA registration, please confirm receipt and advise if this will suffice in order to proceed accordingly.

Mizner BioScience, LLC
225 NE Mizner Boulevard
Suite 760
Boca Raton, FL 33432

Thank you as always.

Sincerely,

Ismael Ortiz
Customer Service Manager
Pharmaregs, Inc.
State License Servicing, Inc
CIM 90, Carr. 165, Suite C-102
Guaynabo, PR 00968
Phone: (787) 723-3474

> On Tue, 4 Aug at 10:50 AM , Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:
> Good morning Jennifer,
>
> Thank you for the email notification regarding controls for Mizner BioSciene, LLC. Please forward me a copy of the registration as soon as available.
>
> Best regards,
>
> **Mark Sedar**
> **Chief Operating Officer**
> **Nevada State Board of Pharmacy**
> **(775) 850-1440**
> **msedar@pharmacy.nv.gov**

22E

OWM-CNCT-N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Owens & Minor Distribution, Inc.

Physical Address: 1605 Worldwide Blvd.

City: Hebron State: KY Zip Code: 41048 Telephone

Number: (859) 282-7910 Fax Number: (859) 282-7912

Toll Free Number: N/A

E-mail: OWM@slsny.com Website: www.owens-minor.com

Facility Manager: John Phillip Hicks

Professional qualifications and experience of facility manager: Coordinate and/or check in product returns and amend inventory balances on hand. Supervise the discharge of inbound shipments, orderly stacking of product, and the picking and staging of outbound shipments

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☒ Other: over the counter drugs
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: B. Braun Medical
Address: 824 Twelfth Avenue PO Box 19791 Bethlehem, PA 18018-352

Name: ICU Medical
Address: 8401 West 102nd Street, Suite 300 Dept. 099D, Bldg. HW2 Pleasant Prairie, PA 53158-582

Name: Arrow International (AKA Teleflex)
Address: 9200 Bernville Road Reading, PA 19605-960

Name: Busse Hospital Disposables
Address: 75 Arkay Drive Hauppauge, NY 11788-370

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☒ No ☐

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Nicholas Joseph Pace II
Print Name of Authorized Person

10/11/2019
Date

Board Use Only	Date Processed: _____	Amount: 600.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: VA

Parent Company if any: Owens & Minor, Inc.

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

100% Sole Owner

a) Owens & Minor, Inc. 9120 Lockwood Blvd., Mechanicsville, VA 23116
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A Owens & Minor, Inc. is the sole shareholder

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Include with the application for a non publicly traded corporation continued

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Page 9 for Fingerprint Submission Instructions.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

Owens & Minor Distribution, Inc.

Corporate Address: 9120 Lockwood Blvd., Mechanicsville, VA 23116 USA
FEIN: 54-2049200
www.owens-minor.com

Drug Labeler Code: N/A
Incorporation State: VA
Incorporation Date: 8/22/2001

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
CNCT	1605 Worldwide Blvd. Hebron, KY 41048 County: Boone	18187493354	N/A	00-794-1230	Yes	(859) 282-7910	(859) 282-7912

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
John Phillip Hicks	Ashford Drive Florence, KY 41042	Warehouse Manager	No			KY [illegible]	
Daniel Gene Botkin	Shirepeak Way Independence, KY 41051	Operations Supervisor	No				*CA 3PL DR & Back Up DR*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Owens & Minor, Inc.	Lockwood Blvd. Mechanicsville, VA 23116	N/A	100	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Nicholas Joseph Pace	Kanawha Road Richmond, VA 23226	President, CEO & Corporate Secretary	No			
Michael W. Lowry	Quail Run Lane Mechanicsville, VA 23116	SVP, Chief Financial Officer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CT Corporation			

Disciplinary History: LA 2002, CA 2006, FL 2007, MO 2008, CO 2009, FL 2010, LA 2011, VT 2011, CO 2012, HI 2013, CA 2013, KY 2014, VT 2015, AL 2016, HI 2016, WI 2016, CO 2017, HI 2017, CO 2018, FL 2019

Company partners

1616

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Authorization

Authentication number: 224674
Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

OWENS & MINOR DISTRIBUTION, INC.

, a corporation organized under the laws of the state of Virginia, is authorized to transact business in the Commonwealth of Kentucky, and received the authority to transact business in Kentucky on September 5, 2001.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that an application for certificate of withdrawal has not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 23rd day of December, 2019, in the 228th year of the Commonwealth.

COMMONWEALTH OF KENTUCKY
OFFICE OF SECRETARY OF STATE

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
224674/0521989

good standing

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That OWENS & MINOR DISTRIBUTION, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is August 22, 2001;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:
August 14, 2019

Joel H. Peck

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1908146059

homestate license

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Wholesale Distributor

EFFECTIVE DATE: 06/12/2002

NUMBER: W01270

EXPIRATION DATE: 09/30/2020

Issued to:
OWENS & MINOR DISTRIBUTION INC

1605 WORLDWIDE BLVD
HEBRON, KY 41048

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address. and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

Owens & Minor Distribution, Inc., C/O State License Servicing
1751 STATE ROUTE 17A, SUITE 3
FLORIDA, NY 10921

owm@slsny.com

homestate 3PL License

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Third Party Logistic

NUMBER: TPL00282

EFFECTIVE DATE: 12/19/2018

EXPIRATION DATE: 06/30/2020

Issued to:
OWENS & MINOR DISTRIBUTION INC

1605 WORLDWIDE BLVD
HEBRON, KY 41048

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

STATE LICENSE SERVICING
1751 STATE ROUTE 17A STE 3
FLORIDA, NY 10921

owm@slsny.com

VAWD 1621

NABP
National Association of Boards of Pharmacy

1600 Feehanville Drive
Mount Prospect, IL 60056
847/391-4406
Fax: 847/375-1114
www.nabp.pharmacy

Receipt

Bill to: 10460
Owens & Minor
1605 Worldwide Blvd
Hebron, KY 41048

Ship to: 10460
Owens & Minor
1605 Worldwide Blvd
Hebron, KY 41048

Invoice Number: 32014323
Invoice Date: 7/1/2019
Paid by: MC
Reference Number: **********9572
Payment Date: 11/11/2019

Quantity	Description	Amount
1	VAWD Annual Participation Fee	1,000.00
1	VAWD Reaccreditation Application Fee	1,500.00
1	VAWD Survey Fee	3,000.00

Amount Paid: 5,500.00
Balance due: .00

Note:

Tax ID # 36-1520565
Thank you for your business!

1622

Facility Name

State (All)

Search Reset

Current list of 2 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Owens & Minor Distribution, Inc dba Owens & Minor	1605 Worldwide Blvd Hebron, KY 41048	Reaccreditation in process
Owens & Minor Distribution, Inc dba Owens & Minor Healthcare Logistics	6201 Global Distribution Way Ste 101 Louisville, KY 40228	Reaccreditation in process

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Verified DZ

Liberty Mutual. SURETY

LICENSE & PERMIT BOND

Bond Number: **016225468**

KNOW ALL MEN BY THESE PRESENTS, that we Owens & Minor Distribution, Inc. located at 1605 Worldwide Blvd., Hebron, KY 41048, as principal (the "Principal"), and Liberty Mutual Insurance Company, a Massachusetts stock insurance company, as surety (the "Surety"), are held and firmly bound unto State of Nevada, as obligee (the "Obligee"), in the penal sum of Twenty-five Thousand Dollars And Zero Cents Dollars ($25,000.00), for the payment of which sum well and truly to be made, the Principal and the Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has applied for a license or permit for Wholesale Pharmacy

for the term beginning the 10th day of January, 2020, and ending the 10th day of January, 2021, and this Bond is intended to cover the term of said License or Permit.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the license or permit is issued to the Principal, and if Principal shall indemnify and save harmless the Obligee from and against all loss, to which the Obligee may be subject by reason of the Principal's breach of any ordinance, rule, or regulation, relating to the above described license or permit, then this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED AND SUBJECT TO THE CONDITIONS PRECEDENT:

1. The liability of the Surety hereunder shall in no event exceed the penal sum of this bond as stated above, regardless of the number of years the bond shall continue in force.

2. This bond shall continue in force until (surety shall elect either option a or b)

   ☐ a. the 10th day of January, 2021 or until the expiration date of any Continuation Certificate executed by the Surety.

   ☒ b. the Surety notifies the Obligee in writing of its cancellation of the bond. The Surety shall be relieved of any further liability under this bond thirty (30) days after receipt of said notice by the Obligee, except for defaults occurring prior thereto.

3. Any claim under this bond must be presented in writing to the Surety to the attention of The Surety Law Department at the following address: 2200 Renaissance Blvd. Suite 400, King of Prussia PA 19406-2755. Should the address of the Surety change, then notice shall be delivered by the Obligee to the Surety as directed in writing by the Surety.

DATED as of this 10th day of January, 2020.

WITNESS / ATTEST

Megan Bouaire
Megan Bouaire

Owens & Minor Distribution, Inc.
(Principal)

By: _____ (Seal)
Title:

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: Elizabeth K. Sterling
Elizabeth K. Sterling Attorney-in-Fact

LMIC-6500
LMS-20734 01/16

Rev. 03/04

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8195687- 016072

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Maria Signorile; Benjamin A. Stahl; Elizabeth K. Sterling; Wesley P. Williams

all of the city of Atlanta state of GA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 7th day of September, 2018.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 7th day of September, 2018 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 10 day of January, 2020.

By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co_062018

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

Liberty Mutual. SURETY

LICENSE & PERMIT BOND

Bond Number: **016225468**

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DATED as of this 10th day of January, 2020.

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Megan Bouaire
Megan Bouaire

Owens & Minor Distribution, Inc.
(Principal)

By: _____ (Seal)
Title:

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: Elizabeth K. Sterling
Elizabeth K. Sterling Attorney-in-Fact

LMIC-6500
LMS-20734 01/16

Rev. 03/04

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all of the city of Atlanta state of GA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

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Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

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IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

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Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

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Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 10 day of January, 2020.

By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

22F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☑ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Butler Animal Health Supply, LLC dba Covetrus North America

Physical Address: 13250 East Smith Rd, Unit E

City: Aurora State: CO Zip Code: 80011

Telephone Number: 303-344-9200 Fax Number: n/a

Toll Free Number: n/a

E-mail: hilary.wilson@covetrus.com Website: www.covetrus.com

Facility Manager: Rhine Lenhart

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: Covetrus North America distributes only to veterinarians, veterinary schools involved in teaching, research insitiutions where the veterinary drug is used in a research environment & humane/zoo organizations. No sales are made where the veterinary legend drug or device, will end up in a human clinical environment.

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☑ Poisons or Chemicals (*cleaning supplies only used in veterinary clinics)
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☑ Hypodermic Devices
☑ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☑ No ☐
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☑ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Cardinal Health
Address: 7000 Cardinal Place, Dublin, OH 43017

Name: ICU Medical Inc.
Address: 951 Calle Amanecer, San Clemente, CA 92673

Name: Par Pharmaceuticals
Address: 1 Ram Ridge Rd. Chestnut Ridge, NY 10977

Name: Pfizer
Address: 235 East 42nd Street, NY, NY 10017

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20051127174

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

Sean Henderson, Chief Finanical Officer
Print Name of Authorized Person

2/11/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Butler Animal Health Holding Company, LLC

Corporation Name: Butler Animal Health Supply, LLC

Mailing Address: 400 Metro Place North, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-659-1897 Fax: n/a

Contact Person: Hilary Wilson, Regulatory & Quality Affairs Analyst II

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: March 31, 2005

Registration number issued: 0001752836 * SEE ATTACHED REPORT

Stock Exchange: Covetrus Inc, NSADAQ: CVET

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20051127174

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.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-Q

(Mark One)

☒ **Quarterly Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**

For the quarterly period ended September 30, 2019

or

☐ **Transition Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**

For the transition period from _____ to _____

Commission File Number: 001-38794

COVETRUS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware	**83-1448706**
(State or other jurisdiction of incorporation)	**(I.R.S. Employer Identification No.)**

7 Custom House Street
Portland, ME 04101
Tel: (888) 280-2221

(Address, including Zip Code, and Telephone Number, including Area Code, of Registrant's Principal Executive Offices)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	**Trading Symbol(s)**	**Name of Each Exchange on Which Registered**
Common Stock, par value $0.01 per share	CVET	NASDAQ Global Select Market

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer", "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The registrant had 112,122,608 shares of common stock outstanding as of November 8, 2019.

Verified
2/19/2020
DZ

8-K 1 cvet_20200114x8kx502.htm 8-K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 14, 2020

COVETRUS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware	**001-38794**	**83-1448706**
(State or other jurisdiction of incorporation)	(Primary Standard Industrial Classification Code Number)	(I.R.S. Employer Identification No.)

7 Custom House Street
Portland, ME 04101
(Address of principal executive offices, including zip code)

Registrant's telephone number, including area code: **(888) 280-2221**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	**Trading Symbol(s)**	**Name of Each Exchange on Which Registered**
Common Stock, par value $0.01 per share	CVET	The Nasdaq Stock Market (Nasdaq Global Select Market)

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter). Emerging growth company o

Verified DJ

10-K 1 d728406d10k.htm 10-K

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 29, 2018

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from to

Commission file number 001-38794

COVETRUS, INC.
(Exact name of registrant as specified in its charter)

Delaware	83-1448706
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

7 Custom House Street
Portland, ME 04101
(Address of principal executive offices)
(Zip Code)

(888) 280-2221
(Registrant's telephone number, including area code)

N/A
(Former name, former address and former fiscal year, if changed since last report)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Name of Exchange on Which Registered
Common Stock, par value $0.01 per share	The Nasdaq Stock Market LLC (Nasdaq Global Select Market)

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15 (d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§229.405 of this chapter) is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☒

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

As of June 30, 2018, the last business day of the registrant's most recently completed second fiscal quarter, there was no established public market for the registrant's common stock, par value $0.01 per share. The registrant's common stock began trading on the Nasdaq Global Select Market on February 8, 2019.

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List of Subsidiaries

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Exhibit 21.1

List of Subsidiaries

Subsidiary	Jurisdiction of incorporation or organization
Butler Animal Health Supply, LLC (d.b.a. Butler Schein Animal Health Supply)	Delaware
Butler Animal Health Holding Company, LLC[1]	Delaware
W.A. Butler Company[2]	Delaware
Henry Schein Animal Health Holdings Limited[3]	United Kingdom
Henry Schein Veterinary Solutions Pty Ltd	Australia

Entity Name	Country or State of Incorporation
Vet Intermediate Holdco I, LLC	Delaware
Vet Intermediate Holdco II, LLC	Delaware
Direct Vet Marketing, Inc.	Delaware
CapsuleNet, LLC	Delaware
DVM Direct, LLC	Delaware
EVP, Pharmaceuticals, Inc.	Delaware
VFC 503B, LLC	Delaware
VFC West, LLC	Delaware
Vets First Choice, LLC	Delaware
VFC Central, LLC	Delaware
Trillium VPA, LLC	Delaware
VFC Chemistry, LLC	Delaware
Veterinary Data Service, Inc.	Kentucky
VFC East, LLC	Delaware
Roadrunner Pharmacy, Inc.	Arizona
Atlas Pharmaceuticals, LLC	Arizona
VFC Pharmaceuticals #901, LLC	Delaware
VFC Pharmacy #501, LLC	Delaware
Veterinary Pharmacies of America, LLC	Delaware
VFC Pharmacy #101, LLC	Delaware

1 Butler Animal Health Holding Company, LLC is the parent, holding company of Butler Animal Health Supply, LLC.

2 W.A. Butler Company owns a majority interest in Butler Animal Health Holding Company, LLC.

Document Meta Data

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Company Covetrus, Inc. (/company/1752836/covetrus-inc)

Source www.sec.gov (/contracts/tagged/www.sec.gov)

Type document (/contracts/tagged/document)

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FAQ & Knowledge Base (https://support.lawinsider.com/hc/en-us)

Support: support@lawinsider.com (mailto:support@lawinsider.com)

Facility Name

State (All)

Search Reset

Current list of 14 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

1 2 Next >>

Name	Address	Accreditation Date
Butler Animal Health Supply, LLC dba Covetrus North America	3820 Twin Creeks Dr Columbus, OH 43204	01/16/19
Butler Animal Health Supply, LLC dba Covetrus North America	7940 W Doe Ave Ste 400 Visalia, CA 93291	10/17/19
Butler Animal Health Supply, LLC dba Covetrus North America	14800 FAA Blvd Ste 100 Fort Worth, TX 76155	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	4296 Albany St Albany, NY 12205	02/20/18
Butler Animal Health Supply, LLC dba Covetrus North America	13250 E Smith Rd Aurora, CO 80011	03/25/18
Butler Animal Health Supply, LLC dba Covetrus North America	2150 Boggs Rd Bldg 500 Duluth, GA 30096	12/21/19
Butler Animal Health Supply, LLC dba Covetrus North America	1499 Zeager Rd Ste 5 Elizabethtown, PA 17022	12/06/17

Verified DZ

The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Butler Animal Health Supply, LLC
dba Henry Schein Animal Health

located at

13250 E Smith Rd, Aurora, CO 80011

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

March 25, 2018 - March 24, 2021
Period of Accreditation

Find a VAWD-Accredited Facility

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

1 2 Next >>

Name	Address	Accreditation Date
Butler Animal Health Supply, LLC dba Covetrus North America	3820 Twin Creeks Dr Columbus, OH 43204	01/16/19
Butler Animal Health Supply, LLC dba Covetrus North America	7940 W Doe Ave Ste 400 Visalia, CA 93291	Reaccreditation in process
Butler Animal Health Supply, LLC dba Covetrus North America	14800 FAA Blvd Ste 100 Fort Worth, TX 76155	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	4296 Albany St Albany, NY 12205	02/20/18
Butler Animal Health Supply, LLC dba Covetrus North America	13250 E Smith Rd Aurora, CO 80011	03/25/18
Butler Animal Health Supply, LLC dba Covetrus North America	2150 Boggs Rd Bldg 500 Duluth, GA 30096	12/21/16
Butler Animal Health Supply, LLC dba Covetrus North America	1499 Zeager Rd Ste 5 Elizabethtown, PA 17022	12/06/17
Butler Animal Health Supply, LLC dba Covetrus North America	445 SW 52nd Ave Ste 100 Ocala, FL 34474	02/06/19
Butler Animal Health Supply, LLC dba Covetrus North America	11300 Meredith Dr Urbandale, IA 50322	07/15/18

1 2 Next >>

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

<<Previous 1 2

Name	Address	Accreditation Date
Butler Animal Health Supply, LLC dba Covetrus North America	920 Citation Blvd Lexington, KY 40511	11/09/18
Butler Animal Health Supply, LLC dba Covetrus North America	3850 Twin Creeks Dr Columbus, OH 43119	04/15/19
Butler Animal Health Supply, LLC dba Covetrus North America	1085 Stateline Rd E Southaven, MS 38671	04/15/19
Butler Animal Health Supply, LLC dba Covetrus North America	1908 Ruffin Mill Rd Colonial Heights, VA 23834	04/15/19

<<Previous 1 2

FDA | U.S. Food and Drug Administration Food Facility Registration

Date: 07/09/2019 17:08:20

Created Date
2010-01-09 08:25:21.0

Created by
but78033

Registration Expiration Date
2020-12-31

Registration Renewed Date
2018-11-05

Last Updated
2019-07-09

Registration Status Reason
Biennial Registration Renewal - 2018

Registration Status
VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?
(•) Yes ( ) No

Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION: *Registration Number:* ***17154358564*** Pin No **cc96FEx9**

Are you the new owner of a previously registered facility?

( ) Yes (•) No

Previous Owner's Title:
Previous Owner's Name:
Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name
Butler Animal Health Supply, LLC dba Covetrus North America

Telephone Number
001 303 3449200

Facility Name Suffix
Limited Liability Corporation

Fax Number
001 303 3449203

Facility Street Address, Line 1
13250 Smith Rd Ste E

E-Mail Address
rhine.lenhart@covetrus.com

Facility Street Address, Line 2

City
Aurora

State/Province/Territory
Colorado

Zip/Postal Code
80011-2056

Country/Area
UNITED STATES

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? No

Name
Butler Animal Health Supply, LLC dba Covetrus North America

Telephone Number
001 614 7177119

Address, Line 1
400 Metro Pl N

Address, Line 2

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017-3378

Country/Area
UNITED STATES

Fax Number
001 614 6591969

E-Mail Address
heidi.rudolph@covetrus.com

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as Preferred Mailing Address (Section 3)
- None of the above

Company Name
Butler Animal Health Holding Company, LLC

Company Name Suffix
Limited Liability Corporation

Address, Line 1
400 Metro Place North

Address, Line 2

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017

Country/Area
UNITED STATES

Telephone Number
001 614 7177119

Fax Number
001 614 6591969

E-Mail Address
heidi.rudolph@covetrus.com

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- None of the above

Individual's Title *(Optional)*
Mr

Individual's Name *(Optional)*
Rhine

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*
Lenhart

Emergency Contact Phone
001 303 3449200

E-mail Address
rhine.lenhart@covetrus.com

Job Title *(Optional)*
Distribution Center Manager

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

(•) Yes ( ) No

Alternate Trade Name #1: **Covetrus North America**

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name
-N/A-

Middle Name *(Optional)*
-N/A-

Last Name *(Optional)*
-N/A-

Title *(Optional)*
-N/A-

Address, Line 1
-N/A-

Address, Line 2
-N/A-

City
-N/A-

State/Province/Territory
-N/A-

Zip Code (Postal Code)
-N/A-

Country/Area
-N/A-

Emergency Contact Phone
-N/A-

Fax Number
-N/A-

E-Mail Address
-N/A-

Section 8: Seasonal Facility Dates of Operation *(Optional)*

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis *(Optional)*.

Harvest 1
Start Month

End Month

Harvest 2
Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

☐ **Food for Human Consumption**

☑ **Food for Animal Consumption**

Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33.	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
30. PET FOOD	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
31. PET TREATS OR PET CHEWS	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
Other Activity Conducted										
Wholesale distributor to licensed veterinarians, animal research institutions.										

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- ○ Section 2 - Facility Address Information
- ○ Section 3 - Preferred Mailing Address Information
- ○ Section 4 - Parent Company Address Information
- ○ Section 7 - US Agent Address Information
- ◉ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Butler Animal Health Supply, LLC

Address, Line 1
400 Metro Place North

Address, Line 2

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017

Country/Area
UNITED STATES

Telephone Number
001 614 7177119

Fax Number
001 614 6591969

E-Mail Address
heidi.rudolph@covetrus.com

Section 11: Inspection Statement

☑ **FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.**

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Heidi Rudolph

CHECK ONE BOX

- ○ A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
- ◉ B. ANOTHER AUTHORIZED INDIVIDUAL

Address information for the Authorizing Individual:

- ☐ Same as Section 10

Individual's Name
Elizabeth Ernst

Address, Line 1
400 Metro Place N

Address, Line 2

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017

Country/Area
UNITED STATES

Telephone Number
001 614 7177113

Fax Number
001 614 6591690

E-Mail Address
liz.ernst@covetrus.com

Rhine Lenhart
)
Email: ..... gmail.com
asper Street,

Commerce, City
CO 80022

SUMMARY

Passionate and experienced manager, seeking to increase profitability for Covetrus using a lean approach, with over 19 years' experience in operation logistics, inventory control, transportation, distribution, freight, flawless safety record and over 12 years of personnel management.

WORK HISTORY

Distribution Center Manager/Covetrus North America
13250 E. Smith Rd. Unit E. Aurora, CO 80011
May 2019-present

Created concept and implemented efficiencies to regular tasks and as a result, regularly exceeded management goals for the distribution center.

Managed distribution activities including, but not limited to: record keeping, storage, and shipment (receiving and routing) of prescription drugs. Trained and reviewed up to 15 direct reports on job assignments and daily schedules.

Managed a Controlled Substance enclosure per DEA requirements.

Managed all external delivery services to ensure timely delivery and compliance.

Ensured safe work practices for all employees as the distribution center Safety Officer starting in 1996.

Motivated employees to use productive work to earn extra pay-for-performance opportunities.

Collaborated with all Sales, Purchasing, Accounting and Regulatory Affairs staff to enhance the customer experience.

Became a licensed designated representative in 2011 as required by law to be able to distribute/sell pharmaceutical into the state of California.

Managed an inventory of more than 3000 SKU's worth over $2 million and shipped a daily average of $130,000 in sales.

Secured a 99.9% monthly inventory accuracy and a .05 % yearly average error adjustment rate through daily cycle counts.

Secured a 100.00% monthly morgue inventory accuracy and returned all product within the vendors' expiration guidelines.

Served as an interim DC Manager traveling nationwide to facilitate company expansions and consolidations.

Retained 7 years of company records for the government and inspections.

Worked directly with customers to establish a trust to ensure expectations and delivered orders personally for emergencies and often visited customers to ensure our dedication to service.

Processed customer returns daily and vendor returns monthly.

Used profit and loss reports to budget supplies, expenses and personnel.

Adapted and adjusted through three mergers/acquisitions.

Network Operations/System Administrator, SilencerCo
5511 South 6055 West, West Valley City Utah 84118
January 2014 – May 2019

Administrator of Honeywell security system, Administrator/Installer Win-Pak SE by Honeywell door access.
Maintain a current inventory of all company computer equipment for over 170 employees consisting of MacBooks, iMacs, MacMini's, Raspberry PI's and Windows Laptops to monitors, mice, trackpads, and keyboards.
Successfully migrated Apple Server Mail client to Google for email and documents accounts for over 170 employees.
Migrated Apple's Server Open Directory to Active Directory running on Windows Server R2 2012 over VMware virtualization.
Responsible for 80% of onboarding of new employees by setting up their Emails and Signatures, Door Access, Time Clock setup, Computers, VPN access, cell phones or landlines and WIFI or Ethernet lines.
Network Operations using Management by Cisco Meraki.
Created U.P.C's for all serialized product and marketing SKU's.
Ran Ethernet throughout a 90,000-square foot warehouse to two separate server rack locations.
Ensure company-wide software and systems are regularly updated for security. Monitor for network issues including viruses, malware and email phishing.
Part of the implementation team for Odoo, an ERP management system using Docker Visualizer, and user permissions administrator.
Installed and managed QuickBooks on a Windows system and configured Remote Desktop for the Accounting team.
Designed and installed a large network consisting of 2 cloud managed Security Appliance, 7, 48-port POE switches and 20 WIFI access points.
Administrator of Google Suite, Office365 and Adobe Creative Cloud accounts.
Administer License servers for CAD/CAM Software.
Keymaster for all the locks in the building.
Administrator of Brinks facility alarm system.

Assistant Distribution Center Manager, Henry Schein Animal Health
13250 E. Smith Rd. Unit E. Aurora, CO 80011
April 1994 - November 2013

Created concept and implemented efficiencies to regular tasks and as a result, regularly exceeded management goals for the distribution center.
Managed distribution activities including, but not limited to: record keeping, storage, and shipment (receiving and routing) of prescription drugs.
Trained and reviewed up to 15 direct reports on job assignments and daily schedules.
Managed a Controlled Substance enclosure per DEA requirements.
Managed all external delivery services to ensure timely delivery and compliance.
Ensured safe work practices for all employees as the distribution center Safety Officer starting in 1996.
Motivated employees to use productive work to earn extra pay-for-performance opportunities.
Collaborated with all Sales, Purchasing, Accounting and Regulatory Affairs staff to enhance the customer experience.
Became a licensed designated representative in 2011 as required by law to be able to distribute/sell pharmaceutical into the state of California.
Managed an inventory of more than 3000 SKU's worth over $2 million and shipped a daily average of $130,000 in sales.
Secured a 99.9% monthly inventory accuracy and a .05 % yearly average error adjustment rate through daily cycle counts.
Secured a 100.00% monthly morgue inventory accuracy and returned all product within the vendors' expiration guidelines.

Served as an interim DC Manager traveling nationwide to facilitate company expansions and consolidations.
Retained 7 years of company records for the government and inspections.
Worked directly with customers to establish a trust to ensure expectations and delivered orders personally for emergencies and often visited customers to ensure our dedication to service.
Processed customer returns daily and vendor returns monthly.
Used profit and loss reports to budget supplies, expenses and personnel.
Adapted and adjusted through three mergers/acquisitions.

COMPUTER SKILLS

Operating Systems:

Apple OS X 10.7 Lion - 10.14 Mojave, Apple OS X Server 5, Windows 7 - 10, Windows Server 2012 R2, Parallels 7 - 13, VMware, Ubuntu 16.04 LTS, UNIX, Raspbian Jessie, Fedora and redhat

Software / Applications:

JBA-System 21, Active Directory, FreeNAS, Google Admin, VNC, VPN, ESXi, Total connect, Win-Pac SE, Cisco Meraki, Numbers, Pages, Keynote, Apple Mail Client, Adobe DC, Apple Remote Desktop, Migration Assistant, SuperDuper, Office365 for Mac, GS1 US Data Driver, Word, Excel, Powerpoint, Publisher, Outlook, OpenEye, QuickBooks, Esprit, Solidworks, FeatureCam, MasterCam, Phantom Camera Control

Education & Certificates

Hillcrest/Valley High School, UT: Diploma
2019 Udemy Six Sigma Green Belt, Yellow Belt, White Belt Certificate
2017 Honeywell Security Door Access Installation Certificate
2017 Honeywell Security TCP-IP Certificate
2017 Honeywell Security Network Fundamentals Certificate
Honeywell Security Network Troubleshooting Certificate

Miscellaneous training seminars

2017	RedSky IT Security Conference
2018	Data Connectors Cybersecurity Conference
2011-2014	Board of Pharmacy Designated Representative License # EXC 21417

Awards

2018	SilencerCo Featured Manager/Employee of the Month
2006-2012	W.A. Butler Road Warrior award for interim Branch Management
1994-2012	Safety award for an accident free workplace
2006	W.A. Butler Branch Logistics Excellence award
2006	W.A. Butler Total Outstanding Performance award
1999	W.A. Butler Total Outstanding Performance award

References

Tom Gardiner
(801) 910-6411
Taylorsville, UT

Chris Miller
(801) 819-4312
Bountiful, UT

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

Butler Animal Health Supply, LLC dba Covetrus North America

Wholesaler In-State

WHI.0006065 — Number
11/01/2018 — Issue Date
Active — Credential Status
10/31/2020 — Expire Date

Verify this credential at: www.colorado.gov/dora/dpo

Division Director: Ronne Hines Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

Butler Animal Health Supply, LLC dba Covetrus North America

Wholesaler In-State

WHI.0006065 — Number
11/01/2018 — Issue Date
Active — Credential Status
10/31/2020 — Expire Date

Verify this credential at: www.colorado.gov/dora/dpo

Division Director: Ronne Hines Credential Holder Signature

Butler Animal Health Supply, LLC
d/b/a Covetrus North America

Company Officer List

Rev.05/2

Officers

Name	Title	Home Address	Home Phone	Business Address	Business Phc
Matt Malenfant	President, Customer Operations of North America	5 Upland Way, Wayne, PA 19087	TBA	400 Metro Place North Dublin OH 43017	TBA
Sean Henderson	Chief Financial Officer	Old Field Ct., Westerville, OH 43082		400 Metro Place North Dublin OH 43017	614-761-909
Eric Bosserman	Vice President of Global Tax	Troutbrook Dr., Dublin, OH 43017		400 Metro Place North Dublin OH 43017	614-659-164
Philip Mario Lombardi	Vice President of Operations and Logistics Services	Schooner Ct., Columbus, OH 43221		400 Metro Place North Dublin OH 43017	614-659-172

Butler Animal Health Supply, LLC
d/b/a Covetrus North America

Company Officer List

Rev.01/07/2020

Officers					
Name	Title	Home Address	Home Phone	Business Address	Business Phone
Christopher Berk	Chief Information Officer	Honey Ct., Westerville, OH 43081		400 Metro Place North Dublin OH 43017	614-761-9095
Sean Henderson	Chief Financial Officer	Old Field Ct., Westerville, OH 43082		00 Metro Place North Dublin OH 43017	614-761-9095
Eric Bosserman	Vice President of Global Tax	Troutbrook Dr., Dublin, OH 43017		400 Metro Place North Dublin OH 43017	614-659-1644
Philip Mario Lombardi	Vice President of Operations and Logistics Services	Schooner Ct., Columbus, OH 43221		0 Metro Place North Dublin OH 43017	614-659-1728

Covetrus, Inc.

SEC CIK #0001752836

Covetrus, Inc. is registered with the U.S. Security and Exchange Commission. This page includes all SEC filing details as well as a list of any documents (S-1, Prospecuts, Current Reports, 8-K, 10K, Annual Reports) registered by Covetrus, Inc..

Covetrus Inc is involved in technology-enabled animal health business with a service and technology platform and supply chain infrastructure dedicated to support the animal veterinary markets.

Company Details	
IRS Number (EIN)	831448706 (EIN # 83-1448706)
Reporting File Number	001-38794
State of Incorpporation	DELAWARE
Fiscal Year End	12-31
SIC	5912 [RETAIL-DRUG STORES AND PROPRIETARY STORES]
Business Address	7 CUSTOM HOUSE STREET PORTLAND ME 04101
Business Phone	888-280-2221
Mailing Address	7 CUSTOM HOUSE STREET PORTLAND ME 04101
Legal Entity Identifier	5493009S30DUFCF75V87 (https://lei.report/LEI/5493009S30DUFCF75V87) [COVETRUS, INC.]

Documents Filed

(/CIK/0001752836.rss)

Form	Title	Date
8-K	Current Report (/Document/0001752836-20-000002/)	2020-01-14 16:16:18
3	Security Ownership Statement (/Document/0001752836-19-000067/)	2019-12-26 17:01:51
8-K	Current Report (/Document/0001193125-19-315214/)	2019-12-16 16:21:32
SC 13G	Ownership Acquisition Statement (/Document/0000834237-19-000378/)	2019-12-10 13:22:52
8-K	Current Report (/Document/0001752836-19-000065/)	2019-11-13 17:24:48
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000063/)	2019-11-12 10:07:53
10-Q	Quarterly Report (/Document/0001752836-19-000061/)	2019-11-12 09:29:19
8-K	Current Report (/Document/0001752836-19-000059/)	2019-11-12 07:06:23
8-K/A	Current Report [Amended] (/Document/0001752836-19-000054/)	2019-11-04 17:17:04
4	Security Sale/Purchase Record (/Document/0001752836-19-000051/)	2019-10-23 17:14:27
8-K	Current Report (/Document/0001193125-19-271306/)	2019-10-22 08:47:09
4	Security Sale/Purchase Record (/Document/0001752836-19-000049/)	2019-09-25 16:12:49
3	Security Ownership Statement (/Document/0001752836-19-000047/)	2019-09-25 16:09:51
4	Security Sale/Purchase Record (/Document/0001752836-19-000045/)	2019-09-13 16:18:05
4	Security Sale/Purchase Record (/Document/0001752836-19-000043/)	2019-09-06 16:07:29
8-K	Current Report (/Document/0001752836-19-000041/)	2019-09-04 08:06:50
4	Security Sale/Purchase Record (/Document/0001752836-19-000039/)	2019-08-21 18:29:26
4	Security Sale/Purchase Record (/Document/0001752836-19-000038/)	2019-08-21 18:27:41
4	Security Sale/Purchase Record (/Document/0001752836-19-000037/)	2019-08-21 18:22:42
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000033/)	2019-08-13 10:56:49
10-Q	Quarterly Report (/Document/0001752836-19-000031/)	2019-08-13 10:44:06
8-K	Current Report (/Document/0001752836-19-000029/)	2019-08-13 07:17:05
3	Security Ownership Statement (/Document/0001752836-19-000022/)	2019-06-10 16:04:14
10-Q/A	Quarterly Report [Amended] (/Document/0001752836-19-000021/)	2019-06-07 11:21:05
4	Security Sale/Purchase Record (/Document/0001752836-19-000018/)	2019-05-23 16:48:03
4	Security Sale/Purchase Record (/Document/0001752836-19-000017/)	2019-05-21 17:40:14
4	Security Sale/Purchase Record (/Document/0001752836-19-000015/)	2019-05-20 16:04:45
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000013/)	2019-05-16 13:22:55
NT 10-Q	Notice of Late Quarterly Filing (/Document/0001193125-19-148301/)	2019-05-15 20:26:02
10-Q	Quarterly Report (/Document/0001752836-19-000010/)	2019-05-15 17:31:30

8-K	Current Report (/Document/0001193125-19-147292/)	2019-05-15 08:31:03
SC 13G	Ownership Acquisition Statement (/Document/0000895421-19-000461/)	2019-05-09 16:26:47
8-K	Current Report (/Document/0001752836-19-000008/)	2019-05-07 16:52:16
8-K	Current Report (/Document/0000929638-19-000521/)	2019-05-07 09:15:32
4	Security Sale/Purchase Record (/Document/0001752836-19-000005/)	2019-04-18 16:34:49
4	Security Sale/Purchase Record (/Document/0001773152-19-000004/)	2019-04-10 16:03:09
3	Security Ownership Statement (/Document/0001773152-19-000003/)	2019-04-10 16:01:25
10-K	Annual Report (/Document/0001193125-19-092756/)	2019-03-29 16:31:35
8-K	Current Report (/Document/0001193125-19-089186/)	2019-03-28 06:17:02
4	Security Sale/Purchase Record (/Document/0000899243-19-006203/)	2019-03-05 18:12:18
4	Security Sale/Purchase Record (/Document/0000899243-19-006168/)	2019-03-05 17:43:32
4	Security Sale/Purchase Record (/Document/0000899243-19-006166/)	2019-03-05 17:42:21
4	Security Sale/Purchase Record (/Document/0000899243-19-006165/)	2019-03-05 17:41:20
4	Security Sale/Purchase Record (/Document/0000899243-19-006163/)	2019-03-05 17:40:15
8-K	Current Report (/Document/0001193125-19-064101/)	2019-03-05 16:27:03
4	Security Sale/Purchase Record (/Document/0000899243-19-005769/)	2019-03-04 16:23:10
4	Security Sale/Purchase Record (/Document/0000899243-19-005764/)	2019-03-04 16:16:14
4	Security Sale/Purchase Record (/Document/0000899243-19-005756/)	2019-03-04 16:11:19
4	Security Sale/Purchase Record (/Document/0000899243-19-005754/)	2019-03-04 16:09:18
4	Security Sale/Purchase Record (/Document/0000899243-19-005753/)	2019-03-04 16:09:07

[2] Next-> (/CIK/0001752836/2#documents)

0-50 of 122 Results

Page: **1** | 2 (/CIK/0001752836/2#documents) | 3 (/CIK/0001752836/3#documents) |

Company Details	
Ticker	XNAS:CVET (/Ticker/CVET)
Market Cap	1.5Bil
Net Income	-895.1Mil
Sales	3.9Bil
Sector	Healthcare
Industry	Health Information Services
Stock Style	Small Growth

Direct Investment	No
Dividend Re-Investment	No

Investor Relations

Telephone	+1 888 280-2221
Fax	—
E-Mail	—
Website	www.covetrus.com (https://www.covetrus.com)

Industry Codes

NAICS	621610: Home Health Care Services
SIC	8639: Other Non-Institutional Health Services Health and Allied Services, Not Elsewhere Classified 8099
ISIC	8690: Other Human Health Activities

Insiders

Benjamin Wolin (/CIK/Search/Benjamin+Wolin)	Director, Acting Chief Executive Officer and President	2019-12-18
Stuart Gleichenhaus (/CIK/Search/Stuart+Gleichenhaus)	Interim Chief Financial Officer	2019-12-18
Dustin Finer (/CIK/Search/Dustin+Finer)	Chief Administrative Officer	2019-12-18
Erin Powers Brennan (/CIK/Search/Erin+Powers+Brennan)	Senior Vice President, General Counsel and Secretary	2019-12-18
Russell Cooke (/CIK/Search/Russell+Cooke)	Senior Vice President and Operational Chief Financial Officer	2019-12-18

Michael Ellis (/CIK/Search/Michael+Ellis)	Senior Vice President and President, Europe	2019-12-18
David Hinton (/CIK/Search/David+Hinton)	Senior Vice President and President, APAC and Emerging Markets	2019-12-18
Timothy Ludlow (/CIK/Search/Timothy+Ludlow)	Senior Vice President and Chief Transformation Officer	2019-12-18
Anthony Providenti (/CIK/Search/Anthony+Providenti)	Senior Vice President, Corporate Development	2019-12-18
Georgina Wraight (/CIK/Search/Georgina+Wraight)	Senior Vice President and President, Global Prescription Management	2019-12-18
James Young (/CIK/Search/James+Young)	Senior Vice President and Chief Human Resources Officer	2019-12-18
Laura Phillips (/CIK/Search/Laura+Phillips)	Vice President and Chief Accounting Officer	2019-12-18

covetrus (/Document/0001752836-19-000029) covetrus (/Document/0001193125-19-147292)
covetrus (/Document/0001193125-19-271306) covetrus (/Document/0001193125-19-315214)

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SEC CFR Title 17 (https://ecfr.io/Title-17/)

Butler Animal Health Supply, LLC (100% member) - Disciplinary History

Board Actions Related to Respondent, Its Parent and Subsidiaries *Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities** Reciprocal Actions Indicated in Red							
Facility	**Docket No.**	**State**	**Date of Final Disposition**	**Brief Synopsis of What occurred**	**Allegation**	**Outcome**	**Response**
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.
• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.

• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.
• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.

• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action
• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.

• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action

SEAN HENDERSON, CHIEF FINANCIAL OFFICER

2/11/2020
DATE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUTLER ANIMAL HEALTH SUPPLY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUTLER ANIMAL HEALTH SUPPLY, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20201322094

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202428015

Date: 02-20-20

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. NEW APPLICATION

Butler Animal Health Supply, LLC dba Covetrus North America (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd, Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of January, 2020.

APPLICANT/PRINCIPAL

COMPANY
Butler Animal Health Supply, LLC dba Covetrus North America,

Authorized Representative

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness - HILARY A. WILSON

Witness - HEIDI RUDOLPH

SIGNED and SEALED in the presence of:

Witness Halina Kazmierczak

Witness Cynthia Farrell

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual. SURETY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201359-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Cynthia Farrell; Debra A. Deming; Sandra Diaz; Peter Healy; Pablo Garcia Horcajo; Jennifer L. Jakaitis; Francesca Kazmierczak; Aklima Noorhassan; Frances Rodriguez; Nancy Schnee; Valorie Spates; Susan A. Welsh

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 4th day of June, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 4th day of June, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 21st day of January, 2020

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co_062018

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2018

Assets

Cash and Bank Deposits	$464,341,712
*Bonds — U.S Government	2,259,714,810
*Other Bonds	11,864,776,740
*Stocks	16,527,715,226
Real Estate	255,809,551
Agents' Balances or Uncollected Premiums	5,817,927,234
Accrued Interest and Rents	108,139,840
Other Admitted Assets	11,532,139,744
Total Admitted Assets	**$48,830,564,857**

Liabilities

Unearned Premiums		$7,851,429,449
Reserve for Claims and Claims Expense		20,165,209,300
Funds Held Under Reinsurance Treaties		384,795,327
Reserve for Dividends to Policyholders		1,111,529
Additional Statutory Reserve		62,866,000
Reserve for Commissions, Taxes and Other Liabilities		3,999,822,802
Total		**$32,465,234,407**
Special Surplus Funds	$43,108,583	
Capital Stock	10,000,000	
Paid in Surplus	10,044,912,727	
Unassigned Surplus	6,267,309,139	
Surplus to Policyholders		**16,365,330,449**
Total Liabilities and Surplus		**$48,830,564,856**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2018, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 22nd day of March, 2019.

T A Mikolajewski

Assistant Secretary

S-1262LMIC/a 3/19

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY-THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

22G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☑ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Butler Animal Health Supply, LLC dba Covetrus North America

Physical Address: 1085 Stateline Rd East, Suite 103

City: Southaven State: MS Zip Code: 38671

Telephone Number: 901-548-9000 Fax Number: n/a

Toll Free Number: n/a

E-mail: hilary.wilson@covetrus.com Website: www.covetrus.com

Facility Manager: Asia Porter

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: Covetrus North America distributes only to veterinarians, veterinary schools invovled in teaching, research insitutions where the veterinary drug is used in a research environment & humane/zoo organizations. No sales are made where the veterinary legend drug or device, will end up in a human clinical environment.

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☑ Poisons or Chemicals (*cleaning supplies only used in veterinary clinics)
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☑ Hypodermic Devices
☑ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☑ No ☐

(If yes, provide a copy of the certificate)

* PLEASE NOTE THAT WE JUST REC'D ACCREDITATION ON 4/15/19. WE ARE WAITING TO REC OUR CERTIFICATE.

Licensed as Manufacturer by the FDA? Yes ☑ No ☐

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Cardinal Health

Address: 7000 Cardinal Place, Dublin, OH 43017

Name: ICU Medical Inc.

Address: 951 Calle Amanecer, San Clemente, CA 92673

Name: Par Pharmaceuticals

Address: 1 Ram Ridge Rd. Chestnut Ridge, NY 10977

Name: Pfizer

Address: 235 East 42nd Street, NY, NY 10017

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20051127174

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

Sean Henderson, Chief Finanical Officer
Print Name of Authorized Person

2/11/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Butler Animal Health Holding Company, LLC

Corporation Name: Butler Animal Health Supply, LLC

Mailing Address: 400 Metro Place North, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-659-1897 Fax: n/a

Contact Person: Hilary Wilson, Regulatory & Quality Affairs Analyst II

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: March 31, 2005

Registration number issued: 0001752836 *see attached report

Stock Exchange: Covetrus Inc, NSADAQ: CVET

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20051127174

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUTLER ANIMAL HEALTH SUPPLY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUTLER ANIMAL HEALTH SUPPLY, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20201322094

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202428015

Date: 02-20-20

8-K 1 cvet_20200114x8kx502.htm 8-K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 14, 2020

COVETRUS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware	**001-38794**	**83-1448706**
(State or other jurisdiction of incorporation)	(Primary Standard Industrial Classification Code Number)	(I.R.S. Employer Identification No.)

7 Custom House Street
Portland, ME 04101
(Address of principal executive offices, including zip code)

Registrant's telephone number, including area code: **(888) 280-2221**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	**Trading Symbol(s)**	**Name of Each Exchange on Which Registered**
Common Stock, par value $0.01 per share	CVET	The Nasdaq Stock Market (Nasdaq Global Select Market)

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter). Emerging growth company o

Verified 2/19/2020

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-Q

(Mark One)

☒ **Quarterly Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**

For the quarterly period ended September 30, 2019

or

☐ **Transition Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**

For the transition period from _____ to _____

Commission File Number: 001-38794

COVETRUS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware	**83-1448706**
(State or other jurisdiction of incorporation)	**(I.R.S. Employer Identification No.)**

7 Custom House Street
Portland, ME 04101
Tel: (888) 280-2221

(Address, including Zip Code, and Telephone Number, including Area Code, of Registrant's Principal Executive Offices)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	**Trading Symbol(s)**	**Name of Each Exchange on Which Registered**
Common Stock, par value $0.01 per share	CVET	NASDAQ Global Select Market

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer", "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The registrant had 112,122,608 shares of common stock outstanding as of November 8, 2019.

Verified 2/19/2020

10-K 1 d728406d10k.htm 10-K

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 29, 2018

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from to

Commission file number 001-38794

COVETRUS, INC.
(Exact name of registrant as specified in its charter)

Delaware	83-1448706
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

7 Custom House Street
Portland, ME 04101
(Address of principal executive offices)
(Zip Code)

(888) 280-2221
(Registrant's telephone number, including area code)

N/A
(Former name, former address and former fiscal year, if changed since last report)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Name of Exchange on Which Registered
Common Stock, par value $0.01 per share	The Nasdaq Stock Market LLC (Nasdaq Global Select Market)

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15 (d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§229.405 of this chapter) is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☒

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐	Accelerated filer ☐
Non-accelerated filer ☒	Smaller reporting company ☐
	Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒.

As of June 30, 2018, the last business day of the registrant's most recently completed second fiscal quarter, there was no established public market for the registrant's common stock, par value $0.01 per share. The registrant's common stock began trading on the Nasdaq Global Select Market on February 8, 2019.

List of Subsidiaries

Exhibit 21.1

List of Subsidiaries

Subsidiary	Jurisdiction of incorporation or organization
Butler Animal Health Supply, LLC (d.b.a. Butler Schein Animal Health Supply)	Delaware
Butler Animal Health Holding Company, LLC[1]	Delaware
W.A. Butler Company[2]	Delaware
Henry Schein Animal Health Holdings Limited[3]	United Kingdom
Henry Schein Veterinary Solutions Pty Ltd	Australia

Entity Name	Country or State of Incorporation
Vet Intermediate Holdco I, LLC	Delaware
Vet Intermediate Holdco II, LLC	Delaware
Direct Vet Marketing, Inc.	Delaware
CapsuleNet, LLC	Delaware
DVM Direct, LLC	Delaware
EVP, Pharmaceuticals, Inc.	Delaware
VFC 503B, LLC	Delaware
VFC West, LLC	Delaware
Vets First Choice, LLC	Delaware
VFC Central, LLC	Delaware
Trillium VPA, LLC	Delaware
VFC Chemistry, LLC	Delaware
Veterinary Data Service, Inc.	Kentucky
VFC East, LLC	Delaware
Roadrunner Pharmacy, Inc.	Arizona
Atlas Pharmaceuticals, LLC	Arizona
VFC Pharmaceuticals #901, LLC	Delaware
VFC Pharmacy #501, LLC	Delaware
Veterinary Pharmacies of America, LLC	Delaware
VFC Pharmacy #101, LLC	Delaware

1 Butler Animal Health Holding Company, LLC is the parent, holding company of Butler Animal Health Supply, LLC.

2 W.A. Butler Company owns a majority interest in Butler Animal Health Holding Company, LLC.

Document Meta Data

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Source www.sec.gov (/contracts/tagged/www.sec.gov)

Type document (/contracts/tagged/document)

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Support: support@lawinsider.com (mailto:support@lawinsider.com)

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

February 4, 2019

Raymond Hollins
Butler Animal Health Supply, LLC
dba Henry Schein Animal Health
1085 Stateline Road E
Southaven, MS 38671

Dear Mr Hollins:

On behalf of the National Association of Boards of Pharmacy® (NABP®) and Verified-Accredited Wholesale Distributors® (VAWD®) staff, I would like to take this opportunity to thank you and the team members at your facility for the hospitality extended to Jason Smith during the recent VAWD accreditation survey.

Information provided by the surveyor indicates your facility is operating in compliance with program criteria. NABP will conduct a final assessment of all accreditation materials, survey findings, and responses to confirm if your facility meets VAWD program criteria. The Accreditation Committee will then render a decision on accreditation. NABP would like to assure you that we will move through the process as expediently as possible.

Thank you for your continued support of the VAWD program and for the courtesy you and your staff have extended during the process. If you have questions or concerns, feel free to contact VAWD staff via email at vawd@nabp.pharmacy.

Sincerely,

Dawn Bibbs-Morrissey
Accreditation Manager

Facility Name

State (All)

Search Reset

Current list of 14 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

<<Previous 1 2

Name	Address	Accreditation Date
Butler Animal Health Supply, LLC dba Covetrus North America	920 Citation Blvd Lexington, KY 40511	11/09/18
Butler Animal Health Supply, LLC dba Covetrus North America	3850 Twin Creeks Dr Columbus, OH 43119	04/15/19
Butler Animal Health Supply, LLC dba Covetrus North America	1085 Stateline Rd E Southaven, MS 38671	04/15/19
Butler Animal Health Supply, LLC dba Covetrus North America	1908 Ruffin Mill Rd Colonial Heights, VA 23834	04/15/19

<<Previous 1 2

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Verified DZ

Find a VAWD-Accredited Facility

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

1 2 Next >>

Name	Address	Accreditation Date
Butler Animal Health Supply, LLC dba Covetrus North America	3820 Twin Creeks Dr Columbus, OH 43204	01/16/19
Butler Animal Health Supply, LLC dba Covetrus North America	7940 W Doe Ave Ste 400 Visalia, CA 93291	Reaccreditation in process
Butler Animal Health Supply, LLC dba Covetrus North America	14800 FAA Blvd Ste 100 Fort Worth, TX 76155	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	4296 Albany St Albany, NY 12205	02/20/18
Butler Animal Health Supply, LLC dba Covetrus North America	13250 E Smith Rd Aurora, CO 80011	03/25/18
Butler Animal Health Supply, LLC dba Covetrus North America	2150 Boggs Rd Bldg 500 Duluth, GA 30096	12/21/16
Butler Animal Health Supply, LLC dba Covetrus North America	1499 Zeager Rd Ste 5 Elizabethtown, PA 17022	12/06/17
Butler Animal Health Supply, LLC dba Covetrus North America	445 SW 52nd Ave Ste 100 Ocala, FL 34474	02/06/19
Butler Animal Health Supply, LLC dba Covetrus North America	11300 Meredith Dr Urbandale, IA 50322	07/15/18

1 2 Next >>

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

<<Previous 1 2

Name	Address	Accreditation Date
Butler Animal Health Supply, LLC dba Covetrus North America	920 Citation Blvd Lexington, KY 40511	11/09/18
Butler Animal Health Supply, LLC dba Covetrus North America	3850 Twin Creeks Dr Columbus, OH 43119	04/15/19
Butler Animal Health Supply, LLC dba Covetrus North America	1085 Stateline Rd E Southaven, MS 38671	04/15/19
Butler Animal Health Supply, LLC dba Covetrus North America	1908 Ruffin Mill Rd Colonial Heights, VA 23834	04/15/19

<<Previous 1 2

FDA | U.S. Food and Drug Administration Food Facility Registration

Date: 07/09/2019 17:12:37

Created Date
2017-11-08 17:36:32.0

Created by
but91125

Registration Expiration Date
2020-12-31

Registration Renewed Date
2018-11-05

Last Updated
2019-07-09

Registration Status Reason
Biennial Registration Renewal - 2018

Registration Status
VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?
(•) Yes ( ) No

Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION: *Registration Number:* ***19273007314*** Pin No **4A0baf8B**

Are you the new owner of a previously registered facility?

( ) Yes (•) No

Previous Owner's Title:
Previous Owner's Name:
Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name
Butler Animal Health Supply, LLC dba Covetrus North America

Facility Name Suffix
Limited Liability Corporation

Facility Street Address, Line 1
1085 Stateline Rd E Ste 103

Facility Street Address, Line 2

City
Southaven

State/Province/Territory
Mississippi

Zip/Postal Code
38671-7316

Country/Area
UNITED STATES

Telephone Number
001 901 5489000

Fax Number

E-Mail Address
asia.porter@covetrus.com

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? No

Name
Butler Animal Health Supply, LLC dba Covetrus North America

Telephone Number
001 614 7177119

Address, Line 1
400 Metro Pl N Ste 100

Address, Line 2

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017-3340

Country/Area
UNITED STATES

Fax Number
001 614 6591969

E-Mail Address
heidi.rudolph@covetrus.com

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as Preferred Mailing Address (Section 3)
- None of the above

Company Name
Butler Animal Health Holding Company, LLC

Company Name Suffix
Limited Liability Corporation

Address, Line 1
400 Metro Place North

Address, Line 2

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017

Country/Area
UNITED STATES

Telephone Number
001 614 7177119

Fax Number
001 614 6591969

E-Mail Address
heidi.rudolph@covetrus.com

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- None of the above

Individual's Title *(Optional)*
Mrs

Individual's Name *(Optional)*
Asia

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*
Porter

Emergency Contact Phone
001 901 5489000

E-mail Address
asia.porter@covetrus.com

Job Title *(Optional)*
Inventory Manager

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

(•) Yes ( ) No

Alternate Trade Name #1: **Covetrus North America**

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name
-N/A-

Middle Name *(Optional)*
-N/A-

Last Name *(Optional)*
-N/A-

Title *(Optional)*
-N/A-

Address, Line 1
-N/A-

Address, Line 2
-N/A-

City
-N/A-

State/Province/Territory
-N/A-

Zip Code (Postal Code)
-N/A-

Country/Area
-N/A-

Emergency Contact Phone
-N/A-

Fax Number
-N/A-

E-Mail Address
-N/A-

Section 8: Seasonal Facility Dates of Operation *(Optional)*

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis *(Optional)*.

Harvest 1
Start Month

End Month

Harvest 2
Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

☐ **Food for Human Consumption**

☑ **Food for Animal Consumption**

Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33.	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
30. PET FOOD	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
31. PET TREATS OR PET CHEWS	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
Other Activity Conducted										
Wholesale distributor to licensed veterinarians, animal research institutions.										

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Butler Animal Health Supply, LLC

Address, Line 1
400 Metro Place North

Address, Line 2

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017

Country/Area
UNITED STATES

Telephone Number
001 614 7177119

Fax Number
001 614 6591969

E-Mail Address
heidi.rudolph@covetrus.com

Section 11: Inspection Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Heidi Rudolph

CHECK ONE BOX

- A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
- B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

- Same as Section 10

Individual's Name
Elizabeth Ernst

Address, Line 1
400 Metro Place North, Suite 100

Address, Line 2
Regulatory Affairs Department

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017

Country/Area
UNITED STATES

Telephone Number
001 614 7177113

Fax Number
001 614 6591693

E-Mail Address
liz.ernst@covetrus.com

Asia N. Porter
Autumn Forrest Drive
Memphis, TN 38125

[redacted] com

EDUCATION

Bachelor of Business Administration, January 2016-present
University of Memphis, Memphis, TN
Major: Management Minor: Accounting

COMPUTER SKILLS

Operating Environment: Windows 2010 and 2013
Business Tools: Microsoft Office, Spreadsheets, Excel
Word Processing, Access, PowerPoint, & Internet Applications
Warehouse Management System: SAP, AIMS, JDE, & Kronos
Certification: Lean Six Sigma Yellow Belt, White Belt, Lean, 5S, Kaizen leader

EXPERIENCE

Inventory Manager, 2017 -Present
Butler Animal Health Supply, LLC dba Covetrus North America (fka Henry Schein Animal Health)
Southaven, MS

- Responsibilities include but are not limited to the proper storage & handling of inventory consisting of prescription and non-prescription drugs & devices for animal use.
- Troubleshoots all inventory discrepancies using root cause analysis: determines cause, develops and implements plan for resolution and monitors progress; reconciles inventory reports including variance and expired products.
- Actively involved in, and aware of, the daily operation of the wholesale distributor. Collaborates with internal partners including Regulatory, Purchasing, Marketing, Accounts Payable, and Finance to provide information. Answer questions as necessary to resolve any outstanding issues in a timely manner. Pro-actively communicates issues to appropriate individuals. Serves as main point of contact for all inquiries regarding inventory.
- Participates on distribution center management team; conducts observations to identify areas for change; supports and interacts with all functions within DC.
- Acts as the main point of contact for recalls. Manages the recall process, to include confirming recall quantities with Regulatory and vendors, moving affected recall product out of saleable inventory physically and systematically.

Quality Inventory Control Supervisor, 2008 - 2017
Cardinal Health Medical, Olive Branch, MS

- Manage KP metrics, administer & execute corporation principles and policies by monitoring compliance of safety, and perform regulatory procedures required by ISO & FDA standards.
- Coordinate and supervise the daily activities of operations, support business staff and assure employees operate within guidelines, as required by various laws set forth in the proper handling of medical devices.
- Interacts with subordinates, customers and peer groups at various management levels that involves information exchange and basic problem resolution.
- Implement JOI, 5S, and Kaizen projects to ensure process improvements and good documentation processes are followed.
- Assisted with policy creation and control of procedures to ensure the proper storage and handling of medical products.
- Managed the destruction process of all damaged and expired goods through Returns Logistics vendor for proper disposal in accordance with compliance guidelines.

New Hire Trainer/Returns processor, 2005 - 2008
Benchmark Brands, Memphis, TN

- Provided detailed information for all new employees on the daily processes and functions of the receiving department.
- Verified receipt of incoming merchandise, sorted deliveries for accuracy, while also replenishing inventory for outgoing purchases.
- Inspected return items to determine status of merchandise, processed credits for return, and applied payments to all customer credit requests.

ACTIVITIES

Mid-South Food Bank-Food Drive, 2017
The Arc Mid-South- Wheelchair Basketball Event, 2016 & 2017
Ronald McDonald House-Ali's Way, 2014, 2015 & 2017

MISSISSIPPI

Board of Pharmacy

Butler Animal Health Supply, LLC
Covetrus North America

1085 Stateline Road East
Ste 103
Southaven, MS 38671

Permit No.:
16376/16.5

Permit Holder:
Asia Porter

Wholesale Drug Distributor

This permit is not transferable or assignable.

Issued: 11/1/2017
Renewed: 11/11/2019
Expires: 12/31/2020

Lisa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

1686

Butler Animal Health Supply, LLC
d/b/a Covetrus North America

Rev.05/2020

Company Officer List

Officers

Name	Title	Home Address	Home Phone	Business Address	Business Phone
Matt Malenfant	President, Customer Operations of North America	Upland Way, Wayne, PA 19087	TBA	400 Metro Place North Dublin OH 43017	TBA
Sean Henderson	Chief Financial Officer	Old Field Ct., Westerville, OH 43082		400 Metro Place North Dublin OH 43017	614-761-9095
Eric Bosserman	Vice President of Global Tax	Troutbrook Dr., Dublin, OH 43017		400 Metro Place North Dublin OH 43017	614-659-1644
Philip Mario Lombardi	Vice President of Operations and Logistics Services	Schooner Ct., Columbus, OH 43221		400 Metro Place North Dublin OH 43017	614-659-1728

Butler Animal Health Supply, LLC
d/b/a Covetrus North America

Rev.01/07/2020

Company Officer List

Officers

Name	Title	Home Address	Home Phone	Business Address	Business Phone
Christopher Berk	Chief Information Officer	Honey Ct., Westerville, OH 43081		400 Metro Place North Dublin OH 43017	614-761-9095
Sean Henderson	Chief Financial Officer	Old Field Ct., Westerville, OH 43082		400 Metro Place North Dublin OH 43017	614-761-9095
Eric Bosserman	Vice President of Global Tax	Troutbrook Dr., Dublin, OH 43017		400 Metro Place North Dublin OH 43017	614-659-1644
Philip Mario Lombardi	Vice President of Operations and Logistics Services	Schooner Ct., Columbus, OH 43221		400 Metro Place North Dublin OH 43017	614-659-1728

Covetrus, Inc.

SEC CIK #0001752836

Covetrus, Inc. is registered with the U.S. Security and Exchange Commission. This page includes all SEC filing details as well as a list of any documents (S-1, Prospecuts, Current Reports, 8-K, 10K, Annual Reports) registered by Covetrus, Inc..

Covetrus Inc is involved in technology-enabled animal health business with a service and technology platform and supply chain infrastructure dedicated to support the animal veterinary markets.

Company Details

IRS Number (EIN)	831448706 (EIN # 83-1448706)
Reporting File Number	001-38794
State of Incorpporation	DELAWARE
Fiscal Year End	12-31
SIC	5912 [RETAIL-DRUG STORES AND PROPRIETARY STORES]
Business Address	7 CUSTOM HOUSE STREET PORTLAND ME 04101
Business Phone	888-280-2221
Mailing Address	7 CUSTOM HOUSE STREET PORTLAND ME 04101
Legal Entity Identifier	5493009S30DUFCF75V87 (https://lei.report/LEI/5493009S30DUFCF75V87) [COVETRUS, INC.]

Documents Filed

(/CIK/0001752836.rss)

Form	Title	Date
8-K	Current Report (/Document/0001752836-20-000002/)	2020-01-14 16:16:18
3	Security Ownership Statement (/Document/0001752836-19-000067/)	2019-12-26 17:01:51
8-K	Current Report (/Document/0001193125-19-315214/)	2019-12-16 16:21:32
SC 13G	Ownership Acquisition Statement (/Document/0000834237-19-000378/)	2019-12-10 13:22:52
8-K	Current Report (/Document/0001752836-19-000065/)	2019-11-13 17:24:48
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000063/)	2019-11-12 10:07:53
10-Q	Quarterly Report (/Document/0001752836-19-000061/)	2019-11-12 09:29:19
8-K	Current Report (/Document/0001752836-19-000059/)	2019-11-12 07:06:23
8-K/A	Current Report [Amended] (/Document/0001752836-19-000054/)	2019-11-04 17:17:04
4	Security Sale/Purchase Record (/Document/0001752836-19-000051/)	2019-10-23 17:14:27
8-K	Current Report (/Document/0001193125-19-271306/)	2019-10-22 08:47:09
4	Security Sale/Purchase Record (/Document/0001752836-19-000049/)	2019-09-25 16:12:49
3	Security Ownership Statement (/Document/0001752836-19-000047/)	2019-09-25 16:09:51
4	Security Sale/Purchase Record (/Document/0001752836-19-000045/)	2019-09-13 16:18:05
4	Security Sale/Purchase Record (/Document/0001752836-19-000043/)	2019-09-06 16:07:29
8-K	Current Report (/Document/0001752836-19-000041/)	2019-09-04 08:06:50
4	Security Sale/Purchase Record (/Document/0001752836-19-000039/)	2019-08-21 18:29:26
4	Security Sale/Purchase Record (/Document/0001752836-19-000038/)	2019-08-21 18:27:41
4	Security Sale/Purchase Record (/Document/0001752836-19-000037/)	2019-08-21 18:22:42
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000033/)	2019-08-13 10:56:49
10-Q	Quarterly Report (/Document/0001752836-19-000031/)	2019-08-13 10:44:06
8-K	Current Report (/Document/0001752836-19-000029/)	2019-08-13 07:17:05
3	Security Ownership Statement (/Document/0001752836-19-000022/)	2019-06-10 16:04:14
10-Q/A	Quarterly Report [Amended] (/Document/0001752836-19-000021/)	2019-06-07 11:21:05
4	Security Sale/Purchase Record (/Document/0001752836-19-000018/)	2019-05-23 16:48:03
4	Security Sale/Purchase Record (/Document/0001752836-19-000017/)	2019-05-21 17:40:14
4	Security Sale/Purchase Record (/Document/0001752836-19-000015/)	2019-05-20 16:04:45
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000013/)	2019-05-16 13:22:55
NT 10-Q	Notice of Late Quarterly Filing (/Document/0001193125-19-148301/)	2019-05-15 20:26:02
10-Q	Quarterly Report (/Document/0001752836-19-000010/)	2019-05-15 17:31:30

8-K	Current Report (/Document/0001193125-19-147292/)	2019-05-15 08:31:03
SC 13G	Ownership Acquisition Statement (/Document/0000895421-19-000461/)	2019-05-09 16:26:47
8-K	Current Report (/Document/0001752836-19-000008/)	2019-05-07 16:52:16
8-K	Current Report (/Document/0000929638-19-000521/)	2019-05-07 09:15:32
4	Security Sale/Purchase Record (/Document/0001752836-19-000005/)	2019-04-18 16:34:49
4	Security Sale/Purchase Record (/Document/0001773152-19-000004/)	2019-04-10 16:03:09
3	Security Ownership Statement (/Document/0001773152-19-000003/)	2019-04-10 16:01:25
10-K	Annual Report (/Document/0001193125-19-092756/)	2019-03-29 16:31:35
8-K	Current Report (/Document/0001193125-19-089186/)	2019-03-28 06:17:02
4	Security Sale/Purchase Record (/Document/0000899243-19-006203/)	2019-03-05 18:12:18
4	Security Sale/Purchase Record (/Document/0000899243-19-006168/)	2019-03-05 17:43:32
4	Security Sale/Purchase Record (/Document/0000899243-19-006166/)	2019-03-05 17:42:21
4	Security Sale/Purchase Record (/Document/0000899243-19-006165/)	2019-03-05 17:41:20
4	Security Sale/Purchase Record (/Document/0000899243-19-006163/)	2019-03-05 17:40:15
8-K	Current Report (/Document/0001193125-19-064101/)	2019-03-05 16:27:03
4	Security Sale/Purchase Record (/Document/0000899243-19-005769/)	2019-03-04 16:23:10
4	Security Sale/Purchase Record (/Document/0000899243-19-005764/)	2019-03-04 16:16:14
4	Security Sale/Purchase Record (/Document/0000899243-19-005756/)	2019-03-04 16:11:19
4	Security Sale/Purchase Record (/Document/0000899243-19-005754/)	2019-03-04 16:09:18
4	Security Sale/Purchase Record (/Document/0000899243-19-005753/)	2019-03-04 16:09:07

[2] Next-> (/CIK/0001752836/2#documents)

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Company Details

Ticker	XNAS:CVET (/Ticker/CVET)
Market Cap	1.5Bil
Net Income	-895.1Mil
Sales	3.9Bil
Sector	Healthcare
Industry	Health Information Services
Stock Style	Small Growth

Direct Investment	No
Dividend Re-Investment	No

Investor Relations

Telephone	+1 888 280-2221
Fax	—
E-Mail	—
Website	www.covetrus.com (https://www.covetrus.com)

Industry Codes

NAICS	621610: Home Health Care Services
SIC	8639: Other Non-Institutional Health Services Health and Allied Services, Not Elsewhere Classified 8099
ISIC	8690: Other Human Health Activities

Insiders

Benjamin Wolin (/CIK/Search/Benjamin+Wolin)	Director, Acting Chief Executive Officer and President	2019-12-18
Stuart Gleichenhaus (/CIK/Search/Stuart+Gleichenhaus)	Interim Chief Financial Officer	2019-12-18
Dustin Finer (/CIK/Search/Dustin+Finer)	Chief Administrative Officer	2019-12-18
Erin Powers Brennan (/CIK/Search/Erin+Powers+Brennan)	Senior Vice President, General Counsel and Secretary	2019-12-18
Russell Cooke (/CIK/Search/Russell+Cooke)	Senior Vice President and Operational Chief Financial Officer	2019-12-18

Michael Ellis (/CIK/Search/Michael+Ellis)	Senior Vice President and President, Europe	2019-12-18
David Hinton (/CIK/Search/David+Hinton)	Senior Vice President and President, APAC and Emerging Markets	2019-12-18
Timothy Ludlow (/CIK/Search/Timothy+Ludlow)	Senior Vice President and Chief Transformation Officer	2019-12-18
Anthony Providenti (/CIK/Search/Anthony+Providenti)	Senior Vice President, Corporate Development	2019-12-18
Georgina Wraight (/CIK/Search/Georgina+Wraight)	Senior Vice President and President, Global Prescription Management	2019-12-18
James Young (/CIK/Search/James+Young)	Senior Vice President and Chief Human Resources Officer	2019-12-18
Laura Phillips (/CIK/Search/Laura+Phillips)	Vice President and Chief Accounting Officer	2019-12-18

covetrus (/Document/0001752836-19-000029) covetrus (/Document/0001193125-19-147292)
covetrus (/Document/0001193125-19-271306) covetrus (/Document/0001193125-19-315214)

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SEC CFR Title 17 (https://ecfr.io/Title-17/)

Butler Animal Health Supply, LLC (100% member) - Disciplinary History

Board Actions Related to Respondent, Its Parent and Subsidiaries *Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities** Reciprocal Actions Indicated in Red							
Facility	**Docket No.**	**State**	**Date of Final Disposition**	**Brief Synopsis of What occurred**	**Allegation**	**Outcome**	**Response**
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.
• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.

• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• **Columbus OH** *3820 Twin Creeks Dr. location only	**Case No. 2012-133**	**Iowa**	**September 13, 2013**	**Statement of Charges & Notice of Hearing**	**N/A - Reciprocal Action.**	**Settlement agreement: $1000**	**N/A - Reciprocal Action.**
• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.

• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action
• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.

• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action

SEAN HENDERSON, CHIEF FINANCIAL OFFICER

2/11/2020
DATE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209194

Application/License No. NEW APPLICATION

Butler Animal Health Supply, LLC dba Covetrus North America (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1085 Stateline Rd East, Suite 103, Southaven, MS 38671 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of January, 20 20.

APPLICANT/PRINCIPAL

COMPANY
Butler Animal Health Supply, LLC dba Covetrus North America,

Authorized Representative

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness - HILARY A. WILSON

Witness - HEIDI RUDOLPH

SIGNED and SEALED in the presence of:

Witness Halina Kazmierczak

Witness Cynthia Farrell

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201359-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Cynthia Farrell; Debra A. Deming; Sandra Diaz; Peter Healy; Pablo Garcia Horcajo; Jennifer L. Jakaitis; Francesca Kazmierczak; Aklima Noorhassan; Frances Rodriguez; Nancy Schnee; Valorie Spates; Susan A. Welsh

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 4th day of June, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 4th day of June, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 21st day of January, 2020

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2018

Assets

Cash and Bank Deposits	$464,341,712
*Bonds — U.S Government	2,259,714,810
*Other Bonds	11,864,776,740
*Stocks	16,527,715,226
Real Estate	255,809,551
Agents' Balances or Uncollected Premiums	5,817,927,234
Accrued Interest and Rents	108,139,840
Other Admitted Assets	11,532,139,744
Total Admitted Assets	**$48,830,564,857**

Liabilities

Unearned Premiums		$7,851,429,449
Reserve for Claims and Claims Expense		20,165,209,300
Funds Held Under Reinsurance Treaties		384,795,327
Reserve for Dividends to Policyholders		1,111,529
Additional Statutory Reserve		62,866,000
Reserve for Commissions, Taxes and Other Liabilities		3,999,822,802
Total		**$32,465,234,407**
Special Surplus Funds	$43,108,583	
Capital Stock	10,000,000	
Paid in Surplus	10,044,912,727	
Unassigned Surplus	6,267,309,139	
Surplus to Policyholders		**16,365,330,449**
Total Liabilities and Surplus		**$48,830,564,856**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2018, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 22nd day of March, 2019.

T A Mikolajewski

Assistant Secretary

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

22H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: AleraCare Wholesale, LLC

Physical Address: 4045 E. Bell Road, Suite 133

City: Phoenix State: AZ Zip Code: 85032

Telephone Number: 602-992-1600 Fax Number: 602-555-8004

Toll Free Number: 888-283-8518

E-mail: paulv@aleracare.com Website: N/A

Facility Manager: Paul Vasiliauskas

Professional qualifications and experience of facility manager: See attached resume for Paul Vasiliauskas

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☒ Other: Biologics
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? 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 ☐

See attached explanation

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. * No products have been distributed as of yet. We anticipate the top suppliers will be:

Name: Genentech Inc.
Address: 4625 NE Brookwood Pkwy., Hillsboro, OR 97124

Name: Janssen Biotech Inc.
Address: 800 Ridgeview Dr., Horsham, PA 19044

Name: Glaxosmithkline LLC
Address: Five Moore Dr., Research Triangle Park, NC 27709

Name: Astrazeneca Pharmaceuticals LP
Address: 4601 Hwy 62 E, Mount Vernon, IN 47620

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☒ No ☐

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Paul V

Original Signature of Person Authorized to Submit Application, no copies or stamps

Paul Vasiliauskas

Print Name of Authorized Person

03/03/2020

Date

Board Use Only Date Processed:_____ Amount: 600.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION LLC

State of Incorporation: Arizona

Parent Company if any: AleraCare Holdings, LLC

Mailing Address: 4045 E. Bell Road, Suite 157

City: Phoenix State: AZ Zip: 85032

Telephone: 888-283-8518 Fax: 888-273-3217

Contact Person: Paul Vasiliauskas

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) AleraCare Holdings, LLC 4045 E. Bell Road, Suite 157
Name Sole Member Business Address Phoenix, AZ 85032

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

AleraCare Wholesale, LLC
Nevada Application for Out-of-State Wholesaler License

Officers / Managers

Name	Title	Mailing Address
Russel J. Corvese ✓	President & Chief Executive Officer	Bell Road, Suite Phoenix, AZ 85032
Thomas R. Pascoe, Jr. ✓	Chief Financial Officer and Treasurer	Bell Road, Sui Phoenix, AZ 85032
Paul V. Vasiliauskas ✓	Chief Operating Officer	Bell Road, Sui Phoenix, AZ 85032

Member Managed

Name	Title	Mailing Address
AleraCare Holdings, LLC	Sole Member & Manager	Bell Road, Su Phoenix, AZ 85032

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

AleraCare Wholesale, LLC

ACC file number: 23012119

was incorporated under the laws of the State of Arizona on 08/14/2019, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **11/21/2019**

Matthew Neubert, Executive Director

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 12/18/2019
Receipt Number: 201979918
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO
W003394

EXPIRES
10/31/2021

Issued to : AleraCare Wholesale, LLC
AleraCare Wholesale, LLC
4045 E. BELL ROAD SUITE 157 PHOENIX, AZ 85032

AleraCare Wholesale, LLC
4045 E. BELL ROAD SUITE 133
PHOENIX, AZ 85032

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : AleraCare Wholesale, LLC
LICENSE NUMBER : W003394
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	AleraCare Wholesale, LLC
Address :	4045 E. Bell Road Suite 133 Phoenix AZ 85032
License No :	W003394
Permit Type :	Wholesaler
Sub Type :	Full Service
Date Issued :	02/28/2020
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 03/02/2020

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. W150371750

Application/License No. _____

ALERACARE WHOLESALE, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4045 E. BELL RD. #113 PHOENIX, AZ 85032 (Address of Applicant/Principal), as PRINCIPAL, and Old Republic Surety Company (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 445 S Moorland Rd, Suite 200 Brookfield, WI 53005 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 2/27/2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 27th day of February, 20 20.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

LORI DAVIES, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

LORI DAVIES Of VALLEY VILLAGE, CA

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds),*** as follows: Effective Date: 2/27/2020 12:00:00 AM

Bond Number: W150371750 Bond Amount: One Hundred Thousand Dollars $ 100,000.00

Principal Name: ALERACARE WHOLESALE, LLC

Obligee Name: NV State Board of Pharmacy of Reno, NV

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 27th day of February, 2020.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 27th day of February, 2020, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

Kathryn R. Pearson
Notary Public

My Commission Expires: 09/28/2022

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0700013

Signed and sealed at the City of Brookfield, WI this 27th day of February, 2020.

Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)

THE VANSA GROUP INS SERVICES DBA ISU VANSA INSURANCE SERVICES

Paul Vasiliauskas, PharmD

Education

Midwestern University Chicago College of Pharmacy, Downers Grove, Doctor of Pharmacy, May 27, 2000.
University of Illinois at Urbana-Champaign, B.S. in Business Administration, May 1993.

Work Experience

COO, AleraCare Wholesale, LLC, Phoenix, Arizona, December 1, 2019 to present.

- Designated Representative.
- Responsible for day to day operations.
- Responsible for Federal and State wholesale rules and regulations.

Founder, Owner, Senior Vice President of Business Development, Board Member, AleraCare Holdings, LLC, April 2019 to present.

President, Owner, The Vasco RX Specialty Pharmacy and Vasco Infusion, Phoenix, Arizona, Dec. 2006 to April 2019.

- Designed and built 2 sterile and non-sterile compounding laboratories.
- Organized and implemented USP 795 for Pharmaceutical Compounding Nonsterile Preparations.
- Organized and implemented USP 979 for Pharmaceutical Compounding Sterile Preparations.
- Organized and implemented USP 800 for handling hazardous drugs in the healthcare setting 2 years before federal and states required these standards.
- Obtained all 50 US state pharmacy, DEA, and sterile compounding permits.
- Interact will all state and federal agencies under the scope of Vasco's practices.
- Facilitated expansions into 10 Infusion Suites for manufacturer IV therapies and compounded Wellness therapies.
- Educate new and existing physicians in IV Wellness formulation options.
- Obtained all required Department of Health permits for Infusion Suites.
- Managed at staff of 100 employees.

Compounding and Controlled Substances Pharmacist, Express Scripts, Tempe, Arizona, July 2001 to November 2006.

Clinical Pharmacist, Alexian Brothers Behavioral Health Hospital Pharmacy managed by Leeds Enterprises, Inc., Hoffman Estates, Illinois, March 2000 – March 2001.

AleraCare Wholesale, LLC
Nevada Application for Out-of-State Wholesaler License

Employees

The following individuals will handle drugs on a daily basis:

Paul Vasiliauskas
Victor Leyva

AleraCare Wholesale, LLC
Nevada Application for Out-of-State Wholesaler License

Question #1

Paul Vasiliauskas, Chief Operating Officer, owns 13.33% indirect interest in AleraCare Wholesale, LLC.

1. In October of 1998, after a homecoming football game on the Purdue University campus in Indiana, Mr. Vasiliauskas received a public intoxication citation, Case number 79E02-9811-CM-4756. On November 19, 1998, Mr. Vasiliauskas returned to Indiana from Illinois for his court date. He did not see a judge since this was the only time such a thing had happened to Mr. Vasiliauskas. The district attorney had Mr. Vasiliauskas pay $50, sign an agreement to pay an additional $50 in six months, and agree to be on good behavior for 1 year. The court in turn would put Mr. Vasiliauskas on court supervision. The court called it a "diversion agreement". Upon completion, the charge was to be dismissed.

   After returning to Illinois, Mr. Vasiliauskas immediately wrote a check for the remaining $50 fine. He was very embarrassed and wanted to comply with all requirements, learn from the indiscretion and put the experience behind him.

   About a year and a half later, Mr. Vasiliauskas received a letter from the courts in Tippecanoe County stating that Mr. Vasiliauskas failed to comply with the diversion agreement. The documents stated that Mr. Vasiliauskas failed to pay the second half of the fine. The documents stated that the court did not accept checks and that it was not their responsibility to notify Mr. Vasiliauskas that his check was unacceptable. At the time, while in pharmacy school, Mr. Vasiliauskas admittedly did a poor job of balancing his bank account and did not notice that the check had not been cashed. Mr. Vasiliauskas took full responsibility for this; however, the court of Tippecanoe County proceeded to rescind the diversion agreement and required Mr. Vasiliauskas to appear in court and see a judge on March 23, 2000. Since Mr. Vasiliauskas did not have a prior record, the judge offered him the choice of either entering into another diversion agreement, pay an additional fine, and return to Indiana for 10 days to work on a work detail OR plead guilty and pay a fine. Not having a lawyer and still having PharmD rotation requirements, Mr. Vasiliauskas plead guilty to the Class B Misdemeanor and paid the $125 fine.

2. On October 15, 1999 in Willowbrook, Illinois, Mr. Vasiliauskas was pulled over for failure to dim his headlights. He was then arrested for suspicion of driving under the influence, Case number 1999DT004225. Mr. Vasiliauskas was put on probation and assessed a fine. The fine was paid, the probationary period ended on 1/23/2001 and the matter was closed.

Supporting documentation is enclosed.

79E02-9811-CM-04756 STATE OF INDIANA vs. VASILIAUSKAS, PAUL V.

Case Type	E02-CM	Action:	CRIMINAL MISD
Case Status:	Closed	Status Date:	11/18/1998
File Date:	11/18/1998	Case Judge:	ZEMAN, LAURA W
DCM Track:		Next Event:	

All Information | Party | Charge | Ticket/Citation # | Event | Docket | Financial | Receipt | Disposition

Party Information

STATE OF INDIANA - Plaintiff

DOB
Address , 0 0000
Alias
Party Attorney

VASILIAUSKAS, PAUL V. - Defendant

DOB xx/xx/1970
Address 922 WINSLOW CIR.
GLEN ELLYN, IL 60137
Alias
Party Attorney

Party Charge Information

VASILIAUSKAS, PAUL V. - Defendant

Charge #1: CM - CLASS D MISDEMEANOR CRIMINAL MISD

Original Charge	CM CRIMINAL MISD (CLASS D MISDEMEANOR)	Ticket #	
Indicted Charge		Date of Offense	01/01/1900
Amended Charge		Complainant	CONVERTED OFFICER(0)

Ticket/Citation

Citation # : - INDIANA Offense Date 01/01/1900

Agency	CONVERTED AGENCY	Speed Cited	
Officer	CONVERTED OFFICER(0)	Speed Limit	
Complainant		Accident	N

Events

Date/Time	Location	Type	Result	Event Judge
05/28/1999 07:00 AM	TIPPECANOE COUNTY COURT HOUSE	NEW FILING		ZEMAN, LAURA W
11/29/1999 07:00 AM	TIPPECANOE COUNTY COURT HOUSE	NEW FILING		ZEMAN, LAURA W
03/23/2000 03:00 PM		INITIAL HEARING - Petition to Set Bench Trial		ZEMAN, LAURA W
06/01/2000 08:30 AM		Probation Review		ZEMAN, LAURA W

Docket Information

Date	Docket Text	Amount
11/18/1998	FILED	
11/23/1998	Come now the State of Indiana by a Deputy Prosecuting Attorney and the defendant and file an Agreement to Withhold Prosecution. The Court	
11/23/1998	accepts said agreement and withholds prosecution for a period of one (1) year upon the following conditions:	
11/23/1998	1) pay diversion fee of $100.00 to the Tippecanoe County Clerk by paying $50.00 within one month and $50.00 within six months;	

Receipt Number	Receipt Date	Received From	Payment Amount
189219	03/23/2000	VASILIAUSKAS, PAUL V.	$125.00
189246	03/24/2000	VASILIAUSKAS, PAUL V.	$10.00
			$135.00

Case Disposition

Disposition	Date	Case Judge
GUILTY PLEA/ADMISSION	11/18/1999	ZEMAN, LAURA W

END OF REPORT

Date	Docket Text	Amount
11/23/1998	2) pay $50.00 court costs to the Clerk's office within one month; 3) maintain good and lawful behavior;	
11/23/1998	4) notify the Court of any change of address; 5) not use or consume alcohol or alcoholic beverages or illegally	
11/23/1998	use or possess controlled substances.	
11/23/1998	Copy to: Counsel Defendant	
11/23/1998	EFFECTIVE NOVEMBER 19, 1998. bsr	
12/03/1998	Ret'd pers ck#4977 &1039 for Paul-same address as fit. $100.00. Sarah Brown/ph	
05/06/1999	RECEIPT NO. : 0159163 AMOUNT : $50.00 TENDER CODE: CS ACTIVE CD: R SCHEDULE: DIV DET SEQ NUM: 001 DSB CHK NUM: 0000 ORDER NUM: 088	
05/06/1999	Received of Defendant $50.00 div fee. Betty Michael/kp	
03/02/2000	PETITION TO SET BENCH TRIAL FILED AND INITIAL HEARING SCHEDULED FOR 3/23/00 3 P.M.	
03/23/2000	CRIMINAL COURT COSTS Receipt: 189219	$0.00
03/24/2000	REC'D FROM SHERIFF MURTAUGH CASH BOND OF $100.00 ON 10/25/98 REC'T # J21833.	
03/24/2000	ADMINISTRATION FEE	$0.00
03/24/2000	ADMINISTRATION FEE Receipt: 189246	$0.00
03/24/2000	CK 79036 FOR 10.00 TO CLERK FOE ADMN FEE, CK 79037 FOR 90.00 TO DEFT. RETURN CASH BOND.	
03/24/2000	Comes now the State of Indiana by Kathy Gray, Deputy Prosecuting Attorney. Comes also the defendant in person and Court finds the defendant has not complied with diversion agreement. Court now VACATES the diversion agreement. Defendant is advised of the nature of the charges, possible penalties and constitutional Rights. Written Advisement of Rights is filed, including written waiver of right to an attorney. The defendant now enters a plea of guilty to Count I, PUBLIC INTOXICATION as a Class B Misdemeanor. Court finds factual basis for plea of guilty and accepts plea agreement and enters judgment of conviction on charge of Public Intoxication as Class B Misdemeanor. The Court accepts the plea agreement and imposes the following sentence: 1) Imposes a fine of $500.00, suspended upon completion of conditions of probation. 2) Imposes jail sentence of 180 days, suspended upon completion of conditions of probation. The Court places defendant on UNSUPERVISED probation for a period of one (1) year on the following terms and conditions: A. Pay court costs in the sum of $125.00 to the Tippecanoe County Clerk by Friday, May 26,2000; B. good and lawful behavior; C. Do not use or consume alcoholic beverages or illegally use or possess controlled substances; D. Notify court of any change of address; The Prosecuting Attorney dismisses other charges pending herein. The defendant is ORDERED to return to Court in person on, Thursday, June 1, 2000, at 8:30 a.m. to show completion of conditions of probation. If the defendant files written proof prior to said date, the defendant will not need to appear in person on said date. If the defendant fails to appear or show written proof, a "no bond" warrant will issue for the defendant's arrest. No reminders will be sent. No extensions will be granted. COPIES TO: DEFENDANT Entered March 23, 2000	
06/01/2000	Court examines file. All conditions of probation or dispositional order are now complete. Defendant to maintain good and lawful behavior./ lz	

Financial Summary

Cost Type	Amount Owed	Amount Paid	Amount Adjusted	Amount Outstanding
COURT COST	$125.00	$125.00	$0.00	$0.00
FEES	$10.00	$10.00	$0.00	$0.00
	$135.00	$135.00	$0.00	$0.00

Receipts

Receipt Number	Receipt Date	Received From	Payment Amount

Office of the Clerk of the Circuit Court
DuPage County, Illinois

Case Summary Details

Case Details

Case Number	1999DT004225	Next Court Date	
File Date	10-18-1999	Next Court Location	
Case Title	PEOPLE OF THE STATE OF ILLINOIS -VS- PAUL V VASILIAUSKAS	Next Court Time	
Agency	Willowbrook Police	Assigned Location	
Legal Status	CLOSED	Address Change	
Balance Due Amount	$0.00		

Counts

Count Number	Count Description	Count Status	Complaint Number
0001	DRIVING UNDER THE INFLUENCE OF ALCOHOL	CLOSED	999925
0002	DRIVING WHILE BLOOD ALCOHOL LEVEL IS .08OR MORE	CLOSED	999925
0003	FAILURE TO DIM HEADLIGHTS	CLOSED	

File Date	Count Number	Description
12-22-2007	0000	ADMINISTRATIVE REASSIGNMENT
07-01-2007	0000	ADMINISTRATIVE REASSIGNMENT
12-17-2006	0000	REASSIGNMENT
08-25-2001	0000	ADMIN REASSIGNMENT, SCHEDULE AND NOTICE
03-14-2001	0000	WARRANT/BODY WRIT NOT SERVED
01-23-2001	0000	QUASH ORDER
01-23-2001	0001	TERMINATE SENTENCE - SATISFACTORILY
01-23-2001	0001	AFFIDAVIT
01-23-2001	0001	MISCELLANEOUS PAPER FILED
01-23-2001	0001	MISCELLANEOUS PAPER FILED
01-23-2001	0001	REMEDIAL EDUCATN / TREATMT COMP FORM
01-12-2001	0000	WARRANT - FILED
01-12-2001	0001	PETITION TO REVOKE
01-14-2000	0000	WAIVER OF JURY TRIAL
01-14-2000	0001	SENTENCE MONITORING-IN COMPLIANCE
01-14-2000	0001	GUILTY PLEA
01-14-2000	0001	SUPERVISION
01-14-2000	0001	DUI SCHOOL NOTIFY SOS
01-14-2000	0001	FINES AND COSTS ASSESSED
01-14-2000	0001	FINES AND COSTS ASSESSMENT
01-14-2000	0002	NOLLE PROS
01-14-2000	0003	GUILTY PLEA
01-14-2000	0003	FINES AND COSTS ASSESSED
01-14-2000	0003	FINES AND COSTS ASSESSMENT
01-03-2000	0001	LETTER
01-03-2000	0001	PETITION FOR MDDP
01-03-2000	0001	MDDP ORDER
12-08-1999	0001	MISCELLANEOUS ORDER
11-10-1999	0001	PETITION FOR SUMMARY SUSPENSION HEARING
11-10-1999	0002	PETITION FOR SUMMARY SUSPENSION HEARING
11-10-1999	0003	PETITION FOR SUMMARY SUSPENSION HEARING
10-25-1999	0001	CONFIRMATION OF SUMMARY SUSPENSION

AleraCare Wholesale, LLC
Nevada Application for Out-of-State Wholesaler License

Shareholder Other Interests

AleraCare Holdings, LLC is the Sole Member of AleraCare Wholesale, LLC and holds 100% interest in AleraCare Wholesale, LLC. AleraCare Holdings, LLC is also the Sole Member of the following facilities that are licensed by the State of Nevada or another political jurisdiction:

Vitalab Pharmacy, Inc. dba Vasco Rx
4045 E. Bell Road, Suite 163
Phoenix, AZ 85032

Unicare Pharmacy, Inc. dba MedicoRx Specialty Pharmacy
7039 Valjean Avenue
Van Nuys, CA 91406

Vasco Healthcare, Inc.
4045 E. Bell Road, Suite 157
Phoenix, AZ 85032

22I

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☑ Partnership - Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: JANUS TRADE GROUP LLC

Physical Address: 556 Industrial Way West

City: Eatontown State: NEW JERSEY Zip Code: 07724

Telephone Number: 732-730-6815 Fax Number: _____

Toll Free Number: _____

E-mail: steve@janustrade.com Website: _____

Facility Manager: STEVE TAWIL

Professional qualifications and experience of facility manager: 30 YEARS EXPERIANCE AS WHOLESALER WAREHOUSE AND OPERATION MANAGER

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☑ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: United Ostomy & Surgical Supplies.
Address: 7 Boumar Pl. , Elmwood Park, NJ 07407

Name: POWER LINES WHOLESALE
Address: 601 N. CONGRESS AVENUEE, SUITE 502, DELRAY BEACH FL 33445

Name: JJ SudAmericana
Address: 151 South Country Club Blvd, Boca Raton, FL 33487

Name: Genisis Diagnostics
Address: 88 Cresthill Ave., Clifton, NJ 07012

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

ELI ABISROR
Print Name of Authorized Person

Oct 30 19
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: ELI ABISROR %: 33.33%

Name: STUART HUSNEY %: 33.33%

Name: MICHAEL ANTAR %: 33.33%

Name: _____ %: _____

Partnership Name: JANUS TRADE GROUP LLC

Mailing Address: 556 Industrial Way West

City, State Zip Code: Eatontown, New Jersey 07724

Telephone Number: 732-730-6815 Fax Number: _____

Contact Person: STEVE TAWIL

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

JANUS TRADE GROUP, LLC
0600398623

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 24, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ELI ABISROR
556 INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of October, 2019

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6101354125

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

LIST OF EMPLOYEES:

WHO HANDELS THE DRUGS ON DAILY BASIS

None- Our company does not deal/handle drugs, we are wholesaler of supplies/devices only.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0733557

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

556 INDUSTRIAL WAY WEST EATONTOWN, NJ 07724-

Reg. No.
5004388

JANUS TRADE GROUP
ATTN: NATHAN HEINEY
556 INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2020

Establishment Copy

1732

MERCANTILE

Eatontown Borough

2019 License

Business Class

ML-19-0207

EXPIRATION

DECEMBER 31, 2019

ISSUED TO

JANUS TRADE GROUP
556 INDUSTRIAL WAY WEST
EATONTOWN NJ 07724

OWNER

ELI ABISOR
1139 LINCOLN SQ
LONG BRANCH NJ 07740

BY AUTHORITY OF ORDINANCE 22-2010 OF THE BOROUGH OF EATONTOWN, THIS LICENSE IS HEREBY GRANTED TO THE ABOVE OWNER WITHIN THE LIMITS OF THE BOROUGH OF EATONTOWN, HAVING PAID THE LICENSE FEE.

THIS LICENSE MUST BE POSTED IN PUBLIC VIEW AND IS NON TRANSFERABLE

Date: DECEMBER 24, 2018

Fee: $75.00

Linda Montagna

Mercantile Licensing

11631831

26407

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
JANUS TRADE GROUP, LLC
556 INDUSTRIAL WAY WEST
EATONTOWN NJ 07724

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000003062
EXPIRATION DATE: 06/30/2021

John W Tidwell
DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

DCF171

LOUISIANA BOARD OF DRUG AND DEVICE DISTRIBUTORS

DISTRIBUTOR OF LEGEND DRUGS OR LEGEND DEVICES

SUB-TYPE: Standard Distributor

JANUS TRADE GROUP LLC dba Mission Medical Supplies LLC

License No. **7678** effective **01/01/2019** *(Original issue date: 05/30/2013)*, Expiring **12/31/2019**
distributing from **556 Industrial Way West, Eatontown, NJ, 07724**
BUSINESS ADDRESS: 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ, 08701
is duly licensed in the State of Louisiana with this Board under the provisions of Act 852 of 1988 (as amended)
This license is subject to regulation in the state of Louisiana
in accordance with La. R.S. 37:3461 through 3482 and LAC 46:XXXIV.101 through 1503

Additional Third-Party Logistics Providers:
NA

Board Secretary

ORIGINAL LICENSE — DISTRIBUTOR
This License is NOT TRANSFERABLE and must be Conspicuously Displayed. This license must be renewed annually

Louisiana Board of Drug and Device Distributors 12091 Bricksome Avenue, Suite B Baton Rouge, LA 70816	Phone: 225-295-8567 Fax: 225-295-8568	www.lsbwdd.org Email: admin@lsbwdd.org

SUB-TYPES:

Standard Distributor: Any entity that sales or facilitates the delivery of legend drugs or legend devices to persons other than the consumer or patient; including, but not limited to, manufacturers, repackagers, own-label distributors, jobbers, retail pharmacy warehouses, pharmacies, brokers, agents, freight forwarders, ship chandlers, reverse distributors, compounders/503b, and nuclear pharmacies.

Wholesale Distributor: Any entity that sales or facilitates the delivery of drug product (as defined by FDA) to persons other than the consumer or patient; not to include (not limited to) manufacturers, repackagers, third-party logistic providers, distributors of devices, medical gases, intravenous drugs for replenishment or irrigation, blood or blood components; radioactive drugs or biologicals, imaging drugs, homeopathic drugs, and compounded drugs.

Third-party Logistics Provider: Any entity that provides or coordinates warehousing, facilitates the delivery of, or other logistic services for a legend drug or legend device interstate and intrastate commerce on behalf of a manufacturer, distributor, or dispenser of a legend drug or legend device but does not take ownership of the legend drug or legend device nor have responsibility to direct the sale or disposition of the legend drug or legend device.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41420408

Application/License No. _____

Janus Trade Group LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is P. O. Box 290109, Brooklyn, NY 11229 (Address of Applicant/Principal), as PRINCIPAL, and Platte River Insurance Company (Surety Company), a corporation organized under the laws of the state of Nebraska (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2121 N. California Blvd., #300, Walnut Creek, CA 94598 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 30, 2019 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30th day of October, 2019.

APPLICANT/PRINCIPAL
Janus Trade Group LLC

Authorized Representative

SURETY COMPANY
Platte River Insurance Company

Surety Company's Representative

Erin Brown, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Saneer Kumar
Witness

SIGNED and SEALED in the presence of:

Witness

Jeannie Raymond
Witness

Countersigned by:

Nevada Resident Agent Erin Brown, Licens #1005693

PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

41420406

KNOW ALL MEN BY THESE PRESENTS, That the **PLATTE RIVER INSURANCE COMPANY,** a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

MICHAEL D LAPRE; DEBORAH M MCGUCKIN; RYAN ROGERS; KEVIN P SHINE; JAREN MARX
YVONNE WEATHERFORD; PHILLIP SIMONS; ERIN BROWN; COLLEEN E. WATSON; ARTYCE JOHNSON

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $2,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

"**RESOLVED**, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **PLATTE RIVER INSURANCE COMPANY** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest:

John E. Rzepinski
Vice President, Treasurer & CFO

PLATTE RIVER INSURANCE COMPANY

Suzanne M. Broadbent
Assistant Secretary

Stephen J. Sills
CEO & President

PLATTE RIVER INSURANCE COMPANY CORPORATE SEAL NEBRASKA

STATE OF WISCONSIN }
COUNTY OF DANE } S.S.:

On the 3rd day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

DAVID J. REGELE NOTARY PUBLIC STATE OF WISCONSIN

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN }
COUNTY OF DANE } S.S.:

I, the undersigned, duly elected to the office stated below, now the incumbent in **PLATTE RIVER INSURANCE COMPANY**, a Nebraska Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 3rd day of October, 2019.

SEAL

Antonio Celii
General Counsel, Vice President & Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450. PR-POA (Rev. 10-2017)

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/11/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for WHOLESALER LICENSE
Nature of License

JANUS TRADE GROUP LLC, 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ 07724
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Abisror | First Name Eli | Middle Name Bernard

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD Lincoln Square | City LongBranch | State/Zip NJ 07740

Dates

Present Business Address 556 Industrial Way West | City Eatontown | State/Zip NJ 07724

Dates

Occupation: Member | Phone: Residence .. | Business 732-730-6815

Date of Birth | Place of Birth (City, County, State): Neptune, Monmouth, NJ

Age: 37 | Social Security Number | Sex: M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	MEDIUM	185 lbs	MEDIUM	5" 9

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** 04/11/2005 (Date) Brooklyn, NY (City, County and State)

Spouse's full name (Maiden) Sherly Mandil S.S. No.

Date of Birth Place of Birth Brooklyn, NY

Resident address Lincoln Square (Street) Long Branch (City) NJ (State) 07740 (Zip)

Telephone: Residence Business Homemaker

Spouse's employer N/A Occupation

Address of employer (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Marcus Abisror		Brooklyn, NY	lincoln square, Long Branch, NJ 07740
Joshua Abisror		Brooklyn NY	lincoln square, Long Branch, NJ 07740
Suri Joelle Abisror		Long Branch NJ	9 lincoln square, Long Branch, NJ 07740

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name .....

Address .....

Contact person .....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Hanania Abisror	[illegible]	Turnberry Way, Aventura Florida	Rabbi
Mother	Ella Weiner		Same	Homemaker
Father-in-Law	Joshua Mandil		' Hutchinson Ct, Brooklyn NY	Customs Broker
Mother-in-Law	Mireille Mandil		Same	Homemaker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Joseph Abisror		) Turnberry Way, Aventura Florida	Unemployed
Spouse	N/A			
	Michelle Ouzer		Bowyer Ave, Long Branch NJ 07740	Homemaker
Spouse	Yishay Ouzer			Grocery Manager
	Baruch Abisror		' Vasser Dr, Anchorage AK 99508	Telecom
Spouse	Beth Savit			Speech pathaologist
	Yeshua Abisror		Ocean Pkwy, Brooklyn NY 11235	Medical Supplies
Spouse	Jouli Malakh			Homemaker

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Deal Yeshiva	Deal, NJ	Sept 1986 - June 1995	Yes ☒ No ☐
High School	Yeshiva Gedolah Zichron Moshe	South Fallsburg, NY	Sept 1995 - Jan 1998	Yes ☒ No ☐
College University	Brookdale Community College	Middletown, NJ	Jan 1998 - June 1998	Yes ☐ No ☒
Other				Yes ☐ No ☐

Type of degree obtained, if any N/A

College or university where obtained .....

Applicant's initial EA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch..... Date of entry-active service.....

Date of separation..... Type of discharge.....

Rating at separation..... Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County..... State..... Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?..... city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?..... city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☑ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
defendent	approx- 1998	n/a	Monmouth county , NJ	car accident

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☑ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
see attached sheet		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
Dec 1981- Sept 1995	1139 Lincoln Square	Long Branch	NJ
Sept 1995 - Jan 1998	84 Laurel Park Rd	South Fallburg	NY
Jan 1998 - Sept 2002	1139 Lincoln Square	Long Branch	NJ
Sept 2002 - March 2005	23 Clovelly St	Pikesville	MD
April 2005 - May 2007	2214 East 5th St	Brooklyn	NY
May 2007 - April 2008	869 Norwood Ave	Long Branch	NJ
May 2008 - Present	) Lincoln Square	Long Branch	NJ

Applicant's initial .....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/ 2007 - Present	Janus Trade Group 556 Industrial Way West, Eatontown NJ	N/A
Title	**Description of Duties**	**Name of Supervisor**
Owner	Magaing Director	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 - 8/2007	Aeromax Dental Supplies 2212 McDonald Ave Brooklyn NY	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
Owner	Executive Buyer	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2002 - 9/2004	DC Dental Supplies 1133 Greenwood Rd. Baltimore MD	Pursue Self Employment
Title	**Description of Duties**	**Name of Supervisor**
Sales Manger	Overseeing Sales team	David Chamowitz

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial _____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Morris Sarway	Home	3333 Henry Hudson PKWY	Bronx, NY 10463			30 years
Employer Westechester Partners LLC	Business	3333 Henry Hudson PKWY	Bronx, NY 10463		347-443-8090	
Name Ike Levy	Home	Park Terrace	Long Branch, NJ 07740			12 years
Employer Monmouth Custom Builders	Business	259 Mounmouth Rd, Deal NJ 07723			732-517-0400	
Name Alex Paskie	Home	East 7th St Brokklyn NY 11230				8 years
Employer blueswitch.com	Business	29 Broadway, NY, NY 10006			212-742-2770	
Name Mordechai Dabbah	Home	Jersey Ave, Long Branch, NJ 07740				25 years
Employer Keter Torah	Business	5 Meridian Rd, Eatontown NJ, 07724			732-935-1111	
Name Eli Kopciel	Home	filla Ln, Wesley Hills, NY 10952				20 years
Employer Extell Inc	Business	805 3rd Ave			212-712-6000	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial _____

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

Date of photograph 10/28/2019

Applicant's initial

STATE OF New Jersey
ss.

COUNTY OF Monmouth

I, Eli Abiseor, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of October, 2019

Jade B. Walden
Notary Public

JADE B. WALDEN
Notary Public, State of New Jersey
My Commission Expires
September 09, 2020
(seal)

Applicant's initial

ADDITIONAL INFORMATION

Additional Siblings:

Orli Shukran — North Country Club Drive APT 105, Aventura FL 33180

Spouse of Oril :Alberto Shukran — North Country Club Drive APT 105, Aventura FL 33180

Yisrael Abisror — , Gainesborough Ct, Orlando FL 32826

Spouse of Yisrael : Tamar Devorah Kemerman — Gainesborough Ct, Orlando FL 32826

Childern and Dependents :

Miireille Abisror born on 1 — Long Branch, NJ resides in — lincoln square, Long Branch, NJ 07740

Joel Murray Abisror born on , 2 Long Branch NJ resides ir — lincoln square, Long Branch, NJ 07740

Maximus Leo Abisror born on , , Long Branch NJ resides in 1 — lincoln square, Long Branch, NJ 07740

Isaac Asher Abisror born on F — 7 , long branch NJ resides in ' 9 lincoln square, Long Branch, NJ 07740.

List of Companies Associated with Me:

JANUS TARDE GROUP LLC

MISSION MEDICAL SUPPLIES LLC

BLAZE TRADE GROUP LLC

EMS IMPORTS LLC

VALSTAR DENTAL LLC

ARROW MERCHANTS

INTELLIGENT DESIGNS

TECH GIANT LLC

MJS IMPORTS LLC

Abisror Properties LLC

STONEWATER EQUITIES LLC

CHASING SPARKS, INC

Applicant's initial

Sheet attached

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes [x] No [ ]

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, *et al.* Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
Janus Trade Group, LLC, Mission Medical Supplies, LLC, Blaze Trade Group, LLC	1/19/16	Dr Haushka Skin Care v. Janus Trade Group, *et al.*, Dkt # 1:16-cv-00262	Brooklyn, NY (US Dist Ct., EDNY)	Settlement 8/16/16
Janus Trade Group, LLC, MJS Imports, LLC,	8/28/19	Janus Trade Group and MJS Imports v. Coface North America Insurance Co. Dkt # MON-L-003081-19	Freehold, NJ (Monmouth County)	Still pending

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/23/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for WHOLESALER LICENSE
Nature of License

JANUS TRADE GROUP LLC, 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ 07724
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Antar	Michael	

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	Dates	City	State/Zip
North Lincoln Ave	06/2015 - Present	Long Branch	NJ 07740

Present Business Address	Dates	City	State/Zip
556 Industrial Way West	02/2013 - Present	Eatontown	NJ 07724

Occupation: Medical Supplies Wholesaler

Phone Residence:

Business: 732-662-3150 ext 239

Date of Birth	Place of Birth (City, County, State)
[redacted]	Brooklyn, Kings, New York

Age	Social Security Number	Sex
49		M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown	Dark	205lbs	Muscular	5'11"

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

A. **Current Marriage** 6/11/1991 (Date) Brooklyn, Kings, NY (City, County and State)

Spouse's full name (Maiden) Emily Lankry S.S. No

Date of Birth [illegible] Place of Birth Brooklyn, NY

Resident address 5 North Lincoln Ave (Street) Long Branch (City) NJ (State) 07740 (Zip)

Telephone: Residence [illegible] Business

Spouse's employer Occupation Homemaker

Address of employer (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Frieda Antar	[illegible]	Long Branch NJ	5 E.65th St. Apt 3B NY NY 10065
Max Antar		Brooklyn, NY	5 North Lincoln Ave Long Branch NJ 07740
Zahava Antar		Manhattan, NY	North Lincoln Ave Long Branch NJ 07740

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name .....

Address .....

Contact person .....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Nessim E. Antar		; E.23rd Street Brooklyn, NY 11229	Retired
Mother	Gloria Haber		[illegible] E.23rd Street Brooklyn, NY 11229	Retired
Father-in-Law	Solomon Lankry		3 E.7th Street Brooklyn, NY 11223	Retired
Mother-in-Law	Zahava Abisror 1		3 E.7th Street Brooklyn, NY 11223	Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Ezra Antar	;7	E.12th Street Brooklyn, NY 11229	Office Manager
Spouse	Aliza Soffer	3	,2 E.12th Street Brooklyn, NY 11229	Homemaker
	Morris Antar	[illegible]	1 Ave T Brooklyn, NY 11229	Shoe Importer
Spouse	Giselle Cohen		Ave T Brooklyn, NY 11229	Homemaker
	David Antar		E.17th Street Brooklyn, NY 11229	General Contractor
Spouse	Ramona Ozeri	;4	9 E.17th Street Brooklyn, NY 11229	Office manager
	Sara Antar	7	E.19th Street Brooklyn, NY 11229	Homemaker
Spouse	Marty Chera		0 E.19th Street Brooklyn, NY 11229	Loan Officer

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Magen David Yeshiva	Brooklyn NY	1979 - 1984	Yes ☒ No ☐
High School	Shaare Torah High School	Brooklyn NY	1984 - 1988	Yes ☒ No ☐
College University				Yes ☐ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any .....

College or university where obtained .....

Applicant's initial .....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Kings State NY Date registered 5/5/1988

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial MA

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☒ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
SEE ATTACHED				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
SEE ATTACHED		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
4/1997 - 9/2008	1949 E.23rd Street	Brooklyn	NY 11229 - Kings
9/2008 - 10/2019	1955 E.23rd Street	Brooklyn	NY 11229 - Kings
9/2018 - 10/2019	5 North Lincoln Ave	Long Branch	NJ 07740 - Monmouth

Applicant's initial _____

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2007 - Present	Janus Trade Group, LLC 556 Industrial Way West Eatontown NJ 07724	
Title	**Description of Duties**	**Name of Supervisor**
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 - 9/2007	Aeromax Dental Supplies Inc 2212 McDonald Ave Brooklyn NY 11230	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1996 - 9/2001	MASH Apparel Enterprise 10 West 33rd ST NY NY 10001	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1994	Intimate Resources 180 Madison Ave NY NY 10016	Pursue Self Employment
Title	**Description of Duties**	**Name of Supervisor**
Salesman	Selling Close Out Apparel	Mike Sutton

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial _____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name David Balassiano	Home	1 E.7th Street Brooklyn, NY 11223 (				1980 - Present
Employer Kosher Media	Business	1724 E.12th Street Brooklyn, NY 11229				
Name David Hadef	Home	1 E.7th Street Brooklyn, NY 11223				1980-Present
Employer Samsonic	Business	160 W.28th Street #1 New York, NY 10001				
Name Lawrence Dayan	Home	1 E.9th Street Brooklyn, NY 11223				1980-Present
Employer Gina Group	Business	10 West 33rd Street New York, NY 10001				
Name Ralph Dweck	Home	E.5th Street Brooklyn, NY 11223				- 1984-Present
Employer N/A	Business	N/A				
Name Danny Marcus	Home	Ave S Brooklyn, NY 11229				1998 - Present
Employer JM Legend	Business	2785 Coney Island Ave Brooklyn, NY 11235				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial _____

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

ATTACH PHOTOGRAPH

Date of photograph 10/23/2019

Applicant's initial

STATE OF New Jersey
ss.

COUNTY OF Monmouth

I, Michael Antar, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 23 Rd day of October, 2019

EMAN M. RYAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Sept. 05, 2024

Notary Public

(seal)

Applicant's initial MA

List of companies associated with me:

Janus Trade Group LLC

Mission Medical Supplies LLC

Blaze Trade Group LLC

EMS Imports LLC

Double Down Trading LLC

Valstar Trading LLC

Valstar Dental LLC

Lowestdeal Com LLC

Arrow Merchants

Intelligent Designs

Tech Giant LLC

MJS Imports LLC

Ace Toys

Applicant's initial

Arrests, detentions, litigations and arbitrations – continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or a defendant or an arbitration as either a claimant or respondent?

Yes [x] No [ ]

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Stuart Husney, and Michael Antar	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, *et al.* 503011/2018	Brooklyn, NY (Kings County)	Still pending

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes [x] No [ ]

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, *et al.* Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
Janus Trade Group, LLC, Mission Medical Supplies, LLC, Blaze Trade Group, LLC	1/19/16	Dr Haushka Skin Care v. Janus Trade Group, *et al.*, Dkt # 1:16-cv-00262	Brooklyn, NY (US Dist Ct., EDNY)	Settlement 8/16/16
Aerogroup Enterprise	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, *et al.*, Dkt # 503011/2018	Brooklyn, NY (Kings County)	Still pending
Janus Trade Group, LLC, MJS Imports, LLC,	8/28/19	Janus Trade Group and MJS Imports v. Coface North America Insurance Co. Dkt # MON-L-003081-19	Freehold, NJ (Monmouth County)	Still pending

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/24/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for WHOLESALER LICENSE
Nature of License

JANUS TRADE GROUP LLC. 556 INDUSTRIAL WAY WEST. EATONTOWN NJ 07724
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: Husney | First Name: Stuart | Middle Name: Eliot

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD: 15 East 21st Street | City: Brooklyn | State/Zip: NY 11229

Present Business Address: 556 Industrial Way West | Dates: Jan 1997 to Present | City: Eatontown | State/Zip: NJ 07724

Occupation | Dates: Nov 2012 till present

Phone: Residence ____ Business 718-705-3906

Date of Birth | Place of Birth (City, County, State)

Brooklyn NY , Kings County

Age: 52 | Social Security Number | Sex: M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown	Fair	193	Medium	5 Ft 8 Inch

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

A. **Current Marriage** May 18 1993 (Date) Kings County NY (City, County and State)

Spouse's full name (Maiden) Amy Husney S.S. No

Date of Birth Place of Birth Brooklyn NY

Resident address East 21st Street (Street) Brooklyn (City) NY (State) 11229 (Zip)

Telephone: Residence Business NA

Spouse's employer NA Occupation NA

Address of employer NA (Street) NA (City) NA (State) NA (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Ezra Husney		New York NY	Church St. New Haven CT Apt 6G 06510
Abraham Husney		New York NY	1 Johnston Street Oakhurst NJ 07755
Joseph Husney		New York NY	Ave S Brooklyn NY 11229

See Page 10 Additional Children

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial SH

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name .....

Address .....

Contact person .....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Ezra Husney		East 9th Street Brooklyn NY 11223	Self Employed
Mother	Rosa Husney		East 3rd Street Apt 4F Brooklyn NY 11223	NA
Father-in-Law	Abraham Dancour		BOWYER AVE Long Branch NJ 07740	NA
Mother-in-Law	Sophia Dancour		BOWYER AVE Long Branch NJ 07740	NA

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Paulette Husney		East 22nd Street Brooklyn NY 11229	Teacher
Spouse Dr Jonathan Hirsch MD		East 22nd Street Brooklyn NY 11229	Physician
Sara Husney		Elizabeth Street Oakhurst NJ 07755	Teacher
Spouse Aaron Haleva		Elizabeth Street Oakhurst NJ 07755	Attorney
Janine Husney		East 24th Street Brooklyn NY 11229	Teacher
Spouse Barry Mizrahi		East 24th Street Brooklyn NY 11229	Usability Engineer
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Magen David Yeshiva	Brooklyn NY Kings County	1972 till 1982	Yes ☒ No ☐
High School	Yeshiva Shhare Torah	Brooklyn NY Kings County	1982 Till 1986	Yes ☒ No ☐
College University	NA			Yes ☐ No ☐
Other	NA			Yes ☐ No ☐

Type of degree obtained, if any NA .....

College or university where obtained NA .....

Applicant's initial .....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County ..... kings ..... State ..... new york ..... Date registered ..... 5/22/1986 .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial .....

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☒ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
SEE ATTACHED				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
SEE ATTACHED		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
March 1994 to March 1996	1936 East 13th Street	Brooklyn NY 11229	NY Kings County
April 1996 until Present	East 21st Street	Brooklyn NY 11229	NY Kings County

Applicant's initial

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2007 Till present	Janus Trade Group, 556 Industrial way west Eatontown NJ 07724	NA
Title	**Description of Duties**	**Name of Supervisor**
Owner	CFO	NA

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 Till 9/2007	Aeromax Dental Supplies Inc, 2212 Mcdonald Ave, Brooklyn NY 11230	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
Owner	CFO	NA

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2001 Till 1/2005	Aeromax Inc 2212 Mcdonald Ave Brooklyn NY 11230	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
Owner	CFO	NA

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1996 Till 9/2001	Mash Apparel Enterprise 10 West 33rd Street NY NY	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
Owner	CFO	NA

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1994 till 1/1996	Intimate Resources 155 Madison Ave NY NY	Persue Self Emplyment
Title	**Description of Duties**	**Name of Supervisor**
Salesman	Selling Close Out Apparel	Mike Sutton

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1993 Till 1/1994	Skiva Intl 1407 Broadway NY NY	To Persue carreer in Sales
Title	**Description of Duties**	**Name of Supervisor**
Collection Agent	Collect Receivables	Jack Tawil

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1991 till 1/1993	Misco Enterprises, 100 S. Washington , Dunellen NJ 08812	Persue career in collections
Title	**Description of Duties**	**Name of Supervisor**
Customer Service	Handled Customer Service Calls	Rachel Haber

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 1986 till 1/1991	Unemployed	NA
Title	**Description of Duties**	**Name of Supervisor**
NA	NA	NA

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Alex Paskie	Home	) East 7th street 11230				18
Employer blueswitch.com	Business	29 Broadway NY NY 10006			(212) 742-2770	
Name Haim Cohen	Home	4 Hutchinson Court Brooklyn NY 11223				25
Employer Century Capital	Business	112 West 34th St NY NY 10120			(347)-564-5090	
Name Abie Levy	Home	1 4 East 21st Street Brooklyn NY 11229				20
Employer Foot Steps	Business	626 Kings Highway Brooklyn NY 11223			917-662-5554	
Name Morris Sarway	Home	Henry Hudson Parkway Bronx NY 10463				15
Employer Tnple 5 Corp	Business	3333 henry hudson parkway bronx ny 10463			917-319-2949	
Name Alfred Sayeg	Home	East 24th Street Brooklyn NY 11210				10
Employer Freshwater Group LLC	Business	2564 Bedford Avenue , Brooklyn, New York 11226			(718) 676-1801	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial .....

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

Date of photograph

Applicant's initial

STATE OF New York

ss.

COUNTY OF Kings

I, Stuart E Husney, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 24 day of October, 2019

Notary Public

MARK KHASKELZON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KH5110718
Qualified in Kings County
Commission Expires 6/11, 2020

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Additional Children Daniel Husney Born n New York NY, Resides at 1 East 21st Street Brooklyn NY 11229

Rosa Husney Born On 8 in New York NY , Resides at 1 East 21st Street Brooklyn NY 11229

List Of Corporations associated with me Blaze Trade Group, EMS Imports, Double Down Trading, Valstar Trading, Valstar Dental, Jared Trading Lowestdeal Com LLC

Arrow Merchants, Intelligent Designs, Tech Giant LLC, Ace Toys, MJS Imports LLC,

Applicant's initial

Arrests, detentions, litigations and arbitrations – continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or a defendant or an arbitration as either a claimant or respondent?

Yes [x] No [ ]

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Stuart Husney, and Michael Antar	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, *et al.* 503011/2018	Brooklyn, NY (Kings County)	Still pending

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes [x] No [ ]

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, *et al.* Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
Janus Trade Group, LLC, Mission Medical Supplies, LLC, Blaze Trade Group, LLC	1/19/16	Dr Haushka Skin Care v. Janus Trade Group, *et al.*, Dkt # 1:16-cv-00262	Brooklyn, NY (US Dist Ct., EDNY)	Settlement 8/16/16
Aerogroup Enterprise	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, *et al.*, Dkt # 503011/2018	Brooklyn, NY (Kings County)	Still pending
Janus Trade Group, LLC, MJS Imports, LLC,	8/28/19	Janus Trade Group and MJS Imports v. Coface North America Insurance Co. Dkt # MON-L-003081-19	Freehold, NJ (Monmouth County)	Still pending

23

RECEIVED 6/18/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (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 Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Non Publicly Traded Corporation – Pages 1-3 & 5
☑ Partnership - Pages 1-3 & 6 (LLC)
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: FARMAKEIO OUTSOURCING

Physical Address: 920 S. KIMBALL AVE STE. 100

City: SOUTHLAKE State: TX Zip Code: 76092

Telephone: 817-203-8216 Fax: 833-887-4969

Toll Free Number: 888-477-1567 (Required per NAC 639.708)

E-mail: JUSTIN.GRAVES@FKO-OUTSOURCING.COM Website: FKO-OUTSOURCING.COM

Supervising Pharmacist: JUSTIN GRAVES RPh. Nevada License #: ~~PENDING APPROVAL~~ ~~MAIL PASSED~~ 20536 OK

SERVICES PROVIDED

Yes/No

☐ ☑ Parenteral
☑ ☐ Sterile Compounding - PELLETS ONLY. WE DO NOT COMPOUND AQUEOUS STERILE INJECTABLES
☐ ☑ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding
☑ ☐ Other Services: SOLID DOSAGE FORM PELLETS ONLY

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: JUN 24 2020 Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): 3014982757

Please provide the name of the facility as registered with the FDA and the registration number:
FARMAKEIO OUTSOURCING 3014982757

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
NONE

Please provide the name and Nevada license number of the supervising pharmacist:
Name: JUSTIN GRAVES RPh. Nevada License Number: PENDING APPROVAL
MPJE PASSED

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NONE

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, 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

JUSTIN GRAVES

Print Name of Authorized Person

6-17-20

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 6**

OWNERSHIP IS A PARTNERSHIP

General _____ Limited ✓ (LLC)

LLC
~~Partnership~~ Name: FARMAKEIO OUTSOURCING

Mailing Address: 920 S. KIMBALL AVE STE 100

City: SOUTHLAKE State: TX Zip Code: 76092

Telephone Number: 888-477-1567 Fax Number: 833-887-4969

Contact Person: JUSTIN GRAVES

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
SEE ATTACHED DOCUMENT		

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

FARMAKEIO
OUTSOURCING

October 31, 2019

US FDA Dallas District Office (DAL-DO)
4040 North Central Expressway, Suite 300
Dallas, TX 75204
Phone: 214-253-5200
Fax: 214-253-5314

RE: Response to FDA Form 483 Observations

FEI: 3014982757 – FarmaKeio Outsourcing LLC
Inspection Dates: 10/22/2019 - 10/30/2019*

Greetings,

Please accept this letter as a formal response to observations listed in the FDA Form 483 issued to FarmaKeio Outsourcing LLC on 10/30/2019.

Observation 1

- The labels of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(A). Specifically, the statement, "This is a compounded drug," is not on your drug product labels.

Response:
Section 503B(a)(10)(A)(i), states; "the statement 'This is a compounded drug.' or a reasonable comparable alternative statement (as specified by the Secretary) that prominently identifies the drug as a compounded drug;".

Each product label produced by FarmaKeio Outsourcing LLC contains the phrase, "Compounded Drug" printed directly on the label. Given that the text allows for a "reasonable comparable alternative statement (as specified by the Secretary) that prominently identifies the drug as a compounded drug", FarmaKeio Outsourcing LLC believed the term "Compounded Drug" to be a reasonable alternative statement. FarmaKeio Outsourcing LLC product labels also contain the phrases, "Not for resale" and "Office Use Only" per Section 503B(a)(10)(A)(iii)(IX). This section explicitly states these terms are to be used verbatim and does not give an option for an alternative statement. FarmaKeio Outsourcing LLC will comply with FDA requests and add the phrase "This is a" to our product labels in front of the statement "Compounded Drug" which already exists on our product labels. We would respectfully request this item be moved from a 483 observation to a discussion item as the regulatory text causes confusion around whether the statement should be on the label verbatim.

FARMAKEIO OUTSOURCING

Observation 2

- You compound drugs that are essentially a copy of one or more approved drugs within the meaning of sections 503B(a)(5) and 503B(d)(2). Specifically, a) you compound a drug product that is identical or nearly identical to an approved drug that is not on the drug shortage list in effect under section 506E at the time of compounding, distribution, and dispensing; or b) are not identical or nearly identical to an approved drug, but contain a bulk drug substance that is also a component of an approved drug, and for which there is no change that produces for an individual patient a clinical difference, as determined by the prescribing practitioner, between the compounded drug and the comparable approved drug.

Response:
FarmaKeio Outsourcing LLC compounds Testosterone Pellets without PVP (polyvinylpyrrolidone) as some clinicians may consider this inactive an irritant, and pellets are compounded in strengths requested by practitioners to allow for more precise dosing of their patients. Testopel 75mg dosing is limited, as a clinician may wish to dose up to 2400mg of Testosterone in males, requiring up to #32 Testopel 75mg pellets. This number of pellets would most likely cause extrusions as opposed to using #12-200mg compounded Testosterone pellets. Clinicians also treat female patients requiring doses smaller than 75mg or doses that cannot be met by a combination of Testopel 75mg pellets.

Because of the different inactive as well as dosing differences, FarmaKeio Outsourcing LLC believes this constitutes a change that produces for an individual patient a clinical difference, as determined by the prescribing practitioner, between the compounded drug and the comparable approved drug.

Observation 3

- Aseptic processing areas are deficient regarding the system for monitoring environmental conditions. Specifically, you are not monitoring the environmental conditions for each batch of product you manufacture.

Response:
At this time, FarmaKeio Outsourcing LLC only compounds solid dosage forms (pellets) which are terminally sterilized using irradiation, specifically, electron-beaming. FarmaKeio Outsourcing LLC **does not** currently compound sterile aqueous solutions requiring aseptic processing.

Per FDA Guidance for Industry 2004 on Sterile Drug Products Produced by Aseptic Processing – Current Good Manufacturing Practice, Section II(B); *"There are basic differences between the production of sterile drug products using aseptic processing and production using terminal sterilization.*

Terminal sterilization usually involves filling and sealing product containers under high-quality environmental conditions. Products are filled and sealed in this type of environment to minimize the microbial and particulate content of the in-process product and to help ensure that the subsequent sterilization process is successful. In most cases, the product, container, and closure have low bioburden,

FARMAKEIO OUTSOURCING

but they are not sterile. The product in its final container is then subjected to a sterilization process such as heat or irradiation. In an aseptic process, the drug product, container, and closure are first subjected to sterilization methods separately, as appropriate, and then brought together. Because there is no process to sterilize the product in its final container, it is critical that containers be filled and sealed in an extremely high-quality environment. Aseptic processing involves more variables than terminal sterilization. Before aseptic assembly into a final product, the individual parts of the final product are generally subjected to various sterilization processes. For example, glass containers are subjected to dry heat; rubber closures are subjected to moist heat; and liquid dosage forms are subjected to filtration. Each of these manufacturing processes requires validation and control. Each process could introduce an error that ultimately could lead to the distribution of a contaminated product. Any manual or mechanical manipulation of the sterilized drug, components, containers, or closures prior to or during aseptic assembly poses the risk of contamination and thus necessitates careful control. A terminally sterilized drug product, on the other hand, undergoes final sterilization in a sealed container, thus limiting the possibility of error."

The excerpt above from the Guidance acknowledges the difference between Aseptic Processing and Terminal Sterilization. Both methods may be employed to produce sterile drugs, however, in the case of FarmaKeio Outsourcing LLC, terminal sterilization is the only method used at this time.

Per Guidance for Industry 2018, Current Good Manufacturing Practice – Guidance for Human Drug Compounding Outsourcing Facilities Under Section 503B of the FD&C Act, Section III.B (Line 231), *"Terminally sterilized drugs should be produced in ISO 8 or better air quality as determined under dynamic conditions."* FarmaKeio Outsourcing LLC has certified the processing rooms in its facility as ISO 7 under dynamic conditions. The guidance goes on to specify that the environmental monitoring program should *"Include at least daily monitoring of the ISO 5 zone during operations."* (Line 399), however, as our process uses terminal sterilization which requires ISO 8 or better air quality, we do not require ISO 5 areas and therefore do not meet the conditions for the daily ISO 5 monitoring. Line 365 states, *"The frequency and methods of environmental and personnel control and monitoring should be commensurate with the risk to product quality."* Terminal sterilization has a much lower risk of producing a non-sterile product compared to aseptic processing and therefore is justification for less frequent monitoring.

FarmaKeio Outsourcing LLC monitors the certified cleanroom environments where components are manipulated outside of their original container and where pellets are produced and packaged, by performing viable air and surface sampling as well as non-viable particulate monitoring at least monthly. FarmaKeio Outsourcing LLC also monitors personnel, monthly, by performing gloved fingertip tests and viable garb sampling to ensure personnel are able to don their sterile garb aseptically and, therefore, not add bioburden to the process. FarmaKeio Outsourcing LLC had planned to increase monitoring activities to weekly in an abundance of caution to ensure the facility maintains a state of control with regards to facility maintenance and to ensure bioburden is minimized prior to sterilization. We as a firm feel this to be compliant with regards to 21 CFR Part 211.42(c) since the regulations do not specify Environmental Monitoring with every batch when terminal sterilization is used to produce sterile product.

FARMAKEIO
OUTSOURCING

FarmaKeio Outsourcing LLC, will comply and monitor the environmental conditions for each batch of product we manufacture if that is indeed the FDA's expectation, however, we would like to respectfully bring to the attention of the Administration that this expectation is not reflected in the regulations with regards to processes utilizing terminal sterilization instead of aseptic processing. We would respectfully request this item be moved from a 483 observation to a discussion item if it is determined that FarmaKeio Outsourcing LLC's current environmental monitoring processes are compliant.

Regards,

Cody Boatman
Chief Operating Officer
FarmaKeio Outsourcing, LLC

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
4040 North Central Expressway, Suite 300 Dallas, TX 75204 (214)253-5200 Fax:(214)253-5314	10/23/2019-10/30/2019
	FEI NUMBER 3014982757

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Cody Boatman, COO

FIRM NAME	STREET ADDRESS
FARMAKEIO OUTSOURCING LLC	920 S Kimball Ave Ste 100
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Southlake, TX 76092-9019	~~Prescription Drug Manufacturer~~ Outsourcing Facility

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

OBSERVATION 1

The labels of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(A). Specifically, the statement, "This is a compounded drug," is not on your drug product labels.

- Labels for the following drug products do not contain this statement include:

Drug Name	Drug Form	Drug Strength
TESTOSTERONE / TRIAMCINOLONE	PELLET	100MG / 20MCG
TESTOSTERONE / TRIAMCINOLONE	PELLET	200MG / 40MCG
TESTOSTERONE / TRIAMCINOLONE	PELLET	87.5MG / 17.5MCG
TESTOSTERONE / TRIAMCINOLONE	PELLET	62.5MG / 12.5MCG
TESTOSTERONE / TRIAMCINOLONE	PELLET	50MG / 10MCG
TESTOSTERONE / TRIAMCINOLONE	PELLET	37.5MG / 7.5MCG
TESTOSTERONE / TRIAMCINOLONE	PELLET	25MG / 5MCG
TESTOSTERONE / TRIAMCINOLONE	PELLET	12.5MG / 2.5MCG
ESTRADIOL	PELLET	6MG
ESTRADIOL	PELLET	10MG
ESTRADIOL	PELLET	12.5MG
ESTRADIOL	PELLET	15MG
ESTRADIOL	PELLET	18MG
ESTRADIOL	PELLET	20MG
ESTRADIOL	PELLET	25MG
TESTOSTERONE	PELLET	12.5MG
TESTOSTERONE	PELLET	25MG
TESTOSTERONE	PELLET	37.5MG
TESTOSTERONE	PELLET	50MG
TESTOSTERONE	PELLET	62.5MG
TESTOSTERONE	PELLET	87.5MG
TESTOSTERONE	PELLET	100MG
TESTOSTERONE	PELLET	200MG

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Francis A Guidry, Investigator (Biotechnology)	X	10/30/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
4040 North Central Expressway, Suite 300 Dallas, TX 75204 (214)253-5200 Fax:(214)253-5314	10/2[illegible]9-10/30/2019
	FEI NUMBER 3014982757

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Cody Boatman, COO

FIRM NAME	STREET ADDRESS
FARMAKEIO OUTSOURCING LLC	920 S Kimball Ave Ste 100
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Southlake, TX 76092-9019	Prescription Drug Manufacturer

OBSERVATION 2

You compound drugs that are essentially a copy of one or more approved drugs within the meaning of sections 503B(a)(5) and 503B(d)(2). Specifically, a) you compound a drug product that is identical or nearly identical to an approved drug that is not on the drug shortage list in effect under section 506E at the time of compounding, distribution, and dispensing; or b) are not identical or nearly identical to an approved drug, but contain a bulk drug substance that is also a component of an approved drug, and for which there is no change that produces for an individual patient a clinical difference, as determined by the prescribing practitioner, between the compounded drug and the comparable approved drug.

Examples of compounded drug products that are essentially a copy of one or more approved drugs include:

- Testosterone Pellets in 12.5 mg, 25 mg, 37.5 mg, 50 mg, 62.5 mg, 87.5 mg, 100 mg, and 200 mg strengths.

OBSERVATION 3

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically, you are not monitoring the environmental conditions for each batch of product you manufacture.

Examples of compounded drug products lots that were not Ac environmentally monitored during production:

- BR. Lot 176, and BR. Lot 178

*DATES OF INSPECTION

10/22/2019(Tue), 10/23/2019(Wed), 10/24/2019(Thu), 10/25/2019(Fri), 10/28/2019(Mon), 10/29/2019(Tue), 10/30/2019(Wed)

SEE REVERSE OF THIS PAGE	EMPLOYEE'S SIGNATURE		DATE ISSUED
	Francis A Guidry, Investigator (Biotechnology)		10/30/2019

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

* Please contact this office immediately if any information on this license is incorrect.

* This license must be displayed at the address licensed.

* The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.

* A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.state.tx.us/fdlicense.

* If you have any questions or desire additional information concerning the application process or this license, please contact the Food and Drug Licensing Group at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: https://reglicensing.questionpro.com. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

FARMAKEIO OUTSOURCING
920 S KIMBALL AVE STE 100
SOUTHLAKE TX 76092

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

FARMAKEIO OUTSOURCING LLC DBA
FARMAKEIO OUTSOURCING
920 S KIMBALL AVE STE 100
SOUTHLAKE, TX 76092

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 # 1002630
Expires: October 17, 2020

NON-TRANSFERABLE

Commissioner

511290

FarmaKeio Outsourcing LLC.
Manager Information

Name: Ownership %:	Address:	
Managing Member Dan DeNeui-CEO DOB: Phor DL	Bowman Dr, Colleyville, TX 76034	(60%)
Managing Member Michael Cole-CFO	Southview Trail, Southlake, TX 76092	(25%)
994 Member Cody Boatman-COO	Cl Greenville, TX 75401	(5%)
) Member Robert Harris-Partner	Serenity Ave, Wylie, TX 75098	(5%)
86 66 Member Justin Graves-Quality Director	4 Rabbit Ridge Road Heath, TX 75032	(5%)
7		

Business address and phone number for all members above:

; Kimball Ave.
Suite 100
Southlake, TX 76092
817-203-8216
Fax 833-887-4969

TEXAS
Health and Human Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

April 28, 2020

Justin Graves
Farmakeio Outsourcing
920 S. Kimball Ave., Suite 100
Southlake, TX 76092

CFN: 2079625
Lic.: 1002630
Type: 2501
File: 5676

Re: License Verification NV

Dear Mr. Graves:

Enclosed is the license information you requested for Farmakeio Outsourcing, LLC located at 920 South Kimball Avenue, Suite 100, Southlake, Texas, 76092. The firm currently holds license number 1002630 as a prescription drug manufacturer (outsourcing facility) in Texas and is in good standing.

If you have questions or need additional information, please contact me or Mr. Justin Arnold at 512-834-6755, via fax at (512) 834-6759, or email me at Karen.Tannert@dshs.texas.gov.

Sincerely,

Justin Arnold For!

Karen Tannert, R.Ph., M.P.H.
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:
Karen Tannert
Drugs and Medical Devices Unit MC 1987
PO Box 149347
Austin, TX 78714-9347

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Farmakeio Outsourcing

Address: 920 S. Kimball Ave. Ste. 100

City: Southlake State: TX Zip: 76092

I hereby authorize the Texas Department of State Health Services to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
1002630	Current	04/17/2020	01/09/2022

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
Justin Arnold for Karen Tannert	Compliance Officer Chief Pharmacist	TX	04/28/2020	

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PH04217

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

■ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH_____
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Off-Site RAMPART PHARMACY

Physical Address: 1000 FAIRgrounds Rd

City: WINNEMUCCA, NV State: Zip Code: 89445 Telephone: 775-623-5222 Rx Ext 1551 Fax: 775-625-8559 Toll Free Number: N/A

E-mail: hghrx@hghospitals.org

Website: N/A

Managing Pharmacist: Cody Bright License Number: 1827

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	■ Retail	■	☐ Off-site Cognitive Services
■	☐ Hospital (# beds 44)	■	☐ Parenteral – Immediate Use Only
☐	■ Internet	☐	■ Parenteral (outpatient)
☐	■ Nuclear	☐	■ Outpatient/Discharge
☐	■ Ambulatory Surgery Center	☐	■ Mail Service
☐	■ Community	☐	■ Long Term Care
☐	■ Other: See comment below	☐	■ Sterile Compounding
		☐	■ Non Sterile Compounding
		☐	■ Mail Service Sterile Compounding
		☐	■ Other Services: See comment below

All boxes must be checked
For the application to be complete

This is an EOC off-site Emergency use only designated pharmacy

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.

David Simsek

Original Signature of Person Authorized to Submit Application, no copies or stamps

DAVID SIMSEK

Print Name of Authorized Person

04-15-2020

Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Humboldt County Hospital District

Business Name: Humboldt General Hospital

Current Business Address: 118 East Haskell St

City: Winnemucca State: NV Zip Code: 89445

Telephone: 775-623-5222 Ext 1551 Fax: 775-625-8559

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy: ☒ ON CALL

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: N/A

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Karen Cole

Responsible Person of Humboldt General Hospital

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.

Karen S. Cole

Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen S. Cole

Print Name of Authorized Person

4/17/2020

Date

Managing Pharmacist

Pharmacist Name: Cody Bright License #: 18027

Pharmacy Name: off-Site RAMPART Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

4 15 20
Date

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FILED
JUL 23 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JEVONS WANG, PT,** **Certificate of Registration No. PT21836,** **Respondent.**	**CASE NO. 20-008-PT-S** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, July 15, 2019, in Las Vegas, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent Jevons Wang, Certificate of Registration No. PT121836 (Wang), failed to appear. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The allegations against Wang, as stated in the Notice of Intended Action and Accusation (Accusation) on file herein, and upon which the Board makes findings of fact, are as follows:

1. At the time of the events set forth herein, Wang was a pharmaceutical technician registered by the Board.

2. On January 17, 2019, the Board approved Wang's application for registration as a pharmaceutical technician, subject to the requirement that Wang enroll in the Professionals Reaching Nevada-Pharmacist/Tech Recovery Network (PRN-PRN) program for one year and comply with all terms and conditions of the PRN-PRN contract, due to a history of substance abuse.

3. On January 15, 2020, Wang was terminated from the PRN-PRN program due to lack of attendance.

4. On or about February 21, 2020, Wang was served with the Accusation and Statement to Respondent and Notice of Hearing. Service was by U.S. certified mail addressed to Wang at his last address of record with the Board.

5. Wang failed to file an Answer and Notice of Defense to the Accusation.

6. Wang failed to appear at the March 18, 2020, hearing.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Wang was a pharmaceutical technician registered with the Board.

2. Wang was served notice in compliance with NRS 622A.300 and NRS 639.242.

3. By failing comply with all terms and conditions of the PRN-PRN contract, Wang's Certificate of Registration No. PT21836 is subject to revocation or suspension pursuant to NRS 639.210(5).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificate of registration of Jevons Wang, Certificate of Registration No. PT121836, is hereby revoked pursuant to NRS 639.255(1)(d).

2. Wang may not work for any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has petitioned the Board for reinstatement pursuant to NRS 622A.410 and NRS 639.257 and the Board reinstates his certificate of registration.

3. Wang may not petition for reinstatement of his certificate of registration for a period of one (1) year from the effective date of this Order.

4. In the event Wang applies for reinstatement, or for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

5. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Entered this 15th day of July, 2020.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jevons Wang
8797 Pinley Spring Street
Las Vegas, NV 89113

SHIRLEY HUNTING

FILED
FEB 06 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JEVONS WANG, PT,** **Certificate of Registration No. PT21836,** **Respondent.**	**CASE NO. 20-008-PT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Jevons Wang, Certificate of Registration No. PT21836, was a pharmaceutical technician registered by the Board.

FACTUAL ALLEGATIONS

II.

On January 17, 2019, the Board approved Respondent's application for registration as a pharmaceutical technician, subject to the requirement that Respondent enroll in the Professionals Reaching Nevada-Pharmacist/Tech Recovery Network (PRN-PRN) program for one year and comply with all terms and conditions of the PRN-PRN contract, due to a history of substance abuse.

III.

On January 15, 2020, Respondent was terminated from the PRN-PRN program due to lack of attendance. Respondent's Certificate of Registration No. PT21836 is therefore subject to revocation or suspension pursuant to NRS 639.210(5).

FIRST CAUSE OF ACTION

IV.

By failing to comply with all terms and conditions of the PRN-PRN contract, due to a history of substance abuse, Respondent is subject to discipline pursuant NRS 639.210(5) and NRS 639.2445(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 6th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JEVONS WANG, PT,** **Certificate of Registration No. PT21836,** **Respondent.**	**CASE NO. 20-008-PT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 18, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JEVONS WANG, PT** **Certificate of Registration No. PT21836,** **Respondent.**	**CASE NO. 20-008-PT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of February, 2020.

JEVONS WANG, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jevons Wang
8797 Pinley Spring Street
Las Vegas, NV 89113

SHIRLEY HUNTING

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Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

September 2, 2020

Lynn S. Fulstone, Esq.
Fennemore Craig
300 S. Fourth Street – Suite 1400
Las Vegas, NV 89101

Re: Petition for Declaratory Order or Advisory Opinion

Dear Ms. Fulstone:

The Nevada State Board of Pharmacy (Board) is in receipt of your February 27, 2020, petition requesting a declaratory order or advisory opinion pursuant to NRS 233B.120 and NAC 639.150 (Petition). The Board's issuance of a declaratory order or advisory opinion pursuant to NRS 233B.120 is limited to matters within the Board's jurisdiction.[1]

The Petition, submitted on behalf of the Nevada Association of Nurse Anesthetists, requests that the Board make determinations on the authority of a certified registered nurse anesthetist (CRNA) to possess and administer preanesthetic medications, intraoperative anesthesia and postanesthetic medications for surgical procedures in a medical facility.

CRNAs are not licensed by the Board; rather, CRNAs are licensed, and their scope of practice largely regulated, by the Nevada State Board of Nursing (Nursing Board) pursuant to NRS Chapter 632. A CRNA is a registered nurse who has "completed a nationally accredited program in the science of anesthesia" and is certified by the Nursing Board "to administer anesthetic agents to a person under the care of a licensed physician, a licensed dentist or a licensed podiatric physician."[2]

However, the Board is charged with regulating the practice of pharmacy and enforcing the provisions of chapters 453, 454 and 639 of the Nevada Revised Statutes.[3]

QUESTION ONE

Does Nevada law authorize Certified Registered Nurse Anesthetists to select and order anesthetic agents from a licensed institutional pharmacy in order to possess and administer these agents to patients of the medical facility?

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[1] *See, e.g., Tom v. Innovative Home Sys., LLC*, 132 Nev. 161, 368 P.3d 1219 n.8 (2016); *State Dep't of Bus. & Indus. v. Nev. Ass'n Servs.*, 128 Nev. 362, 364, 294 P.3d 1223, 1224 (2012).
[2] NRS 632.014.
[3] *See* NRS 453.146; NRS 453.221(1); NRS 454.366; NRS 639.070(1); *see also Dutchess Bus. Servs. v. Nev. State Bd. of Pharm.*, 124 Nev. 701, 191 P.3d 1159 (2008).

ANALYSIS

No person may possess or administer[4] a controlled substance or a dangerous drug (collectively a prescription medication) in Nevada without specific statutory authority to do so.[5] The Nevada Legislature granted practitioners[6] broad authority in NRS chapters 453 and 454.[7] RNs are granted limited authority.[8]

Regarding controlled substances, NRS chapter 453 states in relevant part:

> 1. A controlled substance may be possessed and administered by the following persons:
>
> (a) A practitioner.
>
> (b) A registered nurse licensed to practice professional nursing or licensed practical nurse, *at the direction* of a physician, physician assistant, dentist, podiatric physician or advanced practice registered nurse, or *pursuant to a chart order*, for administration to a patient at another location.
>
> . . . .

NRS 453.375(1)(a) and (b) (*emphasis added*). Similarly, as to dangerous drugs, NRS chapter 454 states:

> 1. A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:
>
> (a) A practitioner.
>
> . . . .
>
> (c) Except as otherwise provided in paragraph (d), a registered nurse licensed to practice professional nursing or licensed practical nurse, *at the direction of* a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, *or pursuant to a chart order*, for administration to a patient at another location.
>
> . . . .

NRS 454.213(1)(a) and (c) (*emphasis added*).

By these statutes the Nevada Legislature has granted practitioners general authority to possess and administer prescription medications. That authority is broad such that a practitioner can possess and maintain an inventory of prescription medications for his or her practice.

Conversely, the Legislature used qualifying language to delineate when a RN may possess and administer a prescription medication. A RN may possess and administer a

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[4] *See* NRS 453.021; NRS 454.191 ("Administer" defined).
[5] *See* NRS 453.336; NRS 454.316; NRS 454.321.
[6] *See* NRS 453.126; NRS 454.00958 ("Practitioner" defined).
[7] NRS 453.375(1)(a); NRS 454.213(1)(a).
[8] NRS 453.375(1)(b); NRS 454.213(1)(c).

prescription medication "at the direction" of a practitioner, which usually occurs in a facility setting where the practitioner is located. A RN may also possess and administer a prescription medication "pursuant to a chart order, for administration to a patient at another location." Chart orders are patient-specific and medication-specific.[9] The Legislature did not grant RNs authority to possess a prescription medication (or an inventory of prescription medications) outside these circumstances.

Petitioners note that the Nursing Board has by regulation authorized CNRAs to perform certain functions. NAC 632.500 states in relevant part:

> 1. A certified registered nurse anesthetist may, in addition to those functions authorized for the registered nurse, perform the following acts, when it has been determined by a patient's physician, dentist or podiatric physician that an anesthetic is necessary for a procedure, test or other treatment, in accordance with the applicable policies and procedures regarding the administration of anesthetics:
>
> . . . .
>
> (e) Select, order and administer preanesthetic medication;
>
> (f) Order, prepare and use any equipment and supplies necessary for the administration of anesthesia and perform or order any necessary safety checks on the equipment;
>
> (g) Order and prepare any drugs used for the administration of anesthesia;
>
> (h) Select and order anesthesia techniques, agents and adjunctive drugs;
>
> . . . .
>
> (q) Select, order and administer postanesthetic medication;
>
> . . . .

The authority conferred upon CRNAs pursuant to NAC 632.500(1) to possess and administer anesthetic agents to patients is subject to the requirements and limitations of NRS 453.375(1)(b) and NRS 454.213(1)(c).[10] Therefore, CNRAs may only possess and administer anesthetic agents to patients "at the direction" of a practitioner or "pursuant to a chart order."

CONCLUSION

Certified Registered Nurse Anesthetists may only possess and administer anesthetic agents to patients "at the direction" of a practitioner or "pursuant to a chart order."

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[9] *See* NRS 639.004: "Chart order" means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

[10] "[W]henever possible, a court will interpret a rule or statute in harmony with other rules or statutes." *Nev. Power Co. v. Haggerty*, 115 Nev. 353, 364, 989 P.2d 870, 877 (1999).

QUESTION TWO

Does the Board have the statutory authority to license Certified Registered Nurse Anesthetists to select and order anesthetic agents from a licensed institutional pharmacy in order to possess and administer these agents to patients of the medical facility?

ANALYSIS

The Board is a state administrative agency created by the Legislature whose powers are limited to those specifically set forth in statute.[11] "The grant of authority to the agency must be clear."[12] The Board may only issue a certificate, license or permit to the extent permitted by NRS 453.226 and chapter 639. Likewise, the Board may only regulate the holder of any certificate, license or permit to the extent permitted by law. The Board has not been granted the authority to license CRNAs to possess and administer anesthetic agents to patients in any manner that exceeds the requirements and limitations of, or otherwise conflicts with, NRS 453.375(1)(b) and NRS 454.213(1)(c).

CONCLUSION

The Board lacks the statutory authority to license Certified Registered Nurse Anesthetists to select and order anesthetic agents from a licensed institutional pharmacy in order to possess and administer these agents to patients of the medical facility in any manner that conflicts with NRS 453.375(1)(b) and NRS 454.213(1)(c).

The foregoing advisory opinion applies only to the specific facts and circumstances defined herein. Facts and circumstances that differ from those in this opinion may result in an opinion contrary to this opinion. No inferences regarding the provisions of Nevada law cited and discussed in this opinion may be drawn to apply generally to any other facts and circumstances.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

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[11] *See Andrews v. Nevada State Board of Cosmetology*, 86 Nev. 207, 208, 467 P.2d 96, 96-97 (2007).
[12] *Id.*

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NAC 639.501 Inspections; provision of self-assessment form. (NRS 639.070)

1. Before the Board will issue a new license to operate a pharmacy to any person, a satisfactory inspection of the premises of the pharmacy must be conducted by a member of the staff of the Board.

2. A member of the staff of the Board shall inspect each licensed pharmacy annually and at any other time deemed necessary by the staff of the Board.

3. Before an annual inspection of a licensed pharmacy, the Board will provide a self-assessment form to the pharmacy that includes:

(a) A questionnaire concerning statutory and regulatory compliance pursuant to which the pharmacy must assess its physical plant and operations to assure that the pharmacy is in compliance with all applicable statutes and regulations; and

(b) An assessment of the workplace pursuant to which the pharmacy must assess its volume of work and prescriptions, personnel, workflow and technological devices that assist in the work of the pharmacy.

4. The managing pharmacist of a pharmacy or the designee of the owner of the pharmacy may obtain self-assessment forms from the Board in addition to the form provided pursuant to subsection 3 at any time for his or her own use.

(Added to NAC by Bd. of Pharmacy by R162-99, eff. 3-1-2000)

NAC 639.5012 Confidentiality and use of self-assessment and accompanying documentation. (NRS 639.070)

1. An assessment of the workplace completed by a pharmacy as part of the self-assessment, and all documentation accompanying the assessment, that are submitted to a member of the staff of the Board pursuant to NAC 639.5016 are confidential. The Board will destroy such an assessment of the workplace and all accompanying documentation within 6 months after the Board receives the assessment and documentation.

2. The staff of the Board may compile and analyze such data provided in assessments of the workplace as the Board deems appropriate, except that the staff shall not provide to any member of the Board or otherwise publish any compilation or analysis completed by the staff unless the staff has redacted from the compilation or analysis all information by which an individual pharmacy could be identified. The Board will not use data provided in an assessment of the workplace against the pharmacy that completed the assessment for any disciplinary purpose.

(Added to NAC by Bd. of Pharmacy by R162-99, eff. 3-1-2000)

NAC 639.5014 Completion of self-assessment form before annual inspections; suggestions relating to compliance by or improvement of pharmacy. (NRS 639.070)

1. The managing pharmacist of a pharmacy or the designee of the owner of the pharmacy shall complete a self-assessment form before each annual inspection of the pharmacy by a member of the staff of the Board.

2. The managing pharmacist or the designee of the owner who completes a self-assessment form may make:

(a) Notes and comments on the self-assessment form to explain his or her answers; and

(b) Suggestions on the self-assessment form relating to the compliance by or improvement of the pharmacy.

3. If the managing pharmacist or the designee of the owner makes any suggestion on a self-assessment form of the pharmacy relating to the compliance by or improvement of the pharmacy, he or she shall submit, in accordance with any policies and procedures of the pharmacy, a copy of the self-assessment form to the senior management of the pharmacy. If the managing pharmacist or designee of the owner believes that his or her suggestions are necessary for the care of the patients of the pharmacy and that the senior management of the pharmacy has not responded appropriately, the managing pharmacist or the designee of the owner may contact the Board, which will take such action relating to the suggestion as the Board deems appropriate.

(Added to NAC by Bd. of Pharmacy by R162-99, eff. 3-1-2000)

NAC 639.5016 Annual inspections: Review of self-assessment form; notes regarding discrepancies or deficiencies; correction of discrepancies or deficiencies. (NRS 639.070)

1. Whenever a member of the staff of the Board conducts an annual inspection of a pharmacy, the managing pharmacist of the pharmacy or the designee of the owner of the pharmacy shall provide the member of the staff of the Board with a completed self-assessment form of the pharmacy. A member of the staff of the Board conducting an annual inspection of a pharmacy shall review a self-assessment form of the pharmacy with the managing pharmacist of the pharmacy or a pharmacist on duty in the pharmacy at the time of the inspection to verify that all the information contained in the self-assessment form of the pharmacy is true and complete.

2. If, during the annual inspection of a pharmacy, the member of the staff of the Board conducting the inspection finds any discrepancies between the information contained in the self-assessment form of the pharmacy and the actual state or condition of the pharmacy, or if the member of the staff of the Board finds any other deficiencies or conditions in the pharmacy or its operation that are not otherwise in compliance with the applicable statutes and regulations governing the operation of a pharmacy and dispensing of drugs, the member of the staff of the Board shall make a note of the discrepancy, deficiency or condition in his or her inspection.

3. A pharmacy shall correct a discrepancy, deficiency or condition noted by a member of the staff of the Board pursuant to subsection 2 within a reasonable time, as determined by the member of the staff of the Board who noted the discrepancy, deficiency or condition. Any failure by a managing pharmacist or an owner of a

pharmacy, or both, to correct a discrepancy, deficiency or condition in a timely manner as required by this subsection constitutes unprofessional conduct pursuant to subsection 4 of NRS 639.210 and may serve as the basis for such disciplinary action against the managing pharmacist or owner of the pharmacy, or both, as the staff of the Board deems appropriate.

(Added to NAC by Bd. of Pharmacy by R162-99, eff. 3-1-2000)

NAC 639.5018 Protection of employee providing answers, information or suggestions on self-assessment form or during inspections. (NRS 639.070) A pharmacy shall not terminate, or otherwise negatively affect in any way, the employment of an employee of the pharmacy who:

1. In good faith, provides truthful answers, information or suggestions relating to the compliance by or improvement of the pharmacy in the preparation or completion of a self-assessment form for the pharmacy;
2. Transmits a copy of a self-assessment form to the senior management of the pharmacy or the Board pursuant to subsection 3 of NAC 639.5014; or
3. In good faith, provides truthful information to any member of the staff of the Board as part of an inspection of the pharmacy pursuant to NAC 639.5016.

(Added to NAC by Bd. of Pharmacy by R162-99, eff. 3-1-2000)

NAC 639.5019 Annual review by Board of provisions of NAC 639.501 to 639.5019, inclusive. (NRS 639.070) The Board will review the provisions of NAC 639.501 to 639.5019, inclusive, at its first regularly scheduled meeting following July 1 of each year to consider and suggest amendments to and deletions from the provisions of NAC 639.501 to 639.5019, inclusive, including the repeal of the sections.

(Added to NAC by Bd. of Pharmacy by R162-99, eff. 3-1-2000)

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Kristopher Mangosing

To: Yenh Long
Subject: RE: Immunize Nevada - Nevada Immunization Learning Exchange - CE Approval

From: Breanne Van Dyne <Breanne@immunizenevada.org>
Sent: Friday, July 31, 2020 11:32 AM
To: Yenh Long <ylong@pharmacy.nv.gov>
Subject: Immunize Nevada - Nevada Immunization Learning Exchange - CE Approval

Good Morning, Ms. Long,

Thank you for the opportunity to provide a brief overview of Immunize Nevada's Nevada Immunization Learning Exchange (NILE) program activities for consideration of CE credit approval by your board. The NILE program provides expert-guided instruction regarding a wide variety of immunization topics. Training includes a self-guided online course (Immunization 101), monthly webinars, and live presentations developed and led by local and national immunization, healthcare, public health and infectious disease authorities.

For an example of online learning opportunities we provide, I have linked to our webinar archive and our yet-to-be published online learning module, Immunization 101. All activities have learning objectives clearly defined in the event promotional materials and at the beginning of each live and virtual presentation.

Our request of the board is for approval of 1 CEU per hour of learning content provided, upon the participant's completion of a post-activity survey.

Please let me know if there's anything else we can provide.

Thank you!

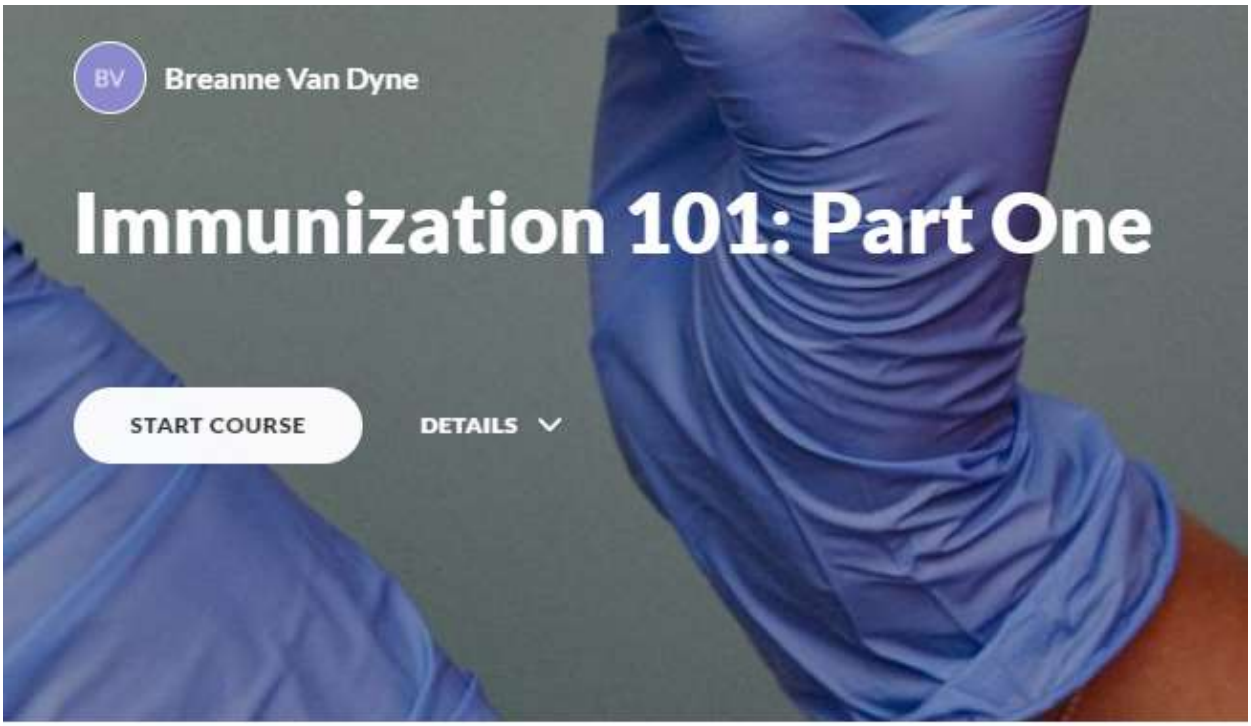
Breanne Van Dyne
Education Manager Immunize Nevada

p: 775-624-7118
Mailing address: P.O. Box 9090, Reno, NV 89507
w: immunizenevada.org e: breanne@immunizenevada.org

Read our COVID-19 Brief

Follow us on Social Media
Follow ImmunizeNV on Facebook, Twitter & Instagram

Text IMMUNIZENV to 22828 to sign up for our monthly newsletter



Welcome to Immunize Nevada's Immunization 101 course! The purpose of this two-part education activity is to provide healthcare personnel, community health workers, public health professionals, students, volunteers and other vaccine advocates with an introduction to the world of vaccines and immunizing.

Immunization 101: Part One will take place here, through our online platform.

Lessons 1-6 are comprised of the course's core modules, wherein you'll explore the basics of immunization, vaccine preventable diseases, techniques and talking points for how best to communicate with parents & patients regarding immunizing and finally, best practices for vaccine storage and handling. Lesson 7 is specific to Vaccines for Children site coordinators and while highly recommended, is not required.

Immunization 101: Part Two -Vaccine Administration will take place in person.

In addition to hands on immunization administration training performed by a licensed medical professional, the in-person culmination of the Immunization 101 course will review screening for contraindications, Nevada WebIZ best practices, and review how to manage vaccine reactions, among other best practices.

***PLEASE NOTE: Participants must complete Lessons 1-6 of Immunization 101: Part One online in order to enroll in the in-person course.**

Click the "*Start Course*" button to begin!

INTRODUCTION

Welcome to Immunization 101: Part One

LESSONS

Lesson One: Why Do We Vaccinate?

Lesson Two: Vaccines and Vaccine-Preventable Diseases

Lesson Three: Immunization Schedules

Lesson Four: Vaccine Safety

Lesson Five: Communication Tools - How to Talk to Patients and Parents

Lesson Six: Resources for Helping Individuals, Families and Children

Lesson Seven: Vaccine Storage & Handling (for VFC Coordinators)

CONCLUSION

Post-Course Completion Information

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

NRS 639.016 "Wholesaler" defined. **"Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.**

Print and mail the completed application with a **non-refundable fee** of $500.00 paid for by credit or debit card or a check made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**. Send the completed application to the address indicated on top of this application.

All incomplete applications will be returned. Please ensure all requirements of the application are completed before submission. The deadline date for an application to be considered during a particular board meeting is posted on our website. If a completed application is not received by our office by the deadline, the application will not be considered until the next scheduled board meeting. **Please note that an application received just prior to the deadline date does not guarantee placement on the board agenda.** Upon receipt of a completed application, the application will be placed on the agenda of the next regularly scheduled Board meeting. For application deadlines and meeting schedule please visit bop.nv.gov.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Where is the facility located? ☐ Nevada ☐ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): _____

Licensing Company Email: _____ DR Email: _____

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☐ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
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)?		
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?		
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I hereby certify, under penalty of perjury, that the information on this application and attached document are true, accurate 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 of authorization. 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.

_____

Print Name of Authorized Person Submitting Application

_____ _____

Original signature of Authorized Person (copies or stamps not accepted) Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Expiration Date: _ _/_ _ (MM/YY	**CVV** (3 digits on back of card): _____	**License Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
(775) 850-1440
bop.nv.gov

NEVADA
(For locations located in the State of Nevada)
WHOLESALER APPLICATION INFORMATION AND CHECKLIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please understand we cannot and will not accept incomplete applications. If there is not an appropriate response, so state with N/A. Review the checklist and return all required fees and documentation with the completed application.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications may be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, (NO EXCEPTIONS) the application will be returned. Confirmation of personal data may require review.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP
You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

- Complete all required pages of the application. Must be original signature(s), no copies or stamps
- Fee made payable to: *Nevada State Board of Pharmacy*
- Applications or Fingerprint Cards that are not properly completed will be rejected and your application will not be processed. The Application and any payments will be returned.

REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP

Before you operate as a wholesaler, you must receive board approval and be inspected by Board of Pharmacy personnel. Please know that the receipt of drugs prior to licensing will be deemed a violation of Nevada Revised Statutes (NRS) 454.316 which provides possession of a drug unlawful and is a category E felony.

Your application may be placed on the agenda of the next regularly scheduled board meeting. APPEARANCE(S) AT THE BOARD MEETING MAY BE REQUIRED. If an appearance is required, your company will be notified in writing two (2) weeks prior to the meeting. Otherwise assume appearance will not be necessary. Upon board approval and a satisfactory inspection a certificate of registration will be issued. This registration is renewed in October of even numbered years. A license is usually issued and mailed within 10 days from the board meeting date, if approved.

Any change of ownership and/or location change, will require a new application and **$500.00 fee**. If the address changes, a pre-opening inspection will be required

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statues & Regulations" tab.

If the application is approved at the scheduled board meeting a letter with the information needed to schedule the required inspection will be mailed within 10 days from the date of the last meeting.

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.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change

(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a

☐ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☐ Sole Owner – Page 1,2,3,7,7a

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: _____

Physical Address: _____

Mailing Address: _____

City:_____State:_____Zip Code: _____

Telephone: _____ Fax: _____

Toll Free Number: _____

E-mail: _____ Website: _____

Facility Manager: _____

Professional qualifications and experience of facility manager: _____

_____

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled be 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

Is your company VAWD certified by NABP? Yes ☐ No ☐
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes ☐ No ☐
(If yes, provide a copy of the FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)_____
Name Address
_____
Business

2)_____
Name Address
_____
Business

3)_____
Name Address
_____
Business

4)_____
Name Address
_____
Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☐

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☐

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☐

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☐

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

_____

Original Signature of Person Authorized to Submit Application, no copies or stamps

_____ _____

Print Name of Authorized Person Date

Board Use Only	Received:_____	Amount: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City:_____State: _____Zip: _____

Telephone:_____ Fax:_____

Contact Person: _____

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1._____ %: _____

2._____ %: _____

3._____ %: _____

4._____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

*Date of Incorporation: _____

*Registration number issued: _____

*Stock Exchange: _____

Include with the application for a publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City:_____State: _____Zip: _____

Telephone:_____ Fax:_____

Contact Person: _____

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a)_____
Name Address

b)_____
Name Address

c)_____
Name Address

d)_____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

Application for Nevada Wholesaler License

Include with the application for a non-publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

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 and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Complete personal history record for each stockholder. Must be original signature(s), no copies or stamp. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.

- Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP.

List names of 4 largest partners and percentage of ownership:

Name:_____%: _____

Name:_____%: _____

Name:_____%: _____

Name:_____%: _____

Partnership Name: _____

Mailing Address: _____

City:_____State:_____Zip: _____

Telephone:_____Fax: _____

Contact Person: _____

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 and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Complete personal history record for each stockholder. Must be original signature(s), no copies or stamp. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.

- Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City:_____State:_____Zip: _____

Telephone:_____ Fax: _____

Include with the application for a sole owner

Complete personal history record . Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

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. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Complete personal history record for each stockholder. Must be original signature(s), no copies or stamp. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

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http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.

- Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*.

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
775-850-1440
bop.nv.gov

OUT-OF-STATE
(For locations shipping to the State of Nevada)
WHOLESALER APPLICATION
INFORMATION AND CHECKLIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Please understand we cannot and will not accept incomplete applications. Review the application and return all required fees and documentation with the completed application.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please note the application/documentation deadline date on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications may be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, (NO EXCEPTIONS) the application will be returned. Confirmation of personal data may require review.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP
You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

- Complete all required pages of the application. Must be original signature(s), no copies or stamps.
- Fee made payable to: *Nevada State Board of Pharmacy*
- Applications or Fingerprint Cards that are not properly completed will be rejected and your application will not be processed. The Application and any payments will be returned.

- Letter of good standing from the state or regulatory board in which your company is located. The form on the website under documents for all types of businesses may be sent to your state board or a separate letter is acceptable.

- **Copy of current license or registration** for the wholesaler in the state of residence.

- Copy of your DEA certificate, if applicable.

Your application may be placed on the agenda of the next regularly scheduled board meeting. Please go to the website below for the current board meeting schedule and deadline dates.

http://bop.nv.gov/board/ALL/Board_Meeting_Schedule/

APPEARANCE(S) AT THE BOARD MEETING MAY BE REQUIRED. If an appearance is required, you will be informed by way of confirmation letter. Otherwise assume appearance will not be necessary. Upon board approval a certificate of registration will be issued.

Any change of ownership will require a new application and **$500.00 fee.**

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 website under the tab "Nevada Statues & Regulations" for the applicable laws.

If you have any questions, contact the Reno office at (775) 850-1440.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: _____

Physical Address: _____

City:_____State:_____Zip Code: _____

Telephone Number:_____Fax Number: _____

Toll Free Number: _____

E-mail:_____Website: _____

Facility Manager: _____

Professional qualifications and experience of facility manager: _____

_____

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Hypodermic Devices
☐ Veterinary Legend Drugs
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

- This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☐
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☐

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☐

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☐

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☐

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

_____

Original Signature of Person Authorized to Submit Application, no copies or stamps

_____ _____

Print Name of Authorized Person Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City:_____ State:_____ Zip: _____

Telephone:_____ Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Mailing Address: _____

City:_____ State:_____ Zip: _____

Telephone:_____ Fax: _____

Contact Person: _____

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)_____
Name Business Address

b)_____
Name Business Address

c)_____
Name Business Address

d)_____
Name Business Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.

- Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General _____ Limited _____

List names of 4 largest partners and percentage of ownership:

Name:_____%:_____

Name:_____%:_____

Name:_____%:_____

Name:_____%: _____

Partnership Name: _____

Mailing Address: _____

City, State Zip Code: _____

Telephone Number:_____Fax Number: _____

Contact Person: _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.

- Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City:_____State:_____Zip Code: _____

Telephone:_____ Fax: _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a sole owner

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.

- Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1855

Date_____

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for_____
Nature of License

_____
Name and Address of Establishment for Which License Is Requested

_____
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

_____
Last Name First Name Middle Name

_____
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

_____
Present Residence Address-Street or RFD City State/Zip

_____ Dates _____
Present Business Address City State/Zip

_____ Dates _____
Occupation Phone:
Residence _____

Business _____

_____
Date of Birth Place of Birth (City, County, State)

_____
Age Social Security Number or ITIN Sex

_____
Color of Eyes Color of Hair Complexion Weight Build Height

_____

Scars, tattoos or distinguishing marks and/or characteristics_____

_____

Are you a citizen of the United States? Yes ☚ No ☚ If alien, registration No_____

If naturalized, certificate No_____Date_____

Place_____(If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☚ Married ☚ Separated ☚ Divorced ☚ Widowed ☚ Engaged ☚

Applicant's initial_____

A. Current Marriage _____
Date City, County and State

Spouse's full name (Maiden) _____ SS# or ITIN _____

Date of Birth _____ Place of Birth _____

Resident address _____
Street City State Zip

Telephone: Residence _____ Business .....

Spouse's employer _____ Occupation _____

Address of employer _____
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial _____

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				
Mother				
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes ☚ No ☚
High School				Yes ☚ No ☚
College University				Yes ☚ No ☚
Other				Yes ☚ No ☚

Type of degree obtained, if any_____

College or university where obtained_____

Applicant's initial_____

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☚ No ☚

Branch_____Date of entry-active service_____

Date of separation_____Type of discharge_____

Rating at separation_____Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☚ No ☚ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☚ No ☚

County_____State_____Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☚ No ☚ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☚ No ☚ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☚ No ☚

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☚ No ☚

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☚ No ☚

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☚ No ☚
If yes, when?_____city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☚ No ☚
If yes when?_____city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☚ No ☚
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial_____

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☚ No ☚ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

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

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
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial_____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☚ No ☚
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☚ No ☚
If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☚ No ☚
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

Applicant's initial_____

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☚ No ☚

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☚ No ☚

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☚ No ☚

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☚ No ☚

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☚ No ☚

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☚ No ☚

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☚ No ☚

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph_____

Applicant's initial_____

STATE OF_____
ss.

COUNTY OF_____

I,_____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

.....
Original Signature of Applicant

Subscribed and Sworn to before me this_____day of

.....

.....
Notary Public

(seal)

Applicant's initial_____

ADDITIONAL INFORMATION

Applicant's initial_____

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date_____

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for_____
Nature of Pharmacy or Wholesaler

Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name | First Name | Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD | City | State/Zip

Dates

Present Business Address | City | State/Zip

Dates

Present Position with the Pharmacy or Wholesaler

Phone:
Residence

Business

Date of Birth | Place of Birth (City, County, State)

Age | Social Security Number or ITIN | Sex

Color of Eyes | Color of Hair | Complexion | Weight | Build | Height

Scars, tattoos or distinguishing marks and/or characteristics_____

Are you a citizen of the United States? Yes ☚ No ☚ If alien, registration No_____

If naturalized, certificate No_____Date_____

Place_____(If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☚ Married ☚ Separated ☚ Divorced ☚ Widowed ☚ Engaged ☚

Applicant's initial_____

A. **Current Marriage** _____
Date City, County and State

Spouse's full name (Maiden) _____ SS# or ITIN _____

Date of Birth _____ Place of Birth _____

Resident address _____
Street City State Zip

Telephone: Residence _____ Business .....

Spouse's employer _____ Occupation _____

Address of employer _____
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial _____

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				
Mother				
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes ☚ No ☚
High School				Yes ☚ No ☚
College University				Yes ☚ No ☚
Other				Yes ☚ No ☚

Type of degree obtained, if any_____

College or university where obtained_____

Applicant's initial_____

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☚ No ☚

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☚ No ☚ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☚ No ☚

County_____ State_____ Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☚ No ☚ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☚ No ☚ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☚ No ☚

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☚ No ☚

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☚ No ☚

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☚ No ☚
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☚ No ☚
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☚ No ☚
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial_____

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☚ No ☚ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

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

Applicant's initial_____

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial_____

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	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but notlimited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☚ No ☚

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☚ No ☚
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☚ No ☚

.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☚ No ☚

.....

If yes to the above, state where, when and for what reason:

.....

.....

Applicant's initial_____

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☚ No ☚

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☚ No ☚

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☚ No ☚

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes ☚ No ☚

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☚ No ☚

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☚ No ☚

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☚ No ☚

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☚ No ☚

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph_____

Applicant's initial_____

STATE OF_____
ss.

COUNTY OF_____

I,_____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

.....
Original Signature of Applicant

Subscribed and Sworn to before me this_____day of

_____

.....
Notary Public

(seal)

Applicant's initial_____

ADDITIONAL INFORMATION

Applicant's initial_____

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Kristopher Mangosing

To: David Wuest
Subject: RE: Rx2U Pharmacy appeal

From: Maryam <mary_am10@hotmail.com>
Sent: Thursday, July 23, 2020 5:02 PM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Rx2U Pharmacy appeal

Dear Mr Sedar
This letter is in response to the denied variance by Mr Wuest for the restroom in the Rx2U pharmacy. I would respectfully request an in-person appeal of the requirements set out in NAC 639.30(4). Attached is a letter that explains the situation in depth.
Thank you for your time
Maryam Rastkerdar

Rx2U PHARMACY

July 22, 2020

Mr. Mark Sedar
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy. Ste. 206
Reno, NV 89521
Msedar@pharmacy.nv.gov

RE: Rx2U, LLC. Variance Appeal

Dear Mr. Sedar,

This letter follows the inspection of Rx2U Pharmacy by Mr. Joe Dodge on June 17, 2020. Mr. Dodge found the pharmacy substantially compliant. He asked that we relate the location of the pharmacy lavatory for your review and consideration.

With regard to these issues, Nevada Administrative Code ("NAC") 639.530 provides in relevant parts as follow:

NAC 639.530 Sanitation; required washbasins; exception. (NRS 639.070)

4. In addition to the washbasin required pursuant to subsection 3, and except as otherwise provided in this subsection, a pharmacy that is built or remodeled after November 1, 1996, must contain a lavatory with a toilet and washbasin within or adjoining the pharmacy. A pharmacy that is remodeled after November 1, 1996, may ask the Board for an exception to this requirement and the Board will, if it deems it appropriate, grant the exception.

First, please note that the subject premise was built in 1973. The premise is rather small. Other tenants do not handle what could be considered a high volume of people. The premise is a is a very quiet and controlled environment. The floor plan identifies the pharmacy, and a washbasin area reserved for the exclusive use of the pharmacy. This area is clearly identified by signs designating it for use by the pharmacy only. The pharmacy contains a washbasin within the pharmacy walls and the lavatory with washbasin area is only a short distance away from the pharmacy.

Second, we recognize NRS 639.070(1)(g) expressly grants the Pharmacy Board authority to "regulate the means of recordkeeping and storage, handling, sanitation and security of drugs, poisons, medicines, chemicals and devices." Additionally, we recognize NAC § 639.530(4) requires a pharmacy to "contain a lavatory with a toilet and washbasin within or adjoining the pharmacy." However, the term "adjoining" is not defined by statute. Absent statutory interpretation, terms are to be given reasonable meaning with consideration of the legislative intent of the statute.

NRS 639.070 was amended in 1991 by Assembly Bill 501 (Chapter 35), to include regulation of recordkeeping, handling, and sanitation. The bill was requested by the State Board of Pharmacy due to the increasingly common sale of prescription drugs by mail and to allow the Board of Pharmacy to deal with mail order companies in the case of a consumer complaint, patient injury, or quality of care dispute involving a Nevada Resident. Below is Legislative Summary for Assembly Bill 501 (1991):

> Assembly Bill 501 makes two changes in the laws relating to pharmacies. First, it provides for the licensing of mail order pharmacies located outside Nevada which sell prescription drugs to Nevada residents. Second, it provides for the licensing of wholesale drug distributors.

Rx2U PHARMACY

> The bill requires that all mail order pharmacies which supply prescription drugs to Nevada residents must be licensed by the State Board of Pharmacy. In order to receive a license, a pharmacy must present satisfactory evidence that it complies with Federal law and the laws of the state in which it is located. The pharmacy must be willing to make available for inspection any records required by the board and must provide the board with information regarding prescriptions which are shipped to Nevada residents. The pharmacy must provide Nevada customers with a toll free number which they may call for information.
>
> The bill also requires wholesalers of drugs to be licensed by the State Board of Pharmacy and defines the conditions under which a license may be granted.
>
> This bill was requested by the State Board of Pharmacy. The sale of prescription drugs by mail is increasingly common. Health Maintenance organizations often use this kind of service. The bill is intended to allow the board to deal with mail order companies in the case of a consumer complaint, patient injury, or quality of care dispute involving a Nevada resident. The provisions regarding the licensing of wholesale distributors are added to the law in accordance with the Federal Prescription Drug Marketing Act of 1987 which requires that wholesale distributors be licensed by the states.
>
> Summary of Legislation, Nevada Legislature, Sixty-Sixty Session, Pg. 152-153 (1991).

The bill was intended to allow the Board of Pharmacy to deal with mail order companies in the case of a consumer complaint, patient injury, or quality of care dispute involving a Nevada resident. It is apparent that the intent of amending NRS 639.070 to include regulation of sanitation was not to deny approval of any/all Nevada pharmacies which do not meet the requirement; but rather to ensure that proper sanitation requirements and procedures are in place to be in compliance with public health and safety measures. The drafters of NAC § 639.530(4) show clear intent to provide opportunity for exceptions to the requirement, by allowing the Board of Pharmacy to grant exceptions when appropriate. In fact, many major pharmacies in Clark County do not have a lavatory which shares a wall with the Pharmacy. Rather, many pharmacies have a lavatory located within a reasonable distance, which is the case here. (*See attached list of Pharmacies without a lavatory which share a wall with the Pharmacy*).

Rx2U Pharmacy has an adjacent lavatory, with toilet and washbasin, for the exclusive use of Rx2U Pharmacy within a few feet of Pharmacy. There is a washbasin located within the pharmacy walls. Policies and procedures have been implemented for when the pharmacist must leave the pharmacy area to utilize the restroom. Rx2U Pharmacy has implemented all necessary policies, procedures, and equipment to ensure proper sanitation.

Rx2U, LLC has established the following guidelines to resolve any concerns regarding the procedures for when the pharmacist must leave the pharmacy area to utilize the lavatory:

- Everyone must exit the pharmacy area;
- The sliding glass window must be closed and locked;
- The pharmacy door must be closed and locked so that no one may enter until the pharmacist returns; and
- The pharmacy alarm must be turned on.

For the foregoing reasons, we respectfully request an in-person appeal of the requirement set out in NAC 639.530(4). Thank you for your time and consideration in this matter. Should you have any concerns or questions, please don't hesitate to contact me directly. Our contact information is listed below. You may also reach me on my personal cellphone at 702-426-5100.

Best regards,

Maryam Rastkerdar, Pharm. D.

1485 E. Flamingo Rd. • Las Vegas, Nevada 89119 • Phone: (702) 252-RX2U (7928) • Fax: (702) 227-RX2U (7928)

Rx2U PHARMACY

PHARMACIES WITHOUT ADJOINING WALL LAVATORY IN CLARK COUNTY, NEVADA

1. Walgreens Pharmacy
   1701 N. Green Valley Pkwy.
   Henderson, NV 89074

2. CVS Pharmacy
   1551 W. Sunset Rd.
   Henderson, NV 89014

3. CVS Pharmacy
   1551 W. Sunset Rd.
   Henderson, NV 89014

4. ACME Sav-On Pharmacy
   3010 W. Ann Rd.
   North Las Vegas, NV 89031

5. ACME Sav-On Pharmacy
   1807 W. Craig Rd.
   North Las Vegas, NV 89032

6. Walgreens Pharmacy
   1445 W. Craig Rd., Ste. 100
   North Las Vegas, NV 89032

7. Smith's Pharmacy
   3013 W. Craig Rd.
   North Las Vegas, NV 89032

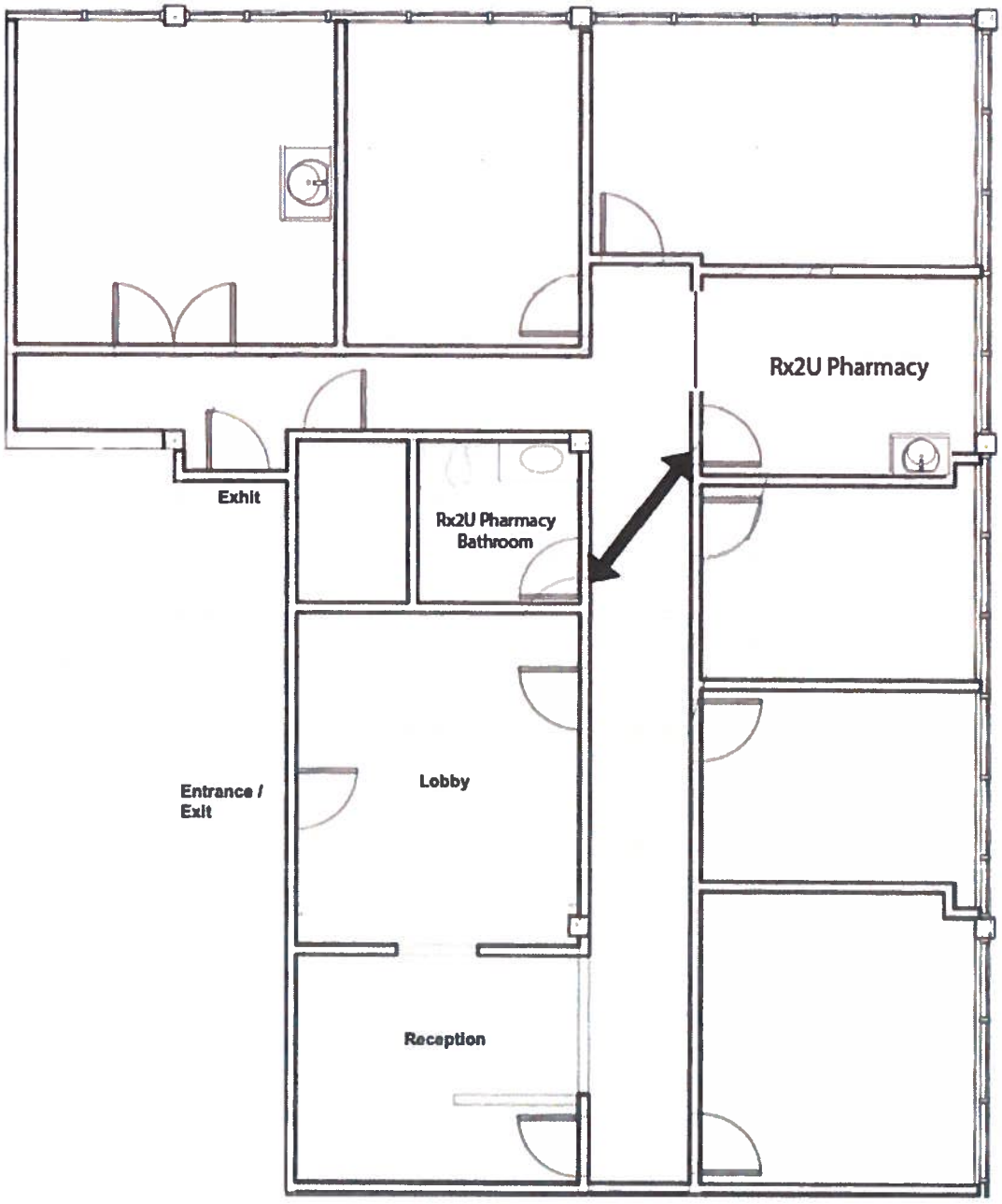
8. Providence Pharmacy
   1729 E. Charleston Blvd., Ste. F
   Las Vegas, NV 89104

9. Raxo Drugs
   3199 S. Eastern Ave.
   Las Vegas, NV 89169

10. Real Care Pharmacy
    4723 E. Flamingo Rd.
    Las Vegas, NV 89121

11. Walmart Pharmacy
    5198 Boulder Hwy.
    Las Vegas, NV 89122

12. Smith's Pharmacy
    3850 E. Flamingo Rd.
    Las Vegas, NV 89121


Rx2U Pharmacy
Exhit
Rx2U Pharmacy Bathroom
Entrance / Exit
Lobby
Reception

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EXECUTIVE SECRETARY REPORT – September 2nd, 2020

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - COVID-19
  - Emergency Regulation Update
  - HHS Declaration
- **REPORT TO BOARD**
  - Licensing software update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - PMP Integration

TEMPORARY LICENSES

(Issued since last board meeting)
Updated 8/20/2020

MDEG

Aircare Medical Inc.

Pharmacist

Brittany Deoliveira
Taylor Sikkenga
Trang Tran

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.NEW PMP Regulations	07/18/19	07/19/19	R035-19	09/25/19	10/22/19	12/05/19	01/29/20	02/07/20
639.NEW & 453.190 – Payment of Fees	07/18/19	07/19/19	R033-19	08/27/19	10/22/19	12/05/19	01/29/20	02/07/20
639.220 – Schedule of Fees	07/18/19	07/19/19	R034-19	08/02/19	08/03/19	09/05/19	09/06/19	10/30/19
639.240-242-7425 – Applicant with Criminal Conviction	09/05/19	09/12/19	R072-19	10/07/19	10/22/19	12/05/19	01/29/20	02/07/20
639.NEW – Managing Pharmacist CE Requirement	09/05/19							
639.NEW – NPDB Reporting	09/05/19	09/12/19	R070-19	10/22/19	11/01/19	12/05/19	01/29/20	02/07/20
453.NEW – Inactive Status	09/05/19	09/12/19	R071-19	10/16/19	10/22/19	12/05/19	01/29/20	02/07/20
453.510 – Schedule I	09/05/19	09/12/19	R073-19	LCB combined with R090-20				
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20 06/09/20	03/19/20 Postponed per Brett		
453.510 – Schedule I - Etizolam	10/10/19	10/18/19	R093-19	11/29/19	01/29/20	03/19/20	05/06/20	06/08/20
639.NEW - Petition for review of criminal history	12/05/19 01/16/20	02/13/20 – On hold due to Nevada Department of Public Safety notice.						
639.NEW – Treatment of Partners	01/16/20	01/21/20	R008-20	03/03/20	04/28/20	06/03/20		
639.NEW – Delivery of a Prescription to Practitioner	01/16/20	01/21/20	R009-20	02/27/20	06/09/20	Postponed per Brett		
453.520: Schedule II - 4-ANPP; despropionyl fentanyl	03/19/20 06/03/20	6/16/20	R084-20	07/20/20	07/31/20	09/03/20		
639.NEW – Licensing/regulating wholesalers.	03/19/20	3/24/20	R040-20	05/19/20	06/09/20	07/16/20	07/22/20	
639.NEW - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the	03/19/20 – postponed to	6/16/20	R085-20					

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
facility is licensed by the State Board of Health	06/03/20							
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20				
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20					
639.464 & 639.468 – P&T Committee vs CPA	06/03/20							
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20					
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20					
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20					
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners.	09/03/20							

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PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R084-20

July 20, 2020

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted

AUTHORITY: §1, NRS 453.146, 453.2182 and 639.070.

A REGULATION relating to controlled substances; adding certain immediate precursors to fentayl to the list of controlled substances set forth in schedule II of the Uniform Controlled Substances Act; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act by regulation. (NRS 453.146) Existing law also provides that if a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law, the Board is required, with certain exception, to similarly treat the substance under the Uniform Controlled Substances Act. (NRS 453.2182) This regulation adds certain immediate precursors to fentanyl to the list of controlled substances set forth in schedule II of the Uniform Controlled Substances Act, consistent with federal regulations. (21 C.F.R. § 1308.12)

Section 1. NAC 453.520 is hereby amended to read as follows:

453.520 1. Schedule II consists of the drugs listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis, is hereby enumerated in schedule II:

(a) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrorphan, nalbuphine, nalmefene, naloxone and naltrexone, and their respective salts, but including:

Codeine;

Diprenorphine;

Ethylmorphine;

Etorphine hydrochloride;

Granulated opium;

Hydrocodone;

Hydrocodone combination product (meaning any product that contains hydrocodone in combination with any other active ingredient);

Hydromorphone;

Metopon;

Morphine;

Opium extracts;

Opium fluid;

Powdered opium;

Raw opium;

Oxycodone;

Oxymorphone;

Thebaine; and

Tincture of opium.

(b) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (a) if they do not include the isoquinoline alkaloids of opium.

(c) Opium poppy and poppy straw.

(d) Cocaine hydrochloride salt prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration.

(e) Benzolyecgonine or ecgonine.

(f) Concentrate of poppy straw (meaning the crude extract of poppy straw in either liquid, solid or powder form and containing the phenanthrene alkaloids of the opium poppy).

3. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (dextrorphan and levopropoxyphene excepted), are hereby enumerated on schedule II:

Alfentanil;

Alphaprodine;

Anileridine;

Bezitramide;

Bulk dextropropoxyphene (in nondosage forms);

Carfentanil;

Dihydrocodeine;

Diphenoxylate;

Fentanyl;

Isomethadone;

Levo-alphacetylmethadol (some trade or other names: levo-alpha-acetylmethadol; levomethadyl acetate; LAAM);

Levomethorphan;

Levorphanol;

Metazocine;

Methadone;

Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;

Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;

Pethidine (meperidine);

Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;

Pethidine-Intermediate-B, ethyl-4-phenylpiperdine-4-carboxylate;

Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;

Phenazocine;

Piminodine;

Racemethorphan;

Racemorphan;

Ramifentanil;

Sufentanil; or

Tapentadol.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system is hereby enumerated on schedule II:

(a) Amphetamine, its salts, optical isomers and salts of optical isomers;

(b) Phenmetrazine and its salts;

(c) Unless specifically excepted, any preparation which contains any quantity of methamphetamine, including its salts, isomers and salts of isomers, prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice, which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration;

(d) Methylphenidate; or

(e) Lisdexamfetamine.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule II:

Amobarbital;

Glutethimide;

Pentobarbital; or

Secobarbital.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances is hereby enumerated on schedule II:

(a) Immediate precursors to phencyclidine (PCP):

1-Phenylcyclohexylamine; or

1-piperidinocyclohexanecarbonitrile (PCC).

(b) Immediate precursors to amphetamine and methamphetamine:

Phenylacetone (some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone).

(c) Immediate precursors to fentanyl:

4-anilino-N-phenethylpiperidine (some trade or other names: 4-ANPP; ANPP; 4-anilino-N-phenethyl-4-piperidine; despropionyl fentanyl; 4-Aminophenyl-1-phenethylpiperidine; N-phenyl-1-(2-phenylethyl)-4-piperidinamine)

7. Any material, compound, mixture or preparation which contains any quantity of Nabilone (commonly referred to as: (+)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H- dibenzol[b,d]pyran-9-one) is hereby enumerated on schedule II.

35B

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R142-20

July 16, 2020

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.1371.

A REGULATION relating to the delegation by a pharmacist to a pharmacy technician the ability to administer immunizations with appropriate training, and under the direct supervision of a pharmacist.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2-7 of this regulation.

Section 2. NAC 639.245 is hereby amended to read as follows:

639.245 1. A written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. This record must be:

(a) Readily retrievable; and

(b) Retained for 2 years.

2. A pharmaceutical technician under the direct supervision of a pharmacist may:

(a) Prepackage and label unit dose and unit of use and repackage drugs if a pharmacist:

(1) Inspects the final products; and

(2) Affixes his or her initials to the appropriate records for controlling quality.

(b) Prepare, package, compound and label prescription drugs pursuant to prescriptions or orders for medication if a pharmacist:

(1) Inspects the final product; and

(2) Affixes his or her initials to the appropriate records for controlling quality.

(c) Prepare bulk compounds if a pharmacist:

(1) Inspects the final product; and

(2) Affixes his or her initials to the appropriate records for controlling quality.

(d) Distribute routine orders and stock medications and supplies in the pharmacy or areas where care is provided to patients.

(e) Maintain inventories of supplies of drugs.

(f) Maintain pharmaceutical records.

(g) Request authorization to refill a prescription from the prescribing practitioner.

(h) Transfer a prescription through a computer network if the:

(1) Pharmaceutical technician is employed by a pharmacy that:

(I) Has more than one location; and

(II) Maintains a computer network which provides information between its pharmacies; and

(2) Prescription is transferred to one of the pharmacies within its computer network.

(i) Enter information into the pharmacy's computer system, including, without limitation, information contained in a new prescription concerning the prescription drug and the directions for its use.

(j) Administer immunizations under the direct and immediate supervision of a pharmacist pursuant to NAC 639.2971(3). Immunization records must be readily retrievable and retained for 2 years.

3. A pharmaceutical technician may not:

(a) Perform any action requiring a judgmental decision regarding a drug, the interpretation of a prescription or the instructions for the preparation of a prescription.

(b) Take new prescription or chart orders by telephone.

(c) Distribute medications pursuant to a chart order or dispense a prescription unless the order or prescription has been verified by a pharmacist.

4. A pharmaceutical technician shall prepare and distribute drugs only pursuant to written procedures and guidelines established by the pharmacy in which the pharmaceutical technician performs his or her duties.

Section 3. NAC 639.254 is hereby amended to read as follows:

639.254 1. The owner and managing pharmacist of a pharmacy shall provide training for pharmaceutical technicians working in or for the pharmacy that ensures the continuing competency of those technicians. Except as otherwise provided in this section, the training must consist of initial training upon employment and at least 12 hours of in-service training during the 2-year period immediately preceding the renewal of the registration of the pharmaceutical technician. One of the 12 hours of in-service training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State.

2. The managing pharmacist shall maintain a written record of the initial training and the annual training***, including immunization training pursuant to NAC 639.2971(3),*** completed by each pharmaceutical technician working in or for the pharmacy that contains:

(a) The name and signature of the person receiving the training;

(b) The date or dates on which the training was received;

(c) The number of hours of training received;

(d) A general description of the topics covered; and

(e) The name of the person or provider conducting the training.

3. A pharmaceutical technician may substitute the completion of the continuing education necessary for recertification by the Pharmacy Technician Certification Board or the National Healthcareer Association for the biennial in-service training required by subsection 1.

Section 4. NAC 639.2971 is hereby amended to read as follows:

639.2971 1. A physician may establish a written protocol authorizing pharmacists to administer immunizations by an intranasal, intramuscular or subcutaneous injection. Except as otherwise limited by the physician pursuant to subsection 4, any pharmacist who is trained and certified in accordance with NAC 639.2973 may subscribe to the written protocol and administer immunizations in compliance with the protocol. Such a protocol must contain:

(a) The name of the physician who is authorizing the administration of immunizations by a pharmacist;

(b) The immunizations that may be administered by a pharmacist;

(c) Detailed policies and procedures that a pharmacist must follow while administering immunizations, including, without limitation, procedures to follow in the case of adverse reactions or emergencies following administration;

(d) A procedure for the review of the protocol and its operation by the physician at least once annually, and the making and keeping of a record of the review;

(e) When appropriate, specific instructions related to the age of the patient;

~~*(f) Except as otherwise provided in subsection 2, a restriction that a pharmacist may not delegate his or her authority to administer an immunization;*~~

~~(g)~~ *(f)* A restriction that a pharmacist may not administer an immunization except at an authorized location, which location may not be the home of the patient, unless the patient resides in a licensed facility for long-term care or in a hospital;

~~(h)~~ *(g)* A requirement that the immunizations will be administered according to all applicable federal, state and local laws; and

~~(i)~~ *(h)* The signature of the physician authorizing the administration of the immunizations and the time period for which the written protocol is effective.

2. An intern pharmacist may administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician.

3. A pharmaceutical technician may administer immunizations under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician. Before the pharmaceutical technician may administer immunizations, the pharmaceutical technician must complete a minimum of one (1) hour of training relating to vaccines, immunization and their administration from one of the following:

(a) Immunize Nevada;

(b) ACPE-approved CPE;

(c) In-service training provided by the owner or managing pharmacist to the pharmaceutical technicians working in or for the pharmacy that ensures the competency of the technicians; or

(d) Other Board approved training.

~~3.~~ ***4.*** If a physician orders a deviation from the written protocol for the benefit of a specific patient, the physician shall note the deviations from the written protocol in the record of the patient.

~~4.~~ ***5.*** A physician may include restrictions to a written protocol established by the physician pursuant to subsection 1 by limiting the protocol to any of the following:

(a) A specific pharmacist or pharmacists;

(b) A specific location or locations;

(c) The administration of a specific immunization or immunizations; or

(d) Other limitations as the physician determines necessary.

Section 5. NAC 639.2974 is hereby amended to read as follows:

639.2974 ***1.*** A pharmacist who administers immunizations or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunizations shall:

~~1.~~***(a)*** Maintain certification in basic cardiac life support from the American Heart Association; and

~~2.~~ ***(b)*** On or before October 31 of each year, complete:

~~(a)~~ ***(i)*** At least 2 hours of continuing education in a course or courses that address the life cycle of diseases, drugs and administration of immunizations; or

~~(b)~~ ***(ii)*** A course provided by the Centers for Disease Control and Prevention regarding epidemiology and prevention of diseases which are preventable through immunization.

2. A pharmaceutical technician acting under the direct and immediate supervision of a pharmacist who administers immunizations shall, on or before October 31 of each year,

complete at least 1 hour of continuing education in a course relating to vaccines, immunization and their administration from one of resources listed pursuant to NAC 639.2971(3)(a)-(d).

Section 6. NAC 639.2975 is hereby amended to read as follows:

639.2975 1. The drugs administered as immunizations by a pharmacist***,*** or an intern pharmacist ***or pharmaceutical technician*** acting under the direct and immediate supervision of a pharmacist***,*** must be in the legal possession of:

(a) The pharmacy that employs the pharmacist***,*** ~~***or***~~ intern pharmacist***, or pharmaceutical technician*** who will be administering the immunizations, which pharmacy is responsible for the drugs and the maintenance of records of administration of the immunizations; or

(b) The physician who has established a written protocol for the administration of the immunizations, which physician is responsible for the drugs and the maintenance of records of administration of the immunizations.

2. The drugs used for immunizations must be transported and stored at the proper temperatures indicated for the drugs by the manufacturer.

3. While engaged in the administration of immunizations, a pharmacist***,*** ~~***or***~~ an intern pharmacist ***acting under the direct and immediate supervision of a pharmacist, or a pharmaceutical technician*** acting under the direct and immediate supervision of a pharmacist***,*** may have in his or her custody and control the drugs for immunization that are identified in the written protocol and any other dangerous drugs listed in the written protocol to treat an adverse reaction.

4. If a pharmacist***,*** ~~***or***~~ an intern pharmacist ***acting under the direct and immediate supervision of a pharmacist, or a pharmaceutical technician*** acting under the direct and

immediate supervision of a pharmacist***,*** administers immunizations at a location other than a pharmacy, the pharmacist***, ~~or~~*** intern pharmacist***, or pharmaceutical technician*** must return all unused drugs to the pharmacy or physician responsible for the drugs.

Section 7. NAC 639.2976 is hereby amended to read as follows:

639.2976 A pharmacist ***who administers immunizations or directly supervises the administration of immunizations by a pharmaceutical technician,*** or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunizations***,*** shall report the information required for inclusion in the Immunization Information System established by the Department of Health and Human Services pursuant to NRS 439.265 and the regulations adopted pursuant thereto.

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

WWW.NCPA.ORG

July 30, 2020

Dave Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, Nevada 89521

RE: ALLOWING A PHARMACEUTICAL TECHNICIAN THE ABILITY TO ADMINISTER IMMUNIZATIONS

Dear Secretary Wuest,

The National Community Pharmacists Association (NCPA) is writing you today in support of the proposed rule amendment to **NAC 639.245**. NAC 639.245 (2)(j) will authorize pharmaceutical technicians to administer immunizations under the direct supervision of a pharmacist. The proposed rule will help improve vaccine rates while allowing time for expanded advance pharmacy practice services. Much like the pharmacist's scope of practice, pharmaceutical technician roles have advanced from pill counting to remote data entry, completing medication reconciliation, performing tech check tech, and administering pharmacist-authorized point-of-care tests (POCT).

NCPA represents the interest of America's community pharmacists, including the owners of more than 21,000 independent community pharmacies across the United States and 71 independent community pharmacies in Nevada that employ about 809 full-time employees who filled over 4 million prescriptions last year. Our members are small business owners who are among America's most accessible health care providers in many communities and are critical for the expansion of healthcare services, especially in underserved areas and eventually to furnish a COVID-19 vaccine to Nevada residents once available.

Pharmaceutical Technician Participation in Immunizations

To increase vaccination rates, all members of the pharmacy team must be leveraged to their fullest capability to effectively deliver quality patient care. Pharmacists can best serve patients by focusing their time on activities that require their professional judgement, such as assessing clinical vaccination need and reviewing screening questionnaire. They have the flexibility to do so when other members of the pharmacy team perform administrative pharmacy roles, including administrative aspects of furnishing immunizations. During the vaccine administration process, pharmaceutical technicians may offer vaccine information statements, prepare and administer vaccines, and document vaccination notes in medical records. In addition, technician-administered vaccinations have been shown to be safe and effective. A study found that 29 pharmacy technicians administered 953 immunizations with 0 adverse events within a 6-month period.[1] NCPA supports authorizing the pharmacist in charge to utilize their highly trained pharmaceutical technicians in administering immunizations, as is allowed with COVID-19 testing[2], to increase vaccination capacity while managing the pharmacy's daily workflow to serve all patients well.

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[1]McKeirnan KC, Frazier KR, Nguyen M, MacLean LG. Training pharmacy technicians to administer immunizations. *J Am Pharm Assoc (2003)*. 2018;58(2):174-178.e1. doi:10.1016/j.japh.2018.01.003

[2]Nevada Board of Pharmacy: Partial Waiver of Off-Site Pharmacy to Permit Pharmacy Personnel to Perform COVID-19 Testing

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Conclusion

NCPA appreciates the opportunity to provide comments in support of rule NAC 639.245 (2)(j) which will authorize pharmaceutical technicians to administer immunizations under the direct supervision of a pharmacist. The increased role of the pharmaceutical technicians is a natural progression to be embraced for its part in supporting a better standard of pharmacy care. We urge the Board to authorize Nevada's highly trained pharmaceutical technicians to administer immunizations. Thank you for your time and consideration, please do not hesitate to contact me at ademola.are@ncpa.org should you have any questions.

Sincerely,

Ademola Are
Manager, State Government Affairs
National Community Pharmacists Association

Lauren Paul, PharmD, MS | 200 Highland Corporate Drive | Woonsocket, RI 02895 | T: 540-604-3661

August 13, 2020

J. David Wuest R.Ph.
Executive Secretary
Nevada State Board of Pharmacy
85 Damonte Ranch Pkwy Ste 206
Reno, NV, 89521

Re: Nevada Administrative Code (NAC) 639 Pharmacy Technicains Ability to Administer Immunizations

Dear Executive Secretary Wuest,

I am writing to you in my capacity as Senior Director of Pharmacy Regulatory Affairs for CVS Health. CVS Health, the largest pharmacy health care provider in the United States, is uniquely positioned to provide diverse access points of care to patients in the state of Nevada through our integrated offerings across the spectrum of pharmacy care. CVS Health appreciates the opportunity to submit comments on the proposed amendments to various sections of Nevada Administrative Code allowing pharmacy technicains the ability to administer immunizations. We would also like to thank the Board for their vigilance in continuously improving the laws and regulations that guide pharmacists, pharmacy interns and pharmacy technicians serving Nevada patients.

CVS Health supports and applauds the Board's proposed amendments which allow administration of an immunization by a pharmacy technician. Pharmacy-based immunizations have been one of the most significant public health achievements in recent years.[1] The Centers for Disease Control and Prevention (CDC) has lauded community pharmacies' efforts to increase vaccination rates in the United States.[2] Various studies have demonstrated that pharmacists increase vaccination rates against influenza, pneumonia, and herpes zoster.[3-5] Patients have demonstrated high acceptance of pharmacy-based immunizations, with 97% of vaccinated patients' surveyed reporting satisfaction with their experience in the pharmacy.[6] About one in three adults who received the influenza vaccine in recent years did so at their community pharmacy.[7] In addition, studies have demonstrated that pharmacy-based immunizations are more cost-effective than those provided in other settings, including physician offices.[8-9]

For more than a decade since the 2009 H1N1 pandemic, government planning to distribute and administer federally purchased pandemic vaccine to the American public rapidly, efficiently, and safely has included modeling that heavily draws on the strength of chain pharmacies, pharmacists, and private sector distribution channels. A 2018 study, modeling the epidemiologic and economic impact of pharmacy-based influenza vaccinations indicated that U.S. community pharmacies could mitigate against 23.7 million pandemic symptomatic cases, yielding a cost savings of nearly $100 billion.[10] Recent forecast polling shows a significant increase in the percentage of adults interested and planning to receive an influenza vaccine for the 2020-2021 season. CDC guidance for the upcoming 2020-2021 influenza season reflects influenza vaccination as being paramount to reducing the impact of respiratory illnesses in the population and resulting burdens on the healthcare system during the COVID-19 pandemic. Community pharmacies will be a critical public health asset to the probable fall 2020 annual influenza and COVID-19 resurgence. Working together with pharmacists, pharmacy technicians represent a key opportunity to add a team member to play a critical role in attributing to the public health initiative of increasing access to vaccinations. In the last five years, a technical, but seemingly innovative, role for pharmacy technicians, administration of vaccines, has emerged. With recent outbreaks of vaccine preventable diseases, COVID-19, and patient safety at the forefront of missions of boards of pharmacy, the public will benefit from adding another pharmacy team member to help increase access to vaccinations.[11]

Lauren Paul, PharmD, MS | 200 Highland Corporate Drive | Woonsocket, RI 02895 | T: 540-604-3661

In 2016–17, Idaho adopted rule language that directly permitted pharmacy technicians to administer immunizations.[12] With this, they became the first state within the United States to do so and also became the first state to actively involve pharmacy technicians in a training program and administration at local pharmacies. Since then, five additional states have made changes within their scope of practice permissions to include pharmacy technician administration of vaccinations, including Rhode Island, Utah, Washington, Illinois, and Indiana with others pending. [13-17]

More recently, the American Pharmacist Association (APhA) House of Delegates representing over 60,000 pharmacists nationwide introduced and adopted a policy statement regarding Pharmacy Technicians Role in Immunization Administration at the 2020 Annual Meeting.[18]

1. *APhA urges state boards of pharmacy and state legislative bodies to authorize immunization administration by qualified pharmacy technicians as a technical function that may be delegated by immunizing pharmacists.*
2. *APhA supports the development of standardized training in immunization administration and continuing education opportunities for immunizing pharmacy technicians.*
3. *APhA supports pharmacists individual discretion in delegating immunization administration to qualified pharmacy technicians with the requisite education, training, and experience.*
4. *APhA supports voluntary participation by pharmacy technicians in the training and provision of immunization administration.*
5. *APhA supports the role of pharmacists as the healthcare professional providing clinical patient assessment, decision making, and patient counseling for all immunizations administered by a pharmacy technician.*

With these amendments, Nevada pharmacists and pharmacy technicians will be ready to meet the increased demand for vaccine services for both the upcoming influenza season as well as the pending COVID-19 vaccine. We look forward to continuing to partner with you to fight the COVID-19 pandemic, safely re-open your state, and increase vaccination rates. We stand ready to begin implementing the pharmacy technician training process with the amendment of these rules.

Sincerely,

Lauren Paul, PharmD

Lauren Paul, PharmD., MS
Sr Director, Pharmacy Regulatory Affairs
CVS Health

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Public Comment

Shannon Reichman

From: David Wuest
Sent: Wednesday, August 5, 2020 4:52 PM
To: Kristopher Mangosing; Shannon Reichman; Shirley Hunting
Cc: Courtney K. Lee
Subject: FW: Laws Regarding Pharmacy Technician Vaccine Administration

For public comment.

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

From: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Sent: Wednesday, August 5, 2020 3:49 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Fw: Laws Regarding Pharmacy Technician Vaccine Administration

Candy Nally

From: Denise Chilipka Oltay <dco2@cox.net>
Sent: Wednesday, August 5, 2020 3:28 PM
To: Pharmacy Board
Subject: Laws Regarding Pharmacy Technician Vaccine Administration

Pharmacy technicians are essential for inner workings of pharmacy teams and their depth of involvement in roles continues to evolve. **An innovative role for pharmacy technicians, administration of vaccines, has emerged**. However, barriers to receiving immunizations, less talked about or mentioned are the statutes and regulations surrounding them or who may be authorized (and accountable) to provide them.

I have a Public Safety concern for Nevada. A doctorate with years of training and background knowledge is always a better choice to give immunizations. Why? A narrow focused course on how to give shots, and an immunization eligibility form are not addressing the condition or treatment a patient might have or be receiving. Often, patients are reluctant to answer the questions thoroughly or correctly because of embarrassment or denial and they may be waiting for that one-on-one with the Pharmacist in a private room. A Pharmacist will ask lots of questions, learn more about the current medications the patient is taking, and make the patient feel more relaxed to speak. Their title also puts the patient as ease and provides authority. The Pharmacist is trained and can handle medical questions and handle an emergency on those rare occasions with post-shot reactions. This brings up the concern of unauthorized medical advice being given by a Pharmacy Technician when questions are asked. Who will be responsible for a bad outcome? The Pharmacy Technician? The Pharmacist? Both? (All pharmacy employees needs to know WHO is responsible BEFORE this ruling is determined.)

My mother is in her 80's. She doesn't always provide the right answers regarding her medical. She does not always give the true story. I believe she does this because she wants to make herself look great in front of others. If there are others around, like being at the counter of a pharmacy, or reception desk, she will put on her best image. Behind closed doors with a doctor or pharmacist, she becomes real. She listens and shares her health issues and concerns.

Many of the people going to the Pharmacy today for immunizations, are people over 65 years of age. As aging people, many have underlying health issues and do not want the world to know. Having a technician administering shots needs to be thought about carefully. If a medical problem should arise during or after the shot, only the person administering the shot should be held accountable and "specific insurance" should be purchased to cover their potential mistakes.

I trust my concerns will be addressed to keep everyone safe.

Sincerely,

Denise Chilipka
702.301.4913 cell
dco2@cox.net

36

Workshop for Proposed Regulation of the Nevada State Board of Pharmacy

September 3rd, 2020

AUTHORITY: NRS 639.070

A REGULATION relating to dispensing of dangerous drugs and controlled substances by dispensing practitioners for human use.

Current Regulations;

NAC 639.742 Dispensing of controlled substances or dangerous drugs: Application by practitioner for certificate of registration; application by facility required under certain circumstances; duties of dispensing practitioner and facility relating to drugs; authority of dispensing practitioner and technician. (NRS 639.070**,** 639.0727**)**

1. Except as otherwise provided in NAC 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs. A certificate of registration to dispense controlled substances or dangerous drugs is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7423, if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, 639.648 and 639.7423, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

(a) All drugs are ordered by the dispensing practitioner;

(b) All drugs are received and accounted for by the dispensing practitioner;

(c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;

(f) All drugs are dispensed only to the patient personally at the facility;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648 and 639.7423, with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

5. Except as otherwise provided in NAC 639.7423, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

(a) He or she were a pharmacist;

(b) His or her practice site was a pharmacy; and

(c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

(Added to NAC by Bd. of Pharmacy by R034-02, eff. 5-30-2003; A by R035-06, 9-18-2008; R037-10, 10-15-2010; R098-13, 3-28-2014; R146-17 & R015-18, 5-16-2018)

NAC 639.7423 Dispensing of controlled substances or dangerous drugs: Application by veterinarian for certificate of registration; duties of veterinarian and veterinary facility; maintenance of records; exemption from certain regulations. (NRS 639.070)

1. A licensed veterinarian who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A certificate of registration issued pursuant to this section:

(a) Entitles the licensed veterinarian to dispense controlled substances or dangerous drugs from any veterinary facility at which he or she engages in the practice of veterinary medicine.

(b) Must be renewed at the same time and in the same manner as certificates of registration by other practitioners.

(c) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. A veterinary facility at which controlled substances or dangerous drugs are possessed, administered, prescribed or dispensed:

(a) Shall ensure that at least one veterinarian who practices at that veterinary facility registers and maintains a registration with the Drug Enforcement Administration of the United States Department of Justice and the Board.

(b) Except as otherwise provided in paragraph (c), may allow only veterinarians, veterinary technicians or veterinary technicians in training at that veterinary facility to prepare a prescription drug for dispensing.

(c) May allow veterinary assistants at that facility to prepare a prescription drug, other than a controlled substance or dangerous drug, for dispensing.

(d) Shall ensure that a prescription drug which is new for an animal is not dispensed unless a veterinarian or veterinary technician is at the veterinary facility or is otherwise available at the time the prescription drug is dispensed.

(e) Shall ensure that a notation is made in the medical record of the animal that contains:

(1) The name, strength and quantity of the prescription drug.

(2) The date the prescription drug was prescribed and dispensed.

(3) The directions for use.

(4) The name, signature or initials of the veterinarian who prescribed the prescription drug.

(5) The name, signature or initials of the veterinarian, veterinary technician or veterinary technician in training who prepared the prescription drug for dispensing.

(6) The name, signature or initials of the veterinarian or veterinary technician who verified the prescription drug before the prescription drug was dispensed.

(f) Shall ensure that each vial or container which contains a prescription drug has affixed to the vial or container a label that contains:

(1) Except as otherwise provided in subsection 3, the name or unique identifier of the animal and the name of the owner of the animal for which the prescription drug is prescribed.

(2) The name, strength and quantity of the prescription drug.
(3) The date the prescription drug was dispensed.
(4) The name of the veterinarian who prescribed the prescription drug.
(5) The expiration date of the prescription drug.
(6) A unique number identifying the prescription.
(7) The directions for use.

(g) Shall maintain a stock of prescription drugs necessary to serve the foreseeable needs of the veterinary practice.

(h) Shall ensure that drugs which are inappropriate or unlawful to the practice of veterinary medicine are not ordered or maintained in the stock of prescription drugs of the veterinary facility.

3. A label affixed to a vial or container that contains a prescription drug may contain a generic identifier for a group of animals of the same species in place of the name or unique identifier of one animal if:

(a) The group of animals identified on the label is owned by the same person;

(b) The prescription drug is dispensed for more than one of the animals in the group; and

(c) The directions for use of the prescription drug are the same for each animal in the group for which the prescription drug is dispensed.

4. The authorization to possess a prescription drug is not transferrable upon the sale or other transfer of the animal or animals for which the prescription drug was dispensed.

5. A veterinary facility which maintains a stock of controlled substances or dangerous drugs for administration or dispensing shall:

(a) Secure the stock of controlled substances or dangerous drugs in a locked container that is:
(1) Affixed to the structure and located within a locked room; or
(2) Located within a second locked container which is affixed to the structure.

(b) Ensure that only a veterinarian or a veterinary technician designated by the veterinarian has the keys or combination to unlock the two separate locks at the start of a business day or beginning of a shift, if the veterinary facility has veterinarians on successive shifts.

(c) Restrict access to the controlled substances or dangerous drugs to veterinarians or veterinary technicians only.

(d) Ensure that each veterinarian or veterinary technician who accesses the secure container which stores the controlled substances or dangerous drugs records in a log:
(1) The name of the veterinarian or veterinary technician who accessed the secure container and the date that he or she accessed the secure container.
(2) The name, strength and quantity of the controlled substance or dangerous drug removed from or placed into the secure container and the total amount of all quantities of that particular controlled substance or dangerous drug remaining inside the secure container.

(e) Ensure that a veterinarian who intends to destroy an unused portion of a controlled substance or dangerous drug records in a log the name and quantity of the controlled substance or dangerous drug that will be destroyed and the date and time that the controlled substance or dangerous drug will be destroyed. An entry made pursuant to this paragraph must be verified by an employee of the veterinary facility.

(f) Ensure that the purchasing, storage and recordkeeping of controlled substances or dangerous drugs comply with all applicable state and federal laws.

(g) Ensure that any controlled substance or dangerous drug is purchased by a veterinarian or with the knowledge of a veterinarian and that all controlled substances and dangerous drugs received by the veterinary facility are verified by a veterinarian or with the knowledge of the veterinarian.

(h) Maintain separate files for the records of the purchase of each controlled substance listed in schedule II of controlled substances in NAC 453.520 and records of the dispensing of each controlled substance listed in schedule II of controlled substances in NAC 453.520.

6. Any record made pursuant to subsections 2 to 5, inclusive, must be maintained for at least 4 years and must be available for inspection by the Board or its representative or any authorized federal, state or local regulatory agency or law enforcement agency.

7. A licensed veterinarian with a certificate of registration issued by the Board pursuant to subsection 1 and a veterinary facility at which controlled substances or dangerous drugs may be dispensed pursuant to this section are exempt from the provisions of NAC 639.7425 to 639.745, inclusive.

8. As used in this section:

(a) "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

(b) "Prescription drug" has the meaning ascribed to it in NAC 638.0135.

(c) "Veterinary facility" has the meaning ascribed to it in NAC 638.018.

(Added to NAC by Bd. of Pharmacy by R015-18, eff. 5-16-2018)

NAC 639.7425 Dispensing technician: Requirements; application and fee for registration; provisional registration; issuance of certificate of registration; in-service training required for renewal of registration. (NRS 639.070, 639.0727)

1. Except as otherwise provided in NAC 639.7423, no person may act as a dispensing technician unless the person is:

(a) A registered pharmaceutical technician; or

(b) Employed at a facility to which a certificate of registration has been issued pursuant to NAC 639.742 and the dispensing practitioner at that facility has registered the person as a dispensing technician.

2. A dispensing practitioner may apply to the Board to register a person as a dispensing technician by submitting to the Board the fee required by NAC 639.744 and proof satisfactory to the Board that the person:

(a) Is 18 years of age or older;

(b) Has received a high school diploma or its equivalent;

(c) Has not been convicted of any felony or misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; and

(d) Does not have a history of drug abuse.

3. Upon determining that a person for whom application for registration as a dispensing technician has been made by a dispensing practitioner satisfies the requirements of subsection 2, the Board will issue to the person a provisional registration as a dispensing technician for that practitioner.

4. A person acting as a dispensing technician pursuant to a provisional registration must complete at least 500 hours of training and experience provided by the dispensing practitioner relating to the skills that the person will be performing as a dispensing technician for that dispensing practitioner. Only that training and experience received by the person after the provisional registration is issued may be applied to satisfy the 500-hour requirement. In providing the training and experience, the dispensing practitioner shall supervise the training and experience of the person by observing the work of the person on a random basis at least three times each day during which the person is receiving training and experience.

5. A provisional registration issued to a person acting as a dispensing technician expires 12 months after it is issued or upon the expiration of the certificate of registration of the dispensing practitioner to whom the dispensing technician is registered, whichever is earlier. If a person acting as a dispensing technician pursuant to a provisional registration:

(a) Fails to complete the required 500 hours of training and experience before the expiration of the provisional registration, the person shall not act as a dispensing technician unless he or she is issued a

new provisional registration pursuant to this section. Any hours of training and experience completed by the person while acting as a dispensing technician pursuant to a provisional registration that has expired may not be used to satisfy the 500-hour requirement for a new provisional registration.

(b) Completes the required 500 hours of training and experience before the expiration of the provisional registration, the dispensing practitioner shall file with the Board a signed affidavit certifying:

(1) The number of hours of training and experience successfully completed by the person.

(2) The specific training and experience received by the person.

(3) That the person is, in the opinion of the dispensing practitioner, competent to perform the duties of a dispensing technician.

6. The Board, upon receiving the affidavit of the dispensing practitioner pursuant to subsection 5, will issue to the person a certificate of registration as a dispensing technician for that practitioner.

7. A dispensing technician shall complete at least 1 hour of in-service training during the 2-year period immediately preceding the renewal of the registration of the dispensing technician. The training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State. The dispensing technician shall retain a copy of the certificate from the Board or approved program certifying the completion of such in-service training. The copy must be:

(a) Retained for at least 2 years; and

(b) Readily accessible to a member of the Board or a person conducting an inspection or investigation on behalf of the Board.

(Added to NAC by Bd. of Pharmacy by R034-02, eff. 5-30-2003; A by R048-07, 12-4-2007; R087-13, 3-28-2014; R015-18, 5-16-2018)

NAC 639.743 Dispensing technician: Access to drugs; performance of functions. (NRS 639.070**,** 639.0727**)**

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

(Added to NAC by Bd. of Pharmacy by R034-02, eff. 5-30-2003; A by R048-07, 12-4-2007; R035-06, 9-18-2008; R037-10, 10-15-2010)

NAC 639.7435 Dispensing technician: Nontransferability, expiration and termination of registration; notice of change of address of employment; subsequent employment; additional training and experience required under subsequent employer. (NRS 639.070, 639.0727)

1. The registration of a dispensing technician is nontransferable and limited to the dispensing practitioner to whom the dispensing technician is registered. The registration of a dispensing technician expires at the same time that the certificate of registration of the dispensing practitioner expires. If a dispensing practitioner and the dispensing technician registered to that practitioner leave the facility at which they are registered, and the dispensing technician continues his or her employment with that practitioner at a different site, the dispensing practitioner shall, as soon as practicable, notify the Board of the change of address of employment of the dispensing technician.

2. If a dispensing technician no longer works as a dispensing technician for the dispensing practitioner to whom the dispensing technician is registered, the registration of the dispensing technician terminates. Except as otherwise provided in NAC 639.7423, if that person is subsequently employed by another dispensing practitioner to work as a dispensing technician, the employing dispensing practitioner must, before the person may act as a dispensing technician for that practitioner:

(a) Register the person with the Board, showing the site of employment and the name of the dispensing practitioner; and

(b) Ensure that the person receives an additional 200 hours of training and experience provided by the dispensing practitioner. The additional training and experience must be provided in accordance with subsection 4 of NAC 639.7425. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner shall not allow the person to be registered as a dispensing technician to enter the room or cabinet in which drugs are stored or perform any function described in subsection 4 or 5 of NAC 639.742 without the dispensing practitioner observing the act by the person to be registered as a dispensing technician until that person has completed the 200 additional hours of training and experience.

(Added to NAC by Bd. of Pharmacy by R034-02, eff. 5-30-2003; A by R048-07, 12-4-2007; R035-06, 9-18-2008; R037-10, 10-15-2010; R015-18, 5-16-2018)

Request for Regulatory Change (Non-Specific)

NAC 639.742

639.742. Dispensing of controlled substances or dangerous drugs: Application by practitioner for certificate of registration; application by group practice and facility required under certain circumstances; duties of dispensing practitioner ~~and~~, facility, and group practice relating to drugs; authority of dispensing practitioner and technician. (NRS 639.070, 639.0727)

1. Except as otherwise provided in NAC 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner shall identify on such application ~~must submit a separate application for~~ each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs. A dispensing practitioner shall provide written notice to the Board no less than fifteen (15) days prior to the addition of a new practice site or removal of an existing site of practice. A certificate of registration to dispense controlled substances or dangerous drugs is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7423, if a facility from which ~~the~~ a practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in NAC 639.7423, a group practice from which two or more practitioners from the group practice intend to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. The group practice shall identify on such application each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which group practice dispensing practitioners intend to dispense controlled substances or dangerous drugs. The application shall require the group practice to designate a medical director for the group practice and the names of the practitioners in the group practice who will act as dispensing practitioners. The group practice shall provide written notice to the Board no less than fifteen (15) days prior to the addition of a new practice site or removal of an existing site of practice. The group practice shall provide written notice to the Board no less than fifteen (15) days after a change in medical director or the addition of a new or removal of an existing dispensing practitioner.

(a) "Group practice" means two or more practitioners who organized as a business entity in accordance with the laws of this state to provide services related to health care, if:

(1) Each member of the group practice provides substantially all of the services related to health care that he or she routinely provides, including,

Commented [SA1]: This modification is intended to streamline the process and allow for a single application. If new locations are added or removed, the practitioner is required to inform the Board of the same with all necessary information.

With the addition of sub (3) below, this provision is intended to target solo practitioners.

Commented [SA2]: This new section is the most consequential, allowing group oncology practices to implement dispensing operations across the practice using one application.

The group must identify each location where dispensing will occur and identify a medical director and name all practitioners who intend to dispense within the practice.

without limitation, medical care, consultations, diagnoses and treatment, through the joint use of shared offices, facilities, equipment and personnel located at any site of the group practice; and

(2) Substantially all of the services related to health care that are provided by the members of the group practice are provided through the group practice.

43. Except as otherwise provided in NRS 639.23277 and NAC 639.395, 639.648 and 639.7423, ~~the~~ a dispensing practitioner dispensing at a facility that is wholly owned and operated by the practitioner or a dispensing practitioner dispensing at a facility that is not wholly owned and operated by the practitioner and the owner or owners of the facility ~~and, if applicable, the owner or owners of the facility,~~ shall ensure that:

(a) All drugs are ordered by the dispensing practitioner;

(b) All drugs are received and accounted for by the dispensing practitioner;

(c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

(e) ~~No prescription is dispensed to a patient unless the dispensing practitioner is on site at the facility;~~

(f) All drugs are dispensed only to the patient ~~personally~~ at the facility or, if agreed to by the patient in writing, via mail after the drug(s) have been verified by the dispensing practitioner or a licensed pharmacist;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

(j4) Except as otherwise provided in NAC 639.648 and 639.7423, with regard to the filling and dispensing of a prescription, only a dispensing practitioner, a licensed pharmacist employed by the facility, or a dispensing technician may:

(1~~a~~) Enter the room or cabinet in which drugs are stored;

(2~~b~~) Remove drugs from stock;

(3~~c~~) Count, pour or reconstitute drugs;

(4~~d~~) Place drugs into containers;

(5~~e~~) Produce and affix appropriate labels to containers that contain or will contain drugs;

(6~~f~~) Fill containers for later use in dispensing drugs; or

(7~~g~~) Package or repackage drugs.

Commented [3]: Intent here is to have this apply to solo docs or docs dispensing at facilities where the facility is not fully owned or operated.

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Commented [SA4]: Removed due to sub (f)

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Commented [SA5]: This provision removes the requirement that the dispensing practitioner *personally* dispense the product to the patient and permits mail directly to the patient home.

Commented [SA6]: Addition permits practice to hire pharmacists to assist and support practice in dispensing operations.

5. Except as otherwise provided in NRS 639.23277 and NAC 639.395, 639.648 and 639.7423, the medical director of a group practice from which two or more dispensing practitioners from the group practice intend to dispense controlled substances or dangerous drugs from one or more of the group practices locations shall ensure that:

(a) All drugs are ordered by the medical director of the group practice;

(b) All drugs are received and accounted for by the medical director or a designated dispensing practitioner from the group practice;

(c) All drugs are stored in a secure, locked room or cabinet to which only the medical director or dispensing practitioners from the group practice have the only key or lock combination. Nothing in this subsection shall prohibit a group practice with multiple practice sites from maintaining a single inventory, nor shall it prohibit a group practice from storing drugs in a single practice site location from which group practice dispensing practitioners may source drugs for dispensing in accordance with this section;

(d) All drugs are dispensed in accordance with NAC 639.745;

~~(e) No prescription is dispensed to a patient unless a dispensing practitioner from the group is on-site at the facility;~~

(f) All drugs are dispensed only to the patient at the facility or, if agreed to by the patient in writing, via mail after the drug(s) have been verified by the dispensing practitioner or a licensed pharmacist;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the group practice is displayed in the room or cabinet in which drugs are stored.

(j) Except as otherwise provided in NAC 639.648 and 639.7423, with regard to the filling and dispensing of a prescription, only a dispensing practitioner, licensed pharmacist employed by the group practice, or a dispensing technician may:

(1) Enter the room or cabinet in which drugs are stored;

(2) Remove drugs from stock;

(3) Count, pour or reconstitute drugs;

(4) Place drugs into containers;

(5) Produce and affix appropriate labels to containers that contain or will contain drugs;

(6) Fill containers for later use in dispensing drugs; or

(7) Package or repackage drugs.

6~~5~~. (a)Except as otherwise provided in NAC 639.7423, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

(~~a~~1) He or she were a pharmacist;

Commented [SA7]: Subsection places the responsibility of dispensing operations, security, recordkeeping, etc., in the hands of the medical director.

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Commented [SA8]: Removed in full given (f) that permits dispensing on-site and via mail.

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(~~b~~2) His or her practice site was a pharmacy; and
(~~c~~3) Any dispensing technician involved in the compounding was a pharmaceutical technician.

NAC 639.7423

639.7423. Dispensing of controlled substances or dangerous drugs: Application by veterinarian for certificate of registration; duties of veterinarian and veterinary facility; maintenance of records; exemption from certain regulations. (NRS 639.070)

1. A licensed veterinarian who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A certificate of registration issued pursuant to this section:
    (a) Entitles the licensed veterinarian to dispense controlled substances or dangerous drugs from any veterinary facility at which he or she engages in the practice of veterinary medicine.
    (b) Must be renewed at the same time and in the same manner as certificates of registration by other practitioners.
    (c) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. A veterinary facility at which controlled substances or dangerous drugs are possessed, administered, prescribed or dispensed:
    (a) Shall ensure that at least one veterinarian who practices at that veterinary facility registers and maintains a registration with the Drug Enforcement Administration of the United States Department of Justice and the Board.
    (b) Except as otherwise provided in paragraph (c), may allow only veterinarians, veterinary technicians or veterinary technicians in training at that veterinary facility to prepare a prescription drug for dispensing.
    (c) May allow veterinary assistants at that facility to prepare a prescription drug, other than a controlled substance or dangerous drug, for dispensing.
    (d) Shall ensure that a prescription drug which is new for an animal is not dispensed unless a veterinarian or veterinary technician is at the veterinary facility or is otherwise available at the time the prescription drug is dispensed.
    (e) Shall ensure that a notation is made in the medical record of the animal that contains:
        (1) The name, strength and quantity of the prescription drug.
        (2) The date the prescription drug was prescribed and dispensed.
        (3) The directions for use.
        (4) The name, signature or initials of the veterinarian who prescribed the prescription drug.
        (5) The name, signature or initials of the veterinarian, veterinary technician or veterinary technician in training who prepared the prescription drug for dispensing.

(6) The name, signature or initials of the veterinarian or veterinary technician who verified the prescription drug before the prescription drug was dispensed.

(f) Shall ensure that each vial or container which contains a prescription drug has affixed to the vial or container a label that contains:

(1) Except as otherwise provided in subsection 3, the name or unique identifier of the animal and the name of the owner of the animal for which the prescription drug is prescribed.

(2) The name, strength and quantity of the prescription drug.

(3) The date the prescription drug was dispensed.

(4) The name of the veterinarian who prescribed the prescription drug.

(5) The expiration date of the prescription drug.

(6) A unique number identifying the prescription.

(7) The directions for use.

(g) Shall maintain a stock of prescription drugs necessary to serve the foreseeable needs of the veterinary practice.

(h) Shall ensure that drugs which are inappropriate or unlawful to the practice of veterinary medicine are not ordered or maintained in the stock of prescription drugs of the veterinary facility.

3. A label affixed to a vial or container that contains a prescription drug may contain a generic identifier for a group of animals of the same species in place of the name or unique identifier of one animal if:

(a) The group of animals identified on the label is owned by the same person;

(b) The prescription drug is dispensed for more than one of the animals in the group; and

(c) The directions for use of the prescription drug are the same for each animal in the group for which the prescription drug is dispensed.

4. The authorization to possess a prescription drug is not transferrable upon the sale or other transfer of the animal or animals for which the prescription drug was dispensed.

5. A veterinary facility which maintains a stock of controlled substances or dangerous drugs for administration or dispensing shall:

(a) Secure the stock of controlled substances or dangerous drugs in a locked container that is:

(1) Affixed to the structure and located within a locked room; or

(2) Located within a second locked container which is affixed to the structure.

(b) Ensure that only a veterinarian or a veterinary technician designated by the veterinarian has the keys or combination to unlock the two separate locks at the start of a business day or beginning of a shift, if the veterinary facility has veterinarians on successive shifts.

(c) Restrict access to the controlled substances or dangerous drugs to veterinarians or veterinary technicians only.

(d) Ensure that each veterinarian or veterinary technician who accesses the secure container which stores the controlled substances or dangerous drugs records in a log:

(1) The name of the veterinarian or veterinary technician who accessed the secure container and the date that he or she accessed the secure container.

(2) The name, strength and quantity of the controlled substance or dangerous drug removed from or placed into the secure container and the total amount of all quantities of that particular controlled substance or dangerous drug remaining inside the secure container.

(e) Ensure that a veterinarian who intends to destroy an unused portion of a controlled substance or dangerous drug records in a log the name and quantity of the controlled substance or dangerous drug that will be destroyed and the date and time that the controlled substance or dangerous drug will be destroyed. An entry made pursuant to this paragraph must be verified by an employee of the veterinary facility.

(f) Ensure that the purchasing, storage and recordkeeping of controlled substances or dangerous drugs comply with all applicable state and federal laws.

(g) Ensure that any controlled substance or dangerous drug is purchased by a veterinarian or with the knowledge of a veterinarian and that all controlled substances and dangerous drugs received by the veterinary facility are verified by a veterinarian or with the knowledge of the veterinarian.

(h) Maintain separate files for the records of the purchase of each controlled substance listed in schedule II of controlled substances in NAC 453.520 and records of the dispensing of each controlled substance listed in schedule II of controlled substances in NAC 453.520.

6. Any record made pursuant to subsections 2 to 5, inclusive, must be maintained for at least 4 years and must be available for inspection by the Board or its representative or any authorized federal, state or local regulatory agency or law enforcement agency.

7. A licensed veterinarian with a certificate of registration issued by the Board pursuant to subsection 1 and a veterinary facility at which controlled substances or dangerous drugs may be dispensed pursuant to this section are exempt from the provisions of NAC 639.7425 to 639.745, inclusive.

8. As used in this section:

(a) “Licensed veterinarian” has the meaning ascribed to it in NRS 638.007.

(b) “Prescription drug” has the meaning ascribed to it in NAC 638.0135.

(c) “Veterinary facility” has the meaning ascribed to it in NAC 638.018.

Commented [9]: No changes made to veterinarian section

NAC 639.7425

639.7425. Dispensing technician: Requirements; application and fee for registration; provisional registration; issuance of certificate of registration; in-service training required for renewal of registration. (NRS 639.070, 639.0727)

1. Except as otherwise provided in NAC 639.7423, no person may act as a dispensing technician unless the person is:

(a) A registered pharmaceutical technician; or

(b) Employed at a facility to which a certificate of registration has been issued pursuant to NAC 639.742(2) and the dispensing practitioner at that facility has registered the person as a dispensing technician; or.

(c) Employed at group practice to which a certificate of registration has been issued pursuant to NAC 639.742(3) and the group practice has registered the person as a dispensing technician.

Commented [SA10]: Added ability of group practice to employ dispensing techs.

2. A dispensing practitioner or group practice through its designated medical director may apply to the Board to register a person as a dispensing technician by submitting to the Board the fee required by NAC 639.744 and proof satisfactory to the Board that the person:

(a) Is 18 years of age or older;

(b) Has received a high school diploma or its equivalent;

(c) Has not been convicted of any felony or misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; and

(d) Does not have a history of drug abuse.

~~3~~4. Upon determining that a person for whom an application for registration as a dispensing technician has been made by a dispensing practitioner or group practice satisfies the requirements of subsection 2, the Board will issue to the person a provisional registration as a dispensing technician for that practitioner or group practice. A provisional registration as a dispensing technician shall not be required for a person who is registered as a pharmaceutical technician and satisfies the requirements of subsection 2.

Commented [SA11]: This provision allows individuals who are already licensed as a pharmacy technician to bypass the provisional license because they have already been trained in pharmacy practice. It also avoids the necessity of the licensed tech to complete 500 hours of training.

~~4~~5. A person acting as a dispensing technician pursuant to a provisional registration must complete at least 500 hours of training and experience provided by the dispensing practitioner or dispensing practitioners at a group practice relating to the skills that the person will be performing as a dispensing technician for that dispensing practitioner or group practice. Only that training and experience received by the person after the provisional registration is issued may be applied to satisfy the 500-hour requirement. In providing the training and experience, the dispensing practitioner or dispensing practitioners at a group practice shall supervise the training and experience of the person by observing the work of the person on a random basis at least three times each day during which the person is receiving training and experience.

~~5~~6. A provisional registration issued to a person acting as a dispensing technician expires 12 months after it is issued or upon the expiration of the certificate of registration of the dispensing practitioner or group practice to ~~whom~~ which the dispensing technician is registered, whichever is earlier. If a person acting as a dispensing technician pursuant to a provisional registration:

(a) Fails to complete the required 500 hours of training and experience before the expiration of the provisional registration, the person shall not act as a dispensing technician unless he or she is issued a new provisional registration pursuant to this section. Any hours of training and experience completed by the person while acting as a dispensing technician pursuant to a provisional registration that has expired may not be used to satisfy the 500-hour requirement for a new provisional registration.

(b) Completes the required 500 hours of training and experience before the expiration of the provisional registration, the dispensing practitioner or medical director for the group practice shall file with the Board a signed affidavit certifying:

(1) The number of hours of training and experience successfully completed by the person.

(2) The specific training and experience received by the person.

(3) That the person is, in the opinion of the dispensing practitioner or medical director of the group practice, competent to perform the duties of a dispensing technician.

~~6~~7. The Board, upon receiving the affidavit of the dispensing practitioner or medical director at the group practice pursuant to subsection ~~5~~6, will issue to the person a certificate of registration as a dispensing technician for that practitioner or practice group.

~~7~~8. A dispensing technician shall complete at least 1 hour of in-service training during the 2-year period immediately preceding the renewal of the registration of the dispensing technician. The training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State. The dispensing technician shall retain a copy of the certificate from the Board or approved program certifying the completion of such in-service training. The copy must be:

(a) Retained for at least 2 years; and

(b) Readily accessible to a member of the Board or a person conducting an inspection or investigation on behalf of the Board.

NAC 639.743

639.743. Dispensing technician: Access to drugs; performance of functions. (NRS 639.070, 639.0727)

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner or dispensing practitioners at a group practice is providing training and experience pursuant to subsection ~~4~~5 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by ~~the~~ a dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner or medical director at the group practice pursuant to subsection ~~5~~6 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and
(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner or dispensing practitioner at a group practice who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of ~~the~~ a dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by ~~the~~ a dispensing practitioner or licensed pharmacist employed by a group practice, and the dispensing practitioner or pharmacist shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner or pharmacist has checked the work performed by the dispensing technician; and
(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

NAC 639.7435

639.7435. Dispensing technician: Nontransferability, expiration and termination of registration; notice of change of address of employment; subsequent employment; additional training and experience required under subsequent employer. (NRS 639.070, 639.0727)

1. (a) The registration of a dispensing technician is nontransferable and limited to the dispensing practitioner or group practice to whom the dispensing technician is registered. The registration of a dispensing technician expires at the same time that the certificate of registration of the dispensing practitioner or group practice expires.

(b) If a dispensing practitioner and the dispensing technician registered to that practitioner leave ~~the~~ a facility at which they are registered, and the dispensing technician continues his or her employment with that practitioner at a different site, the dispensing practitioner shall, as soon as practicable, notify the Board of the change of address of employment of the dispensing technician.

2. If a dispensing technician no longer works as a dispensing technician for the dispensing practitioner or group practice to whom the dispensing technician is registered, the registration of the dispensing technician terminates. Except as otherwise provided in NAC 639.7423, if that person is subsequently employed by another dispensing practitioner or group practice to work as a dispensing technician, the employing dispensing practitioner or group practice must, before the person may act as a dispensing technician for that practitioner:

(a) Register the person with the Board, showing the site of employment and the name of the dispensing practitioner or group practice; and
(b) If not registered as a pharmaceutical technician, ~~E~~ensure that the person receives an additional 200 hours of training and experience provided by the dispensing practitioner or dispensing practitioners at the group practice. The additional training and experience must be provided in accordance with subsection 4 of NAC 639.7425. Except as otherwise provided in NRS 639.23277 and NAC 639.395, ~~the~~ a dispensing practitioner or group practice shall not allow the person to be registered as a dispensing technician to enter the room or cabinet in which drugs are stored or perform any function described in subsection 4 or 5 of NAC 639.742 without the dispensing practitioner observing the act by the person to be registered as a dispensing technician until that person has completed the 200 additional hours of training and experience.

NAC 639.744
639.744. Dispensing practitioner: Fee for initial registration and renewal; registration of multiple dispensing technicians. (NRS 639.070, 639.0727)

1. A dispensing practitioner or group practice shall pay to the Board a fee of $40 for each dispensing technician whom that practitioner registers:
(a) At the time of application by the dispensing practitioner or group practice for initial registration of the person as a dispensing technician; and
(b) With the practitioner's or group practice's renewal thereafter as a part of and in addition to the practitioner's or group practice's renewal of ~~his or her~~ registration as a dispensing practitioner or group practice.

2. A dispensing practitioner or group practice may register more than one dispensing technician at a time., ~~e~~Except for dispensing technicians registered with a group practice, ~~that~~ only one of those dispensing technicians, including, without limitation, a dispensing technician staffing a remote site or satellite consultation site, may be designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742 at one time. A dispensing practitioner or group practice shall make and maintain a document on which must be recorded for each day the name of the dispensing technician so designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742, and maintain the record for not less than 2 years.

NAC 639.7445
639.7445. Dispensing practitioner: Disciplinary action for violation of NAC 639.742 to 639.7445, inclusive. (NRS 639.070)

If a dispensing practitioner or group practice allows any person to perform any act in violation of NAC 639.742 to 639.7445, inclusive, the dispensing practitioner or medical director for the group practice is subject to discipline relating to his or her registration as a dispensing practitioner, including, without limitation, the temporary and immediate suspension of his or her registration as a dispensing practitioner until:
1. The violation is remedied; or

2. If an accusation has been made pursuant to NRS 639.241, the Board holds a hearing.

NAC 639.745
639.745. Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs; maintenance of records. (NRS 639.070, 639.0727)

1. Except as otherwise provided in NAC 639.7423, each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner or group practice, and who dispenses such products for use by the practitioner's or group practice's patients outside his or her presence shall:

(a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include:

(1) The name of the patient and, if not readily available from the practitioner's records, the patient's address;
(2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;
(3) The directions for use;
(4) The date the prescription was issued; and
(5) A unique identifying number.

(b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480.

(c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

(d) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

(e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

(f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

2. Except as otherwise provided in NAC 639.7423, a practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing.

3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is:

(a) Maintained on paper, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location.

(b) Maintained in a computer, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

Request for Regulatory Change (Oncology Specific)

NAC 639.742

639.742. Dispensing of controlled substances or dangerous drugs: Application by practitioner for certificate of registration; application by group oncology practice and facility required under certain circumstances; duties of dispensing practitioner ~~and~~, facility, and group oncology practice relating to drugs; authority of dispensing practitioner and technician. (NRS 639.070, 639.0727)

1. Except as otherwise provided in NAC 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner shall identify on such application ~~must submit a separate application for~~ each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs. A dispensing practitioner shall provide written notice to the Board no less than fifteen (15) days prior to the addition of a new practice site or removal of an existing site of practice. A certificate of registration to dispense controlled substances or dangerous drugs is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7423, if a facility from which ~~the~~ a practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in NAC 639.7423, an oncology group practice from which two or more practitioners from the ~~group practice~~oncology group practice intend to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. The ~~group practice~~oncology group practice shall identify on such application each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which ~~group practice~~oncology group practice dispensing practitioners intend to dispense controlled substances or dangerous drugs. The application shall require the ~~group practice~~oncology group practice to designate a medical director for the ~~group practice~~oncology group practice and identify the ~~names of the~~ practitioners in the ~~group practice~~oncology group practice who will act as dispensing practitioners. The ~~group practice~~oncology group practice shall provide written notice to the Board no less than fifteen (15) days prior to the addition of a new practice site or removal of an existing site of practice. The ~~group practice~~oncology group practice shall provide written notice to the Board no less than fifteen (15) days after a change in medical director or the addition of a new or removal of an existing dispensing practitioner.

(a) "Oncology ~~G~~group practice" means two or more practitioners specializing in oncology including, but not limited to, ~~hemotology~~hematology, radiation oncology

Commented [1]: This modification is intended to streamline the process and allow for a single application. If new locations are added or removed, the practitioner is required to inform the Board of the same with all necessary information.

With the addition of sub (3) below, this provision is intended to target solo practitioners.

Commented [2]: This new section is the most consequential, allowing group oncology practices to implement dispensing operations across the practice using one application.

The group must identify each location where dispensing will occur and identify a medical director and name all practitioners who intend to dispense within the practice.

Commented [3]: This definition is broadly worded. We may wish to add additional sub-specialties to cover the appropriate practice areas.

who organized as a business entity in accordance with the laws of this state to provide services related to health care, if:

(1) Each member of the ~~group practice~~oncology group practice provides substantially all of the services related to health care that he or she routinely provides, including, without limitation, medical care, consultations, diagnoses and treatment, through the joint use of shared offices, facilities, equipment and personnel located at any site of the ~~group practice~~oncology group practice; and

(2) Substantially all of the services related to health care that are provided by the members of the ~~group practice~~oncology group practice are provided through the ~~group practice~~oncology group practice.

4~~3~~. Except as otherwise provided in NRS 639.23277 and NAC 639.395, 639.648 and 639.7423, ~~the~~ a dispensing practitioner dispensing at a facility that is wholly owned and operated by the practitioner or a dispensing practitioner dispensing at a facility that is not wholly owned and operated by the practitioner and the owner or owners of the facility ~~and, if applicable, the owner or owners of the facility,~~ shall ensure that:

(a) All drugs are ordered by the dispensing practitioner;

(b) All drugs are received and accounted for by the dispensing practitioner;

(c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

~~(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;~~

(e~~f~~) All drugs are dispensed only to the patient ~~personally~~ at the facility or, if agreed to by the patient in writing, via mail after the drug(s) have been verified by the dispensing practitioner or a licensed pharmacist;

(f~~g~~) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(g~~h~~) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(h~~i~~) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

(j4) Except as otherwise provided in NAC 639.648 and 639.7423, with regard to the filling and dispensing of a prescription, only a dispensing practitioner, a licensed pharmacist employed by the facility, or a dispensing technician may:

(1~~a~~) Enter the room or cabinet in which drugs are stored;

(2~~b~~) Remove drugs from stock;

(3~~c~~) Count, pour or reconstitute drugs;

(4~~d~~) Place drugs into containers;

Commented [4]: Intent here is to have this apply to solo docs or docs dispensing at facilities where the facility is not fully owned or operated.

Commented [5]: Removed due to sub (f)

Commented [6]: This provision removes the requirement that the dispensing practitioner *personally* dispense the product to the patient and permits mail directly to the patient home.

Commented [7]: Addition permits practice to hire pharmacists to assist and support practice in dispensing operations.

(5e) Produce and affix appropriate labels to containers that contain or will contain drugs;
(6f) Fill containers for later use in dispensing drugs; or
(7g) Package or repackage drugs.

5. Except as otherwise provided in NRS 639.23277 and NAC 639.395, 639.648 and 639.7423, the medical director of ~~a group practice~~an oncology group practice from which two or more dispensing practitioners from the ~~group practice~~oncology group practice intend to dispense controlled substances or dangerous drugs from one or more of the ~~group practice~~oncology group practice~~s~~ locations shall ensure that:

(a) All drugs are ordered by the medical director of the ~~group practice~~oncology group practice;
(b) All drugs are received and accounted for by the medical director or a designated dispensing practitioner from the ~~group practice~~oncology group practice;
(c) All drugs are stored in a secure, locked room or cabinet to which only the medical director or dispensing practitioners from the ~~group practice~~oncology group practice have the only key or lock combination. Nothing in this subsection shall prohibit ~~a group practice~~an oncology group practice with multiple practice sites from maintaining a single inventory, nor shall it prohibit ~~a group practice~~an oncology group practice from storing drugs in a single practice site location from which ~~group practice~~oncology group practice dispensing practitioners may source drugs for dispensing in accordance with this section;
(d) All drugs are dispensed in accordance with NAC 639.745;
~~(e) No prescription is dispensed to a patient unless a dispensing practitioner from the group is on-site at the facility;~~
(e~~f~~) All drugs are dispensed only to the patient at the facility or, if agreed to by the patient in writing, via mail after the drug(s) have been verified by the dispensing practitioner or a licensed pharmacist;
(~~g~~f) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;
(g~~h~~) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and
(h~~i~~) The certificate for each dispensing technician employed at the ~~group practice~~oncology group practice is displayed in the room or cabinet in which drugs are stored.
(i~~j~~) Except as otherwise provided in NAC 639.648 and 639.7423, with regard to the filling and dispensing of a prescription, only a dispensing practitioner, licensed pharmacist employed by the ~~group practice~~oncology group practice, or a dispensing technician may:
(1) Enter the room or cabinet in which drugs are stored;
(2) Remove drugs from stock;
(3) Count, pour or reconstitute drugs;

Commented [8]: Subsection places the responsibility of dispensing operations, security, recordkeeping, etc., in the hands of the medical director.

Commented [9]: Removed in full given (f) that permits dispensing on-site and via mail.

(4) Place drugs into containers;
(5) Produce and affix appropriate labels to containers that contain or will contain drugs;
(6) Fill containers for later use in dispensing drugs; or
(7) Package or repackage drugs.

65. (a)Except as otherwise provided in NAC 639.7423, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:
(a1) He or she were a pharmacist;
(b2) His or her practice site was a pharmacy; and
(c3) Any dispensing technician involved in the compounding was a pharmaceutical technician.

NAC 639.7423
639.7423. Dispensing of controlled substances or dangerous drugs: Application by veterinarian for certificate of registration; duties of veterinarian and veterinary facility; maintenance of records; exemption from certain regulations. (NRS 639.070)

1. A licensed veterinarian who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A certificate of registration issued pursuant to this section:
(a) Entitles the licensed veterinarian to dispense controlled substances or dangerous drugs from any veterinary facility at which he or she engages in the practice of veterinary medicine.
(b) Must be renewed at the same time and in the same manner as certificates of registration by other practitioners.
(c) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. A veterinary facility at which controlled substances or dangerous drugs are possessed, administered, prescribed or dispensed:
(a) Shall ensure that at least one veterinarian who practices at that veterinary facility registers and maintains a registration with the Drug Enforcement Administration of the United States Department of Justice and the Board.
(b) Except as otherwise provided in paragraph (c), may allow only veterinarians, veterinary technicians or veterinary technicians in training at that veterinary facility to prepare a prescription drug for dispensing.
(c) May allow veterinary assistants at that facility to prepare a prescription drug, other than a controlled substance or dangerous drug, for dispensing.

(d) Shall ensure that a prescription drug which is new for an animal is not dispensed unless a veterinarian or veterinary technician is at the veterinary facility or is otherwise available at the time the prescription drug is dispensed.
(e) Shall ensure that a notation is made in the medical record of the animal that contains:
(1) The name, strength and quantity of the prescription drug.
(2) The date the prescription drug was prescribed and dispensed.
(3) The directions for use.
(4) The name, signature or initials of the veterinarian who prescribed the prescription drug.
(5) The name, signature or initials of the veterinarian, veterinary technician or veterinary technician in training who prepared the prescription drug for dispensing.
(6) The name, signature or initials of the veterinarian or veterinary technician who verified the prescription drug before the prescription drug was dispensed.
(f) Shall ensure that each vial or container which contains a prescription drug has affixed to the vial or container a label that contains:
(1) Except as otherwise provided in subsection 3, the name or unique identifier of the animal and the name of the owner of the animal for which the prescription drug is prescribed.
(2) The name, strength and quantity of the prescription drug.
(3) The date the prescription drug was dispensed.
(4) The name of the veterinarian who prescribed the prescription drug.
(5) The expiration date of the prescription drug.
(6) A unique number identifying the prescription.
(7) The directions for use.
(g) Shall maintain a stock of prescription drugs necessary to serve the foreseeable needs of the veterinary practice.
(h) Shall ensure that drugs which are inappropriate or unlawful to the practice of veterinary medicine are not ordered or maintained in the stock of prescription drugs of the veterinary facility.

3. A label affixed to a vial or container that contains a prescription drug may contain a generic identifier for a group of animals of the same species in place of the name or unique identifier of one animal if:
(a) The group of animals identified on the label is owned by the same person;
(b) The prescription drug is dispensed for more than one of the animals in the group; and
(c) The directions for use of the prescription drug are the same for each animal in the group for which the prescription drug is dispensed.

4. The authorization to possess a prescription drug is not transferrable upon the sale or other transfer of the animal or animals for which the prescription drug was dispensed.

5. A veterinary facility which maintains a stock of controlled substances or dangerous drugs for administration or dispensing shall:

(a) Secure the stock of controlled substances or dangerous drugs in a locked container that is:

(1) Affixed to the structure and located within a locked room; or

(2) Located within a second locked container which is affixed to the structure.

(b) Ensure that only a veterinarian or a veterinary technician designated by the veterinarian has the keys or combination to unlock the two separate locks at the start of a business day or beginning of a shift, if the veterinary facility has veterinarians on successive shifts.

(c) Restrict access to the controlled substances or dangerous drugs to veterinarians or veterinary technicians only.

(d) Ensure that each veterinarian or veterinary technician who accesses the secure container which stores the controlled substances or dangerous drugs records in a log:

(1) The name of the veterinarian or veterinary technician who accessed the secure container and the date that he or she accessed the secure container.

(2) The name, strength and quantity of the controlled substance or dangerous drug removed from or placed into the secure container and the total amount of all quantities of that particular controlled substance or dangerous drug remaining inside the secure container.

(e) Ensure that a veterinarian who intends to destroy an unused portion of a controlled substance or dangerous drug records in a log the name and quantity of the controlled substance or dangerous drug that will be destroyed and the date and time that the controlled substance or dangerous drug will be destroyed. An entry made pursuant to this paragraph must be verified by an employee of the veterinary facility.

(f) Ensure that the purchasing, storage and recordkeeping of controlled substances or dangerous drugs comply with all applicable state and federal laws.

(g) Ensure that any controlled substance or dangerous drug is purchased by a veterinarian or with the knowledge of a veterinarian and that all controlled substances and dangerous drugs received by the veterinary facility are verified by a veterinarian or with the knowledge of the veterinarian.

(h) Maintain separate files for the records of the purchase of each controlled substance listed in schedule II of controlled substances in NAC 453.520 and records of the dispensing of each controlled substance listed in schedule II of controlled substances in NAC 453.520.

6. Any record made pursuant to subsections 2 to 5, inclusive, must be maintained for at least 4 years and must be available for inspection by the Board or its representative or any authorized federal, state or local regulatory agency or law enforcement agency.

7. A licensed veterinarian with a certificate of registration issued by the Board pursuant to subsection 1 and a veterinary facility at which controlled substances or dangerous

drugs may be dispensed pursuant to this section are exempt from the provisions of NAC 639.7425 to 639.745, inclusive.

8. As used in this section:

(a) "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

(b) "Prescription drug" has the meaning ascribed to it in NAC 638.0135.

(c) "Veterinary facility" has the meaning ascribed to it in NAC 638.018.

Commented [10]: No changes made to veterinarian section

NAC 639.7425

639.7425. Dispensing technician: Requirements; application and fee for registration; provisional registration; issuance of certificate of registration; in-service training required for renewal of registration. (NRS 639.070, 639.0727)

1. Except as otherwise provided in NAC 639.7423, no person may act as a dispensing technician unless the person is:

(a) A registered pharmaceutical technician; or

(b) Employed at a facility to which a certificate of registration has been issued pursuant to NAC 639.742(2) and the dispensing practitioner at that facility has registered the person as a dispensing technician; or

(c) Employed at a ~~group practice~~oncology group practice to which a certificate of registration has been issued pursuant to NAC 639.742(3) and the ~~group practice~~oncology group practice has registered the person as a dispensing technician.

Commented [11]: Added ability of group practice to employ dispensing techs.

2. A dispensing practitioner or ~~group practice~~oncology group practice through its designated medical director may apply to the Board to register a person as a dispensing technician by submitting to the Board the fee required by NAC 639.744 and proof satisfactory to the Board that the person:

(a) Is 18 years of age or older;

(b) Has received a high school diploma or its equivalent;

(c) Has not been convicted of any felony or misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; and

(d) Does not have a history of drug abuse.

~~3~~4. Upon determining that a person for whom an application for registration as a dispensing technician has been made by a dispensing practitioner or ~~group practice~~oncology group practice satisfies the requirements of subsection 2, the Board will issue to the person a provisional registration as a dispensing technician for that practitioner or ~~group practice~~oncology group practice. A provisional registration as a dispensing technician shall not be required for a person who is registered as a pharmaceutical technician and satisfies the requirements of subsection 2.

Commented [12]: This provision allows individuals who are already licensed as a pharmacy technicians to bypass the provisional license because they have already been trained in pharmacy practice. It also avoids the necessity of the licensed tech to complete 500 hours of training.

~~4~~5. A person acting as a dispensing technician pursuant to a provisional registration must complete at least 500 hours of training and experience provided by the dispensing practitioner or dispensing practitioners at ~~a group practice~~an oncology group practice

relating to the skills that the person will be performing as a dispensing technician for that dispensing practitioner or oncology group practice. Only that training and experience received by the person after the provisional registration is issued may be applied to satisfy the 500-hour requirement. In providing the training and experience, the dispensing practitioner or dispensing practitioners at ~~a group practice~~an oncology group practice shall supervise the training and experience of the person by observing the work of the person on a random basis at least three times each day during which the person is receiving training and experience.

~~5~~6. A provisional registration issued to a person acting as a dispensing technician expires 12 months after it is issued or upon the expiration of the certificate of registration of the dispensing practitioner or ~~group practice~~oncology group practice to ~~whom~~ which the dispensing technician is registered, whichever is earlier. If a person acting as a dispensing technician pursuant to a provisional registration:

(a) Fails to complete the required 500 hours of training and experience before the expiration of the provisional registration, the person shall not act as a dispensing technician unless he or she is issued a new provisional registration pursuant to this section. Any hours of training and experience completed by the person while acting as a dispensing technician pursuant to a provisional registration that has expired may not be used to satisfy the 500-hour requirement for a new provisional registration.

(b) Completes the required 500 hours of training and experience before the expiration of the provisional registration, the dispensing practitioner or medical director for the ~~group practice~~oncology group practice shall file with the Board a signed affidavit certifying:

(1) The number of hours of training and experience successfully completed by the person.

(2) The specific training and experience received by the person.

(3) That the person is, in the opinion of the dispensing practitioner or medical director of the ~~group practice~~oncology group practice, competent to perform the duties of a dispensing technician.

~~6~~7. The Board, upon receiving the affidavit of the dispensing practitioner or medical director at the ~~group practice~~oncology group practice pursuant to subsection ~~5~~6, will issue to the person a certificate of registration as a dispensing technician for that practitioner or practice group.

~~7~~8. A dispensing technician shall complete at least 1 hour of in-service training during the 2-year period immediately preceding the renewal of the registration of the dispensing technician. The training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State. The dispensing technician shall retain a copy of the certificate from the Board or approved program certifying the completion of such in-service training. The copy must be:

(a) Retained for at least 2 years; and

(b) Readily accessible to a member of the Board or a person conducting an inspection or investigation on behalf of the Board.

NAC 639.743
639.743. Dispensing technician: Access to drugs; performance of functions. (NRS 639.070, 639.0727)

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner or dispensing practitioners at ~~a group practice~~an oncology group practice is providing training and experience pursuant to subsection ~~4~~ 5 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by ~~the~~ a dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner or medical director at the ~~group practice~~oncology group practice pursuant to subsection ~~5~~ 6 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner or dispensing practitioner at ~~a group practice~~an oncology group practice who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of ~~the~~ a dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by ~~the~~ a dispensing practitioner or licensed pharmacist employed by ~~a group practice~~an oncology group practice, and the dispensing practitioner or pharmacist shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner or pharmacist has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

NAC 639.7435
639.7435. Dispensing technician: Nontransferability, expiration and termination of registration; notice of change of address of employment; subsequent employment; additional training and experience required under subsequent employer. (NRS 639.070, 639.0727)

1. (a) The registration of a dispensing technician is nontransferable and limited to the dispensing practitioner or ~~group practice~~oncology group practice to whom the

dispensing technician is registered. The registration of a dispensing technician expires at the same time that the certificate of registration of the dispensing practitioner or ~~group practice~~oncology group practice expires.

(b) If a dispensing practitioner and the dispensing technician registered to that practitioner leave ~~the~~ a facility at which they are registered, and the dispensing technician continues his or her employment with that practitioner at a different site, the dispensing practitioner shall, as soon as practicable, notify the Board of the change of address of employment of the dispensing technician.

2. If a dispensing technician no longer works as a dispensing technician for the dispensing practitioner or ~~group practice~~oncology group practice to whom the dispensing technician is registered, the registration of the dispensing technician terminates. Except as otherwise provided in NAC 639.7423, if that person is subsequently employed by another dispensing practitioner or ~~group practice~~oncology group practice to work as a dispensing technician, the employing dispensing practitioner or ~~group practice~~oncology group practice must, before the person may act as a dispensing technician for that practitioner:

(a) Register the person with the Board, showing the site of employment and the name of the dispensing practitioner or ~~group practice~~oncology group practice; and

(b) If not registered as a pharmaceutical technician, ~~E~~ensure that the person receives an additional 200 hours of training and experience provided by the dispensing practitioner or dispensing practitioners at the ~~group practice~~oncology group practice. The additional training and experience must be provided in accordance with subsection 4 of NAC 639.7425. Except as otherwise provided in NRS 639.23277 and NAC 639.395, ~~the~~ a dispensing practitioner or ~~group practice~~oncology group practice shall not allow the person to be registered as a dispensing technician to enter the room or cabinet in which drugs are stored or perform any function described in subsection 4 or 5 of NAC 639.742 without the dispensing practitioner observing the act by the person to be registered as a dispensing technician until that person has completed the 200 additional hours of training and experience.

NAC 639.744

639.744. Dispensing practitioner: Fee for initial registration and renewal; registration of multiple dispensing technicians. (NRS 639.070, 639.0727)

1. A dispensing practitioner or ~~group practice~~oncology group practice shall pay to the Board a fee of $40 for each dispensing technician whom that practitioner registers:

(a) At the time of application by the dispensing practitioner or ~~group practice~~oncology group practice for initial registration of the person as a dispensing technician; and

(b) With the practitioner's or ~~group practice~~oncology group practice's renewal thereafter as a part of and in addition to the practitioner's or ~~group~~

~~practice~~oncology group practice's renewal of ~~his or her~~ registration as a dispensing practitioner or ~~group practice~~oncology group practice.

2. A dispensing practitioner or ~~group practice~~oncology group practice may register more than one dispensing technician at a time.~~,~~ ~~e~~Except for dispensing technicians registered with ~~a group practice~~an oncology group practice, ~~that~~ only one of those dispensing technicians, including, without limitation, a dispensing technician staffing a remote site or satellite consultation site, may be designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742 at one time. A dispensing practitioner or ~~group practice~~oncology group practice shall make and maintain a document on which must be recorded for each day the name of the dispensing technician so designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742, and maintain the record for not less than 2 years.

NAC 639.7445
639.7445. Dispensing practitioner: Disciplinary action for violation of NAC 639.742 to 639.7445, inclusive. (NRS 639.070)

If a dispensing practitioner or ~~group practice~~oncology group practice allows any person to perform any act in violation of NAC 639.742 to 639.7445, inclusive, the dispensing practitioner or medical director for the ~~group practice~~oncology group practice is subject to discipline relating to his or her registration as a dispensing practitioner, including, without limitation, the temporary and immediate suspension of his or her registration as a dispensing practitioner until:
1. The violation is remedied; or

2. If an accusation has been made pursuant to NRS 639.241, the Board holds a hearing.

NAC 639.745
639.745. Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs; maintenance of records. (NRS 639.070, 639.0727)

1. Except as otherwise provided in NAC 639.7423, each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner or ~~group practice~~oncology group practice, and who dispenses such products for use by the practitioner's or ~~group practice~~oncology group practice's patients outside his or her presence shall:
(a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include:
(1) The name of the patient and, if not readily available from the practitioner's records, the patient's address;
(2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;

(3) The directions for use;
(4) The date the prescription was issued; and
(5) A unique identifying number.

(b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480.

(c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

(d) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

(e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

(f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

2. Except as otherwise provided in NAC 639.7423, a practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing.

3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is:

(a) Maintained on paper, the record must:
(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;
(2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and
(3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location.

(b) Maintained in a computer, the record must:
(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;
(2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the

patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and
(3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

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NEVADA STATE BOARD OF PHARMACY

985 DAMONTE RANCH PKWY, SUITE 206 – RENO, NV 89521 - (775) 850-1440

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

CHANGE OF MANAGING PHARMACIST FORM

Registration Fee: $50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

**Nevada Pharmacy Board License #: PHC03673
**(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: ACRx Specialty Pharmacy Store #: _____

Address: 3200 Soaring Gulls Dr. Ste 101

City: Las Vegas State: * NV Zip: 89129

Telephone: (702)800-6448 Fax: (702)522-8374

New Managing Pharmacist Name: Paul Dichtel

License #: 15832 Date Started: 7/10/2020

Pharmacy email: admin@acrxpharmacy.com

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?....	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....	☒	☐
2. Been the subject of an administrative action whether completed or pending in any state?	☒	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☒	☐

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide documentation**:

Board Administrative Action:	State	Date:	Case #:
	IL	IL/02/1988	88-999-X

Criminal Action:	State	Date:	Case #:	County	Court
	IL	02/10/1988	1987CR	COOK	COOK

0364502

PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220).

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282; NAC 639.510; NAC 639.473(2).

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NRS 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC639.254(2)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11; NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from the last fill date for original paper prescription). (NRS 639.236; NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268; NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286; NAC 639.487)

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature of New Managing Pharmacist (no stamps or copies)

07/10/2020
Date

Board Use Only
Date Received:_____ Amount: 50.00

Posted 6/30/2011

Committee on Recovering Pharmacists

CONFIDENTIAL

Illinois Pharmacist Recovery Program

A Program of the Illinois Pharmacy Foundation

December 6, 1994

Alan Cutler
Supervisor/Probation Unit
Illinois Department of Professional Regulation
James R. Thompson Center
100 West Randolph, Suite 9-300
Chicago, IL 60601

Re: Paul Dichtel, R.Ph.
Case # 87-1164-LEG
License # 051-032942

Dear Mr. Cutler:

Pharmacist Paul Dichtel has been in compliance with all aspects of the Illinois Pharmacist Recovery Program, including but not limited to, the conditions of probation as set forth in his consent order approved on October 15, 1991.

Per my records, Mr. Dichtel's probationary period ended on November 6, 1994. Mr. Dichtel's most recent drug screening was performed on November 2, 1994 and was returned negative. We also received a final employment update received on November 7, 1994.

Please let me know if you require any additional information from me for your records and to formally release Mr. Dichtel's probationary status.

Sincerely,

Marjorie Jaski
Administrator, IPRP

cc: Richard Kuhlman, IDPR
Mary Clinton, IPRP Region Coordinator
Paul Dichtel

223 W. Jackson Blvd., ◆ Suite 1000, ◆ Chicago, Illinois 60606 ◆ (312) 939-8617 ◆ Fax (312) 939-7220

STATE OF ILLINOIS
DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 87-1164LEG
PAUL DICHTEL	)	
Respondent	)	

NOTICE

TO: William Coughlin, Esquire
David Blumenfeld, Ltd.
134 North LaSalle Street, Suite 1920
Chicago, Illinois 60602

PLEASE TAKE NOTICE that the Director of the Department of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Department of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

BY: Jody L. Atterberry
Clerk for the Department

All inquiries should
be directed to the
Prosecutions Unit
312/814-4477

STATE OF ILLINOIS)
) ss:
COUNTY OF SANGAMON)

The undersigned, being duly sworn on oath, if a non-attorney, or certified, if an attorney, states that on the date hereinafter set out, I caused copies of the foregoing NOTICE AND ORDER, to be placed in the United States mail, by CERTIFIED mail at Capital Station, Stratton Building, Springfield, Illinois 62706, to all parties at the addresses listed above:

Jody L. Atterberry
AFFIANT

October 15, 1991
DATE

(If not an attorney) Signed

and sworn to before me this
15th day of October 1991

Sally C. Crozier
NOTARY PUBLIC

"OFFICIAL SEAL"
SALLY C. CROZIER
Notary Public, State of Illinois
My commission expires 5/17/95

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

IN RE: The Petition for Restoration of)
PAUL DICHTEL) No. 87-1164-LEG
License No. 051-032942, Petitioner)

ORDER

This matter having come before the Board of Pharmacy of the Department of Professional Regulation of the State of Illinois, and the Board of Pharmacy having made certain Findings of Fact, Conclusions of Law and a Recommendation to the Director of the Department; and the Department having complied with all required notices; and the time allowed for the filing of a Motion for Rehearing before the Director of the Department having now passed;

NOW, THEREFORE, I, NIKKI M. ZOLLAR, DIRECTOR OF THE DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, do hereby adopt the Findings of Fact, Conclusions of Law and Recommendation of the Board of Pharmacy in this matter.

IT IS THEREFORE ORDERED that the Petition for Restoration is approved, and that the Certificate of Registration, License No. 051-032942, heretofore issued to Paul Dichtel to carry on the practice of Pharmacy in the State of Illinois is restored on Probation for a period of three (3) years. The conditions of Probation shall be as detailed in the Board of Pharmacy's Recommendation.

IT IS FURTHER ORDERED that Paul Dichtel, upon payment of the proper renewal fee(s), be issued an active Certificate of Registration from the Department of Professional Regulation of the State of Illinois.

THIS COPY IS FOR YOUR RECORDS

IT IS FURTHER ORDERED that Paul Dichtel, case No. 87-1164 and license No. 051-032942 upon receipt of licenses immediately surrender said wall and wallet sizes of said Certificate of Registration to the Department (Prosecution Division) to be marked with the term of the Probation and returned. Upon failure to do so, the Department shall seize the same.

DATED THIS 15th DAY OF October, 1991.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

Nikki M. Zollar
NIKKI M. ZOLLAR
DIRECTOR

NMZ:cah

THIS COPY IS FOR
YOUR RECORDS

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 88-999-X
PAUL DICHTEL License No. 051-032942, Respondent	)	

STIPULATION AND RECOMMENDATION FOR SETTLEMENT

The Department by Hal Taylor, its attorney, and Paul Dichtel, Respondent, submit the following Stipulation and Recommendation for Settlement to the State Board of Pharmacy for its approval and favorable recommendation to the Director.

STIPULATION OF FACTS

1. THAT on August 4, 1988, the Department filed a Complaint against Respondent, alleging that Respondent had been convicted of possession and delivery of a controlled substance and sentenced to four (4) years incarceration.

2. Respondent has been advised that he has the right to be represented by counsel and has retained no counsel.

3. Respondent admits that at all times pertinent to the Complaint, he was a licensed Pharmacist practicing in the State of Illinois.

4. Respondent admits that he was convicted and sentenced as alleged and has been incarcerated since February 10, 1988.

5. Respondent is fully aware that this Recommendation must be approved by the State Board of Pharmacy. By submission of this Recommendation for approval, Respondent expressly waives any objection based upon

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prejudice should the State Board of Pharmacy refuse to accept this Recommendation.

6. For purposes of settlement only, Respondent acknowledges that a violation of the Illinois Pharmacy Act may be found by the State Board of Pharmacy.

7. Respondent has been advised that he has the right to file for a rehearing of the matter within 20 days of the Board's action in this case. Respondent hereby waives such a right to a rehearing if this Recommendation is approved.

8. Respondent has been advised that he has a right to Administrative Review of the Order entered by the Director in this case. Respondent hereby waives such right to review if this Recommendation is approved.

RECOMMENDATION FOR SETTLEMENT

9. In the interest of a prompt and just settlement in this matter in a manner consistent with the public interest and in light of the responsibilities of the State Board of Pharmacy, the Department and the Respondent offer the following program for approval by the State Board of Pharmacy. This Recommendation shall be considered to be an integrated package such that approval of this Recommendation without change is necessary.

11. Upon notification that the Recommendation has been approved and that the Director has entered an Order adopting the Recommendation of the State Board of Pharmacy, Respondent agrees to have his license to

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practice as a Pharmacist, License No. 051-032942, Indefinitely Suspended. Respondent may petition for restoration no sooner than upon his release from incarceration.

I have read this Stipulation and Recommendation for Settlement and have fully discussed it with my attorney. I agree to be bound by its terms.

September 12, 1988
DATE

Paul Dichtel
Respondent

9/16/88
DATE

Member of the State Board of Pharmacy

9/16/88
DATE

Hal Taylor
Attorney for the Department

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The foregoing Stipulation and Recommendation for Settlement is approved by the State Board of Pharmacy as its decision this _____ day of _____, 19____. The State Board of Pharmacy concludes that Respondent has violated the Pharmacy Act and hereby recommends that the Director approve the Recommendation set forth herein by issuing an appropriate Order.

9-20-88
DATE

Acting President Pro Tem
Chairman of State Board of Pharmacy

9/22/88
DATE

Member

9/24/88
DATE

Member

9/26/88
DATE

Member

11/2/88
DATE

Member

11/7/88
DATE

Member

HT:kai

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STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 88-999-X
PAUL DICHTEL License No. 051-032942, Respondent	)	

ORDER

This matter having come before the State Board of Pharmacy of the Department of Professional Regulation of the State of Illinois, and the State Board of Pharmacy, having approved a Stipulation and Recommendation for Settlement submitted by the parties;

NOW, THEREFORE, I, STEPHEN F. SELCKE, DIRECTOR OF THE DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, do hereby adopt the Stipulation and Recommendation for Settlement approved by the State Board of Pharmacy in this matter.

IT IS THEREFORE ORDERED that the Certificate of Registration, License No. 051-032942, heretofore issued to Paul Dichtel to carry on the practice of Pharmacy in the State of Illinois is Indefinitely Suspended in accordance with the Stipulation and Recommendation for Settlement which is attached hereto and incorporated herein.

IT IS FURTHER ORDERED that Respondent immediately surrender said Certificate of Registration and all other indicia of licensure to the Department of Professional Regulation of the State of Illinois. Upon failure to do so, the Department shall seize said Certificate of Registration.

DATED THIS 2 DAY OF December, 1988.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

Stephen F. Selcke

STEPHEN F. SELCKE
DIRECTOR

SFS:HT:vat

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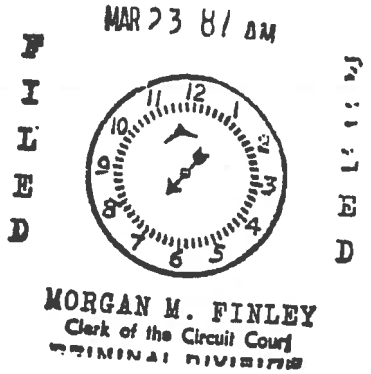
IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS	)	
	)	INFO. NO. 87 C R-3645
V.	)	
	)	
JON WRIGHT	)	
Also known as	)	
JOHN PURSER	)	
PAUL DICHTEL	)	
	)	
	)	

INFORMATION

THE PEOPLE OF THE STATE OF ILLINOIS represented by the State's Attorney of Cook County, do hereby inform and charge that against the peace and dignity of the People of the State of Illinois and in violation of the laws of the State of Illinois the herein named defendant(s) contrary to the 1985 Illinois revised statutes did violate said laws of Illinois as described herein.



MORGAN M. FINLEY, CLERK OF THE CIRCUIT COURT OF COOK COUNTY

****

The State's Attorney of Cook County now appears before the Circuit Court of Cook County and in the name and by the authority of the People of the State of Illinois states that on or about JANUARY 7, 1987, in the Cook County, Illinois

PAUL DICHTEL

committed the offense of POSSESSION OF CONTROLLED SUBSTANCE

in that HE, KNOWINGLY AND UNLAWFULLY POSSESSED OTHERWISE THAN AS AUTHORIZED IN THE ILLINOIS CONTROLLED SUBSTANCES ACT OF SAID STATE OF ILLINOIS THEN IN FORCE AND EFFECT, LESS THAN 30 GRAMS OF A SUBSTANCE CONTAINING A CERTAIN CONTROLLED SUBSTANCE, TO WIT: COCAINE IN VIOLATION OF CHAPTER 56-1/2, SECTION 1402(B) OF THE ILLINOIS REVISED STATUTES 1985 AS AMENDED, AND

contrary to the Statute, and against the peace and dignity of the People of the State of Illinois.

(Count No. 1)

Charge ID Code: 5318
No: 87CR-3645

MORGAN M. FINLEY, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

****

The State's Attorney of Cook County now appears before the Circuit Court of Cook County and in the name and by the authority of the People of the State of Illinois states that on or about JANUARY 7, 1987, in the Cook County, Illinois

JON WRIGHT
also known as JOHN PURSER
PAUL DICHTEL

committed the offense of DELIVERY OF CONTROLLED SUBSTANCE

In that THEY, UNLAWFULLY AND KNOWINGLY DELIVERED
OTHERWISE THAN AS AUTHORIZED
IN THE ILLINOIS CONTROLLED SUBSTANCES ACT OF
SAID STATE OF ILLINOIS THEN IN FORCE AND EFFECT,
MORE THAN 30 GRAMS OF A SUBSTANCE
CONTAINING A CERTAIN CONTROLLED SUBSTANCE, TO WIT:
COCAINE IN VIOLATION OF CHAPTER 56-1/2,
SECTION 1401(A2) OF THE ILLINOIS REVISED STATUTES
1985 AS AMENDED, AND

contrary to the Statute, and against the peace and dignity of the People of the State of Illinois.

(Count No. 2)

Charge ID Code: 5205
No: 87CR-3645

MORGAN M. FINLEY, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

THE PEOPLE OF THE STATE OF ILLINOIS by the State's Attorney of Cook Count; through his Assistant State's Attorney, after first being duly sworn on hi oath, deposes and swears that the foregoing TWO count(s) in this information has/have been read and subscribed by him as evidenced by his signature below and that the same in each count hereby incorporated is true.

.....
Assistant State's Attorney

Subscribed and sworn (or affirmed) to before me ..... 19..
by .....

.....
Notary Public

The bail is fixed at .....

JUDGE: .....
Enter

MORGAN M. FINLEY, CLERK OF THE CIRCUIT COURT OF COOK COUNTY

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS

VS NUMBER 87CR0364502

PAUL DICHTEL

CERTIFIED STATEMENT OF CONVICTION / DISPOSITION

I, AURELIA PUCINSKI, Clerk of the Circuit Court of Cook County, Illinois, and keeper of the records and seal thereof do hereby certify that the electronic records of the Circuit Court of Cook County show that:

The States Attorney of Cook County filed an INFORMATION with the Clerk of the Circuit Court on 03/23/87.

Charging the above named defendent with:

56.5-1402-B	POSS CONT SUB
A 56.5-1401-B(2)	MAN/DEL >10-30G COC

The following disposition was rendered before the Honorable Judge BOHARIC, ROBERT V. On :

02/10/88 PG JW FINDING GUILTY	C002
02/10/88 NOLLE PROSEQUI	C001
02/10/88 DEF SENTENCED ILLINOIS DOC 4 YRS	C002

98-1-598-80-7

I hereby certify that the foregoing has been entered of record on the above captioned case.
Date 05/17/94

Aurelia Pucinski

AURELIA PUCINSKI
CLERK OF THE CIRCUIT COURT OF COOK COUNTY

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