

## September 2017 Meeting Minutes

### Application for Out-of-State Wholesaler – Appearance:

Alexso Inc. – Los Angeles, CA

Darla Zarley stated that during Alexso Inc.'s appearances at prior meetings she recused from participation due to Mr. Melamed being on Roseman University's Board of Trustees. She disclosed that Mr. Melamed is no longer on the Board of Trustees and she would be able to participate in this matter.'

Hootan Troy Farahmand, facility manager, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that in April 2016, the Board approved Alexso Inc.'s Out-of-State Wholesaler Application pending a positive inspection by Board Staff. He stated that in the interim while planning the inspection, Board Staff became aware of an indictment against the owner Mr. Hootan Melamed. At the July 2016 Board meeting, the Board tabled Alexso Inc.'s application at their request.

Mr. Farahmand answered the Board's questions regarding Mr. Melamed's Federal Indictment, Alexso Inc.'s Shareholder Agreement, where Mr. Melamed relinquished his control, decision-making power, ability and authority on behalf of Alexso Inc. and the status of the pending civil litigation between Mr. Melamed and Alexso Inc.

The Board expressed concern regarding the pending civil litigation and discussed the option of having Board Staff contact the California State Board of Pharmacy to discuss the outcome of their inspection of the facility.

The Board offered Mr. Farahmand the option to table Alexso Inc.'s application until Board Staff can discuss the outcome of Alexso Inc.'s inspection with the California State Board of Pharmacy.

The Board tabled Alexso Inc.'s application for Out-of-State Wholesaler at Mr. Farahmand's request.

Action: Passed Unanimously

## **July 2016 Meeting Minutes**

Board Staff Request for Review and Possible Reconsideration of Out-of-State Wholesaler Application – Appearance:

Alexso, Inc. – Los Angeles, CA

Jennifer Gaynor was present as counsel representing Alexso, Inc.

Mr. Edwards explained that during the last Board meeting, the Board had approved Alexso, Inc.'s Out-of-State Wholesaler Application pending a positive inspection by Board Staff and restrictions on altering Alexso, Inc.'s corporate structure.

Mr. Edwards stated that in the interim while planning the inspection, Board Staff became aware of an indictment against Mr. Hootan Melamed, owner.

Ms. Gaynor agreed with Mr. Edward's description of the facts. Ms. Gaynor requested that the Board table Alexso, Inc.'s Application for Out-of-State Wholesaler. She stated that she will stay in contact with Board Staff and will request to reappear before the Board to discuss the outcome of this case.

## April 2016 Meeting Minutes

Request for Reconsideration for Denied Out-of-State Wholesaler Application –  
Appearance:

Alexso Inc. – Los Angeles, CA

Darla Zarley recused from participation in this matter due to Mr. Melamed being on Roseman University's Board of Trustees.

Hootan Farahmand, and Hootan Melamed, owner, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Jennifer Gaynor was present as counsel for Mr. Melamed, Mr. Farahmand and Alexso Inc. Mr. Edwards reviewed Alexso Inc.'s past appearances for the Board's information.

Ms. Gaynor presented information regarding Concierge Compounding Pharmaceutical's (Concierge) disciplinary action for the Board.

Ms. Gaynor also described the changes Alexso Inc. has implemented to address the Board's concerns. This included Mr. Farahmand being elected as the new company president and the appointment of a compliance officer to ensure that Alexso Inc. is compliant with the laws for each of the states that Alexso Inc. holds a license.

The Board expressed concern that even with the new proposed business model that the original leadership is still in place.

Ms. Gaynor and Mr. Farahmand stressed that Alexso Inc. and Concierge are different businesses and assured the Board that Alexso Inc. is taking steps to ensure that they are in compliance with all state laws.

Mr. Melamed stated that he can't take back what happened with Concierge and claimed responsibility for what happened. He explained due to personal issues he stepped down from leadership positions at Alexso Inc.

Board discussion ensued regarding Alexso Inc.'s proposed changes and the possibility of sending Board Staff to inspect Alexso Inc.'s facility.

### Board Action:

Motion: Jason Penrod moved to approve Alexso Inc.'s Application for Out-of-State Wholesaler Application pending a positive inspection by Board Staff. Alexso Inc. shall not alter their corporate structure. Board Staff will report to the Board any findings during the inspection.

Second: Kirk Wentworth

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

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

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes WH _____)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**GENERAL INFORMATION**

Facility Name: Alexso Inc.

Physical Address: 2317 Cotner Avenue, Los Angeles, CA 90064

Mailing Address: (Same)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 480-253-9761 Fax: 888-502-1669

Toll Free Number: 888-495-6078

E-mail: troy@alexso.com Website: www.alexso.com

Facility Manager: Troy Farahmand

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

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

97476

**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes  No   
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes  No   
(If yes, provide a copy of the FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes  No  *Please see the attached document*

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)	Medisca, Inc.	661 Route 3, Unit C, Plattsburgh, NY 12901
	Name	Address
	Contract Manufacturer	
	Business	
2)		
	Name	Address
	Business	
3)		
	Name	Address
	Business	
4)		
	Name	Address
	Business	

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
  
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes  No
  
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

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

I hereby certify that the answers given in this application and attached 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

Troy Farahmand

Print Name of Authorized Person

Date

6/23/17

Board Use Only

Received: \_\_\_\_\_

Amount \$500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: California  
Parent Company if any: (None)  
Corporation Name: Alexso, Inc  
Mailing Address: 2317 Colner Avenue  
City: Los Angeles State: CA Zip: 90064  
Telephone: 480-253-9761 Fax: 888-502-1669  
Contact Person: Troy Farahmand

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
  - a) Troy Farahmand Wolkstone Lane, Los Angeles, CA 90077  
Name Address
  - b) Hootan Melamed Wetherby Lane, Los Angeles, CA 90077  
Name Address
  - c) \_\_\_\_\_  
Name Address
  - d) \_\_\_\_\_  
Name Address
- 2) Provide the number of shares issued by the corporation. 1000
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 05/01/2010
- 5) Provide a copy of the corporation's stock register evidencing the above information  
Please see the attached document



# Wholesale Drug Permit

LICENSE NO. WLS 6466  
RECEIPT NO. 62980125



BOARD OF PHARMACY  
1625 NORTH MARKET BLVD., SUITE N-219  
SACRAMENTO, CA 95834  
(510) 574-7900

VALID UNTIL JANUARY 01, 2018

ALEXSO INC  
2317 COTNER AVE  
LOS ANGELES CA 90064

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm named herein 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, vice president, general manager, change of management, or designated representatives in charge.

FORM WPHWLS (12/31/85) WLS

The official status of this license can be verified at [www.dharmax.ca.gov](http://www.dharmax.ca.gov)  
----- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

1/17/2018





**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**

**1. CORPORATE NAME**

ALEXSO, INC.

**2. CALIFORNIA CORPORATE NUMBER**

C3256201

This Space for Filing Use Only

**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.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
2317 COTNER AVE.	LOS ANGELES	CA	90064
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
2317 COTNER AVE	LOS ANGELES	CA	90064
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

**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.)

7. CHIEF EXECUTIVE OFFICER/ HOOTAN TROY FARAHMAND	ADDRESS	CITY	STATE	ZIP CODE
	2317 COTNER AVE.	LOS ANGELES	CA	90064
8. SECRETARY HOOTAN TROY FARAHMAND	ADDRESS	CITY	STATE	ZIP CODE
	2317 COTNER AVE.	LOS ANGELES	CA	90064
9. CHIEF FINANCIAL OFFICER/ HOOTAN TROY FARAHMAND	ADDRESS	CITY	STATE	ZIP CODE
	2317 COTNER AVE.	LOS ANGELES	CA	90064

**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.)

10. NAME HOOTAN TROY FARAHMAND	ADDRESS	CITY	STATE	ZIP CODE
	2317 COTNER AVE.	LOS ANGELES	CA	90064
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

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

H. Troy Farahmand

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
2317 COTNER AVE.	LOS ANGELES	CA	90064

**Type of Business**

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION  
WHOLESALE DISTRIBUTION PHARAMA

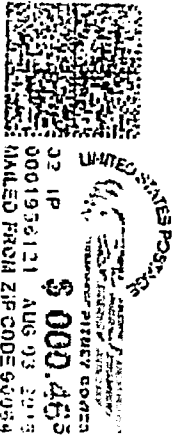
17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

08/02/2016 HOOTAN TROY FARAHMAND PRESIDENT

*[Handwritten Signature]*  
SIGNATURE

Alexso, Inc.  
2317 Corner Ave.  
Los Angeles, Ca 90064

Secretary of State  
Statement of Information Unit  
P.O. Box 944230  
Sacramento, CA 94244-2300





**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.

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**FH94834**

**FILED**

In the office of the Secretary of State  
of the State of California

**JAN-06 2017**

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ALEXSO, INC.

2. CALIFORNIA CORPORATE NUMBER

C3256201

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8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
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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.

01/06/2017 HOOTAN TROY FARAHMAND PRESENT

DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE