

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

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

Application must be printed legibly or typed

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

- ☒ New Outsourcing Facility
☐ Ownership Change (Provide current license number if making changes:) OUT _____
☐ 503a OR ☒ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

- ☐ Publicly Traded Corporation – Pages 1-3 & 4 ☐ Partnership - Pages 1-3 & 6
☒ Non Publicly Traded Corporation – Pages 1-3 & 5 ☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Atlas Pharmaceuticals

Physical Address: 711 East Carefree Hwy., Ste. 107

City: Phoenix State: AZ Zip Code: 85085

Telephone: 623-445-6540 Fax: 623-582-7970

Toll Free Number: 844-661-1829 (Required per NAC 639.708)

E-mail: licensing@atlasdrugs.net Website: www.atlasdrugs.com

Supervising Pharmacist: Jerry Depa Nevada License #: 12508

SERVICES PROVIDED

Yes/No

- ☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☒ ☐ Non Sterile Compounding
☒ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: \$500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 26-4027812Please provide the name of the facility as registered with the FDA and the registration number:
Atlas Pharmaceuticals, LLC; 3013030904Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
N/A

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Jerry Depa Nevada License Number: 12508A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

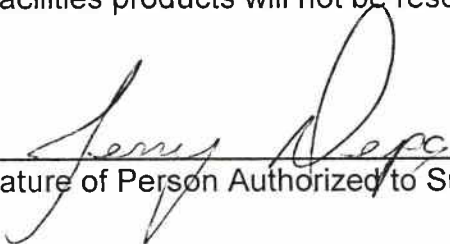
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.


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

Jerry Depa

Print Name of Authorized Person

Date

09/13/2017

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: EVP Pharmaceuticals, Inc.Address: 711 East Carefree Hwy., Suite 140City: Phoenix State: AZ Zip: 85085Telephone: 215-498-5811 Fax: N/AContact Person: Timothy Ludlow

For any corporation non publicly traded, disclose the following:

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

a) N/A

Name	Address
------	---------

b) N/A

Name	Address
------	---------

c) N/A

Name	Address
------	---------

d) N/A

Name	Address
------	---------

2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A5) Provide a copy of the corporation's stock register evidencing the above information N/A**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



EVP Pharmaceuticals, Inc.
711 East Carefree HWY., Suite 140
Phoenix, AZ 85085
TEL: 877.518.4589

President: Timothy Ludlow
TEL: 215.498.5811

(100% Owner of Atlas Pharmaceuticals, LLC)

FEIN: 26-4027812



Atlas Pharmaceuticals, LLC.
711 East Carefree Hwy., Suite 107
Phoenix, AZ 85085
TEL: 844-661-1829

Dir of Ops: Nancy Costlow, R.Ph.
nancy.costlow@atlasdrugs.net

(Atlas Pharmaceuticals, LLC. is single member of Atlas Pharmaceuticals, Nancy Costlow is Manager of the, LLC. Atlas Pharmaceuticals, LLC., is 100% Owner of the facility.)



Atlas Pharmaceuticals
711 East Carefree Hwy., Suite 107
Phoenix, AZ 85085
TEL: 844.661.1829

P.I.C: Nickolaus Banda, R.Ph.
nickolaus.banda@atlasdrugs.net
AZ RP License Number: S021281

(503B Outsourcing Facility)

Hours of Operation:
M-F 6:00 am - 3:30 pm MST

FEIN: 26-4027812



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
<http://www.azpharmacy.gov>

602-771-ASBP (2727)
FAX: 602-771-2749

Manufacturer/Manufacturer

LICENSE NO
M000942

EXPIRES
10/31/2017

Receipt Date: 12/15/2016
Receipt Number: 379474
Receipt Amount \$: 458.33

Issued to : Atlas Pharmaceuticals LLC
711 E. CAREFREE HWY,
SUITE 207
PHOENIX, AZ 85085

Atlas Pharmaceuticals
711 E. CAREFREE HWY,
SUITE 107
PHOENIX, AZ 85085

Kam Gault
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 : Atlas Pharmaceuticals LLC
LICENSE NUMBER : M000942
EXPIRES : 10/31/2017

<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.

Registered Outsourcing Facilities

 [Sign up for email alerts on Compounding \(http://service.govdelivery.com/service/subscribe.html?code=USFDA_429\)](http://service.govdelivery.com/service/subscribe.html?code=USFDA_429)

Facilities Registered As Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 7/7/17

[Information Concerning Outsourcing Facility Registration \(/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm389118.htm\)](#)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Facility Name	Initial Date of Registration as an Outsourcing Facility ¹	Date of Most Recent Registration as an Outsourcing Facility ¹	End Date of Last FDA Inspection Related to Compounding ²	Was a Form FDA-483 issued? ³
Advanced Pharma, Inc. dba Avella of Houston, Houston, TX	12/21/2016	12/21/2016	7/22/2016	Yes (/downloads/AboutFDA/CentersOffices/OfficeofGlobalRegulatoryOperationsandPolicy/ORA/ORAElectronicRead
AnazaoHealth Corporation, Las Vegas, NV	9/23/2014	10/18/2016	3/24/2017	Yes (/downloads/AboutFDA/CentersOffices/OfficeofGlobalRegulatoryOperationsandPolicy/ORA/ORAElectronicRead
ASP CARES, San Antonio, TX	2/14/2017	2/14/2017	3/2/2017	Yes (/downloads/AboutFDA/CentersOffices/OfficeofGlobalRegulatoryOperationsandPolicy/ORA/ORAElectronicRead
Atherex Pharma Solutions, LLC, Clarence, NY	4/10/2017	4/10/2017	Not yet inspected	N/A
Atlas Pharmaceuticals, Phoenix, AZ	11/8/2016	11/8/2016	Not yet inspected	N/A
Auro Pharmacies, Inc. DBA Central Drugs, 511 S Harbor Blvd, Bldg F, La Habra, CA	9/1/2016	10/19/2016	6/29/2017	Yes (/downloads/AboutFDA/CentersOffices/OfficeofGlobalRegulatoryOperationsandPolicy/ORA/ORAElectronicRead
Avella of Deer Valley, Inc. #38, Phoenix, AZ	6/21/2016	10/8/2016	4/24/2017	No
Avella Specialty Pharmacy, Phoenix, AZ	2/24/2014	10/13/2016	7/31/2015	Yes (/downloads/AboutFDA/CentersOffices/OfficeofGlobalRegulatoryOperationsandPolicy/ORA/ORAElectronicRead
Banner Health, Chandler, AZ	12/26/2013	11/23/2016	3/20/2015	Yes (/downloads/AboutFDA/CentersOffices/OfficeofGlobalRegulatoryOperationsandPolicy/ORA/ORAElectronicRead
Bella Pharmaceuticals, Inc., Chicago, IL	2/23/2017	2/23/2017	Not yet inspected	N/A
Bioserv Corporation, San Diego, CA	2/23/2016	1/25/2017	Not yet inspected	N/A
Brookfield Medical/Surgical Supply, Inc., Brookfield, CT	1/12/2015	12/21/2016	4/9/2015	Yes (/downloads/AboutFDA/CentersOffices/OfficeofGlobalRegulatoryOperationsandPolicy/ORA/ORAElectronicRead

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☒ New Outsourcing Facility

☐ Ownership Change (Provide current license number if making changes:) OUT _____

☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4

☐ Partnership - Pages 1-3 & 6

☐ Non Publicly Traded Corporation – Pages 1-3 & 5

☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Nubratori, Inc.

Physical Address: 381 Van Ness Ave Suite 1507, 1508

City: Torrance State: CA Zip Code: 90501

Telephone: 310-218-4153 Fax: 310-347-4338

Toll Free Number: 888-448-8365 (Required per NAC 639.708)

E-mail: gulshakark@nubratorirx.com

Website: _____

Supervising Pharmacist: Gulshakar Khwaja Nevada License #: 19278

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral

☒ ☐ Sterile Compounding

☒ ☐ Non Sterile Compounding

☒ ☐ Mail Service Sterile Compounding

☐ ☐ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only

Date Processed: _____

Amount: \$500.00

Page 1

98356

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 3010166491Please provide the name of the facility as registered with the FDA and the registration number:
Nubrotori, Inc. and 3010166491Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Nubrotori RX

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Gulshakar Khwaja Nevada License Number: 19278

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

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

Gulshaker Khwaja

Print Name of Authorized Person

7/6/17

Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CaliforniaParent Company if any: N/AAddress: 381 Van Ness Ave Suite 1507, 1508City: Torrance State: CA Zip: 90501Telephone: 310-218-4153 Fax: 310-347-4338Contact Person: Gulshakar Khwaja

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 P. Nickell 1301 Pine Ave., Manhattan Beach, CA 90266

Name

Address

b) _____

Name

Address

c) _____

Name

Address

d) _____

Name

Address

2) Provide the number of shares issued by the corporation. 10003) What was the price paid per share? \$10.004) What date did the corporation actually receive the cash assets? 06/29/2015

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

Robert Nickell; CEO

Gulshakar Khwaja; COO



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

Retail Pharmacy Permit

LICENSE NO. PHY 53774
RECEIPT NO. 00130902

VALID UNTIL DECEMBER 01, 2017

NUBRATORI RX
381 VAN NESS AVENUE, #1507, 1508
TORRANCE CA 90501

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.

10/26/16 The official status of this license can be verified at www.pharmacy.ca.gov
10/26/16

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



Board of Pharmacy



Sterile Compounding License

LICENSE NO. LSC 100957

ISSUE DATE APRIL 10, 2017

NUBRATORI RX

381 VAN NESS AVE, 1507, 1508
TORRANCE CA 90501

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION

The official status of this license can be verified at www.bpharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL DECEMBER 01, 2017

RECEIPT NUMBER 00581063

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

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

----- POST IN PUBLIC VIEW -----

24/11/17
04/11/17



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

August 16, 2017

NUBRATORI RX
381 VAN NESS AVE STE 1507
TORRANCE CA 90501

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: NUBRATORI RX

License Type: STERILE COMPOUNDING

License Number: LSC 100957

Status: ACTIVE

Issue Date: 04/10/17

Expiration Date: 12/01/17

Address of Record: 381 VAN NESS AVENUE, #1507, 1508 TORRANCE CA 90501

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

By

Virginia Herold
Executive Officer

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov



Visit our website at www.pharmacy.ca.gov

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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GENERAL INFORMATION to be completed by all types of ownership

Facility Name: US Compounding, Inc.
Physical Address: 1270 Dens Lane
City: Conway State: AR Zip Code: 72032
Telephone: 501-327-1222 Fax: 501-499-8380
Toll Free Number: 1-800-448-1103 (Required per NAC 639.708)
E-mail: licensing@uscompounding.com Website: US Compounding
Supervising Pharmacist: Rebecca Mitchell Nevada License #: 19620

SERVICES PROVIDED

Yes/No

- ☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☒ ☐ Non Sterile Compounding
☒ ☐ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

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Board Use Only Date Processed: _____ Amount: \$ 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

Page 2

FEI Number (From FDA application): 3006031801

Please provide the name of the facility as registered with the FDA and the registration number:

US Compounding, Inc. 3006031801

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

US Compounding, Inc.

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Rebecca Mitchell Nevada License Number: 19620

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

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 ☒
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Kelly D. Henson

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

Kelly D. Henson

Print Name of Authorized Person

08/16/17

Date

OWNERSHIP IS A PUBLICLY TRADED COMPANY

State of Incorporation: Arkansas
Parent Company if any: Adamis Pharmaceuticals Corporation
Corporation Name: US Compounding, Inc.
Address: 1270 Dons Lane
City: Conway State: Ar Zip: 72032
Telephone: 501-327-1222 Fax: 501-499-8380
Contact Person: Kelly D. Henson

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: Sep. 4, 2004
Registration number issued: 800043288
Stock Exchange: ADMP

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.

See attached



US Compounding

PHARMACY

1270 Don's Lane | Conway, AR 72032

August 1, 2017

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

COPY

RE: Notification Regarding Alabama Board of Pharmacy Matter

Greetings,

US Compounding ("USC") is licensed with your agency and as such is duly notifying you of reportable action regarding our licensure status with the state of Alabama.

On July 17, 2017, US Compounding entered into a settlement with the Alabama Board of Pharmacy ("Board") due to the inconsistent application of the Board's existing regulations. USC agreed to voluntarily surrender its Alabama non-resident licenses in lieu of a hearing. Please note, as part of the settlement, the Board did not discipline USC or levy any fines or costs against the pharmacy.

A copy of the final order is attached for your records. Any questions may be directed to licensing@uscompounding.com or to my office phone, 501-336-6006.

Respectfully,

Rebecca Mitchell, PharmD, FIACP
VP of Regulatory & Quality

Enclosure



**Arkansas Secretary of State
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

US COMPOUNDING, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office September 30, 2004.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 15th day of August 2017.

Mark Martin

Mark Martin
Secretary of State

Online Certificate Authorization Code: 211556aa76f555f

To verify the Authorization Code, visit sos.arkansas.gov



CORPORATION & OWNERSHIP

US Compounding, Inc. is a wholly owned subsidiary of Adamis Pharmaceuticals Corporation.

Adamis Pharmaceuticals Corporation

11682 El Camino Real, Suite 300

San Diego, CA. 92130

FEIN#: 82-0429727

State of Formation: Delaware (2007)

Adamis is publicly traded on NASDAQ (ADMP)

Officers

Dennis Carlo, CEO

Los Tinos

Rancho Santa Fe, CA. 92067

DOB: 10/04/1943

David Marguglio, SVP

Blazing Star Lane

San Diego, CA 92130

DOB: 07/19/1970

Robert Hopkins, CFO

S. Nardo Avenue

Solana Beach, CA. 92075

DOB: 05/27/1960

US Compounding, Inc.

1270 Don's Lane

Conway, AR 72032

FEIN#: 20-1687460

State of Formation: Arkansas (2004)

Officers

Eddie Glover, PD, CEO

Bayhill Drive

Conway, AR 72034

DOB: 2/5/1950

Kristen Riddle, PharmD, President

Downwind Ave

Greenbrier, AR 72058

DOB: 1/20/75

"US Compounding serves patients and practitioners nationwide with life-changing and life-saving medications through quality, service, integrity and compassion."