

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 Chang e (Provide curr						
Check box below for type of ownership and complete all re						
☐ Publicly Traded Corporation – Pages 1,2,3,7 ★ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7					
GENERAL INFORMATION to be completed by all ty	pes of ownership					
Pharmacy Name: Alore, LLC						
Physical Address: 999 Commercial Street SE	Salem, OR 97302					
Mailing Address: 8260 NW 27th St #403 A	ttn: Compliance Dept.					
City: State:	FL Zip Code: <u>33122</u>					
Telephone: (877) 814-2968 Fax: (87	7) 270-6708					
Toll Free Number: (877) 814-2968 (Requ	uired per NAC 639.708)					
E-mail: licensing@alore-rx.com Websi	te: N/A					
Managing Pharmacist: Adela Waldie	License Number: <u>RPH-00139</u> 32					
TYPE OF PHARMACY AND						
ITE OF FRANKIACI AND	SERVICES PROVIDED					
Yes/No	Yes/No					
Management of the control of the con	And the state of t					
Yes/No	Yes/No					
Yes/No	Yes/No □ ☒ Off-site Cognitive Services					
Yes/No	Yes/No ☐ ☒ Off-site Cognitive Services ☐ ☒ Parenteral **					
Yes/No Retail Ketail Hospital (# beds) Ketail Hospital (# beds) Ketail Nuclear	Yes/No ☐ ☒ Off-site Cognitive Services ☐ ☒ Parenteral ** ☐ ☒ Parenteral (outpatient)					
Yes/No X □ Retail □ X Hospital (# beds) □ X Internet □ X Nuclear	Yes/No ☐ ☒ Off-site Cognitive Services ☐ ☒ Parenteral ** ☐ ☒ Parenteral (outpatient) ☐ ☒ Outpatient/Discharge					
Yes/No X Retail X Hospital (# beds) X Internet X Nuclear X Ambulatory Surgery Center	Yes/No ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ Mail Service					
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No ☐ X Off-site Cognitive Services ☐ X Parenteral ** ☐ X Parenteral (outpatient) ☐ X Outpatient/Discharge X ☐ Mail Service ☐ X Long Term Care					
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No ☐ ※ Off-site Cognitive Services ☐ ※ Parenteral ** ☐ ※ Parenteral (outpatient) ☐ ※ Outpatient/Discharge ※ ☐ Mail Service ☐ ※ Long Term Care ☐ ※ Sterile Compounding **					
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:	Yes/No ☐ X Off-site Cognitive Services ☐ X Parenteral ** ☐ X Parenteral (outpatient) ☐ X Outpatient/Discharge X ☐ Mail Service ☐ X Long Term Care ☐ X Sterile Compounding ** ☐ X Non Sterile Compounding					

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting, 98672



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New Pharmacy or Downership Chang e (Provide of Check box below for type of ownership and complete a	current license number if making changes: PH
☐ 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 a	Il types of ownership
Pharmacy Name: BALL PARK PHARMAC	Y
Physical Address: 1900 BALLPARK WAY,	STE 104, ARLINGTON, TX 76006
Mailing Address: 1900 BALLPARK WAY, ST	E 104, ARLINGTON, TX 76006
City: ARLINGTON State: _	TX Zip Code: 76006
Telephone: <u>682-323-5258</u> Fax: <u>6</u>	82-323-5449
Toll Free Number: 844-302-9652 (R	equired per NAC 639.708)
E-mail: ballparkpharmainc@gmail.comWe	ebsite: N/A
Managing Pharmacist: LINDA LAN NGU	License Number: 50336
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☐ Retail	☐ ☐ Off-site Cognitive Services
☐ Ø Hospital (# beds)	☐ Parenteral **
□ ✓ Internet	☐ ☑ Parenteral (outpatient)
□ □ Nuclear	□ ☑ Outpatient/Discharge
☐	✓ □ Mail Service
☐ Community	□ ☑ Long Term Care
□	☐ ✓ Sterile Compounding **
	□ ✓ Non Sterile Compounding
All boxes must be checked	☐ ☐ Mail Service Sterile Compounding **
For the application to be complete	Other Services:
**!5	

98653

^{**}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,

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NEVADA STATE BOARD OF PHARMACY

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Mow 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 Mon 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:	Beta Discount Pharmacy	/ & Health	h Services,	LLC		
Physical Address:	776 Sand Town Rd				_	
Mailing Address:	776 Sand Town Rd					
City:	Marietta	State:	G/	A Zip Code:	30008	
Telephone: 678-9	009-3455	Fax: _8	888-892-18	327	- :	
	888-885-0887					
E-mail: LICENSING	G@BETARX.US	V	Vebsite:	N/A		
				License Number:	RPH025794	
		AND		RVICES PROVIDED		
Yes/I			Yes	s/No		
	☑ Retail			✓ Off-site Cognitive Se	rvices	
	☑ Hospital (# beds			☑ Parenteral **		
	☑ Internet			☑ Parenteral (outpatien	nt)	
	☑ Nuclear			☑ Outpatient/Discharge	e	
	✓ Ambulatory Surgery (Center		☐ Mail Service		
✓	☐ Community					
	☑ Other:			☑ Sterile Compounding	3 **	
All b	oxes must be checked			✓ Mail Service Sterile (
Fort	the application to be com	plete				

**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,

Q

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minter. Di					
☑New Pharmacy or ☐Ownership Change (Provide current license number if making changes: PH					
GENERAL INFORMATION to be completed					
Pharmacy Name: K&C Pharmacy Depot, LLC, d					
Physical Address: 5686 Silver Hill Road, District	Heights, Maryland 20747				
Mailing Address: 5686 Silver Hill Road					
City: District Heights Stat	e: Maryland Zip Code: 20747				
Telephone: <u>301-456-7349</u> Fax:					
Toll Free Number:844-236-5486					
E-mail: jennifer.parker@cbprx.net	Website:				
Managing Pharmacist: Brittany Bruce	License Number: 20903				
TYPE OF PHARMACY AND	SERVICES PROVIDED				
Yes/No	Yes/No				
☑ □ Retail	□ □ Off-site Cognitive Services				
☐ ☑ Hospital (# beds)	□ Parenteral **				
□ ☑ Internet	☐				
□ ☑ Nuclear	□ ☑ Outpatient/Discharge				
☐ ☑ Ambulatory Surgery Center	☑ □ Mail Service				
☑ □ Community	□ 🔽 Long Term Care				
□ □ Other:	☐ ☑ Sterile Compounding **				
All beginning	□ ☑ Non Sterile Compounding				
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **				
For the application to be complete	□ □ Other Services:				
*If you obselv then !!					

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■New Pharmacy or □Ownership Chang e Check box below for type of ownership and o □ Publicly Traded Corporation – Pages 1,2, ■ Non Publicly Traded Corporation – Pages	complete all req 3.7	uired forms. 7 Partnership - Pages 1,2,5,7			
GENERAL INFORMATION to be completed by all types of ownership					
Pharmacy Name: Caremark, L.L.C.	dba CVS/s	specialty #48604			
Physical Address: 1001 Spinks Roa	ad, Ste 280	Flower Mound, TX 75028			
Mailing Address: One CVS Drive, L	icensing D	ept/MC 1160			
		Zip Code: 02895			
Telephone: 214-285-4096	Fax: 401-3	35-7592			
Toll Free Number: 800-360-0520	(Requi	red per NAC 639.708)			
E-mail: joyce.willis@cvshealth.com	Websit	e:			
Managing Pharmacist: Nu Le	20	License Number: 47415			
	AND	SERVICES PROVIDED			
Yes/No		/es/No			
□ ■ Retail		☐ Off-site Cognitive Services			
☐ ☐ Hospital (# beds	_)	☐ ■ Parenteral **			
☐ ■ Internet		☐ ■ Parenteral (outpatient)			
□ ■ Nuclear		☐ ■ Outpatient/Discharge			
☐ ■ Ambulatory Surgery 0	Center	■ □ Mail Service			
☐ ■ Community		□ ■ Long Term Care			
■ □ Other: Mail Order		☐ ■ Sterile Compounding **			
		□ ■ Non Sterile Compounding			
All boxes must be checked		☐ Mail Service Sterile Compounding **			
For the application to be com	plete	Other Services:			
	-0.22				

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New Pharmacy or Ownership Change (Provide c	surrant licance number if making changes. Bill			
Check box below for type of ownership and complete all	urrent license number ir making changes: PH I 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 al	I types of ownership			
Pharmacy Name: Dr. Ike's Pharmacy	, #1			
Physical Address: 7640 Tampa Ave.	Suite # 103			
Mailing Address: 7640 Tampa Av				
City: <u>Keseda</u> State:	CA Zip Code: 91335			
Telephone: (818) 578 - 7400 Fax: (818)578-7407			
Toll Free Number $(833)377-7453$ (Re				
E-mail: drikerx 1@gmail.com Web	osite: <u>www.drikerx.com</u>			
Managing Pharmacist: Harut Kagoyan	License Number: <u>64527</u>			
TYPE OF PHARMACY AND	SERVICES PROVIDED			
Yes/No	Yes/No			
🗷 🛘 Retail	☐ ☑ Off-site Cognitive Services			
□ ⊠ Hospital (# beds)	☐ ☒ Parenteral **			
☐ Æ Internet	☐ ☑ Parenteral (outpatient)			
□ ⊠´ Nuclear	□ ☑ Outpatient/Discharge			
☐ ☑ Ambulatory Surgery Center	⊠ ☐ Mail Service			
□ ☑ Community	□			
□ ⊠ Other:	☐ ☑ Sterile Compounding **			
	□ ☑ Non Sterile Compounding			
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **			
For the application to be complete	□ ⊠ Other Services:			
415				

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Mon Publicly Traded Corporation – Pages 1,2,4,7						
GENERAL INFORMATION to be complete	d by all types of ownership					
Pharmacy Name: Focused Care	Pharmacy, Inc.					
Physical Address: 10040 Tarbell	Rd Suite 100					
Mailing Address: LOOHO Tarbell	Rd Suite 106					
City: Syracuse St	ate: N Zip Code: 13106					
Telephone: 344-307-3730 Fa	x: 315-433-2372					
Toll Free Number: 844-807-3730	(Required per NAC 639.708)					
E-mail: Contact us & Prused Coverx.	conwebsite:					
Managing Pharmacist: Tim Walsh License Number: 038931						
TYPE OF PHARMACY AN	SERVICES PROVIDED					
Yes/No	Yes/No					
15₽ □ Retail	☐ 'X Off-site Cognitive Services					
□ B Hospital (# beds)	□ 🛱 Parenteral **					
□ ဩ Internet	□ 및 Parenteral (outpatient)					
□ 🗗 Nuclear	☐ 型 Outpatient/Discharge					
☐ ဩ Ambulatory Surgery Cent	ter ⊠ □ Mail Service					
☐ ☑ Community	☐ ☑ Long Term Care					
□ ဩ Other:	☐ 🗹 Sterile Compounding **					
	□ □ Non Sterile Compounding					
All boxes must be checked	☐					
For the application to be complet	e 🗖 🛱 Other Services:					
	·					

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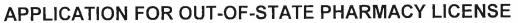
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Mew Pharmacy or Foundation (D					
New Pharmacy or Downership Change (Provide current license number if making changes: PH Check box below for type of ownership and complete all required forms.					
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - 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: Janus Rx					
Physical Address: 2697 Internation	1	PKWY. Bldg. 3 Ste. 103			
Mailing Address: 3480 Eastern Blvd. M	on	tapmery, AL 36116			
City: Virginia Deach State: State:	VA	Zip Code: 23452			
Telephone: 757-351-1951 Fax: 757:	35	1-1953			
Toll Free Number: 855-422-9701 (Red	quire	d per NAC 639.708)			
E-mail: Jarela a mimsmanagement Web	site:	NIA			
Managing Pharmacist: Devek 5a pone		License Number: 18411			
1		1011			
TYPE OF PHARMACY AND	SE	RVICES PROVIDED			
Yes/No		ERVICES PROVIDED			
	Ye	s/No			
Yes/No □ □ ∕Retail	Ye	s/No ☑ Off-site Cognitive Services			
Yes/No □ □ Retail	Ye	s/No Off-site Cognitive Services Parenteral **			
Yes/No □ □ Retail □ □ Hospital (# beds) □ □ Internet	Ye	s/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient)			
Yes/No □ □ Retail □ □ Hospital (# beds) □ □ Internet □ □ Nuclear	Ye	s/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge			
Yes/No □ □ Retail □ □ Hospital (# beds) □ □ Internet □ □ Nuclear	Ye	s/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service			
Yes/No ☐ ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community	Ye	s/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care			
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:	Ye	s/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding **			
Yes/No ☐ ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community	Ye	s/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding **			
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other: After hours Kemok order entry All boxes must be checked	Ye	s/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Cong Term Care Sterile Compounding ** Mail Service Sterile Compounding Mail Service Sterile Compounding **			
Yes/No	Ye	s/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding ** Non Sterile Compounding Mail Service Sterile Compounding ** Other Services:			

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☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7 ☐ Sole Owner – Pages 1,2,6,7						
∇ Non Publicly Trace	ded Corporation – Pages	1,2,4,7		ole Owner – Pages 1,2,6,7		
GENERAL INFORMATION to be completed by all types of ownership						
	L & S DRUGS INC. dba					
Physical Address:	1730 WEST VERDUGO	AVE. B	URBANK,	CA 91506		
Mailing Address:	1730 WEST VERDUGO	AVE.				
City: BURBANK		State:	CA	Zip Code:913506		
Telephone: 818-	842-1511	Fax: _	818-842-14	57		
Toll Free Number:	800.842-151		(Required	per NAC 639.708)		
E-mail:_LSDRUGS	@YAHOO.COM	١	Website:			
Managing Pharma	cist: _GEORGE CRAIG	HONG		License Number: RPH 52708		
TYP	E OF PHARMACY	AND	SE	RVICES PROVIDED		
Yes/f	No		Yes	/No		
□ □	□ Retail					
	💢 Hospital (# beds)		☑ Parenteral **		
	☑ Internet			☑ Parenteral (outpatient)		
	⊠ Nuclear			☑ Outpatient/Discharge		
		enter	×	☐ Mail Service		
□	☐ Community			☑ Long Term Care		
	🛛 Other:					
				⋈ Non Sterile Compounding		
All be	oxes must be checked			Mail Service Sterile Compounding **		
Fort	the application to be com	plete		☐ Other Services:		

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☐ Publicly Traded Corporation – Pages 1,2, ☑ Non Publicly Traded Corporation – Pages	3,7 31,2,4,7		7 Partnership - Pages 1,2,5,7 7 Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be compl			
Pharmacy Name: Lake City Pharmacy, LL	С		
Physical Address: 33389 Van Dyke	· · · · · · · · · · · · · · · · · · ·		
Mailing Address: 33389 Van Dyke			
City: Sterling Heights	State:	N	MI Zip Code: 48312
Telephone: 586-315-1200			· —
Toll Free Number: <u>866-902-3973</u>	(Re	quire	ed per NAC 639.708)
E-mail:LICENSING@LAKERX.US	Web	site:	: N/A
Managing Pharmacist: Xiaozhou Ning			License Number: 5302037921
TYPE OF PHARMACY	AND	SE	ERVICES PROVIDED
Yes/No		Ye	es/No
□ 🗹 Retail			☑ Off-site Cognitive Services
□ ☑ Hospital (# beds)		
□ ⊠ Internet			☑′ Parenteral (outpatient)
□ □ Nuclear			☑ Outpatient/Discharge
□ 🗹 Ambulatory Surgery C	enter	\square	☐ 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 comp	lete		☑ Other Services:
*if you obook ""			

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Check box below for	type of ownership and comple	□ Partnership - Pages 1 2 5 7				
Ed Holl Lability I Lab.	☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7					
GENERAL INFORM	MATION to be completed b	by all types of ownership				
Pharmacy Name: _	McHUGH DRUGSTORE LLC	<u> </u>				
Physical Address:	70 S. Madison Street Ca	rthage IL 62321-1331				
Mailing Address: _	SAME AS PHYSICAL					
City:	State	e: Zip Code:				
Telephone: 21	7-866-0617 Fax: 2	217-357-9515				
Toll Free Number:	866-252-5933	(Required per NAC 639.708)				
E-mail: MchughD	rugs@gmail.com	Website:				
Managing Pharmac	cist:ABDUL CHOWDHUR	Y License Number:051300292				
TYPE	OF PHARMACY AND	SERVICES PROVIDED				
Yes/N	0	Yes/No				
DX C] Retail	□ √ Off-site Cognitive Services				
	Hospital (# beds)	□ ☑ Parenteral **				
	Internet	☐ ☑ Parenteral (outpatient)				
	Nuclear	☐ ☑ Outpatient/Discharge				
E	Ambulatory Surgery Center					
] Community	☐ ☑ Long Term Care				
	Other:					
		☐ ☑ Non Sterile Compounding				
All box	xes must be checked	☐ ☑ Mail Service Sterile Compounding **				
	e application to be complete	□ □ Other Services:				

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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 Sole Owner – Pages 1,2,6,7						
GENERAL INFORMATION to be completed by all types of ownership						
Pharmacy Name:	MedSavvy Inc.					
Physical Address:	1621 SW First Avenue					
	1621 SW First Avenue					
			OR	Zip Code: _	97201	
Toll Free Number:	844-633-7288	(Required	d per NAC 639.708)	_	
E-mail: Sean.Karbo	wicz@MedSavvy.com	V	Vebsite:	www.MedSavvy.com		
				License Number:		
TYPE	E OF PHARMACY	AND	SE	RVICES PROVIDED		
Yes/N	No.		Yes	s/No		
	☑ Retail			☑ Off-site Cognitive Se	ervices	
	Y Hospital (# beds)		☑ Parenteral **		
	☑ Internet			☑ Parenteral (outpatien)	nt)	
	☑ Nuclear			☑ Outpatient/Discharge	е	
	☑ Ambulatory Surgery (Center		☑ Mail Service		
				□ Long Term Care		
N C	Other: Drugless Pharma	acy		☑ Sterile Compounding	g **	
				☑ Non Sterile Compou	nding	
All bo	xes must be checked			Mail Service Sterile	Compounding **	
For th	ne application to be com	plete	X	Other Services: cons	sulting	

**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,

M

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

New Pharmacy or Gownership Change (Provide currence box below for type of ownership and complete all republicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	equired forms.				
f					
GENERAL INFORMATION to be completed by all t	529				
Pharmacy Name: Orphan Pharmacy	Services, LLC				
Physical Address: 125 Michael D	r, Ste 106 Sybsset NY 11791				
Mailing Address: 125 Michael Dr. S	Ste 106 Sypsset NY 11791				
city: SUDSSET State: N	Zip Code: 11791				
Telephone: 516-753-9950 Fax: 51	6-299-8788				
Toll Free Number: 866-349-8420 (Req					
E-mail: NA Webs	ite: NNW orphan pharmacyservices.com				
Managing Pharmacist: Alberto Lope	Z License Number: <u>044392</u>				
TYPE OF PHARMACY AND	SERVICES PROVIDED				
	Yes/No				
Yes/No					
Retail □	Off-site Cognitive Services				
☐ ☐ Hospital (# beds)	Parenteral **				
□ X 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	☐ X Mail Service Sterile Compounding **				
For the application to be complete	□ X 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,

N

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

New Pharmacy or Ownership Change (Provide co	urrent license number if making changes: PH				
Official DOX Delow 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: Health Stribs Inc	DBA - Over the Harton Companying				
Physical Address: 4268 Cchaba Heights	Ct Site 103 Birmington AL 35243				
Mailing Address: Same as Physical Addr	(27)				
	Zip Code:				
Telephone: (205) 824-0775 Fax: (855)					
Toll Free Number: 866 250 - 9991 (Red	quired per NAC 639.708)				
E-mail: Skota ectopharmacy. Lom Web	site: <i>N</i> /A				
Managing Pharmacist: Lea WOISOncroft	License Number: 12774				
TYPE OF PHARMACY AND					
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 serv					

^{**}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,

0

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

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New Pharmacy or Dwnership Chang e (Provide conclusion of the Check box below for type of ownership and complete all Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	required forms. □ Partnership - Pages 1.2.5.7
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: PATIENT FIRST PHAR Physical Address: OL SOUTHWESTERN	
Mailing Address: 101 Southwestern	
City: Suciar Land State:	
Telephone: (844) 939 - 3550 Fax:	
Toll Free Number: (844) 939 - 3550 (Re	
E-mail: TESH SHAN @ GMAIL. COM Web	osite: www. Patientfirst Pharmay. Com
Managing Pharmacist: KRISTIN HALL, Ph	License Number: 32029
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
■ Retail	Off-site Cognitive Services
☐ ☐ Hospital (# beds)	□ Ø Parenteral **
□ □ Internet	☐ Ø Parenteral (outpatient)
□ ☑ Nuclear	☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service
☐	☐ ☑ Long Term Care
☐ Ø Other:	Sterile Compounding **
	□ Ø Non Sterile Compounding
All boxes must be checked	☐ Mail Service Sterile Compounding **
For the application to be complete	Other Services:

[&]quot;If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.



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

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Application must be printed legibly or typed

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							
Non Publicly Traded C	7 Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7 ☐ Sole Owner – Pages 1,2,6,7						
Non Fublicity Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7							
GENERAL INFOR	MATION to be comple	eted b	oy all type	s o	<u>f ownership</u>		
Pharmacy Name:	Royal Pharmacy						
Physical Address:	12002 Shadow C	reek	Parkwy	/#1	06 Pearland TX 77584		
Mailing Address:	12002 Shadow Cr	eek	Parkwy#	#10	06		
City: Pearland					Zip Code: _77584		
Telephone: 346-	207-8588	Fax:	346-207	7-8	660		
Toll Free Number:	844-253-3282		_(Required	d pe	er NAC 639.708)		
E-mail: info@roy	alrx.co		Website:				
Managing Pharmacist: Shital Ladha License Number: 48317							
TYPE	OF PHARMACY A	ND	<u>SE</u>	RV	ICES PROVIDED		
Yes/N	lo			s/Nc			
Ď c	☐ Retail			Š	Off-site Cognitive Services		
	Hospital (# beds)				Parenteral **		
	Internet				Parenteral (outpatient)		
	Nuclear				Outpatient/Discharge		
	Ambulatory Surgery Ce	enter	□		Mail Service		
	Community		☐ 🗗 Long Term Care				
	Other:				Sterile Compounding **		
			. –		Non Sterile Compounding		
All bo	kes must be checked				Mail Service Sterile Compounding		
	e application to be comple	ete	<u> </u>		Other Services: DME		
*If you abook inco							

^{**}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,

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐New Pharmacy or ☑Ownership Chang e (Provide current license number if making changes: PH 03712 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						
GENERAL INFORMATION to be completed by all types of ownership						
Pharmacy Name: HDK Enterprises, LLC d/b/						
Physical Address: 7700 Main Street, Suite 26	0					
Mailing Address: 7700 Main Street, Suite 260						
City: Houston State: TX	Zip Code: 77030					
Telephone: (832) 553-1374 Fax: (713) 661-4828					
Toll Free Number: (855) 822-7828 (Require	uired per NAC 639.708)					
	https://www.ssrx.com/					
Managing Pharmacist: Romil Satishbhai Patel License Number: 52072 (TX)						
TYPE OF PHARMACY AND SERVICES PROVIDED						
Yes/No	Yes/No					
☑	☐ ☑ Off-site Cognitive Services					
☐ I Hospital (# beds)	☐ ☑ Parenteral **					
☐ ☑ Internet	☐ ☑ Parenteral (outpatient)					
☐ ☑ Nuclear	☐ ☑ Outpatient/Discharge					
□	☑ Mail Service					
☐ ☐ Community	☐ ☑ Long Term Care					
☐	☐ ☑ 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,



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

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Application must be printed legibly or typed

						
New Pharmacy or Ownership Chang	ie (Pro	vide 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 ☐ Sole Owner – Pages 1,2,6,7						
GENERAL INFORMATION to be comp						
Pharmacy Name: Venice Pharmacy, LLC	10104	by an type	23 Of Ownership			
			,			
Physical Address: 1229 US 41 Bypass Sou	th					
Mailing Address: 1229 US 41 Bypass South						
City: Venice	State	e: <u>FL</u>	Zip Code:34285			
Telephone: 844-840-4879	Fax:	844-841-48	79			
Toll Free Number: <u>844-840-4879</u>		_(Require	d per NAC 639.708)			
E-mail: LICENSING@VENICERX.US			N/A			
Managing Pharmacist: Cory Dean O'Neel License Number: PS51388						
	AND		RVICES PROVIDED			
Yes/No			s/No			
🗆 🏕 Retail			Off-site Cognitive Services			
☐ ₩ Hospital (# beds)		▼ Parenteral **			
□ ▼ Internet			Parenteral (outpatient)			
□ ★ Nuclear			Outpatient/Discharge			
☐ ☐ Ambulatory Surgery C	enter	M	☐ Mail Service			
☑ Community			Long Term Care			
□ 1 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 those to						

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

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

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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.

Check box below for	type of ownership and complete all	require	cense number if making changes: PHed forms.			
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7						
Non Publicly Trad	ed Corporation – Pages 1,2,4,7		Sole Owner – Pages 1,2,6,7			
GENERAL INFORI	MATION to be completed by all	types	s of ownership			
Pharmacy Name:	WellDyneRx, LLC					
Physical Address:	7472 S. Tucson Way, Suite 100-	B Cent	ennial, CO 80112			
Mailing Address: _	Attn: Sandy Lovern 500 Eagles La	nding E	Orive			
City: Lakeland	City: Lakeland State: FL Zip Code: 33810					
Telephone: 888-4	79-2000 X 1031 Fax: 85	55-618-	4615			
Toll Free Number:	(Re	equired	per NAC 639.708)			
E-mail: administration	on@welldyne.com Wel	osite:	https://www.welldynerx.com/			
Managing Pharmacist: Heather Dilmore License Number: CO- 16798						
TYPE OF PHARMACY AND SERVICES PROVIDED						
Yes/N	lo	Yes	s/No			
⊠ [☐ Retail		☐ Off-site Cognitive Services			
	Hospital (# beds)		☑ Parenteral **			
	Internet		☑ Parenteral (outpatient)			
	☑ Nuclear		☑ Outpatient/Discharge			
	Ambulatory Surgery Center	図	☐ Mail Service			
	☐ Community		☑ Long Term Care			
	Other: N/A		☐ Sterile Compounding **			
All bo	xes must be checked		☐ Mail Service Sterile Compounding **			
For th	ne application to be complete		☑ Other Services: N/A			

**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,

1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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7						
☑New Pharmacy or ☐Ownership Change (Provide cu Check box below for type of ownership and complete all ☐ Publicly Traded Corporation – Pages 1,2,3,7	required forms.					
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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: ALL-CARE PHARM.	ACY					
Physical Address: <u>8415</u> N Pima R	d. Suite 125 50 Hsdale, A2 852					
Mailing Address: 2415 N Pinna Rd.	Suite 125					
City: Scottsdale State:						
Telephone: 480-270-6700 Fax: 48						
Toll Free Number: 844-310-6700 (Red						
E-mail: 11/0@all-crirepharman, com Web						
Managing Pharmacist: Raef Hamae	License Number: 5 Ø 1 6 Ø 2 3					
	1012040					
Yes/No	SERVICES PROVIDED					
⊠ □ Retail	Yes/No					
☐ Ø Hospital (# beds)	☐ ☑ Off-site Cognitive Services					
□ ☑ Internet	□ ☑ Parenteral **					
□ ⊠ Nuclear	□ ☑ Parenteral (outpatient)					
·	☐ ☑ Outpatient/Discharge					
= 2 / invalidatory cutigety center						
= = oommanity	☐ ☑ Long Term Care					
□ Other:	☐ ☒ Sterile Compounding **					
All bassas and the state of	☑ Non Sterile Compounding					
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **					
For the application to be complete	□ ☑ Other Services:					
AND						

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

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☑New Pharmacy or ☐Ownership Change (Provide current license number if making changes: PH Check box below for type of ownership and complete all required forms.						
Publicly Traded Corporation – Pages 1,2,3,7						
Non Publicity Trace	ded Corporation – Pages 1,2,4,7	LJ V	Sole Owner – Fages 1,2,0,1			
GENERAL INFORMATION to be completed by all types of ownership						
Pharmacy Name:	BioTek reMEDys					
Physical Address:	2 Penns Way, Ste 404					
Mailing Address:						
City: New Castle	State: _DE		Zip Code: <u>19720</u>			
	644-5138 Fax: <u>888-9</u>					
Toll Free Number:	877-246-9104 (Req	uirec	l per NAC 639.708)			
E-mail: info@biotek	xrx.com Webs	site:	biotekrx.com			
Managing Pharmacist: Andrew Babb License Number:A1-0004754_						
TYPE OF PHARMACY AND SERVICES PROVIDED						
Yes/N	No	Yes	s/No			
	ጃ Retail		☑ Off-site Cognitive Services			
	☑ Hospital (# beds)		☑ Parenteral **			
	☑ Internet					
	□ ☑ Nuclear □ ☑ Outpatient/Discharge					
□ □ □	☐ Other: Independant Pharmacy		Sterile Compounding **			
	□ ☒ Non Sterile Compounding					
All boxes must be checked □ ☑ Mail Service Sterile Compounding **						
For the application to be complete						

^{**}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,

431 W Plumb Lane - Reno, NV 89509

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g the contract of the contract	
☐New Pharmacy or ☐Ownership Change (Provide cultification) Check box below for type of ownership and complete all the com	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
☐ Non Funicity Traded Corporation — Fages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all	
Pharmacy Name: Focus & Prormo	icy services mc.
Physical Address: 2805 Veterons Men	norial thuy ste 19 Ron
Mailing Address:	
city: Ronkonvama state: No	2W York Zip Code: 1179
Telephone: <u>(03)-3)9-(920</u> Fax: <u>(63</u>	1-319-1921
Toll Free Number: 888 4048987 (Reg	quired per NAC 639,708)
E-mail: RICHARD MYROLLING CONWEDS	site: WWW.mytorusz.com
Managing Pharmacist: Richard Collins	License Number: 04Lp2L63
Managing Pharmacist: Richard Collins TYPE OF PHARMACY AND	License Number: <u>040</u> 303
Managing Pharmacist: Richard Collins	License Number: 046263
Managing Pharmacist: <u>Richard Collins</u> TYPE OF PHARMACY AND	License Number: <u>041,02163</u> SERVICES PROVIDED
Managing Pharmacist: Richard Collins TYPE OF PHARMACY AND Yes/No D A Retail D A Hospital (# beds)	License Number: <u>O4Lpala3</u> SERVICES PROVIDED Yes/No
Managing Pharmacist:	License Number: OHLOGO SERVICES PROVIDED Yes/No GOff-site Cognitive Services
Managing Pharmacist:	License Number: OHLOGO SERVICES PROVIDED Yes/No GOFf-site Cognitive Services Parenteral **
Managing Pharmacist:	License Number: OHLOGO SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient)
Managing Pharmacist:	License Number: D4L030 SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient) □ Ø Outpatient/Discharge
Managing Pharmacist:	License Number: OH DAGS SERVICES PROVIDED Yes/No Def Off-site Cognitive Services Def Parenteral ** Def Parenteral (outpatient) Def Outpatient/Discharge Mail Service
TYPE OF PHARMACY AND Yes/No PARetail Hospital (# beds) Kinternet Kint	License Number: OHOGO SERVICES PROVIDED Yes/No GOff-site Cognitive Services GAParenteral ** GAParenteral (outpatient) GAParenteral (outpatient) GAPARENTE GAPARENT
TYPE OF PHARMACY AND Yes/No Let Retail Let Hospital (# beds) Let Internet Let Nuclear Let Ambulatory Surgery Center Let Community Let Community All boxes must be checked	License Number: OHLOGO SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge ☒ □ Mail Service □ ☒ Long Term Care ☑ Sterile Compounding **
TYPE OF PHARMACY AND Yes/No PARetail Hospital (# beds) Kinternet Kint	License Number: OH DALOS SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient) □ Ø Outpatient/Discharge Ø □ Mail Service □ Ø Long Term Care Ø □ Sterile Compounding ** □ Ø Non Sterile Compounding

**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,



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

New Wholesaler			
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.			
GENERAL INFORMATION			
Facility Name:Agile Therapeutics, Inc.			
Physical Address:101 Poor Farm Rd, Princeton, NJ 08540			
Mailing Address: 101 Poor Farm Rd			
City: Princeton State: NJ Zip Code: 08540			
Telephone: (609) 683-1934 Fax: (609) 683-1855			
Toll Free Number: N/A			
E-mail:_info@agiletherapeutics.com			
Facility Manager: Alfred F. Altomari			
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 Distributors			
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:			



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

☐ New Wholesaler 🛣 Ownership Change					
(Please provide current license number if making changes: WH)					
☐ Publicly Traded Co	orporation – Pages 1,2,3,4		Partnershi	p - Pages	1,2,3,6
Non Publicly Trade	ed Corporation – Pages 1,2,3	3,5a,5b 🗖	Sole Owne	er – Pages	1,2,3,7
Please check box	for type of ownership and co	omplete co	rrect part of	the applic	ation.
GENERAL INFORM	<u>IATION</u>				
Facility Name: Alf		 			
Physical Address: _	2008 Claiborne Avenue Shre	veport, LA	71103		
	Attn: Dale S. Scotten clo M.	Romain			
Mailing Address:					· · · · · · · · · · · · · · · · · · ·
City: Mandeville	State	e: Louis	ina	_ Zip Code	e: <u>70470</u>
Telephone: +1-31	8- 425-9606	_ Fax: +	1-318-675-	3153	
	fasigmausa.com		www.pai	mlab.com	
Facility Manager: _					
	ations and experience of f	acility mar	vagor: O	n file	
r rereceionar quanne	and the experience of t	acility mai	iayer		
					
Types of licensed or	utlets or authorized person	s firm will	serve:		
					
	☐ Practitioners		Hospitals	X	Wholesalers
☐ Other:			<u> </u>		
	<u>be handled or wholesaled</u>	<u>be firm:</u>			
Non-Controlled I	Prescription Medical Foods				
	euticals, Supplies or Device	ces		podermic	
☐ Poisons or Chem			□ Ve	terinary Le	egend Drugs
	ances (include copy of DE	4)		-	-
☐ Other:					

Y

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Application must be printed legibly or typed

■ New Wholesaler
(1 lease provide eartern leense flamber if making changes, viii
□ Publicly Traded Corporation – Pages 1,2,3,4 LLC □ Partnership - Pages 1,2,3,6 ☑ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name:Animal Health Logistics, LLC
Physical Address: 400 Metro Place N - Suite 360
Mailing Address: Same as above
City: Dublin State: OH Zip Code: 43017
Telephone:614-717-7113 Fax:614-659-1693
Toll Free Number:N/A
E-mail:eernst@henryscheinvet.com
Facility Manager: Elizabeth Ernst (Note: no drugs/devices on-site (virtual wholesaler))
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 △ Poisons or Chemicals △ Controlled Substances (include copy of DEA) △ Other: △ DEA does not issue registrations to virtual
wholesalers as they do not possess controlled Page 1 substances.

Z

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Application must be printed legibly or typed

□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: Apollo Pharmaceuticals USA Inc.
Physical Address: 4400 PGA Boulevard, Suite 102, Palm Beach Gardens, FL 33410
Mailing Address: 4400 PGA Boulevard, Suite 102
City: Palm Beach Gardens State: FL Zip Code: 33410
Telephone:(561) 469-9058 Fax:N/A
Toll Free Number: N/A
E-mail:_statelicensing@apollopharmainc.com Website:
Facility Manager: Gregory J. Ellis
Professional qualifications and experience of facility manager: See attached
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☒ Other: Specialty Distributors
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:

AA

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

□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: Aurolife Pharma LLC
Physical Address: 2400 Route 130 North, Dayton, NJ 08810
Mailing Address: 2400 Route 130 North
City: Dayton State: NJ Zip Code: 08810
Telephone: (732) 839-9400 Fax: (732) 355-9940
Toll Free Number:
E-mail: bjohns@aurobindousa.com Website: www.aurolifepharma.com
Facility Manager: Venkata R. Kota
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: Aurobindo Pharma USA Inc.
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: Solid Dose and OTC

BB

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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 □ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 ☑ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: Aurex Pharmaceuticals LLC
Physical Address: 10 Lake Drive, East Windsor, NJ 08520-5321
Mailing Address: Same as Physical Address
City: State: Zip Code:
Telephone: (609) 308-2304 Fax: 1800-861-8089
Toll Free Number: N/A
E-mail: kanchana@aurexlabs.com Website: under construction
Facility Manager: Sree R Aravapalli
Professional qualifications and experience of facility manager: Bachelors in Engineering and Masters in Information Technology, Well experienced in Pharmaceutical
manufacturing and distribution
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 ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:



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

New Wholesaler ☐ Ownership Change (Please provide current license number if making changes: WH)
 ☑ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: AveXis, Inc.
Physical Address: 1940 USG Drive
Mailing Address: Same as Physical Address.
City: Libertyville State: Zip Code: _60048
Telephone: 847-572-8922 Fax: 847-510-0775
Toll Free Number: 844-428-3947
E-mail: Agharst031@avexis.com Website: www.avexis.com
Facility Manager: Amanda D. Gharst
Professional qualifications and experience of facility manager: See Attachment B
Types of licensed outlets or authorized persons firm will serve:
☑ Pharmacies ☐ Practitioners ☑ Hospitals ☐ Wholesalers ☑ Other:Distributors and Clinics.
Type of Products to be handled or wholesaled be firm:
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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(Please provide current license number if making changes: WH)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
r leader of each bex for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: BexR Logistix, LLC
Physical Address: 38505 IH-10 West, Suite B, Boerne, TX 78006
Mailing Address: 38505 IH-10 West, Suite B
City: Boerne State: TX Zip Code: 78006
Telephone: 830-443-9585 Fax: 800-681-4050
Toll Free Number: N/A
E-mail: Zane.morgan@missionpharmacal.com Website: www.bexr.com
Facility Manager: Zane Morgan
Professional qualifications and experience of facility manager: Please See Attachment A
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Manufacturer's Sales Representative
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:



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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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New Wholesaler
☐ Publicly Traded Corporation ☐ Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation ☐ Pages 1,2,3,5a,5b ☐ Sole Owner ☐ Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: Brothers Healthcare, Inc.
Physical Address: 4130 Flatrock Dr. Suite 150 Piverside, CA 92505
Mailing Address: IMD5 State Ave Suite 200
City: <u>Piverside</u> State: <u>CA</u> Zip Code: <u>92505</u>
Telephone: (909) 328 - 4375 Fax: (977) 276 - 5991
Toll Free Number: (800) 291 - 1089
E-mail: scottc@brothershealthcare.com Website: www.brothershealthcare.com
Facility Manager: Scott Carthey
Professional qualifications and experience of facility manager: D.I.C.
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 □ Poisons or Chemicals □ Controlled Substances (include copy of DEA) □ Other:



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

99

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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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
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□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: UEBEL-FLAKESHIEM UC
Physical Address: 1034 South BLENTWOOD BWD Luite 800
Mailing Address:
E-mail: bruno, bonnemain a quebet-granous WWW, querbet. Com EN our-group Facility Manager: BRUNO BONNEMAIN
Professional qualifications and experience of facility manager:Seeattached
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 ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Hypodermic Devices ☐ Veterinary Legend Drugs

☐ Other: _____



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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The Name of the Control of the Contr
(Ficase provide current license number if making changes: WH)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: Mitsubishi Tanabe Pharma America, Inc.
Physical Address: 525 Washington Blvd, Suite 400
Mailing Address: SAME
City: Jersey City State: NJ Zip Code: 07310
Telephone: 908-607-3010 Fax: 201-610-1293
Toll Free Number: N/A
E-mail: Armand_Famiglietti@mt-pharma-us.com Website: www.mt-pharma-america.com
Facility Manager: Christopher Gallardo, Supply Chain Director
Professional qualifications and experience of facility manager: Responsible for the implementation and oversight of the US supply chain strategy and manages the development and maintenance of the supply chain as necessary to optimize the effectiveness and efficiency of the value chain. Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies
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:

II

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

☐ New Wholesaler ☐ Ownership Change (Please provide current license number if making changes: WH_01961)
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: OKC Allergy Supplies, Inc.
Physical Address: 1005 SW 2nd Street
Mailing Address: 1005 S.W. 2nd Street
City: Oklahoma City State: OK Zip Code: 73109
Telephone: 405-235-1451 Fax: 800-811-3389
Toll Free Number: 800-654-3971
E-mail: Lee.Beaver@alk.net Website: https://allergylabs.com/
Facility Manager: Lee Beaver
Professional qualifications and experience of facility manager: See Lee's 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 be firm:
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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☐ 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 CPlease check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: R+5 Solutions LLC
Physical Address: 96 American Drive, Suite 100 A
Mailing Address: 96 American Drive, Suite 100 A
City: Jackson State: TN Zip Code: 38301-50
Telephone: 731-300-1289 Fax:
Toll Free Number: 855 - 655 - 7556
E-mail: J Downing @ RSSolutions.com/Website: RS Solutions.com
Facility Manager: Steve Wilhelm (under Censtration)
Professional qualifications and experience of facility manager: 10 years As Manager OF R & New Theast Wholesale Deug Company
Types of licensed outlets or authorized persons firm will serve:
☑ Pharmacies ☑ Practitioners ☑ Hospitals ☑ Wholesalers ☐ Other:



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: scPharmaceuticals Inc
Physical Address: 2400 District Ave, Suite 310
Mailing Address:2400 District Ave, Suite 310
City: Burlington State: MA Zip Code: 01803
Telephone: (617) 517-0730 Fax: 857-445-4834
Toll Free Number:
E-mail: info@scpharma.com Website: www.scpharmaceuticals.com
Facility Manager: Abraham Ceesay
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: Military, Specialty Pharma/Distribution, LTC, Military, Retail
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:



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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GENERAL INFORMATION
Facility Name: Smith Drug Company, Division of J M Smith Corporation
Physical Address: 1500 Commerce Drive
Mailing Address: PO Box 1779, Spartanburg, SC 29304
City: Valdosta State: GA Zip Code: 31601
Telephone: 229-244-4412 Fax: 229-244-4413
Toll Free Number:
E-mail: khughes@smithdrug.com Website: www.smithdrug.com
Facility Manager:Kent Hughes
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 be firm:
 ☑ Legend Pharmaceuticals, Supplies or Devices ☑ Poisons or Chemicals ☑ Controlled Substances (include copy of DEA) ☑ Other: OTC Products ☑ United Substances (include copy of DEA)

MM

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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New Wholesaler
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: Teva Women's Health, LLC
Physical Address: 825 Wurlitzer Drive, North Tonawanda, NY 14120
Mailing Address: 425 Privet Rd - Attn: Kelly O Bonoghue
City: HO(5h am State: PA Zip Code: 19044
Telephone: $716-693-6230$ Fax: $215-293-6499$
Toll Free Number:
E-mail: Kelly. Odonoghue @ teva pharmem Website: www. teva usa com
Facility Manager: Jennifer Gates
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 be firm:
Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:



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

/ Nevada.
New MDEG
☐ 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.
31 and complete correct part of the application.
FACILITY INFORMATION
Facility Name: I rusted Mobility CA, Lic American Independence
Physical Address: 271 Roymar Rd. #C Offanside, CA 92058 MOBIL (This must be a business address, we can not issue a license to a home address)
Mailing Address: Same as a license to a nome address)
City: State: Zip Code:
Telephone: \\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
E-mail: CIVE bb @ aim 2help com Website:
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: $\frac{S^{9m} + 30}{to + 30}$ Tue: $\frac{S^{9m} + 30}{to + 30}$ Wed: $\frac{S^{9m} + 30}{to + 30}$ Pm Fri: $\frac{S^{9m} + 30}{to + 30}$ Sat: $\frac{to}{to}$ Sun: $\frac{to}{to}$ Holidays: $\frac{to}{to}$
Fri: Varto 4.30 Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Chelsea Webb
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics
— ************************************
**If providing these types of services you are required to have in place a reach.
Name and telephone number of Nevada contact
Telephone:
Page 1

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

✓ New MDEG
☐ 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: BUYPAPUSACOM, INC
Physical Address: 900 SW 5th Avenue, Suite 1825 Portland, OR 97204 (This must be a business address, we can not issue a license to a home address)
Mailing Address:3325 Bartlett Blvd.
City: Orlando State: FL Zip Code: 32811-6428
Telephone: 800-497-4904 Fax: 503-296-2219
E-mail: credentialing@aerocareusa.com Website: www.aerocareusa.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 6am to 5pm Tue: 6am to 5pm Wed: 6am to 5pm Thu: 6am to 5pm
Fri: 6am to 5pm Sat: 7am to 5pm Sun: 9am to 5pm Holidays: 9am to 5pm
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Patricia Montenegro
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic 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: Katina Brandon ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Other: CPAP, BIPAP & 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: Katina Brandon ☐ Page 1
Page 1 98658



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

□ New MDEG Ownership Change (Please provide current license number if making changes: MP or MW MP00794)
□ 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: Comfort Medical, LLC
Physical Address: 4385 NW 124th Avenue, Coral Springs, FL 33065-7634 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 4385 NW 124th Avenue
City: Coral Springs State: FL Zip Code: 33065-7634
Telephone: (800) 700-4246 Fax: (954) 200-8730
E-mail: credentialing@comfortmedical.com Website: http://www.comfortmedical.com/
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM
Fri: 9AM to 5PM Sat:to Sun:to Holidays:to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Ryan T. Flannery
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
- 7 Modetive Equipment
**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
Telephone:
Page 1



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

laws of the State of	i Nevada.		
	☐ Ownership Change (Please provide current license nur	mber if making changes: MP or MW)	
☐ Publicly Traded C ☑ Non Publicly Trac Please c	Corporation – Pages 1,2,3,4 ded Corporation – Pages 1,2,3,5 heck box for type of ownership	☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7 and complete correct part of the application.	
FACILITY INFORM			
Facility Name: Eb	b Therapeutics, Inc.		
Physical Address:	2555 Smallman Street Pittsbu	ırgh, PA 1522	
Mailing Address:	2555 Smallman Street	ar not issue a notation to a norme assumption	
City: Pittsburgh	State	e: PA Zip Code: 15222	
Tolophone:	94-8011 412-517-6735	Fax: IVA	
E-mail: drippole@	ebbsleep.com	Website: www.ebbsleep.com	
DAYS AND HOUR	RS THAT THE FACILITY WI	LL BE REGULARLY OPERATING	
Mon: 8 to 5	Tue: 8 to 5 Wed:	8 to 5 Thu: 8 to 5	
		to Holidays: to	
		Person in charge on a daily basis	
Name: Damiar	Rippole		
		E SOLD (CHECK ALL APPLICABLE)	
TYPE OF MDEG			
☐ Medical Gases☐ Respiratory Ed☐ Life-sustaining☐ Diabetic Supp	quipment** g equipment**	 ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics Other: SEE BELOW ** 	_
**If providing these care in the event o	e types of services you are required an emergency. Provide name	uired to have in place a mechanism to ensure continue and telephone number of Nevada contact. N/A Telephone:	160
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^{* (}including but not limited to medical devices, wearables, apps) and services for treating sleep and other neurological disorders

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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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:EDGE ENDO, LLC
Physical Address: 5600 WYOMING BUD, NE, SUITE 100 (This must be a business address, we can not issue a license to a home address)
Mailing Address: SAME AS ABOVE
City: ALBUQUERQUE State: NM Zip Code: 87109
Telephone: 505-872-1115 Fax: 505-884-4257 E-mail: randy@edgeendo.com Website: www.edgeendo.com
E-mail: randy@edgeendo.com Website: www.edgeendo.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: $7 \text{ to } 5$ Tue: $7 \text{ to } 5$ Wed: $7 \text{ to } 5$ Thu: $7 \text{ to } 5$
Fri: 7 to 4 Sat: 9 to 9 Sun: 9 to 9 Holidays: 9 to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: LANDAU REEVES
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
Modical Occupati
D Possistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
☐ Diabetic Supplies Other: Desire Go Cort Co.
in providing triese types of services voluere required to have in place a mark in
Name and telephone number of Nevada contact
Name: 124NOAU (265/5) Telephone: 505 - 269 - 534

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

New MDEG
□ 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: Essential Medical Supplies
Physical Address: (This must be a business address, we can not ssue a license to a home address)
Mailing Address:
City: El Cajon State: CA Zip Code: 92020
Telephone: 844 762 8440 Fax: 888 821 4251
E-mail: Kack@secontical mode policicarWebsite:
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Fri: 9 to 4 Sat: X to X Sun: X to X Holidays: X to X
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Monica Adams
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
 ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies → 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:
Page 1



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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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——————————————————————————————————————
New MDEG
□ 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 Choice Hedical Supply
Physical Address: 264 Withorson Way Suite M El Cajon CA 92020 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 256 Witherspoon Way, Suite M
City: El Cojon State: CA Zip Code: 92020
Telephone: 619 467 4841 Fax: 888 920 9832
E-mail: inachicemedsuphy Website: DA
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: <u>\$A to 3:30</u> Tue: <u>\$A to 3:30</u> Wed: <u>\$A to 3:30</u> Thu: <u>\$A to 3:80</u> Thu: <u>\$A to 3:80</u> Thu:
Fri: 8A to 3:30 Sat: X to X Sun: V to X Holidays: X to X
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Elabe Weight
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
Assistive Equipment
☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
☐ Diabetic Supplies Other:
**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:
Page 1



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 ☐ 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: Hylan Medicine Cabinet Inc.
Physical Address: 1988 Hylan Blud (This must be a business address, we can not issue a license to a home address)
Mailing Address:
City: Staten Island State: ny Zip Code: 10306
Telephone: 718-667-4300 Fax: 718-351-7867
E-mail: Hylan Medicine a Gmail. Com Website: Hylan Medicine . com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: $\frac{9}{10}$ to $\frac{1}{10}$ Tue: $\frac{9}{10}$ to $\frac{1}{10}$ Wed: $\frac{9}{10}$ to $\frac{1}{10}$ Thu: $\frac{9}{10}$ to $\frac{1}{10}$
Fri: 9 to 7 Sat: 6 to 5 Sun: - to - Holidays:
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: Roger Halerba
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Other: ☐ The providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Other: ☐ 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 Telephone: ☐ Telephone: ☐ Parenteral and Enteral Equipment*

Page 1

11

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

(Please provide current license number if making changes: MP or MW	laws of the State of Nevada.
□ Publicly Traded Corporation - Pages 1,2,3,4 □ 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:	
Sole Owner - 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 INFORMATION Facility Name:	Mark Non Publicly Traded Corporation — Pages 1.2.3.5
Facility Name:	The application.
Physical Address: Same as wailing address) Mailing Address: 923 South Riversal City: St. George State: UT Zip Code: 84790 Telephone: 900-300-3781 Fax: 435-251-2322 E-mail: Paul. Greenall & mails org Website: Twiennandain Health care. org DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING Mon: 820 to 500 Wed: 820 to 500 Wed: 820 to 500 Thu: 820 to 500 Fri: 820 to 500 Sat: X to X Sun: X to X Holidays: X to X MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis Name: Paul Creenall TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) Medical Gases** Medical Gases** Medical Gases** Medical Gases** Parenteral and Enteral Equipment** Diabetic Supplies Other: "If providing these types of services you are required to have in place a months in the result of the remaining the set types of services you are required to have in place a months in place a months in the remaining the set types of services you are required to have in place a months in the remaining the set types of services you are required to have in place a months in the remaining the set types of services you are required to have in place a months in the remaining the set types of services you are required to have in place a months in the remaining the set types of services you are required to have in place a months in place a months in the remaining the set types of services you are required to have in place a months in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to the remainin	FACILITY INFORMATION
Physical Address: Same as wailing address) Mailing Address: 923 South Riversal City: St. George State: UT Zip Code: 84790 Telephone: 900-300-3781 Fax: 435-251-2322 E-mail: Paul. Greenall & mails org Website: Twiennandain Health care. org DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING Mon: 820 to 500 Wed: 820 to 500 Wed: 820 to 500 Thu: 820 to 500 Fri: 820 to 500 Sat: X to X Sun: X to X Holidays: X to X MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis Name: Paul Creenall TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) Medical Gases** Medical Gases** Medical Gases** Medical Gases** Parenteral and Enteral Equipment** Diabetic Supplies Other: "If providing these types of services you are required to have in place a months in the result of the remaining the set types of services you are required to have in place a months in place a months in the remaining the set types of services you are required to have in place a months in the remaining the set types of services you are required to have in place a months in the remaining the set types of services you are required to have in place a months in the remaining the set types of services you are required to have in place a months in the remaining the set types of services you are required to have in place a months in place a months in the remaining the set types of services you are required to have in place a months in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to have in place a month in the remaining the set types of services you are required to the remainin	Facility Name: Intermountain Home Health & Hopice- St George of
Mailing Address:923	
City: St. Cocosec State: LT Zip Code: 84790 Telephone: 800-30-3781 Fax: 435-251-2322 E-mail: Paul. Carcervall & wait or Website: Internation Health care. or a DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING Mon: 820 to 500 Tue: 830 to 500 Wed: 830 to 500 Thu: 820 to 500 Fri: 830 to 500 Sat: X to X Sun: X to X Holidays: X to X MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis Name: Paul Carcervall TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) Medical Gases** Medical Gases** Respiratory Equipment** Diabetic Supplies Other: Tif providing these types of services you are required to have in place a mechanism to excursion to service to base in place a mechanism to excursion to service to base in place a mechanism to excursion to service to base in place a mechanism to excursion to excursion to excursion to excursion to excursion to base in place a mechanism to excursion to excursion to excursion to excursion to excursion to base in place a mechanism to excursion to	•
Fax: 435-251-2322 E-mail: Paul. Creevall & mail.org Website: Thermound in Health care. 019 DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING Mon: 820 to 500 Tue: 830 to 500 Wed: 830 to 500 Thu: 820 to 500 Fri: 820 to 500 Sat: X to X Sun: X to X Holidays: X to X MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis Name: Paul Creenall TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) Medical Gases** Medical Gases** Respiratory Equipment** Diabetic Supplies Other: Tife-sustaining equipment** Diabetic Supplies Other: Thermound in Health care. 019 The Assistive Equipment Parenteral and Enteral Equipment Orthotics and Prosethics Other: Tife providing these types of services you are required to have in place a mechanism to exercise to exercise to have in place a mechanism to exercise to exercise to have in place a mechanism to exercise to exercise to have in place a mechanism to exercise to exercise to have in place a mechanism to exercise to exercise to exercise to have in place a mechanism to exercise to exercise to exercise to have in place a mechanism to exercise	Mailing Address: 923 South Riverroad
Fax: 435-251-2322 E-mail: Paul. Creevall & mail.org Website: Thermound in Health care. 019 DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING Mon: 820 to 500 Tue: 830 to 500 Wed: 830 to 500 Thu: 820 to 500 Fri: 820 to 500 Sat: X to X Sun: X to X Holidays: X to X MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis Name: Paul Creenall TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) Medical Gases** Medical Gases** Respiratory Equipment** Diabetic Supplies Other: Tife-sustaining equipment** Diabetic Supplies Other: Thermound in Health care. 019 The Assistive Equipment Parenteral and Enteral Equipment Orthotics and Prosethics Other: Tife providing these types of services you are required to have in place a mechanism to exercise to exercise to have in place a mechanism to exercise to exercise to have in place a mechanism to exercise to exercise to have in place a mechanism to exercise to exercise to have in place a mechanism to exercise to exercise to exercise to have in place a mechanism to exercise to exercise to exercise to have in place a mechanism to exercise	City: St. George State: UT Zip Code: 84790
Mon: 8 to 500 Tue: 8 to 500 Wed: 8 to 500 Thu: 9 to 500 Th	Telephone: 800-300-3781 Fax: 435-251-2322
Mon: 8 to 500 Tue: 8 to 500 Wed: 8 to 500 Thu: 9 to 500 Th	E-mail: Paul. Carcervall & invails org Website: Internountain Health care. c
Sat: X to X Sun: X to X Holidays: X to X MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis Name: Paul Creeral Medical Gases** Medical Gases** Respiratory Equipment** Life-sustaining equipment** Diabetic Supplies Other: Type of MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) Assistive Equipment Parenteral and Enteral Equipment** Orthotics and Prosethics Other: Till providing these types of services you are required to have in place a montanism to service to the place and place a montanism to service to the place and plac	DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis Name: Paul Carearal TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) Medical Gases** Respiratory Equipment** Parenteral and Enteral Equipment** Life-sustaining equipment** Diabetic Supplies Other: Till providing these types of services you are required to have in place a machanism to convenent.	Mon: 8^{3U} to 5^{00} Tue: 8^{3U} to 5^{00} Wed: 8^{3U} to 5^{∞} Thu: 8^{3U} to 5^{00}
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis Name: Paul Carearal TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) Medical Gases** Respiratory Equipment** Parenteral and Enteral Equipment** Life-sustaining equipment** Diabetic Supplies Other: Till providing these types of services you are required to have in place a machanism to convenent.	Fri: 830 to 500 Sat: X to X Sun: X to X Holidays: X to X
Medical Gases** Medical Gases** Respiratory Equipment** Life-sustaining equipment** Diabetic Supplies Other: The providing these types of services you are required to have in place a mechanism to ensure the contract of the place a mechanism to ensure the contract of the place a mechanism to ensure the contract of the place a mechanism to ensure the contract of the place a mechanism to ensure the place as mechanism to en	
Medical Gases** Respiratory Equipment** Life-sustaining equipment** Diabetic Supplies Other: The providing these types of services you are required to have in place a mechanism to ensure the services.	Name: Paul Greenwall
Medical Gases** Respiratory Equipment** Life-sustaining equipment** Diabetic Supplies Other: The providing these types of services you are required to have in place a month price to be a month price to	TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
Respiratory Equipment** □ Parenteral and Enteral Equipment** □ Orthotics and Prosethics □ Diabetic Supplies □ Other: □ Other: □ In place a mochanism to ensure service to have in place a mochanism to ensure service.	
Life-sustaining equipment** □ Orthotics and Prosethics □ Diabetic Supplies Other: *If providing these types of services you are required to have in place a machanism to service to be a place of the	
Diabetic Supplies Other: The providing these types of services you are required to have in place a machanism to converse to the place and Prosethics Other:	Respiratory Equipment**
*If providing these types of services you are required to have in place a machanism to answer and	☐ Crthotics and Prosethics
in providing triese types of services you are required to have in place a mechanism to opeurs continued	
pare in the event of an emergency. Provide name and talks have a substitution of the ensure continued	care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: Paul Greenwell Telephone: 435-668-1062	Name: Paul Greenwall Telephone: 435-668-1062
Page 1	135 COS 1002



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

New MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW)					
Publicly Traded Corporation – Pages 1,2,3,4					
FACILITY INFORMATION					
Facility Name: McKesson Patient Care Solutions Inc.					
Physical Address: 1667 Shug Jordan Parkway, Ste. 403 (This must be a business) address, we can not issue a license to a home address)					
Mailing Address:					
City: Auburn State: AL Zip Code: 36830					
Telephone: 800-451-6510 Fax: 888-844-0528					
E-mail: MPCs licenses@mckesson.com Website: https://mpcs.mclasson.com					
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING					
Mon: 800 to 5:00 Tue: 1:00 to 5:00 Wed: 8:00 to 5:00 Thu: 1:00 to 5:00					
Fri: Y:W to 5:00 Sat: to Sun: to Holidays: to					
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis					
Name: Savannah Lamb					
TYPE OF MORO PROPULATO THAT WILL BE COLD (CHECK ALL APPLICABLE)					
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)					
 ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ Diabetic Supplies ☐ Other: Wound care, dressings, trackeostomy, oston 					
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics					
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics					
Diabetic Supplies Other: Wound care, dressings, trackeostumy, ostumy, **If providing these types of services you are required to have in place a mechanism to ensure continued usologic					
care in the event of an emergency. Provide name and telephone number of Nevada contact.					
Name: <u>NA</u> Telephone:					
Page 1					



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□ Publicly Traded Corporation – Pages 1,2,3,4 □ 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:	Personally Delivered Inc					
Physical Address:	2323 N State Street, Unit 76					
•	(This must be a business address, we can not issue a license to a home address)					
Mailing Address: _	2323 N State Street. Unit 76					
City: Bunnell	State: Florida Zip Code: 32110-4396					
Telephone: 866 427 4337 Fax: 800 731 5177						
E-mail: customerser	vice@personallydelivered.com Website: www.personallydelivered.com					
DAYS AND HOURS	S THAT THE FACILITY WILL BE REGULARLY OPERATING					
Mon: 8am to 5pm	Tue: 8amto 5pm Wed: 8amto 5pm Thu: 8am to 5pm					
Fri: 8am to 5pm	Sat: to Sun: to Holidays: to					
MDEG ADMINISTR	ATOR INFORMATION: Person in charge on a daily basis					
Name: Brian Da						
TYPE OF MDEG PI	RODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)					
☐ Medical Gases**						
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**						
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics						
☐ Diabetic Supplies Other: Ostomy supplies & Urinary 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: N/A Telephone: N/A						
Page 1						
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431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

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New MDEG					
□ 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					
Physical Address: Sign Sign Suite So					
Mailing Address: 530 N. Pima Road, Suite 150					
City: Scattsdale State: AZ Zip Code: 85250					
Telephone: $(480)970-4970$ Fax: $(480)223-9177$					
E-mail: accounting@regenesisbio.com Website: www. regenesisbio.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: NA to Sun: NA to Holidays: NA to					
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis					
Name: Joseph Bright					
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)					
☐ Medical Gases** ☐ Assistive Equipment					
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics					
Line sustaining squipment					
**If providing those 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/R Telephone: N/R					

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

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□ 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: Socal Pharmacy INC
Physical Address: 12555 (randew Grove Blvd Soite 102, Garden Grove (This must be a business address, we can not issue a license to a home address)
Mailing Address: ———————————————————————————————————
City: State: Zip Code:
Telephone: 714-636-0593 Fax: 714-636-7708
E-mail: Fisfahaniegmail.com Website: N/A
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 930 to6.00 Tue: 9:30 to 6:00 Wed: 9:30 to 6:00 Thu: 9:30 to 6:00
Fri: 430 to 6.00 Sat: 10:00to 1:00 Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Farzan Istahani
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
□ Medical Gases** □ Respiratory Equipment** □ Life-sustaining equipment** □ Diabetic Supplies □ Orthotics and Prosethics □ Other: OFF the Shele Orthotics □ Other: OFF the Shele Orthotics □ Orthotics and Prosethics □ Other: OFF the Shele Orthotics □ Other: OFF the Shele Other □ Other Other □ Other Other Other Other Other □ Other Other Other Other Other □ Other Other Other Other Other Other □ Other Other Other Other Other Other Other □ Other Other Other Other Other □ Other Ot



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□ 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:					
Physical Address: 4415 US Highway 92 W, Plant City, FL 33563 (This must be a business address, we can not issue a license to a home address)					
Mailing Address: PO Box 33					
City: Valrico State: FL Zip Code: 33565					
Telephone: 800-976-3826 Fax: 800-976-3826					
E-mail: info@trusthomemedical.com Website: www.trusthomemedical.com					
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING					
Mon: 9a to 3p Tue: 9a to 3p Wed: 9a to 3p Thu: 9a to 3p					
Fri: 9a to 3p Sat: to Sun: to Holidays: to					
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis					
Name:Jeffrey McDaniel					
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)					
 ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic 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: N/A ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ② Orthotics and Prosethics Orthotics and Prosethics					



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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

	ocation of the license issu	ed and is a violation of the la	ws of the State of Nevada.		
☐ New Pharmacy	Ownership Chang (Please provide curren	e □ Name Change t license number if making cl	□ Location Change		
Dublish T. J. J.					
□ Publicly Traded Corporation □ Pages 1,2,3,7,8a,8b □ Partnership - Pages 1,2,5,7,8a,8b □ Sole Owner □ Pages 1,2,6,7,8a,8b □ Sole Owner □ Pages 1,2,6,7,8a,8b □ Please check box for type of ownership and complete correct part of the application.					
GENERAL INFORMATION	ON to be completed b	ov all types of ownersh	in		
Pharmacy Name: _A	1 City Ph	armacy./			
Physical Address: 82	21 N Lami	o Blvd. Si	uite 4		
Mailing Address: 82	IN Lam	h Blud S	uite 4		
City: Las Vegas State: NV zip Code: 89/10					
Telephone: (702) 834-7704 Fax: (702) 834-7705					
Toll Free Number: NA					
Emails to face all all also an www.					
Managing Pharmacist: Roger Wordd in aton License Number: 16313					
Hours of Operation:	J	J			
Monday thru Friday 9	_am <u>6</u> _pm	Saturday	<u>N∫a</u> am <u>N∫A</u> pm		
Sunday NIA	_am <u>NIA_</u> pm	24 Hours	NIA		
TYPE OF PH	1ARMACY	SERVICES PROV	IDED		
		OLIVICES PROV	IDED		
🗷 Retail		☐ Off-site Cognitive	Services		
☐ Hospital (# t	peds)	☐ Parenteral	50111003		
☐ Internet		☐ Parenteral (outpati	ent)		
☐ Nuclear		☐ Outpatient/Discharge			
☐ Out of State		☐ Mail Service			
☐ Ambulatory Surgery Center		☐ Long Term Care			



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

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New Pharmacy ☐ Ownership Change ☐ Name Change ☐ Location Change (Please provide current license number if making changes: PH)					
☐ Publicly Traded Corporation Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b ☐ Non Publicly Traded Corporation Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner Pages 1,2,6,7,8a,8b Please check box for type of ownership and complete correct part of the application.					
2,1					
GENERAL INFORMATION to be completed	by all types of ownership				
Pharmacy Name: West Chever	nne Pharmacy				
Physical Address: 3350 Novat Str	eet Suite 110				
Mailing Address: 3350 Novat Street Suite 110					
City: Las Vegas State	E. Nevada Zip Code: 89129				
City: Las Vegas State: Nevada Zip Code: 89129 Telephone: 702-395-3004 Fax: 702-395-3005					
Toll Free Number: N/A	-				
E-mail: westdwyernepharmacy@grad.com Website: Westcheyennepharmacy.com					
Managing Pharmacist: Tracy Nguyen License Number: 15114					
Hours of Operation:					
Monday thru Friday 9 am 7 pm	Saturday 9 am 2 pm				
Sunday <u>close</u> am <u>close</u> pm	24 Hours N/A				
TYPE OF PHARMACY	SERVICES PROVIDED				
☑ Retail	☐ Off-site Cognitive Services				
☐ Hospital (# beds)	☐ Parenteral				
☐ Internet	☐ Parenteral (outpatient)				
☐ Nuclear	☐ Outpatient/Discharge				
☐ Out of State ☐ Mail Service					
☐ Ambulatory Surgery Center	☐ Long Term Care				