

A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,7

☒ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ANIMART Livestock Pharmacy

Physical Address: 1240 Green Valley Rd

Mailing Address: 1240 Green Valley Rd

City: Beaver Dam State: WI Zip Code: 53916

Telephone: 920-885-2800 Fax: 920-569-0112

Toll Free Number: 866-986-9404 (Required per NAC 639.708)

E-mail: Pharmacy@animart.com Website: www.animart.com

Managing Pharmacist: Lance D. Paulson License Number: 1094840

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☐ ☒ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: Mail Order

Pharmacy for large animal

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

98168

B

NEVADA STATE BOARD OF PHARMACY

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☐ 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: Biologics, Inc.

Physical Address: 11800 Weston Parkway

Mailing Address: Same as above.

City: Cary State: NC Zip Code: 27513

Telephone: 919-546-9810 Fax: 919-831-0440

Toll Free Number: 800-850-4306 (Required per NAC 639.708)

E-mail: pharmacists@biologicsinc.com Website: www.biologicsinc.com

Managing Pharmacist: Thomas Quinn License Number: 20692 (NC)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Non-Dispensing Pharmacy

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☒ ☐ Other Services: See attached.

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

98303

B

Nevada - Biologics, Inc. - Additional Information

Services Provided:

Biologics, Inc. ("Biologics") will be a non-dispensing pharmacy at the 11800 Weston Parkway, Cary, NC location. Biologics will not store drugs or dispense drugs from this location. This facility will perform telephonic pharmacy and customer service work on behalf of its dispensing location, permit number 12941. Services will include prescription intake functions (receiving prescriptions via facsimile or e-prescribing directly from physicians), initial pharmacist verification of the prescription including drug utilization reviews, counseling, claims adjudication, and delivery setup. The dispensing location will then be able to perform the product fulfillment and shipping using the same pharmacy system (with information being updated and shared across the system in real time) with a second pharmacist verification occurring prior to shipping. The Pharmacist in Charge services will be provided by Thomas Quinn, Clinical Pharmacist Team Lead for Biologics, Inc. Ultimately, this will allow Biologics to assist cancer patients to remove any financial barriers to therapy with expensive cancer medications and coordinate shipment with the fulfillment pharmacy location. It is Biologics' understanding that similar centralized pharmacy prescription intake and customer service operations are performed by other companies throughout the U.S.

C

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☒ 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: A & K PHARMACY, LLC. D/B/A BROADWAY CONTINENTAL DRUGS

Physical Address: 7200 BROADWAY NORTH BERGEN NJ 07047

Mailing Address: SAME AS PHYSICAL

City: _____ State: _____ Zip Code: _____

Telephone: 201-854-4800 Fax: 201-854-1518

Toll Free Number: 844-859-5094 (Required per NAC 639.708)

E-mail: AKCONTINENTALDRUGS@GMAIL.COM Website: n/a

Managing Pharmacist: JOHANNES KEE GUNAWAN License Number: 28RI03864700

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☒ Other Services: _____

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

98074

NEVADA STATE BOARD OF PHARMACY

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☐ 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: COMMUNITY, A WALGREENS PHARMACY

Physical Address: 1399 ROXBURY DRIVE, LOS ANGELES, CA 90035

Mailing Address: PO BOX 901

City: DEERFIELD State: IL Zip Code: 60015

Telephone: (310) 203-1007 Fax: (310) 552-5330

Toll Free Number: 866-924-8619 (Required per NAC 639.708)

E-mail: TAXLICENSERENEWALS@WALGREENS.COM Website: WWW.WALGREENS.COM

Managing Pharmacist: Sharona Attarchi License Number: 54734 (CA)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

E

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☐ 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: Costco Pharmacy #583, Central Fill
Physical Address: 802 134th ST SW, Ste 140, Everett, WA 98204-7814
Mailing Address: Attn: Licensing P.O. Box 35005
City: Seattle State: WA Zip Code: 98124-3405
Telephone: 425-835-5833 Fax: 425-835-5805
Toll Free Number: 800-607-6861 (Required per NAC 639.708)
E-mail: d583phm@costco.com Website: www.costco.com
Managing Pharmacist: Christopher Kennedy License Number: PH00019439

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ Other: Central Fill

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☒ Other Services: _____

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98378

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☐ 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: Injoy Rx LLC

Physical Address: 14676 Pipeline Ave Ste M Chino Hills CA 91709

Mailing Address: 14676 Pipeline Ave Ste M. Chino Hills CA 91709

City: Chino Hills State: CA Zip Code: 91709

Telephone: 909 597 9500 Fax: 909 597 0189

Toll Free Number: 844 465 6979 (Required per NAC 639.708)

E-mail: injoyrx@gmail.com Website: www.injoyrx.com

Managing Pharmacist: Mukesh Patel License Number: 66530 (CA)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☒ ☐ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

98073

G

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☐ 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: Knippe Rx Inc.
Physical Address: 1250 Patrol Road, Charlestown, IN 47111
Mailing Address: 1 Healthcare Way, Lakewood, NJ 08701
City: Lakewood State: NJ Zip Code: 08701
Telephone: 855-647-7379 Fax: 732-886-9205
Toll Free Number: 855-647-7379 (Required per NAC 639.708)
E-mail: pharmacy@knippex.com Website: Under construction
Managing Pharmacist: Laura Walters, R.Ph. License Number: 20622621A
(INDIANA)

TYPE OF PHARMACY AND**SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: specialty Pharmacy

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☒ ☐ Other Services: Specialty Pharmacy

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98072

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH1035**)
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 Limited
☐ 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: Pacific Pulmonary Services

Physical Address: 2929 F Street

Mailing Address: 2929 F Street

City: Bakersfield State: CA Zip Code: 93301-1819

Telephone: 661-632-1979 Fax: 661-631-5009

Toll Free Number: 800-230-0202 (Required per NAC 639.708)

E-mail: brhodes@ppsc.com Website: www.ppsc.com

Managing Pharmacist: Melanie S. Baker License Number: PIC License # RPH 41851 Facility License # PHY 55745

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

I

NEVADA STATE BOARD OF PHARMACY

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☐ 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: POSTMEDS INC.

Physical Address: 1700 S. AMPHLETT BLVD, #221, SAN MATEO, CA 94402

Mailing Address: 1700 S. AMPHLETT BLVD, #221

City: SAN MATEO State: CA Zip Code: 94402

Telephone: 650-353-5495 Fax: 650-332-2758

Toll Free Number: (855) 910-8606 (Required per NAC 639.708)

E-mail: UMAR@POSTMEDS.COM Website: WWW.POSTMEDS.COM

Managing Pharmacist: MOHAMAMD UMAR AFRIDI License Number: 67038

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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☐ 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: Profusion, LLC DBA Profusion Specialty Pharmacy

Physical Address: 7250 Engineer Rd Suite D, San Diego, CA 92111-1420

Mailing Address: 7250 Engineer Rd Suite D

City: San Diego State: CA Zip Code: 92111-1420

Telephone: (619) 537-7900 Fax: (858) 384-6495

Toll Free Number: (844) 307-4353 (Required per NAC 639.708)

E-mail: mark.campbell@profusionrx.com Website: n/a

Managing Pharmacist: Mark Campbell License Number: 42942

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Closed Door

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☒ ☐ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

K

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH03350)

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☐ 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: Richardson Pharmacy, LLC

Physical Address: 1300 E. Arapaho Rd Ste 210 Richardson, TX 75081

Mailing Address: 1300 E. Arapaho Rd Ste 210

City: Dallas State: TX Zip Code: 75081

Telephone: 214 329 4580 Fax: 214 329 4599

Toll Free Number: 877 692 6948 (Required per NAC 639.708)

E-mail: Pharmacist@richardsonrx.com Website: www.richardsonrx.com

Managing Pharmacist: Kimberly Branden-Cash License Number: 41034

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other:

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services:

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

L

NEVADA STATE BOARD OF PHARMACY

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Brilliant Pharmacy Inc. DBA Rite Care Pharmacy

Physical Address: 15271 Southwest Freeway

Mailing Address: 7560 Greenville Ave.

City: Dallas State: Texas Zip Code: 75231

Telephone: 713-955-5700 Fax: 713-955-6970

Toll Free Number: (844) 567-3750 (Required per NAC 639.708)

E-mail: statelicensess@ritecarerx.com Website: www.ritecarerx.com

Managing Pharmacist: Amita Datta License Number: 53621

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☒ Other Services: _____

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

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

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CLARK'S PHARMACY

Physical Address: 15615 BEL-RED RD STE B, BELLEVUE, WA 98008

Mailing Address: 15615 BEL-RED RD STE B

City: BELLEVUE State: WA Zip Code: 98008

Telephone: 425-881-0222 Fax: 425-885-1213

Toll Free Number: 800-480-3432 (Required per NAC 639.708)

E-mail: clarkspharmacywa@gmail.com Website: www.clarkspharmacywa.com

Managing Pharmacist: SHELBY BOTTEMILLER License Number: PH600167

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

98075

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

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Richmond Pharmacy
1601 Main St. Suite #106

Physical Address: _____

Mailing Address: 1601 Main St Suite #106

City: Richmond State: Texas Zip Code: 77469

Telephone: 281-762-7462 Fax: 281-762-7465

Toll Free Number: 844-434-9322 (Required per NAC 639.708)

E-mail: info@myrichmondrx.com Website: www.myrichmondrx.com

Managing Pharmacist: Zeerak Razvi License Number: 51087

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

98169

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

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH 02613**)
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: TPS, LLC
Physical Address: 3524 Decatur Highway Suite 302
Mailing Address: _____
City: Fultondale State: Alabama Zip Code: 35068
Telephone: 205-608-4995 Fax: 205-608-2718
Toll Free Number: 877-608-4995 (Required per NAC 639.708)
E-mail: phudson@totalpainrx.com Website: _____
Managing Pharmacist: Paula Hudson License Number: 12052

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

P

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler

☐ Ownership Change

(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.

GENERAL INFORMATION

Facility Name: AGC Distributors LLC.

Physical Address: 1925 Corporate Square Blvd Suite E

Mailing Address: _____

City: Slideell State: LA Zip Code: 70458

Telephone: 985-649-3201 Fax: 985-649-7513

Toll Free Number: _____

E-mail: agcdistributors@att.net Website: agcdistributors.com

Facility Manager: Andrej Ledbetter

Professional qualifications and experience of facility manager: 4 years with company

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☐ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

Q

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION

Facility Name: Central Admixture Pharmacy Services, Inc.

Physical Address: 6845 Snowdrift Road, Suite 100, Allentown, PA 18106

Mailing Address: 6845 Snowdrift Road, Suite 100

City: Allentown State: PA Zip Code: 18106

Telephone: 610-395-5170 Fax: 610-395-5178

Toll Free Number: 855-275-2270

E-mail: bill.howey@capspharmacy.com Website: www.capspharmacy.com

Facility Manager: William A. Howey

Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

9837A

R

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Wholesaler ☒ Ownership Change

(Please provide current license number if making changes: WH 01737)

☐ 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: Dendreon Pharmaceuticals LLC

Physical Address: 1700 Saturn Way

Mailing Address:

City: Seal Beach

State: CA

Zip Code: 90755

Telephone: 562.252.7500

Fax: 562.252.7576

Toll Free Number:

E-mail: licensing@dendreon.com

Website: www.dendreon.com

Facility Manager: Andrew Spencer Pughe

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☒ Hospitals

☐ Wholesalers

☐ Other:

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other:

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Wholesaler

☒ Ownership Change

(Please provide current license number if making changes: WH ~~01737~~ 01786)

☐ 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: Dendreon Pharmaceuticals LLC

Physical Address: 6715 Oakley Industrial Boulevard, Union City, GA 30291

Mailing Address: 6715 Oakley Industrial Boulevard

City: Union City State: GA Zip Code: 30291

Telephone: 678.834.1223 Fax: 678.834.1189

Toll Free Number: 877.256.4545

E-mail: licensing@dendreon.com

Website: www.dendreon.com

Facility Manager: Theresa Ann Leng, Sr. Manager, Quality Systems

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☒ Hospitals

☐ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

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

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

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

☒ New Wholesaler ☐ Ownership Change
(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.

GENERAL INFORMATION

Facility Name: ICP, Inc. dba Dental City

Physical Address: 3205 Yeager Drive, Green Bay, WI 54311

Mailing Address: PO Box 8267, Green Bay, WI 54308-8267

City: Green Bay State: Wisconsin Zip Code: 54311

Telephone: 920-965-3961 Fax: 920-965-3133

Toll Free Number: 1-800-353-9595

E-mail: tvangrinsven@dentalcity.com Website: www.dentalcity.com

Facility Manager: Terri Power Resop

Professional qualifications and experience of facility manager: 10 years of experience over-seeing all aspects of ICP, Inc. including sales, purchasing, IT, and accounting and warehouse operations

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ ^{→ Dentists} Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

U

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Pharmaceutical Trade Services, Inc. dba Durbin USA

Physical Address: 5820 Gulf Tech Drive

Mailing Address: 5820 Gulf Tech Drive

City: Ocean Springs State: MS Zip Code: 39564

Telephone: 228-244-1530 Fax: 228-244-1535

Toll Free Number: N/A

E-mail: alewis@ptsi-usa.com Website: www.durbinglobal.com

Facility Manager: Anne F. Lewis

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: CLINICAL TRIAL DISTRIBUTORS, RESEARCH + DEVELOPMENT FACILITIES + LABS

Type of Products to be handled or wholesaled by firm:

- ☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: API OR BULK MATERIALS

98308

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

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

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

☒ New Wholesaler ☐ Ownership Change
(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.

GENERAL INFORMATION

Facility Name: Butler Animal Health Supply, LLC dba Henry Schein Animal Health
Physical Address: 3850 Twin Creeks Drive Columbus, OH 43204
Mailing Address: 400 Metro Place North - Suite 360
City: Dublin State: OH Zip Code: 43017
Telephone: 614-717-7113 Fax: 614-659-1960
Toll Free Number: 1-855-724-3461
E-mail: eerntst@henryscheinvet.com Website: www.henryscheinvet.com
Facility Manager: Granger McLaughlin
Professional qualifications and experience of facility manager: Sr. Operations Manager

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled be firm:

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

W

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Kite Pharma, Inc.
Physical Address: 2355 Utah Ave., El Segundo, CA 90245
Mailing Address: 2225 Colorado Avenue
City: Santa Monica State: CA Zip Code: 90404
Telephone: 310-742-2841 Fax: 310-496-2700
Toll Free Number: N/A
E-mail: legal@kitepharma.com Website: www.kitepharma.com
Facility Manager: Timothy Sirichoke
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

98167

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

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

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

☒ New Wholesaler ☐ Ownership Change
(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.

GENERAL INFORMATION

Facility Name: Merck Sharp & Dohme Corp.

4633 Merck Road, Wilson N.C. 27893

Physical Address: _____

Mailing Address: 770 Sumneytown Pike, WP39-200

City: West Point State: PA Zip Code: 19486

Telephone: (252) 243-2011 Fax: (252) 246-6209

Toll Free Number: N/A

E-mail: joseph_davis@merck.com Website: www.merck.com

Facility Manager: Joseph L. Davis

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 Pharmacies

Type of Products to be handled or wholesaled by firm:

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

Y

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Paragon Enterprises, Inc.

Physical Address: 4183 Senator St. Memphis, TN 38118

Mailing Address: 3300 Corporate Ave

City: Weston State: Florida Zip Code: 33331

Telephone: (954) 389-1700 Fax: (954) 510-2318

Toll Free Number: (800) 758-2955

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

Facility Manager: Derrick King

Professional qualifications and experience of facility manager: 3 years of Warehouse Management experience, Complainece, Record Keeping, Oversees Daily Operations, Inventory Management.

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:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: 3G MEDICAL

Physical Address: 2001 SOUTH WOODRUFF AVE.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: IDAHO FALLS State: ID Zip Code: 83404

Telephone: 208-552-6111 Fax: 208-522-1641

E-mail: southforkparker@reagan.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9AM to 5PM Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: BRENT E. PARKER JR.

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

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

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

Name: N/A Telephone: N/A

AA

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: AB DIRECT MARKETING, INC

Physical Address: 7700 Congress Ave, Sk 3114, Boca Raton, FL 33487
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SA

City: _____ State: _____ Zip Code: _____

Telephone: 561-910-2680 Fax: 561-516-7267

E-mail: AHESEN@ABDirect.net Website: NA

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: Ø to Ø Sun: Ø to Ø Holidays: Ø to Ø

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Amaro Hesen

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

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: NA Telephone: _____

98064

BB

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

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

FACILITY INFORMATION

Facility Name: Animal Health Logistics, LLC

Physical Address: 400 Metro Place N - Suite 360
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-4120 Fax: 614-659-1693

E-mail: earnst@henryscheinvet.com Website: http://animalhealthlogistics.fahlgrendigital.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: N/A Sun: N/A Holidays: N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Elizabeth Ernst (Note: no drugs/devices on-site (virtual wholesaler))

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Devices - Animal Use</u> |

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

Name: _____ Telephone: _____

CC

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

FACILITY INFORMATION

Facility Name: Cardinal Health 200, LLC

Physical Address: 1 Butterfield Trail, El Paso, TX 79906
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal Place, OCLC-QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 915-779-3681 Fax: 915-775-9233

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30 am to 4:00 pm Tue: 7:30 am to 4:00 pm Wed: 7:30 am to 4:00 pm Thu: 7:30 am to 4:00 pm

Fri: 7:30 am to 4:00 pm Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ernesto Uranga - Director, Manufacturing Management

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Durable Medical Equipment</u> |

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

Name: N/A Telephone: _____

DD

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

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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: Cardinal Health 200, LLC

Physical Address: 1320 Don Haskins, El Paso, TX 79936
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal Place, OCLC-QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 915-629-6977 Fax: 656-649-8905

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 4:00 am to 1:00 am Tue: 4:00 am to 1:00 am Wed: 4:00 am to 1:00 am Thu: 4:00 am to 1:00 am

Fri: 4:00 am to 1:00 am Sat: 4:00 am to 4:30 pm Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ed Andrade - Director, Manufacturing Management

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

☐ Medical Gases**

☐ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☐ Orthotics and Prosthesis

☐ Diabetic Supplies

Other: Durable Medical 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.

Name: N/A

Telephone: _____
Page 1

EE

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Cardinal Health 200, LLC

Physical Address: 460 Greenway Industrial Dr., Unit R, Fort Mill, SC 29708
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal Place, OCLC-QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 803-802-4789 Fax: 803-547-8304

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 5:00 am to 12:00 am Tue: 5:00 am to 12:00 am Wed: 5:00 am to 12:00 am Thu: 5:00 am to 12:00 am

Fri: 5:00 am to 12:00 am Sat: 5:00 am to 12:00 am Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Randy King - Manager, Manufacturing Management

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Durable Medical Equipment</u> |

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

Name: N/A

Telephone: _____

FF

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Cardinal Health 200, LLC

Physical Address: 785 Fort Mill Highway, Fort Mill, SC 29707
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal Place, OCLC-QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 803-802-6800 Fax: 656-649-8905

E-mail: gmb-facility-licensing@cardinalhealth.com Website: <http://www.cardinalhealth.com>

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 am to 5:00 pm Tue: 8:00 am to 5:00 pm Wed: 8:00 am to 5:00 pm Thu: 8:00 am to 5:00 pm

Fri: 8:00 am to 5:00 pm Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jim Horner - Director, Manufacturing Management

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Durable Medical Equipment</u> |
- **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
- Name: N/A Telephone: _____

GG

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

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Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Complete Medical Solutions, LLC

Physical Address: 16192 Coastal Highway Lewes DE 19958
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 16192 Coastal Highway

City: Lewes State: DE Zip Code: 19958

Telephone: 954-254-2424 Fax: 954-929-0770

E-mail: carlos@completemedicalsolution.com Website: www.completemedicalsolution.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: n/a to Sun: n/a to Holidays: n/a to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Carlos Mormeneo

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>TENS, knee braces and back braces.</u> |

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

Name: Carlos Mormeneo Telephone: 954-254-2424

98070

HH

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

FACILITY INFORMATION

Facility Name: Freedom Prosthetic + Orthotics, LLC

Physical Address: 356 E. 600 S. St. George UT 84770
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 356 E. 600 S

City: St. George State: UT Zip Code: 84770

Telephone: (435) 688-9338 Fax: (435) 673-3747

E-mail: jessica@freedompo.net Website: freedompo.net

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: By Appt Sat: NA to NA Sun: NA to NA Holidays: NA to NA

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jessica Blair

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

FACILITY INFORMATIONFacility Name: Healthcare Mobility, IncPhysical Address: 2100 S Brentwood St
(This must be a business address, we can not issue a license to a home address)Mailing Address: 2100 S. Brentwood StCity: Springfield State: Mo Zip Code: 65804Telephone: 417-720-1657 Fax: 417-755-7209E-mail: dora@specialty.mgt.com Website: _____**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8:30^{am} to 5pm Tue: 8:30^{am} to 5pm Wed: 8:30^{am} to 5pm Thu: 8:30^{am} to 5pm
 Fri: 8:30^{am} to 5pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basisName: Nicki Sage**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

FACILITY INFORMATION

Facility Name: Metro Investment Group dba Metro Medical

Physical Address: 10301 E. 51st St C

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

Mailing Address: _____

City: Julesburg State: OK Zip Code: 74146

Telephone: 918-270-4950 Fax: 918-270-4952

E-mail: dora@specialtymgmt.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Susan Runge

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

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies <u>Shoes</u> | 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: _____

KK

NEVADA STATE BOARD OF PHARMACY

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

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

FACILITY INFORMATION

Facility Name: Midwest Medical Associates, Inc

Physical Address: 2295 PARKLAKE DRIVE NE, Suite 100, Atlanta, GA 30345
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2295 PARKLAKE DRIVE NE, Suite 100

City: Atlanta State: GA Zip Code: 30345

Telephone: (877) 593-3546 Fax: (877) 593-9689

E-mail: GREG.MINTON@MMMEDICAL.US Website: WWW.MIDWESTMEDICAL.INFO

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: GREG MINTON

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Portable ECG Device</u> |

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

Name: _____

Telephone: _____

LL

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

☒ New MDEG

☐ Ownership Change

(Please provide current license number if making changes: MP or MW _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5

☒ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Philcare Medical Supplies, Inc

Physical Address: 2711 S. Caraway Rd

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

Mailing Address: 2711 S. Caraway Rd

City: Jonesboro State: AR Zip Code: 72401

Telephone: 870-933-1993

Fax: _____

E-mail: dora@specialtymgmt.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Rhonda Gladish

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

☐ Medical Gases**

☐ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☒ Orthotics and Prosthesis

☒ Diabetic Supplies Shoes

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: _____

MM

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Reliable Orthotics LLC

Physical Address: 9950 W Van Buren Ste 137 Avondale, AZ 85322
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: Avondale State: AZ Zip Code: 85322

Telephone: 702 577 8084 Fax: 1-888-792-1979

E-mail: team@reliableorthotics.com Website: www.reliableorthotics.com

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: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Taylor Carr

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

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____

NN

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW <u>00414</u>)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Respiratory Technologies, Inc.

Physical Address: 2896 Centre Pointe Drive, St. Paul, MN 55113-1134
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2896 Centre Pointe Drive

City: St. Paul State: MN Zip Code: 55113-1134

Telephone: 800-793-1261 Fax: 800-962-1611

E-mail: lluginbill@respirtech.com Website: www.respirtech.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Lori Luginbill, Payor Relations Administrator

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>High Frequency Chest Compression Device</u> |

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

Name: _____ Telephone: _____

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: United Diabetic Supplies, Inc.

Physical Address: 1201 U.S. Hwy #1, Ste 245, N. Palm Beach, FL 33408
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 7272

City: Jupiter State: FL Zip Code: 33468

Telephone: 855-349-6800 Fax: 855-349-6801

E-mail: info@uds1.net Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: N/A Sun: N/A Holidays: 9 to 6

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Daniel Spivak

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

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: Daniel Spivak Telephone: 855-349-6800

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: UNIVERSAL MEDICAL SOLUTIONS

Physical Address: 10020 PROSPECT AVE, SUITE A1 SANTEE, CA 92071-4358
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10020 PROSPECT AVE, SUITE A1

City: SANTEE State: CA Zip Code: 92071-4358

Telephone: (619) 797-0210 Fax: (888) 388-9072

E-mail: abelljr@umedisolutions.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pm

Fri: 9am to 4pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: ANTHONY D. BELL JR - CEO

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>ORTHOTICS OFF THE SHELF ONLY</u> |

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

Name: N/A Telephone: N/A

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

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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 to be completed by all types of ownership

Pharmacy Name: miVIP Regional Surgery Center, LLC

Physical Address: 5950 S. Durango Drive

Mailing Address: Same

City: Las Vegas State: Nevada Zip Code: 89113

Telephone: 702-808-5476 Fax: n/a

Toll Free Number: n/a

E-mail: rjohnson@mivip.com Website: _____

Managing Pharmacist: Mary Grear, RPh License Number: 10687

Hours of Operation:

Monday thru Friday 7:00am 4:00pm Saturday _____am _____pm
 Sunday _____am _____pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

RR

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>02253</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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 to be completed by all types of ownership

Pharmacy Name: CNS Scrips, LLC

Physical Address: 3370 Pinks Place, Ste F., Las Vegas, NV 89102

Mailing Address: 3370 Pinks Place, Ste F.

City: Las Vegas State: Nevada Zip Code: 89102

Telephone: (702) 731-4800 Fax: (702) 731-4807

Toll Free Number: N/A

E-mail: info@cnscrips.com Website: N/A

Managing Pharmacist: Janelle Grace Ysrael Lazo License Number: 19272

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>5:00</u> pm	Saturday <u>10:00</u> am <u>2:00</u> pm
Sunday <u>Closed</u> am <u>Closed</u> pm	24 Hours <u>N/A</u>

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☒ Long Term Care

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

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

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

☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
 (Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6a,6b
☒ Non Publicly Traded Corporation – Page 1,2,3,5a,5b ☐ Sole Owner – Page 1,2,3,7
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 3910 Alto Ave, Las Vegas, NV 89115

Mailing Address: 570 Polaris Pkwy, Dept 555

City: Westerville State: OH Zip Code: 43082

Telephone: 702-649-7341 Fax: 614-865-8567

Toll Free Number: 614-865-8500

E-mail: Lisa.Sledge@dhl.com Website: www.exel.com

Facility Manager: Lisa Sledge

Professional qualifications and experience of facility manager: Resume attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

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

TT

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

☐ New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW MP00002) 0453

☐ 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: Bennett Medical Services

Physical Address: 1966 E William St
2300 Eagle Valley Ranch Road, Suite B, Carson City, NV 89703 89701
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2600 Mill Street, Suite 600

City: Reno State: NV Zip Code: 89502

Telephone: 775-841-4100 Fax: 775-841-4170

E-mail: dsiegel@ppsc.com Website: www.bennettmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30a to 5p Tue: 8:30a to 5p Wed: 8:30a to 5p Thu: 8:30a to 5p

Fri: 8:30a to 5pm Sat: on call to Sun: on call to Holidays: on call to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Shannon Moore

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

☒ Medical Gases** ☐ Assistive Equipment
☒ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☒ Life-sustaining equipment** ☐ Orthotics and Prosthesis
☐ 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: On Call Telephone: 775-329-0799

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW <u>MP00002</u>) <u>0389</u>			

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Bennett Medical Services

Physical Address: 1250 Lamoille Highway, Suite 734, Elko, NV 89801
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2600 Mill Street, Suite 600

City: Reno State: NV Zip Code: 89502

Telephone: 775-738-6656 Fax: 775-738-5511

E-mail: dsiegel@ppsc.com Website: www.bennettmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30a to 5p Tue: 8:30a to 5p Wed: 8:30a to 5p Thu: 8:30a to 5p
Fri: 8:30a to 5pm Sat: on call to Sun: on call to Holidays: on call to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Heidi Kraft (current MDEG administrator for Elko location)

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input checked="" type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethetics |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: On Call Services Telephone: 775-329-0799

✓✓

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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☐ New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW MP00002)

☐ 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: Bennett Medical Services

Physical Address: 2600 Mill Street, Suite 600, Reno, NV 89502
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2600 Mill Street, Suite 600,

City: Reno State: NV Zip Code: 89502

Telephone: 775-329-0799 Fax: 775-329-9682

E-mail: dsiegel@ppsc.com Website: www.bennettmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30a to 5p Tue: 8:30a to 5p Wed: 8:30a to 5p Thu: 8:30a to 5p

Fri: 8:30a to 5pm Sat: 8:30a to 5p Sun: on call to Holidays: on call to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Nadia Kretsu

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

☒ Medical Gases** ☐ Assistive Equipment
☒ Respiratory Equipment** ☐ Parenteral and Enteral 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: On call services Telephone: 775-329-0799

WV

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

☐ New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW MP00002) 182

☐ 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: Bennett Medical Services

Physical Address: 6125 South Valley View Blvd, Suite A, Las Vegas, NV 89118
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2600 Mill Street, Suite 600

City: Reno State: NV Zip Code: 89502

Telephone: 702-382-4940 Fax: 702-382-8608

E-mail: dsiegel@ppsc.com Website: www.bennettmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30a to 5p Tue: 8:30a to 5p Wed: 8:30a to 5p Thu: 8:30a to 5p

Fri: 8:30a to 5pm Sat: on call to Sun: on call to Holidays: on call to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Elizabeth (Liz) Allan (current MDEG administrator for the Las Vegas location)

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input checked="" type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: On call services Telephone: 775-329-0799