

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: PH03557)
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: Accurate Rx Pharmacy ~~CASSETT, LLC~~
Physical Address: 103-B Corporate Lake Dr, Columbia, MO 65203
Mailing Address: 103-B Corporate Lake Dr.
City: Columbia State: MO Zip Code: 65203
Telephone: 573-256-4279 Fax: 573-442-6429
Toll Free Number: 888-335-4279 (Required per NAC 639.708)
E-mail: Credentiaing@accuraterx.net Website: www.accuraterx.net
Managing Pharmacist: Joy Bryant - Wimp License Number: MO# 43165

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,**

B

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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: ARJ Infusion Services, Inc.

Physical Address: 3730 South 149th Street, Suite 102, Omaha, NE 68144

Mailing Address: 7930 Marshall Drive

City: Lenexa State: KS Zip Code: 66214

Telephone: 866-451-8804 Fax: 913-451-8914

Toll Free Number: 866-451-8804 (Required per NAC 639.708)

E-mail: info@arjinfusion.com Website: http://www.arjinfusion.com/

Managing Pharmacist: Kristen L. Ritchie License Number: 14065 (NE)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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,

97928

C

NEVADA STATE BOARD OF PHARMACY
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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: FLTX LLC DBA DMG HEALTH PHARMACY

Physical Address: 3163 South Church Street Suite A, Murfreesboro, TN 37127

Mailing Address: 150 E. Boca Raton Road, Boca Raton, FL 33432

City: Murfreesboro State: Tennessee Zip Code: 37127

Telephone: 615-225-8870 Fax: 877-501-4225

Toll Free Number: 888-800-0466 (Required per NAC 639.708)

E-mail: info@dmghealthpharmacy.com Website: _____

Managing Pharmacist: Adedayo Onafowokan License Number: 35376

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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☒ 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. LLC

☐ 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: FortBend RX Pharmacy

Physical Address: 1100 FM 1092, #D

Mailing Address: _____

City: Missouri City State: Texas Zip Code: 77459

Telephone: 281-969-7611 Fax: 281-969-7711

Toll Free Number: 1-877-408-6747 (Required per NAC 639.708)

E-mail: fortbendrx@gmail.com Website: N/A

Managing Pharmacist: Fatemeh Khajehei License Number: 41171

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service -only if licensed in that state
☐ ☒ 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,**

07929

E

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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: GIANNOTTO'S PHARMACY

Physical Address: 195 1st AVE WEST, NEWARK, NJ 07107-2699

Mailing Address: P.O. Box 110, BLOOMFIELD, NJ 07003 - 0110

City: Bloomfield State: NJ Zip Code: 07003-0110

Telephone: (973) 482-8220 Fax: (973) 482-0615

Toll Free Number: (855) 442-6668 (Required per NAC 639.708)

E-mail: gioprxx@gmail.com Website: www.giopharm.com

Managing Pharmacist: LABHUBHAI PATEL License Number: 26R10 33824 00

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds ____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☒ ☒ Other: SPECIALTY

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
(non compounding injectables)

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

97474

NEVADA STATE BOARD OF PHARMACY

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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: Lakeforest Pharmacy

Physical Address: 950 Corporate Pkwy #104, Wentzville, MO, 63385

Mailing Address: 950 Corporate Pkwy #104

City: Wentzville State: Missouri Zip Code: 63385

Telephone: 636-856-9555 Fax: 866-606-5006

Toll Free Number: 855-215-4662 (Required per NAC 639.708)

E-mail: info@lakeforestpharmacy.com Website: n/a

Managing Pharmacist: Patrick Wehmeier License Number: 2007027808

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.

G

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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: RARx, LP

Physical Address: 1911 Church Street Suite 202

Mailing Address: same

City: Nashville State: TN Zip Code: 37203

Telephone: 844-319-2259 Fax: 844-319-2260

Toll Free Number: 844-319-2259 (Required per NAC 639.708)

E-mail: bwescott@rxpartnersmgmt.com Website: N/A

Managing Pharmacist: Brantley Wescott License Number: TN 13021

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,

97978

NEVADA STATE BOARD OF PHARMACY

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PHD 2893)

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: Restore Rx, Inc.

Physical Address: 5169 Brunswick Road, Box 305

Mailing Address: 5169 Brunswick Road, Box 305

City: Brunswick

State: TN

Zip Code: 38014

Telephone: 877-388-0507

Fax: 901-388-0407

Toll Free Number: 877-388-0507

(Required per NAC 639.708)

E-mail: pharmacy@restorerx.com

Website: restorerx.com

Managing Pharmacist: Wilber Mitchell Pleasants

License Number: 9439

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☒ ☐ Other: Specialty

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,**

1

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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: Synergy Rx LLC dba Synergy Rx

Physical Address: 55 Coburg Rd #105, Eugene, OR, 97401

Mailing Address: 55 Coburg Rd #105, Eugene, OR, 97401

City: Eugene State: Oregon Zip Code: 97401

Telephone: 541-342-4928 Fax: 541-342-4930

Toll Free Number: 800-424-9123 (Required per NAC 639.708)

E-mail: synergryxpharm@yahoo.com Website: n/a

Managing Pharmacist: Lacy Miron License Number: RPH-0011062

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☐ Hospital (# beds ____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other none

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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NEVADA STATE BOARD OF PHARMACY

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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: Family Care Pharmacies

Physical Address: 12350 Westheimer Rd. Ste. D

Mailing Address: 12350 Westheimer Rd. Ste. D

City: Houston State: Tx Zip Code: 77077

Telephone: 888-679-6367 Fax: 866-816-5334

Toll Free Number: 888-679-6367 (Required per NAC 639.708)

E-mail: Pharmacylicensing@gmail.com Website: _____

Managing Pharmacist: Lisa Nguyen-Le License Number: 47029

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,

97631

K

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: Good Samaritan Pharmacy & compounding

Physical Address: 11301 Fallbrook Dr #124

Mailing Address: 11301 Fallbrook Dr #124

City: Houston State: TX Zip Code: 77065

Telephone: 832-804-6605 Fax: _____

Toll Free Number: 888-290-5663 (Required per NAC 639.708)

E-mail: GSAM@GMAIL.COM Website: _____

Managing Pharmacist: Mary McKinney License Number: 38526

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,

97632

NEVADA STATE BOARD OF PHARMACY

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 02754)
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: Pharmacy Innovations (new name)

Physical Address: 780 Primos Avenue, Unit E, Folcroft, PA 19032

Mailing Address: 2535 Johns Place

City: Jamestown State: NY Zip Code: 14701

Telephone: 610-522-9006 Fax: 610-522-9088

Toll Free Number: 888-824-8100 (Required per NAC 639.708)

E-mail: emilys2pharmacyinnovations.net Website: www.pharmacyinnovations.net

Managing Pharmacist: Nancy VanPelt License Number: RPO32.107L

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 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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<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: Achaogen, Inc.

Physical Address: 1 Tower Place Suite 300

Mailing Address: 1 Tower Place Suite 300

City: South San Francisco State: CA Zip Code: 94080

Telephone: 650-800-3636 Fax: n/a

Toll Free Number: n/a

E-mail: amilani@achaogen.com Website: www.achaogen.com

Facility Manager: Blake Wise

Professional qualifications and experience of facility manager: President & COO

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by 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: _____	

97652

N

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 INFORMATIONFacility Name: Aiping Pharmaceutical, Inc.Physical Address: 350W Wireless Blvd., Hauppauge NY, 11788Mailing Address: 350W Wireless Blvd.City: Hauppauge State: NY Zip Code: 11788Telephone: 631-521-8765 Fax: 631-952-3900

Toll Free Number: _____

E-mail: mma@aipingpharma.com Website: www.aipingpharmaceutical.comFacility Manager: Jack AbravayaProfessional qualifications and experience of facility manager: See attached CV

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: _____

0
WH02366

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: BPI Labs, LLC

Physical Address: 6911 Bryan Dairy Road

Mailing Address: _____

City: Largo State: FL Zip Code: 33777

Telephone: 732-339-3573 Fax: 732-339-3574

Toll Free Number: N/A

E-mail: FABIOLO@BPI-LABS.COM Website: N/A

Facility Manager: MAURICIO SALAZAR

Professional qualifications and experience of facility manager: B.Sc.

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: _____

97834

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: Global Pharmacy Wholesale
Physical Address: 23456 Kean Street, Dearborn, MI 48124
Mailing Address: 23656 Park Street
City: Dearborn State: MI Zip Code: 48124
Telephone: 313-436-1078 Fax: 313-436-1251
Toll Free Number: 855-436-1078
E-mail: compliance@gibpharm.com Website: www.gibpharm.com
Facility Manager: Ryan Mohamad Dughayli
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: _____

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 type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH <u>WH02025</u>)
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<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: LifeCell Corporation

Physical Address: 220 Evans Way

Mailing Address: _____

City: Branchburg State: NJ Zip Code: 08876

Telephone: (908) 947-1100 Fax: _____

Toll Free Number: _____

E-mail: Bozhana.Hegarty@Allergan.com Website: www.Allergan.com

Facility Manager: Robert Utzinger

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers

☒ Other: Surgical centers.

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: _____

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_____)

☐ 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: Lupin Pharmaceuticals, Inc.

Physical Address: 400 Campus Drive, Somerset, NJ 08873

Mailing Address: 400 Campus Drive

City: Somerset State: NJ Zip Code: 08873

Telephone: 908-603-6080 Fax: 908-603-6090

Toll Free Number: N/A

E-mail: adelfavictoriano@lupin.com

Website: www.lupinpharmaceuticals.com

Facility Manager: Kurt Nielsen, Ph.D

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: Manufacturers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☒ Other: OTC products

97794

5

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 (X) LLC
☐ 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: Medisol Pharmaceuticals LLC

Physical Address: 1761 International Parkway Suite 110

Mailing Address: 1761 International Parkway Suite 110

City: Richardson State: TX Zip Code: 75081

Telephone: 214-634-3000 Fax: 214-634-3000

Toll Free Number: 214-634-3000

E-mail: pranavb@medisolpharma.com Website: medisolpharma.com

Facility Manager: Pranav Bhatt

Professional qualifications and experience of facility manager: Owner of Medisol licensed to wholesale distribute in Texas since 2014

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: _____

97477

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: MHC Pharma, LLC
Physical Address: 8695 Seward Rd. Fairfield, OH 45011
Mailing Address: 3600 Pharma Way
City: maion State: OH Zip Code: 45036
Telephone: 877-358-4342 Fax: 800-861-1906
Toll Free Number: 877-358-4342
E-mail: jsmith@mhcmed.com Website: www.mhcpharma.com
Facility Manager: Jason Smith
Professional qualifications and experience of facility manager: President

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: _____

U

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE 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
(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: Navilyst Medical, Inc.

Physical Address: 10 Glens Falls Technical Park, Glens Falls, NY 12801

Mailing Address: 10 Glens Falls Technical Park

City: Glens Falls State: NY Zip Code: 12801

Telephone: 518-795-1400 Fax: 518-795-1401

Toll Free Number: 1-800-772-6446

E-mail: dgreer@angiodynamics.com Website: www.angiodynamics.com

Facility Manager: David A. Greer

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

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

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: _____

97977

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: Ocular Therapeutix, Inc.

Physical Address: 36 Crosby Drive, Suite 101, Bedford, MA 01730

Mailing Address: 36 Crosby Drive, Site 101

City: Bedford State: MA Zip Code: 01730

Telephone: (781) 357-4000 Fax: (781) 357-4001

Toll Free Number: N/A

E-mail: statelicensing@ocutx.com Website: www.ocutx.com

Facility Manager: James F. Fortune

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: _____

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.

☒ 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: PruGen, Inc
Physical Address: 18899 North Thompson Peak Pkwy, Scottsdale, Arizona 85255
Mailing Address: 18899 North Thompson Peak Pkwy
City: Scottsdale State: Arizona Zip Code: 85255
Telephone: (480) 500-9800 Fax: (480) 585-0221
Toll Free Number: (866) 696-8525
E-mail: Customerservice@prugen.com Website: www.pru-gen.com
Facility Manager: Zachary Searcy, J.D.
Professional qualifications and experience of facility manager: _____
VP Regulatory Affairs, General Counsel

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: _____

97926

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: Theravance Biopharma US, Inc.

Physical Address: 951 Gateway Boulevard, South San Francisco, CA 94080

Mailing Address: 901 Gateway Boulevard

City: South San Francisco State: CA Zip Code: 94080

Telephone: 650-808-6076 Fax: 650-808-3786

Toll Free Number: (None)

E-mail: bcoleman@theravance.com Website: www.theravance.com

Facility Manager: Becky Coleman, Vice President, Regulatory Affairs

Professional qualifications and experience of facility manager: For the last 40 years she has worked in the pharmacy business. She obtained her pharmacy licenses in California and Nevada in 1975.

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: _____

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 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: Ultragenyx Pharmaceutical, Inc.

Physical Address: 60 Leveroni Court

Mailing Address: SAME

City: Novato State: CA Zip Code: 94949

Telephone: 415-483-8800 Fax: 415-483-8810

Toll Free Number: N/A

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

Facility Manager: Peter Yi

Professional qualifications and experience of facility manager: Developing and implementing the specialty channel network and distribution strategy for multiple products in rare diseases; Initiated the RFP and selection process for a limited Specialty Pharmacy and Specialty Distribution network

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: _____

2

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 01184**)

☐ 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: Upsher-Smith Laboratories, LLC

Physical Address: 6701 Evenstad Drive

Mailing Address: 6701 Evenstad Drive

City: Maple Grove State: MN Zip Code: 55369

Telephone: 763-315-2000 Fax: 763-258-5578

Toll Free Number: 800-654-2299

E-mail: statelicensing@upsher-smith.com

Website: _____

Facility Manager: Herbert "Bart" Miller IV

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: _____

AA

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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 <u>13Ph</u>	<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: UPS Supply Chain Solutions, Inc.
 Physical Address: 7 Gateway Blvd, Pedricktown, NJ 08067
 Mailing Address: 211 Lake Drive, Ste F
 City: Newark State: DE Zip Code: 19702
 Telephone: 404-551-9093 Fax: 856-241-1983
 Toll Free Number: NA
 E-mail: ralicensing@ups.com Website: NA
 Facility Manager: Jay Hurd
 Professional qualifications and experience of facility manager: See Attachment

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: _____

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

(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: AbleNet Inc.

Physical Address: 2625 Patton Road
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2625 Patton Road

City: Roseville State: MN Zip Code: 55113

Telephone: (800) - 651-294-2200 Fax: 651-294-2254

E-mail: jthalhuber@ablenetinc.com Website: www.ablenetinc.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: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jennifer Thalhuber

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 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: _____

CC

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: AMD MEDICOM INC.

Physical Address: 6054 Shook Road, Suite 200 Lockbourne, Ohio 43137
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2555 Chemin de l'aviation

City: Pointe-Claire State: Quebec Zip Code: H9P 2Z2

Telephone: 514-636-6262 x2309 Fax: 1-888-441-2120

E-mail: licenses@medicom.ca Website: NIA

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 7am to 4pm Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: JEFF LENNON

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>Prescription Medical Devices</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: NIA

Telephone: NIA

97475

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

(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: Avondale HME, INC.

Physical Address: 2020 Camino del Rio North, Suite 205
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: San Diego State: CA Zip Code: 92108

Telephone: 1-888-543-4039 Fax: 1-888-524-2092

E-mail: dharvey@avondalehme.com Website: _____

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: Danny Harvery

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 Prosethics |
| <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: _____

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 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: Byram Healthcare Centers, Inc.

Physical Address: 4135 Meghan Beeler Ct., Suite 2, South Bend, IN 46628-8409
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5302 Rancho Road

City: Huntington Beach State: CA Zip Code: 92647

Telephone: 800 552 2633 Fax: 866 992 6331

E-mail: mknowles@byramhealthcare.com Website: www.byramhealthcare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10:00 to 6:30 Tue: 10:00 to 6:30 Wed: 10:00 to 6:30 Thu: 10:00 to 6:30
Fri: 10:00 to 6:30 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Joseph Skycak

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 checked="" type="checkbox"/> Diabetic Supplies | Other: <u>ostomy, wound care, urology, breast pumps</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: _____

97624

FF

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 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: Essential Medical Supplies

Physical Address: 2831 Camino Del Rio S #110
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2831 Camino Del Rio S #110

City: San Diego State: CA Zip Code: 92108

Telephone: 619 795-9385 Fax: 1-888-524-2092

E-mail: Kpack@essentialmedsupplies.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Arate Adams

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: _____

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

FACILITY INFORMATION

Facility Name: FedEx Supply Chain, Inc.

Physical Address: 5620 Inner Park Dr., Edwardsville, IL 62025
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Attn: Zachary Laplante, 700 Cranberry Woods Dr.

City: Cranberry Twp. State: PA Zip Code: 16066

Telephone: 724-720-5683 Fax: 724-776-3167

E-mail: zachary.laplante@fedex.com Website: supplychain.fedex.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____

Fri: _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

24/7

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Charles Fulton (gen. mgr.)

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>Non-Rx medical devices - obstetrical/gynecological</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: _____

97795

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

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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: FedEx Supply Chain, Inc.

Physical Address: 5885 Sierra Avenue, Fontana, CA 92336
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 700 Cranberry Woods Dr.

City: Cranberry Twp. State: PA Zip Code: 16066

Telephone: 661-559-5542 Fax: —

E-mail: pharmalicensing@genco.com Website: supplychain.fedex.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8a to 8p Tue: 8a to 8p Wed: 8a to 8p Thu: 8a to 8p
Fri: 8a to 8p Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Danny Murdock

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 | <input checked="" type="checkbox"/> Other: <u>wearable medical devices</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: _____

97841

II

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: FedEx Supply Chain, Inc.

Physical Address: 700 Commerce Parkway West Dr., Greenwood, IN 46143
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 700 Cranberry Woods Dr.

City: Cranberry Twp. State: PA Zip Code: 16066

Telephone: 317-859-4090 Fax: 317-865-6590

E-mail: pharmalicensing@genco.com Website: supplychain.fedex.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8a to 8p Tue: 8a to 8p Wed: 8a to 8p Thu: 8a to 8p
Fri: 8a to 8p Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jared Gaines

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 | <input checked="" type="checkbox"/> Other: <u>wearable medical devices</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: _____

97840

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: FedEx Supply Chain, Inc.

Physical Address: 12200 Presidents Court, Jacksonville, FL 32200
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Attn: Zachary Laplante, 700 Cranberry Woods Dr.

City: Cranberry Twp. State: PA Zip Code: 16066

Telephone: 610-797-3709 Fax: —

E-mail: pharmalicensing@genco.com Website: supplychain.fedex.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____
Fri: _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

24/7

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Matt Stoner (General Mgr.)

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: Non-Rx medical devices - obstetrical/gynecological

**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: _____

97796

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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

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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 Medical Consultants LLC

Physical Address: 225 Creekstone Ridge Woodstock, GA 30188
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5666 Seminole Boulevard, Suite 108

City: Seminole State: FL Zip Code: 33772

Telephone: 727-202-9290 Fax: 844-659-8899

E-mail: mariak@freedommedicalconsultants.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: Maria Karahalidis

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>Electrotherapy devices: Tens Units and Lumbar Support</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: Not applicable Telephone: Not applicable

97736

11

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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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 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: Gemco Medical

Physical Address: 5640 Hudson Industrial Parkway, Hudson, Ohio 44236
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5640 Hudson Industrial Parkway

City: Hudson State: Ohio Zip Code: 44236

Telephone: 800-733-7976 Fax: 330-342-9444

E-mail: customerservice@gemcomedical.com Website: gemcomedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 AM to 5:00 PM Tue: 8:30 AM to 5:00 PM Wed: 8:30 AM to 5:00 PM Thu: 8:30 AM to 5:00 PM

Fri: 8:30 AM to 5:00 PM Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Paul F. Tracy

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 checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Insulin Pumps, Pump Supplies</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: _____

97925

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

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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: Daniel Tuxley DBA ANG Medical Supply DBA Mobility Maintenance Solutions

Physical Address: 12598 Central Avenue Suite 224 Chino, CA 91710
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 20944 Sherman Way Suite 115

City: Canyon Park State: CA Zip Code: 91303

Telephone: 951-507-5040 Fax: 951-618-1595

E-mail: Michael@angmedgroup.com Website: N/A

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: Michael Edwards

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: _____

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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 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: Optimum Med Equipment Supply, LLC.

Physical Address: 10 Ludlam Avenue, Bayville, NY 11709
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Ludlam Avenue

City: Bayville State: NY Zip Code: 11709

Telephone: (516) 802-3738 Fax: (888) 278-6290

E-mail: montick@optimummedequipment.com Website: optimummedequipment.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 3pm Tue: 9am to 3pm Wed: 9am to 3pm Thu: 9am to 3pm
Fri: 9am to 3pm Sat: closed to closed Sun: closed to closed Holidays: closed to closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Marlene Montick

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: _____

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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

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<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW <u>MP00380</u>)	
<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
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Braden Partners, L.P., dba Pacific Pulmonary Services

Physical Address: 2929 F Street, Bakersfield, CA 93301-1819
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2929 F Street

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

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

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:00am to 5:00pm Sat: on call to Sun: on call to Holidays: on call to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Pat Sullivan, Sr. Warehouse Manager

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 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: Pat Sullivan, Sr. Warehouse Manager Telephone: 661-331-4909

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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 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 INFORMATION

Facility Name: Patient Direct Rx, LLC

Physical Address: 159 Gibraltar Road, Horsham, PA 19044-2303

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

Mailing Address: 159 Gibraltar Road, Horsham, PA 19044-2303

City: Horsham State: PA Zip Code: 19044-2303

Telephone: 866-567-1642 Fax: 215-323-4106

E-mail: compliance@patientdirectrx.com Website: n/a

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Eric Borell

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: <u>OTS back, knee, shoulder, wrist & ankle 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: _____

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: XL Group, Inc.

Physical Address: 121 Doyle Street, Doylestown, PA 18901
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 121 Doyle Street

City: Doylestown State: PA Zip Code: 18901

Telephone: 267-880-2100 Fax: 267-880-2110

E-mail: jennifer.kilgallon@xlgroup.net Website: www.xlgroup.net

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: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jennifer Kilgallon

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 checked="" 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: _____

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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>MP00050</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: Pacific Pulmonary Services

Physical Address: 3069 S Valley View Blvd, Las Vegas, Nevada 89102-7890
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 773 San Marin Drive, Suite 2230

City: Novato State: CA Zip Code: 94945

Telephone: 415-893-7457 Fax: 415893-7497

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:30am-noon 1:00pm to 4:30pm Tue: 9:30am-noon 1:00pm to 4:30pm Wed: 9:30am-noon 1:00pm to 4:30pm Thu: 9:30am-noon 1:00pm to 4:30pm
Fri: 9:30am-noon 1:00pm to 4:30pm Sat: On call for emergencies Sun: On call for emergencies Holidays: On call for emergencies

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Sheila Turoff

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 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: Sheila Turoff Telephone: 702-277-0347

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 MP00040)

☐ 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: Braden Partners, L.P. dba Pacific Pulmonary Services

Physical Address: 4690 Longley Ln., Ste 15, Reno NV 89502-7935

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

Mailing Address: 773 San Marin Drive, Suite 2230

City: Novato State: CA Zip Code: 94945-1366

Telephone: 415-893-7457 Fax: 415-893-7497

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:30am - noon Tue: 9:30am - noon Wed: 9:30am - noon Thu: 9:30am - noon
1:00pm to 4:30pm 1:00pm to 4:30pm 1:00pm to 4:30pm 1:00pm to 4:30pm
Fri: 1:00pm to 4:30pm Sat: On call for emergencies Sun: On call for emergencies Holidays: On call for emergencies

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Dane Cowan

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: Dane Cowan Telephone: (775) 790-0219

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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)

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

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☒ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Mesquite Pharmacy And Medical Supplies

Physical Address: Desert Valley Plaza, 114 N. Sandhill Blvd, Suite B, Mesquite, NV 89027

Mailing Address: 840 Chaparral Dr, Mesquite, NV 89027

City: Mesquite State: NV Zip Code: 89027

Telephone: 702-346-3844 Fax: 702-346-1718

Toll Free Number: N/A

E-mail: mesquitepharmacy2017@gmail.com Website: N/A

Managing Pharmacist: Emmanuel Kodjoe, PharmD License Number: 18367

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday 9 am 3 pm

Sunday N/A am N/A pm

24 Hours N/A

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

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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

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<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 type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" 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: Reno Regional Medical Center Pharmacy
Physical Address: 1155 Mill St., Reno, NV 89502
Mailing Address: 1155 Mill St., Reno, NV 89502
City: Reno State: NV Zip Code: 89502
Telephone: 775-982-4030 Fax: 775-982-4323
Toll Free Number: N/A
E-mail: LZION@RenoRN.org Website: www.RenoRN.org
Managing Pharmacist: Lauren Elizabeth Zion License Number: 18522

Hours of Operation:

Monday thru Friday _____am _____pm
Saturday _____am _____pm
Sunday _____am _____pm
24 Hours ☒

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input checked="" 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 type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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