

April 2016 Meeting Minutes

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

Alexso Inc. – Los Angeles, CA

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

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

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

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

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

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

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

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

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

Board Action:

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

Second: Kirk Wentworth

Action: Passed Unanimously

July 2016 Meeting Minutes

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

Alexso, Inc. – Los Angeles, CA

Jennifer Gaynor was present as counsel representing Alexso, Inc.

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

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

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

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: Alexso Inc.

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

Mailing Address: (Same)

City: _____ State: _____ Zip Code: _____

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

Toll Free Number: 888-495-6078

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

Facility Manager: Troy Farahmand

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

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

97476

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes No

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes No

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

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

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

Within the last five (5) years:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

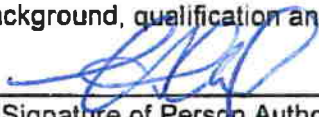
This page must be submitted for all types of ownership.

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

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

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

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


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

Troy Farahmand
Print Name of Authorized Person

6/23/17
Date

Board Use Only	Received: _____	Amount <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: (None)

Corporation Name: Alexso, Inc

Mailing Address: 2317 Cotner Avenue

City: Los Angeles State: CA Zip: 90064

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

Contact Person: Troy Farahmand

For any corporation non publicly traded, disclose the following:

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

a) Troy Farahmand Folkstone Lane, Los Angeles, CA 90077
Name Address

b) Hootan Melamed Wetherby Lane, Los Angeles, CA 90077
Name Address

c) _____
Name Address

d) _____
Name Address

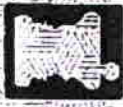
2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? \$1.00

4) What date did the corporation actually receive the cash assets? 05/01/2010

5) Provide a copy of the corporation's stock register evidencing the above information

Please see the attached document



Wholesale Drug Permit

LICENSE NO. WLS 6466
RECEIPT NO. 62980125



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

VALID UNTIL JANUARY 01, 2018

ALEXSO INC
2317 COTNER AVE
LOS ANGELES CA 90064

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder more than 10 percent share, change manager, vice president of operations, or designated representative in charge.

This permit is valid only at the address shown. **NON-TRANSFERABLE** POST IN PUBLIC VIEW

FORM WPM15 (12/31/83) WLS

12/16/18 The official status of this license can be verified at www.pharmacy.ca.gov



**State of California
Secretary of State**

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

ALEXSO, INC.

2. CALIFORNIA CORPORATE NUMBER

C3256201

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

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

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

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

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

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

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY.

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

H. Troy Farahmand

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

Type of Business

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

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

08/02/2016 HOOTAN TROY FARAHMAND PRESIDENT
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE

[Handwritten Signature]
SIGNATURE

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

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





**State of California
Secretary of State**

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FH94834

FILED

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

JAN-06 2017

1. CORPORATE NAME
ALEXSO, INC.

2. CALIFORNIA CORPORATE NUMBER
C3256201

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.
 If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to item 17.

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4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

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15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

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

01/06/2017 HOOTAN TROY FARAHMAND PRESENT
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 100269111

Application/License No. _____

ALEXSO, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2317 Colner Avenue, Los Angeles, CA 90064, AS
Address of Applicant/Principal
PRINCIPAL, and American Contractors Indemnity Company, a
Surety Company
corporation organized under the laws of the state of California
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
601 S. Figueroa St., Suite 1600, Los Angeles, CA 90017, AS
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 2/19/2016.

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 19th day of February, 2015.

APPLICANT/PRINCIPAL



Authorized Representative

SURETY



Surety Company's Representative



JEFF AASE
print name

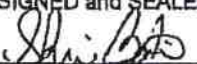
Attorney-in-fact

SIGNED and SEALED in the presence of:




Witness

SIGNED and SEALED in the presence of:



Witness



Witness



Witness

Countersigned by:



Nevada Resident Agent

William Joseph Mingram - License#217681