

A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SP Care, LLC dba C3 Pharmacy

Physical Address: 291 E. 1400 SOUTH, STE. 4

Mailing Address: same

City: St. George State: UT Zip Code: 84790

Telephone: 435-703-2273 Fax: 435-703-2274

Toll Free Number: 833-493-2273 (Required per NAC 639.708)

E-mail: accounting@C3pharmacy.com Website: www.c3pharmacy.com

Managing Pharmacist: Bret Heiner License Number: 7369569

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

96894

B

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: HM Pharmacy, Inc

Physical Address: 960 E Green St. Ste 152

Mailing Address: Same as Above

City: Pasadena State: Ca Zip Code: 91166

Telephone: 626-204-7426 Fax: 626-204-7417

Toll Free Number: 1(844)363-6097 (Required per NAC 639.708)

E-mail: Len. @ Michaels-pharmacy.com Website: Michaels-pharmacy.com

Managing Pharmacist: Henry De Lu License Number: 69449

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,

97037

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: 96th Street Rx Corp

Physical Address: 175 E 96th Street, New York, NY 10128

Mailing Address: 1047 Surf Avenue, 2nd Floor

City: Brooklyn State: NY Zip Code: 11224

Telephone: 646-979-2900 Fax: 646-661-2541

Toll Free Number: 844-643-5718 (Required per NAC 639.708)

E-mail: 96thstreetrxcorp@qrpgray.com Website: quickrxpharm.com

Managing Pharmacist: Maya Basin License Number: 047436

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,**

96930

D

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy

☐ Ownership Change

(Please provide current license number if making changes: PH _____)

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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

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: AccuServ Pharmacy

Physical Address: 8731 Route 30 Suite #1 North Huntingdon PA 15642

Mailing Address: 8731 Route 30 Suite #1

City: North Huntingdon State: PA Zip Code: 15642

Telephone: 724 515-7053 Fax: 877-526-8823

Toll Free Number: 866-213-9821 (Required per NAC 639.708)

E-mail: Hello@accuserverx.com

Website: www.accuserverpharmacy.com

Managing Pharmacist: Stephen Shaded License Number: RP449046

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.

97257

E

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☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Acutus Rx, LLC.
Physical Address: 385 W John St Hicksville, NY 11801
Mailing Address: same as above
City: Hicksville State: NY Zip Code: 11801
Telephone: (855) 830-6666 Fax: (855) 444-0059
Toll Free Number: (855) 830-6666 (Required per NAC 639.708)
E-mail: atboy@acutusrx.com Website: _____
Managing Pharmacist: _____ License Number: _____

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: prescription needs

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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: All Med Pharmacy

Physical Address: 1052 S Powerline Road Suite C

Mailing Address: 1052 S Powerline Road Suite C

City: Deerfield Beach State: FL Zip Code: 33442

Telephone: 885.241.0927 Fax: 855.889.6442

Toll Free Number: 885.241.0927 (Required per NAC 639.708)

E-mail: samantha@yourvaluedmed.com Website: N/A

Managing Pharmacist: Michael Chamikles License Number: PS14450

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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96891

G

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: **PH 03197**)

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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

**LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Ardon Health, LLC

Physical Address: 11835 NE Glenn Widing Drive, Portland, OR 97220

Mailing Address: PO Box 20338

City: Portland State: OR Zip Code: 97294

Telephone: (503) 444-6500 Fax: (855) 425-4104

Toll Free Number: (855) 425-4085 (Required per NAC 639.708)

E-mail: licensing@ardonhealth.com Website: www.ardonhealth.com

Managing Pharmacist: Kate S. Jelline License Number: RPH-0011887

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:

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H

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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: Avella Patient Access Program, Inc.

Physical Address: 100 Technology Park, Suite 157, Lake Mary, Florida 32746

Mailing Address: 24416 N. 19th Avenue, Phoenix, AZ 85085

City: _____ State: _____ Zip Code: _____

Telephone: 877 719 6360 Fax: 877 719 6361

Toll Free Number: 877 719 6360 (Required per NAC 639.708)

E-mail: teri.kinzle@avella.com Website: www.avella.com

Managing Pharmacist: Tamara Brown License Number: PS39574 (FL)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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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97115

I

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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: Beemans Redlands Pharmacy

Physical Address: 255 Terracina Blvd., Suite 103, Redlands, CA 92373-4870

Mailing Address: 11705 Slate Avenue, Suite 200, Riverside, CA 92505-5199

City: Redlands State: CA Zip Code: 92373-4870

Telephone: 909-792-2300 Fax: 855-725-1233

Toll Free Number: 800-291-1089 (Required per NAC 639.708)

E-mail: pharmacy@brothersspecialty.com Website: www.brothersspecialtyrx.com

Managing Pharmacist: James Homan License Number: 73027

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds ____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☒ ☐ Other: Mail Order

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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97001

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: Blondell Rx Corp
Physical Address: 1642 Eastchester Road, Bronx, NY 10461
Mailing Address: 1047 Surf Avenue, 2nd FL
City: Brooklyn State: NY Zip Code: 11224
Telephone: 347-691-3494 Fax: 347-691-3496
Toll Free Number: 800-496-6111 (Required per NAC 639.708)
E-mail: quickrxblondell@arpgray.com Website: quickrxpharm.com
Managing Pharmacist: Fari Basir License Number: 046056

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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96895

K

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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: Cancer Specialty Pharmacy

Physical Address: 17545 Gold Plaza

Mailing Address: _____

City: Omaha State: NE Zip Code: 68130

Telephone: 402-334-6100 Fax: 402-334-6118

Toll Free Number: 844-345-3500 (Required per NAC 639.708)

E-mail: darla@yoursp.com Website: _____

Managing Pharmacist: Darla DuRee License Number: 10608

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

L

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Canyon Medical Pharmacy, Inc.

Physical Address: 7265 S Revere Parkway, Suite 902

Mailing Address: 7265 S Revere Parkway, Suite 902

City: Centennial State: CO Zip Code: 80112

Telephone: 720.787.7147 Fax: 866.523.5404

Toll Free Number: 800.793.2890 (Required per NAC 639.708)

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

Managing Pharmacist: Margaret Henderson License Number: PHA.0016803

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,**

96892

M

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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: Caprock Pharmacy
Physical Address: 3007 50th St, LUBBOCK, TX, 79413
Mailing Address: 1680 Michigan Ave, #108
City: Miami Beach State: FL Zip Code: 33139
Telephone: 806-589-6333 Fax: 806-589-6330
Toll Free Number: (966) 422-3322 (Required per NAC 639.708)
E-mail: Mh@mhuh.com Website: _____
Managing Pharmacist: Keith Mele License Number: 46122

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,**

97170

N

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CareZone Pharmacy LLC

Physical Address: 800 Airpark Center Drive Ste 809 Nashville, TN 37217

Mailing Address: 3175 17th Street

City: San Francisco State: CA Zip Code: 94110

Telephone: 615-645-1892 Fax: 844-734-6207

Toll Free Number: 844-395-3964 (Required per NAC 639.708)

E-mail: notice@carezonepharmacy.com Website: N/A

Managing Pharmacist: Deleca Reynolds-Barnes License Number: TN 10608

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: compliance packaging

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

97159

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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: Coastline Pharmacy LLC
Physical Address: 2107 S US Highway 1 Jupiter, FL 33477
Mailing Address: 2107 S US Highway 1
City: Jupiter State: Florida Zip Code: 33477
Telephone: 866-758-1957 Fax: 866-766-4183
Toll Free Number: 866-758-1957 (Required per NAC 639.708)
E-mail: rhahn@coastlinrx.com Website: www.coastlinepharmacy.com
Managing Pharmacist: Ramona Hahn License Number: PS47082

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,

96931

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☒ **Publicly Traded Corporation** – Pages 1,2,3,7 ☐ **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: Express Scripts Specialty Distribution Services, Inc.

Physical Address: 4700 North Hanley Road, Suite A

Mailing Address: Same as above

City: St. Louis State: MO Zip Code: 63134

Telephone: 855-793-7737 Fax: 877-304-9042

Toll Free Number: 855-793-7737 (Required per NAC 639.708)

E-mail: CRHoffmeyer@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: Carolyn Bast License Number: 2009023439

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,**

97330

Q

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

☒ Publicly Traded Corporation - Pages 1,2,3,7

☒ 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: Fertility Pharmacy of America, LP

Physical Address: 1911 Church Street STE 201 Nashville TN 37203

Mailing Address: 1911 Church Street STE 201

City: Nashville State: TN Zip Code: 37203

Telephone: 844-449-8767 Fax: 844-357-0573

Toll Free Number: 844-449-8767 (Required per NAC 639.708)

E-mail: lucy@fertilitypharmacy.com Website: www.fertilitypharmacyofamerica.com

Managing Pharmacist: Billy Todd License Number: 9705 TN

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☒ ☐ Other: Mail

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,

96796

2

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

☐ 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: Hicare Pharmacy LLC

Physical Address: 7814 Alameda Rd, Houston, TX 77054

Mailing Address: 7814 Alameda Rd

City: Houston State: TX Zip Code: 77054

Telephone: 713-799-8880 Fax: 713-799-8882

Toll Free Number: 877-578-0906 (Required per NAC 639.708)

E-mail: hicarerx@gmail.com

Website: _____

Managing Pharmacist: Kathala Karole Kalukuta License Number: 50900

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,

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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: Intermountain Specialty Pharmacy

Physical Address: 4393 Riverboat Road Suite 101 Taylorsville, UT 84123

Mailing Address: Same as Pharmacy

City: _____ State: _____ Zip Code: _____

Telephone: 801.284.1114 Fax: 801.284.1115

Toll Free Number: 877.284.1114 (Required per NAC 639.708)

E-mail: SpecialtyLicensingPIC@imail.org Website: intermountainrx.org/specialtypharmacy

Managing Pharmacist: Ben Olsen License Number: 6675839-1701

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,**

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T

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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

☐ 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: MailMyPrescriptions.com

Physical Address: 622 Banyan Trail Ste 614, Boca Raton, FL, 33431

Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone: 800-811-2541 Fax: 561-203-3450

Toll Free Number: 800-964-9654 OR 888-858-8873 (Required per NAC 639.708)

E-mail: compliance@mailmyprescriptions.com Website: mailmyprescriptions.com

Managing Pharmacist: Briana Moe License Number: PS55393

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,

J

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)

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH 02942**)
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: Medcart Specialty Care, LLC dba Medcart Specialty Pharmacy

Physical Address: 32131 Industrial Rd. Livonia, MI 48150

Mailing Address: 250 E. Parkcenter Blvd.

City: Boise State: ID Zip Code: 83706

Telephone: 877-770-4633 Fax: 877-771-4633

Toll Free Number: 877-770-4633 (Required per NAC 639.708)

E-mail: rxlicenses@albertsons.com Website: www.medcartpharmacy.com

Managing Pharmacist: Krista Davison License Number: 5302039144 -MI

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,**

2

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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: D&D Pharma, LLC d/b/a MedScript Long Term Care Pharmacy

Physical Address: 14460 Getz Road, Suite 200 Noblesville, IN 46060

Mailing Address: 14460 Getz Road, Suite 200

City: Noblesville State: Indiana Zip Code: 46060

Telephone: 317-818-1059 Fax: 800-880-0052

Toll Free Number: 800-947-2711 (Required per NAC 639.708)

E-mail: contactus@medscriptrx.com Website: www.medscriptrx.com

Managing Pharmacist: Daniel Lynch License Number: 26024176A

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,

96797

W

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH02777)

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 Acquisition Co, LLC ; DBA: NewEra Pharmacy, LLC

Physical Address: 1286 SE Holgate Blvd C-2

Mailing Address: same

City: PORTLAND State: OR Zip Code: 97202

Telephone: 503-222-4822 Fax: 503-222-4868

Toll Free Number: 1-877-252-9393 (Required per NAC 639.708)

E-mail: Treharne.Tyler@gmail.com Website: www.newerapharmacy.com

Managing Pharmacist: Tyler Treharne License Number: RPH-0011874

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,**

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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

☐ 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: Pharmacena Labs LLC

Physical Address: 516 mineola ave Carle Place, NY 11514

Mailing Address: 516 Mineola ave Carle Place, NY 11514

City: Carle Place State: NY Zip Code: 11514

Telephone: (888) 623-5003 Fax: (914) 412-7535

Toll Free Number: (888) 623-5003 (Required per NAC 639.708)

E-mail: nelly@pharmacena.com Website: www.pharmacena.com

Managing Pharmacist: Lella Tahririan License Number: 1054038-1

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,

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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

☐ 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: PharmaCord

Physical Address: 11001 Bluegrass Parkway Ste 200 Louisville, KY 40299

Mailing Address: 6100 Dutchmans Lane 12th Floor

City: Louisville State: Kentucky Zip Code: 40205

Telephone: 502.805.3530 Fax: 502.805.3535

Toll Free Number: 866.743.0732 (Required per NAC 639.708)

E-mail: rx@pharmacord.com Website: https://pharmacord.com

Managing Pharmacist: Chad Forinash License Number: KY 14827 ; NV 17753

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,

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Z

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☒ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Southwest Community Pharmacy
Physical Address: 9769 Beechnut St Houston TX 77036
Mailing Address: 1052 S Powerline Road
City: Deerfield Beach State: FL Zip Code: 33442
Telephone: 713.272.7734 Fax: 713.272.7083
Toll Free Number: 8668333331 (Required per NAC 639.708)
E-mail: Sherine@medsolutions.info Website: n/a
Managing Pharmacist: Senait Yohanes License Number: 44863

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,

96927

AA

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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 ownershipPharmacy Name: Stapley Pharmacy EnterprisePhysical Address: 167 E. Main St, PO Box 1057Mailing Address: PO Box 1057City: Enterprise State: UT Zip Code: 84725Telephone: 435-878-2300 Fax: 435-878-2303Toll Free Number: 844-759-3255 (Required per NAC 639.708)E-mail: accounting@stapleypharmacy.com Website: www.stapleypharmacy.comManaging Pharmacist: Aaron Stapley License Number: 7101311**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,

91.292

AB

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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: FLYWHEEL HEALTHCARE LLC dba YOUNG AT HEART PHARMACY

Physical Address: 101 W 103RD ST INH-515, INDIANAPOLIS, IN 46290

Mailing Address: 101 W 103RD ST INH-515

City: INDIANAPOLIS State: IN Zip Code: 46290

Telephone: 866-308-4990 Fax: 877-513-6937

Toll Free Number: 866-308-4990 (Required per NAC 639.708)

E-mail: bharte@yahoo.com Website: www.yahrx.com

Managing Pharmacist: BARRY HART License Number: IN 26017136A

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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,

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CC

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ANLA Management Corp. DBA Absolute Wellness Pharmacy

Physical Address: 19720 Ventura Blvd. #100 Woodland Hills, CA 91364

Mailing Address: Same

City: Woodland Hills State: CA Zip Code: 91364

Telephone: (818) 912-6800 Fax: (818) 912-6989

Toll Free Number: 1-800-916-7554 (Required per NAC 639.708)

E-mail: awpharmacyrx@gmail.com Website: absolutewellnesspharmacy.com

Managing Pharmacist: Cheryl Lynn Johnson License Number: 09434 (Nevada)
RPH 40315 (California)

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,

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DD

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

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

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

☐ 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: Advanced Pharmacy Services

Physical Address: 12503 Exchange Drive Suite 536

Mailing Address: 12503 Exchange Drive Suite 536

City: Stafford State: TX Zip Code: 77477

Telephone: (713)391-2200 Fax: (832)202-2381

Toll Free Number: (800)378-9020 (Required per NAC 639.708)

E-mail: _____ Website: _____

Managing Pharmacist: Erum Naqvi License Number: 44859

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,**

EE

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

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 02143)
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: Foundation Care, LLC

Physical Address: 4010 Wedgeway Court Earth City, MO 63045

Mailing Address: 8427 South Park Circle, Ste 400

City: Orlando State: FL Zip Code: 32819

Telephone: 314-291-1122 Fax: 866-834-8523

Toll Free Number: 877-291-1122 (Required per NAC 639.708)

E-mail: Licensing@acariahealth.com Website: _____

Managing Pharmacist: Daniel P. Blakeley License Number: 17743

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☒ ☐ Internet Patients are able to request refills
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Specialty, Compounding

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,

appeared previously

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☒ 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: INNOVATIVE PHARMACY SOLUTIONSPhysical Address: 320 E. MAIN STREET SUITE B9

Mailing Address: _____

City: ANOKA State: MN Zip Code: 55303Telephone: 763-421-1788 Fax: 763-421-9229Toll Free Number: 844-805-9845 (Required per NAC 639.708)E-mail: SIMEN001@UMN.EDU Website: _____Managing Pharmacist: STEVE SIMENSON License Number: 112630

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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,

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GG

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 INFORMATIONFacility Name: Adare Pharmaceuticals IncPhysical Address: 845 Center DrMailing Address: sameCity: Vandalia State: OH Zip Code: 45377Telephone: 937-898-9669 Fax: 937-264-2656

Toll Free Number: _____

E-mail: paula.eichman@adarepharma.com Website: www.adarepharma.comFacility Manager: Juan Pablo GutierrezProfessional qualifications and experience of facility manager: See attachedTypes 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: _____

97005

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

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

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☒ 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: Aralez Pharmaceuticals US Inc.

Physical Address: 400 Alexander Park Drive, 3rd Floor

Mailing Address: 400 Alexander Park Drive, 3rd Floor

City: Princeton State: NJ Zip Code: 08540

Telephone: (609) 917-9330 Fax: (609) 294-4610

Toll Free Number: _____

E-mail: Licensingataralez.com Website: www.aralez.com

Facility Manager: Eric Trachtenberg

Professional qualifications and experience of facility manager: Corporate Secretary, General Counsel, Chief Compliance Officer

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: _____

II

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

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

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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 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: Athenex Pharma Solutions, LLC

Physical Address: 11342 Main Street, Clarence, NY 14031

Mailing Address: 11342 Main Street

City: Clarence State: NY Zip Code: 14031

Telephone: (716) 253-6502 Fax: (716) 418-7273

Toll Free Number: (877) 463-7823

E-mail: _____ Website: www.athenexsolutions.com

Facility Manager: James Hussey

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

| | | | |
|---------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> Pharmacies | <input type="checkbox"/> Practitioners | <input checked="" type="checkbox"/> Hospitals | <input type="checkbox"/> Wholesalers |
| <input type="checkbox"/> Other: _____ | | | |

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: _____ | |

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JJ

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

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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: Catalent CTS, LLC

Physical Address: 10245 Hickman Mills Drive

Mailing Address: 10245 Hickman Mills Drive

City: Kansas City State: MO Zip Code: 64137

Telephone: 816-767-3724 Fax: 816-767-7305

Toll Free Number: N/A

E-mail: tom.moon@catalent.com Website: www.catalent.com

Facility Manager: Charles Thomas Moon

Professional qualifications and experience of facility manager: Mr. Moon holds a Masters in Business Administration and BS in Industrial Engineering. He has held positions as Regional Director, VP of Operations, Plant Manager and General Manager for over 20 years, including the last 3 years as GM for Catalent CTS, LLC.

Types of licensed outlets or authorized persons firm will serve:

- ☒ Pharmacies
 ☒ Practitioners
 ☒ Hospitals
 ☒ Wholesalers
☒ Other: Distribute clinical supplies as contracted by our clients

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: clinical trial materials

KK

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

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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: CATALENT PHARMA SOLUTIONS, LLC

Physical Address: 3031 RED LION ROAD

Mailing Address: SAME

City: PHILADELPHIA State: PA Zip Code: 19114

Telephone: 215-501-1210 Fax: N/A

Toll Free Number: N/A

E-mail: corey.mcgeehan@catalent.com Website: WWW.CATALENT.COM

Facility Manager: Corey McGeehan

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 be firm:

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

96887

22

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: Denton Pharma, Inc

Physical Address: 119 Creamery Road

Mailing Address: 119 Creamery Road

City: North Blenheim State: NY Zip Code: 12131

Telephone: 518-827-7750 Fax: 866-223-8434

Toll Free Number: N/A

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

Facility Manager: Keith C. Graham

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

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

☐ Hypodermic Devices

☒ Veterinary Legend Drugs

manu

MM

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(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: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 1635 Stone Ridge Drive Stone Mountain, GA 30083-1118

Mailing Address: 570 Polaris Parkway Dept. 555

City: Westerville State: OH Zip Code: 43068

Telephone: (770)908-1103 Fax: N/A

Toll Free Number: N/A

E-mail: Diane.Grace@dhl.com Website: www.exel.com

Facility Manager: Thomas Antonio Flynn

Professional qualifications and experience of facility manager: Resume attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: class 2 medical devices

96933

NN

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: Dispensary of Hope, LLC

Physical Address: 2700 Brick Church Pike

Mailing Address: 2700 Brick Church Pike Nashville, TN 37207

City: Nashville State: TN Zip Code: 37207

Telephone: 615-736-5075 Fax: 615-736-5624

Toll Free Number: N/A

E-mail: danielle.basile@dispensaryofhope.org Website: www.dispensaryofhope.org

Facility Manager: Joshua Neil Kravitz

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: 501(c)3 charitable pharmacies 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: OTC, Topical, Vitamins, Liquids (oral), Ophthalmic, Injectables, Solid Dose

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(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: FedEx Supply Chain, Inc.
Physical Address: 6750 Legacy Blvd., Bldg. #2, Olive Branch, MS 38654
Mailing Address: 700 Cranberry Woods Dr.
City: Cranberry Twp. State: PA Zip Code: 16066
Telephone: 901-482-3110 Fax: —
Toll Free Number: 800-677-3110
E-mail: pharmalicensing@fmc.com Website: supplychain.fedex.com
Facility Manager: Seth McIntire
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: _____

97253

PP

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_01943)

☒ 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: Foundation Care, LLC

Physical Address: 4090 Wedgeway Court Earth City, MO 63045

Mailing Address: 8427 South Park Circle, Ste 400

City: Orlando State: Florida Zip Code: 63045

Telephone: 314-291-1122 Fax: 866-834-8523

Toll Free Number: 877-291-1122

E-mail: Licensing@acariahealth.com

Website:

Facility Manager: Daniel P. Blakeley

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other:

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☒ Other: Herbal prodcuts

Q6

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: GE Healthcare, Inc.

Physical Address: 100 Results Way, Marlborough MA 01752

Mailing Address: 4636 Somerton Road, Bldg. 11, Ste. C

City: Treose State: PA Zip Code: 19053

Telephone: 609-851-6440 Fax: 609-228-5826

Toll Free Number: NA

E-mail: catherine.saldanha@ge.com Website: www.gehealthcare.com

Facility Manager: Tony Kotarski

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Virtual Manufacturer

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: _____

97118

22

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

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

GENERAL INFORMATION

Facility Name: Glenmark Pharmaceuticals Inc., USA

Physical Address: 301 Island Rd., Mahwah, NJ 07430

Mailing Address: 750 Corporate Drive

City: Mahwah State: NJ Zip Code: 07430

Telephone: (201) 684-8000 Fax: (201) 831-0080

Toll Free Number: N/A

E-mail: Kalpana.Vanam@Glenmarkpharma.com Website: http://Glenmarkpharma.com/USA

Facility Manager: Derek F. Scott

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

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

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: _____

07117

SS

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

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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 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: Gordon Laboratories

Physical Address: 6801 Ludlow Street

Mailing Address: same as above

City: Upper Darby State: PA Zip Code: 19082

Telephone: 610-734-2011 Fax: 610-734-2049

Toll Free Number: 800-356-7870

E-mail: gordonlabs@att.net Website: gordonlabs.net

Facility Manager: David Dercher

Professional qualifications and experience of facility manager: Vice President with thirty years of experience managing the company.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: OTC / cosmetic topical pharmaceuticals

96890

TT

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: Halton Laboratories LLC

Physical Address: 400 Alexander Park Drive, 4th Floor

Mailing Address: 400 Alexander Park Drive, 4th Floor

City: Princeton State: NJ Zip Code: 08540

Telephone: (609) 917-9330 Fax: (609) 294-4610

Toll Free Number: _____

E-mail: Licensingataralez.com Website: www.haltonlaboratories.com

Facility Manager: Eric Trachtenberg

Professional qualifications and experience of facility manager: Corporate Secretary, General Counsel, Chief Compliance Officer

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: _____

96888

UU

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

GENERAL INFORMATION

Facility Name: Hema Biologics, LLC

Physical Address: 4441 Springdale Road

Mailing Address: 4441 Springdale Road

City: Louisville State: KY Zip Code: 40241

Telephone: 855-720-4362 Fax: 855-719-4362

Toll Free Number: N/A

E-mail: kmoles@usworldmeds.com Website: www.hemabio.com

Facility Manager: Rob Davis

Professional 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: _____

✓✓

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: <u>WH00573</u>) | |

| | |
|---|--|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 | <input type="checkbox"/> Partnership - Pages 1,2,3,6 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,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: ICU Medical Sales, Inc.

Physical Address: 13939 Borate Street Santa Fe Springs, CA 90670

Mailing Address: 600 N. Field Drive D- 283 Bldg HW1

City: Lake Forest State: IL Zip Code: 60045

Telephone: 562-921-0321 Fax: 562-921-7432

Toll Free Number: 714-788-8049

E-mail: wesley.davis@pfizer.com Website: www.icumed.com

Facility Manager: Phillip Batiste

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Pharmacies | <input type="checkbox"/> Practitioners | <input checked="" type="checkbox"/> Hospitals | <input checked="" type="checkbox"/> Wholesalers |
| <input checked="" type="checkbox"/> Other: <u>Manufacturers</u> | | | |

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 checked="" type="checkbox"/> Other: <u>Medical Devices, Injectables</u> | |

Vawd

WW

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 type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b | <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. | |

GENERAL INFORMATION

Facility Name: Independent Pharmacy Distributor LLC

Physical Address: 703 South Salisbury Street, Lexington, NC. 27292

Mailing Address: 703 South Salisbury Street

City: Lexington State: North Carolina Zip Code: 27292

Telephone: 336-843-4627 Fax: 336-843-1464

Toll Free Number: N/A

E-mail: tdavis@ipdpharma.com Website: www.ipdpharma.com

Facility Manager: Todd Davis

Professional qualifications and experience of facility manager: Has been in the Pharmacy business as an Operations Manager from 12/2012 to 7/2015 and The General Manager of Independent Pharmacy Distributor since 7/2015

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:

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

VAWD

97158

77

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: Medline Industries, Inc.

Physical Address: 3770 Hogum Bay Rd NE Lacey WA 98516

Mailing Address: Three Lakes Drive

City: Northfield State: IL Zip Code: 60093

Telephone: 847 643 4508 Fax: 866 780 9777

Toll Free Number: 1-800-MEDLINE

E-mail: mleonard@medline.com Website: www.medline.com

Facility Manager: Brandon Sublette

Professional qualifications and experience of facility manager: Please see attached resume #3

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies
 ☒ Practitioners
 ☒ Hospitals
 ☒ Wholesalers
☒ Other: Nursing Homes, Surgery Centers, Long Term Care

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: Cosmetics

97186

44

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 checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7 (LLC) |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION

Facility Name: Pharmsource, LLC.

Physical Address: 123 Newman Drive Brunswick, GA 31520

Mailing Address: 123 Newman Drive

City: Brunswick State: GA Zip Code: 31520

Telephone: 912-235-0480 Fax: 877-240-5344

Toll Free Number: n/a

E-mail: compliance.pharmsourcecellc@gmail.com Website: www.pharmsourcewholesale.com

Facility Manager: John B Peters

Professional qualifications and experience of facility manager: 18 years experience with sales, distribution, warehousing, and regulation.

Types of licensed outlets or authorized persons firm will serve:

| | | | |
|--|--|------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Pharmacies | <input type="checkbox"/> Practitioners | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Wholesalers |
| <input checked="" type="checkbox"/> Other: <u>Community Pharmacies</u> | | | |

Type of Products to be handled or wholesaled by firm:

| | |
|--|--|
| <input 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 checked="" type="checkbox"/> Other: <u>prescription drugs</u> | |

22

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

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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 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: Prescription Supply, Inc.

Physical Address: 2233 Tracy Road

Mailing Address: 2233 Tracy Road

City: Northwood State: OH Zip Code: 43619

Telephone: 419-661-6600 Fax: 419-661-6617

Toll Free Number: 800-777-0761

E-mail: CHarbauer@prescriptionsupply.com Website: www.prescriptionsupply.com

Facility Manager: Thomas G. Schoen, President

Professional qualifications and experience of facility manager: Owner, with company 54yrs,
BA in Business Admin, Served as: Buyer, Sales, Acctng, Assist to Pres, Corp Secy/Treas and President since 1976

Types of licensed outlets or authorized persons firm will serve:

| | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Pharmacies | <input checked="" type="checkbox"/> Practitioners | <input checked="" type="checkbox"/> Hospitals | <input checked="" type="checkbox"/> Wholesalers |
| <input checked="" type="checkbox"/> Other: <u>Government Facilities</u> | | | |

Type of Products to be handled or wholesaled be firm:

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

AAA

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 01788)☐ Publicly Traded Corporation – Pages 1,2,3,4☒ Partnership - Pages 1,2,3,6 *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 INFORMATIONFacility Name: Posey Products LLCPhysical Address: 2433-2443 Delta LaneMailing Address: 5635 Peck Road Arcadia, CA 91006City: Elk Grove Village State: IL Zip Code: 60007Telephone: 847.860.1176 Fax: 847.860.1123Toll Free Number: 800.447.6739E-mail: Legal@Posey.comWebsite: WWW.Posey.comFacility Manager: John MansProfessional qualifications and experience of facility manager: over 20 years in warehouse and distribution managementTypes 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: _____

BBB

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 01741**)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Partnership - Pages 1,2,3,6 *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: Posey Products LLC
Physical Address: 5635 Peck Road
Mailing Address: 5635 Peck Road
City: Arcadia State: CA Zip Code: 91006
Telephone: 626.4543.3143 Fax: 626.454.2194
Toll Free Number: 800.447.6739
E-mail: Legal@Posey.com Website: WWW.Posey.com
Facility Manager: Jonathan Hoopes, Director of Supply Chain and Logistics
Professional qualifications and experience of facility manager: 20 years experience in operational roles including medical device

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: _____

CCC

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 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

Facility Name: PROFICIENT RX LP

Physical Address: 3607 OLD CONEJO ROAD

Mailing Address: SAME

City: THOUSAND OAKS State: CA Zip Code: 91320

Telephone: 800-787-7824 Fax: 805-375-5766

Toll Free Number: 800-787-7824

E-mail: ADMIN@PROFICIENTRX.COM Website: WWW.PROFICIENTRX.COM

Facility Manager: CHRISTOPHER BAURER

Professional qualifications and experience of facility manager: 28 YEARS OPERATING PHARMACUETICAL FACILITIES, CA STATE LICENSED DR AND CA STATE PHARMACY TECHNICIAN, PTCB CERTIFIED

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: _____

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VAWD

DDD

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: Rising Pharmaceuticals, Inc.

Physical Address: 650 Randolph Rd., Somerset, NJ 08873

Mailing Address: 3 Pearl Court, Suite A/B

City: Allendale

State: NJ

Zip Code: 07401

Telephone: 201-961-9000

Fax: 201-961-1234

Toll Free Number: _____

E-mail: ddaigneault@risingpharma.com

Website: www.risingpharma.com

Facility Manager: Donna Daigneault

Professional qualifications and experience of facility manager: more than 17 years experience in the pharmaceutical industry, including executive management, operations, supply chain and compliance

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☐ Practitioners

☐ Hospitals

☒ Wholesalers

☒ Other: pharmacy chains, government

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 pharmaceuticals, dietary supplements

EEE

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: Sirtex Wilmington LLC

Physical Address: 16 Upton Drive, Units 2-4, Wilmington, MA 01887

Mailing Address: 300 Unicorn Park Drive

City: Woburn State: MA Zip Code: 01801

Telephone: 781-721-3800 Fax: 781-721-3880

Toll Free Number: N/A

E-mail: ccapps@sirtex.com Website: www.sirtex.com

Facility Manager: Charles J. Capps

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

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

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: _____

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(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: The Hibbert Group
Physical Address: 400 Pennington Avenue
Mailing Address: 400 Pennington Avenue
City: Trenton State: NJ Zip Code: 08618
Telephone: 609-394-7500 Fax: 609-222-6274
Toll Free Number: 1-888-Hibbert
E-mail: mmartinez@hibbertgroup.com Website: hibbertgroup.com
Facility Manager: Michael E. Martinez
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: _____

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: _____

GGG

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 Virtual Manufacturer | <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 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

Facility Name: Vitruvias Therapeutics, LLC

Physical Address: 670 N. College Street Ste B

Mailing Address: same as above

City: Auburn State: AL Zip Code: 36830

Telephone: 334-325-5601 Fax: 334-329-5603

Toll Free Number: 844-451-5944

E-mail: sara@vitruvias.com Website: www.vitruvias.com

Facility Manager: Carl Whatley - General Manager

Professional qualifications and experience of facility manager: NONE Required,
Chairman of the Board

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: _____

96932

HHH

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: ADVANCE DIABETIC SUPPLY, INC

Physical Address: 7800 FOSTER STREET, OVERLAND PARK, KS 66204
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME AS ABOVE

City: _____ State: _____ Zip Code: _____

Telephone: 866-638-3559
913-681-1134 Fax: 866-638-5932

E-mail: LICENSING@LIVEWELLHOLDINGS.NET Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 AM to 4:30 PM Tue: 9 AM to 4:30 PM Wed: 9 AM to 4:30 PM Thu: 9 AM to 4:30 PM

Fri: closed to Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: JAMES LETKO

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 (Non Custom) |
| <input type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Other: <u>Diabetic Shoes</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: _____

111

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: Better Living Now, Inc.

Physical Address: 185 Osier Avenue
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Hempstead State: NY Zip Code: 11788

Telephone: 1-800-854-5729 Fax: 1-800-654-7515

E-mail: Contracts@betterlivingnow.com Website: www.BetterLivingNow.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 10pm Tue: 8am to 10pm Wed: 8am to 10pm Thu: 8am to 10pm

Fri: 8am to 10pm Sat: 9am to 10pm Sun: - to - Holidays: - to varies

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Todd Pyrexia

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>Disposable medical 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: _____

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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: Document Support Solutions, LLC

Physical Address: 2226 W. Northern Ave. Suite C201, Phoenix, AZ 85021
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2226 W. Northern Ave. Suite C 201

City: Phoenix State: AZ Zip Code: 85021

Telephone: 866-953-5556 Fax: 602-899-4147

E-mail: sales@dssllc.biz Website: sales@dssllc.biz

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7 to 3 Tue: 7 to 3 Wed: 7 to 3 Thu: 7 to 3
Fri: 7 to 1 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tricia Hammond

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 Prosthethics |
| <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: _____

96886

KKK

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

| | |
|--|---|
| <input type="checkbox"/> New MDEG | <input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP00748</u>) |
| <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: Foundation Care, LLC

Physical Address: 4010 Wedgeway Court Earth City, MO 63045
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8427 South Park Circle, Ste 400

City: Orlando State: FL Zip Code: 32819

Telephone: 314-291-1122 Fax: 866-834-8523

E-mail: Licensing@acariahealth.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8a to 6p Tue: 8a to 6p Wed: 8a to 6p Thu: 8a to 6p
Fri: 8a to 6p Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Daniel P. Blakeley

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

- | | |
|---|--|
| <input 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 checked="" 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: _____

111

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

☐ New MDEG

☒ Ownership Change

(Please provide current license number if making changes: MP or MW MP00963)

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

☐ Partnership – Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: Freedom Medical Services Inc.

Physical Address: 551 NW 77th St Ste 204 Boca Raton FL 33487
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 551 NW 77th St Ste 204

City: Boca Raton State: FL Zip Code: 33487

Telephone: 561-338-4900 Fax: 561-3384904

E-mail: RROccaduncar@FreedomMedical.com Website: FreedomMedicalServices.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9³⁰ to 6⁰⁰ Tue: 9³⁰ to 6⁰⁰ Wed: 9³⁰ to 6⁰⁰ Thu: 9³⁰ to 6⁰⁰

Fri: 9³⁰ to 12⁰⁰ Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Charles Thurman

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: Catheter

**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: _____

MMM

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>MP01062</u>) | |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 | <input type="checkbox"/> Partnership – Pages 1,2,3,6 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5 | <input type="checkbox"/> Sole Owner – Pages 1,2,3,7 |
| Please check box for type of ownership and complete correct part of the application. | |

FACILITY INFORMATION

Facility Name: Geneva Woods Health Supplies

Physical Address: 6600 NE 112th CT, STE 103, Vancouver, WA 98662-5494
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6600 NE 112th CT, STE 103

City: Vancouver State: WA Zip Code: 98662-5494

Telephone: 360-694-7377 Fax: 360-694-3738

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 7:00am to 7:00pm Sat: 9:00am to 5:00pm Sun: 1:00am to 3:00pm Holidays: to CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Amy Degon

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

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Durable Medical Equipment and 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: Amy Degon Telephone: 888-520-5132

NNN

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 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: MATHESON TRI-GAS, INC

Physical Address: 1100 HENLEY ST
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1916 2ND ST. NW ALBUQUERQUE NM 87102

City: Richmond State: CA Zip Code: 94801

Telephone: 510-234-8062 Fax: 510-234-2728

E-mail: BSTANAGE@MATHESONGAS.COM Website: WWW.MATHESONGAS.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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: LIONEL RUIZ

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

- | | |
|--|---|
| <input checked="" 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> </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: BILL McBRIDE Telephone: 775-359-5211

210817

060

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: MATHESON TRIGAS, INC

Physical Address: 9920 DEER PARK ROAD PO BOX 190
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1916 2ND STREET NW ALBUQUERQUE NM 87102

City: DAYZLEY State: NE Zip Code: 68462

Telephone: 402-786-3060 Fax: 402-786-3020

E-mail: BSTANAGE@MATHESONGAS.COM Website: www.mathesongas.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7AM to 5PM Tue: 7AM to 5PM Wed: 7AM to 5PM Thu: 7AM to 5PM

Fri: 7AM to 6PM Sat: -- to -- Sun: -- to -- Holidays: -- to --

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: MIKE PASEKA

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

- | | |
|--|---|
| <input checked="" 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: _____ |

**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: BILL MCBRIDE Telephone: 775-359-6211

96816

PPP

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 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: Right Track Wellness

Physical Address: 2460 Ash Street, Vista, CA 92081
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3330 Caminito Daniella

City: Del Mar State: CA Zip Code: 92014

Telephone: 888.313.2221 Fax: N/A

E-mail: andrew@rtwellness.org Website: www.rtwellness.org

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: NO to Sun: NO to Holidays: NO to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Andrew Cross

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: N/A

Telephone: _____

QQQ

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 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: SyMed, Inc.

Physical Address: 2502 North Clark Street Suite 210 Chicago IL 60614
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2502 North Clark Street Ste 210

City: Chicago State: IL Zip Code: 60614

Telephone: 773-477-8991 Fax: 773-347-1770

E-mail: pgoncharova@miomed.com Website: www.miommed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Polina Goncharova

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>Braces, Stabilizers, Canes, Crutches, Cold Therapy, CPM, DVT - Compression Stockings, Post Op Shoes, Bone Growth Stimulators</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: _____

RRR

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: A1C Pharmacy
 Physical Address: 4601 W Sahara Ave, Suite P, Las Vegas NV 89102
 Mailing Address: Same as above
 City: Las Vegas State: NV Zip Code: 89102
 Telephone: 702-879-5212 Fax: _____
 Toll Free Number: _____
 E-mail: a1cpharmacyinc@gmail.com Website: _____
 Managing Pharmacist: Peter Chi Wong License Number: 18738

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 9 am 1 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 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 |

97256

SSS

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

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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 L Pages 1,2,3,7,8a,8b | <input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation L Pages 1,2,4a,4b,7,8a,8b | <input type="checkbox"/> Sole Owner L 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: **All in One Pharmacy**

Physical Address: **890 Mill St. #203**

Mailing Address: **890 Mill St. #203**

City: **Reno** State: **Nevada** Zip Code: **89502**

Telephone: **(775) 507-4291** Fax: **(775) 507-4294**

Toll Free Number: **(877) 203-4311**

E-mail: **egonzalez@aiopharmacy.com** Website: **aiopharmacy.com**

Managing Pharmacist: **Han Verhoeve** License Number: **14973**

Hours of Operation:

Monday thru Friday **9:00** am **5:00** pm

Saturday **closed** am **closed** pm

Sunday **closed** am **closed** 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

TK

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

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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 checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CVS/pharmacy # 10861

Physical Address: 8491 Farm Rd., Las Vegas, NV 89131

Mailing Address: One CVS Dr, Licensing dept/MC1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 401-765-1500 Fax: 401-765-7887

Toll Free Number: N/A

E-mail: Therese.Switzer@cvshealth.com Website: N/A

Managing Pharmacist: Matthew Forster License Number: 14289

Hours of Operation:

Monday thru Friday 8:00 am 10:00 pm Saturday 9:00 am 6:00 pm
 Sunday 10:00 am 6:00 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 type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input 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 |

97280

UUU

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

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

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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 checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DE Sahara, LLC dba Dignity Health - St. Rose Dominican Sahara Campus

Physical Address: 4980 W. Sahara Ave, Las Vegas, NV 89146

Mailing Address: 8686 New Trails Dr.

City: The Woodlands State: TX Zip Code: 77381

Telephone: 713-216-7365 Fax: 713-637-1305

Toll Free Number: _____

E-mail: tamarah.walker@emerus.com Website: www.strosenh.org

Managing Pharmacist: Heather Grolet, PharmD License Number: 19003

Hours of Operation:

Monday thru Friday _____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours x

TYPE OF PHARMACY

SERVICES PROVIDED

| | |
|--|--|
| <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Hospital (# beds <u>8</u>) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care |
|--|--|

VW

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

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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 checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Green Valley Pharmacy
Physical Address: 2245 N. Green Valley PKWY
Mailing Address: Same as physical address
City: Henderson State: NV Zip Code: 89014
Telephone: ~~702~~ Pending Fax: Pending
Toll Free Number: NA
E-mail: NA Website: NA
Managing Pharmacist: Akwudike John Anozie License Number: 15659

Hours of Operation:

Monday thru Friday 9⁰⁰ am 7⁰⁰ pm
Saturday 9⁰⁰ am 3⁰⁰ pm
Sunday closed am _____ pm
24 Hours NO

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 type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input 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 |

96908

www

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

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(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: Sunrise Pharmacy

Physical Address: 2560 E Sunset RD #102

Mailing Address: 2560 E Sunset RD #102

City: Las Vegas State: NV Zip Code: 89120

Telephone: 855-200-2100 Fax: 855-631-4115

Toll Free Number: 855-200-2100

E-mail: sunrisepharmlv@yahoo.com Website: N/A

Managing Pharmacist: Tamara Angeles License Number: 19070

Hours of Operation:

Monday thru Friday 9:00 am 5:00 pm Saturday NA am NA pm
Sunday NA am NA pm 24 Hours NA

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

XXX

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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| | | | |
|---|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> New Pharmacy | <input type="checkbox"/> Ownership Change | <input type="checkbox"/> Name Change | <input type="checkbox"/> Location Change |
| (Please provide current license number if making changes: PH _____) | | | |

| | |
|---|--|
| <input checked="" 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 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: Walmart Pharmacy 10-2483

Physical Address: 6973 Blue Diamond Road

Mailing Address: 508 SW 8th Street Bentonville, AR 72716-0500

City: Las Vegas State: NV Zip Code: 89178

Telephone: pending Fax: pending

Toll Free Number: N/A

E-mail: jessica.burns@walmart.com Website: N/A

Managing Pharmacist: Jade Maddox License Number: _____

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 7 pm

Sunday 10 am 6 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 type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input 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 |