NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

March 3-4, 2021

Zoom
https://zoom.us/j/5886256671
Meeting ID: 5886256671

Please do not remove the book from the meeting room.

Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: February 18, 2021

AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, March 3, 2021 at 9:00 am. The meeting will continue, if necessary, on Thursday,March 4, 2021 at 9:00 am or until the Board concludes its business at the following location:

Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom:
https://zoom.us/j/5886256671

or

Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Please Note:

In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety and welfare of the public.

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

The Nevada State Board of Pharmacy may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to three minutes per person. You may call into the videoconference by following the link or calling the phone number listed above. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that after the quasi-judicial board or commission has rendered a decision in the contested case and, assuming this happens before adjournment, the board or commission may entertain public comment on the proceeding at that time**.**

1. Call to Order and Roll Call – Establishment of Quorum

2. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

◈ CONSENT AGENDA ◈

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

3. Approval of the January 13, 2021 Meeting Minutes (**FOR POSSIBLE ACTION)**

4. 4.1 Applications for Out-of-State Pharmacy License – Non-appearance (**FOR POSSIBLE ACTION**)

A. Advances Diabetes Supply – Carlsbad, CA
B. Allergy Partners Therapeutics – Asheville, NC
C. Bristol Pharmacy – Flower Mound, TX
D. Free State Pharmacy, LLC – Lawrence, KS
E. JourniRx, Inc. – Portland, OR
F. Kingsley Rx – Orange Park, FL
G. Lumicera Health Services, LLC – Gaithersburg, MD
H. OnePoint Patient Care – Tempe, AZ
I. Pembrooke Health Services LLC – Waldorf, MD
J. PFSP – Rahway, NJ
K. Valley Vet Supply – Marysville, KS
L. Wegmans Food Markets, Inc. – Cheektowaga, NY

4.2 Application for Out-of-State Compounding Pharmacy License – Non-appearance (**FOR POSSIBLE ACTION**)

M. Broadway Apothecary – Eugene, OR
N. Clark's Pharmacy Rx – Carefree, AZ
O. Covetrus Pharmacy Services, LLC – Phoenix, AZ
P. DeliverCareRx Pharmacy, LLC – Livermore, CA

Q. Elements Compounding Pharmacy – Mesa, AZ
R. Schaefer Drugs, Inc. – Wellington, FL
S. Smith Drug Co. – Pleasant Grove, UT
T. Your Health Pharmacy – Pompano Beach, FL

4.3 Applications for Out-of-State Medical, Devices, Equipment and Gases License – Non-appearance (**FOR POSSIBLE ACTION**)

U. Empire DME, Inc. – Brooklyn, NY
V. ProCare Biomedical Repair, LLC – Houston, TX
W. Strive Medical LLC – Irving, TX

4.4 Applications for Nevada Medical, Devices, Equipment and Gases License – Non-appearance (**FOR POSSIBLE ACTION**)

4.5 Applications for Out-of-State Wholesaler License – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

4.5.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

4.5.2 Manufacturer (NAC 639.593(7)(d))

X. Aimmune Therapeutics, Inc. – Brisbane, CA
Y. Ascendis Pharma, Inc. – Palo Alto, CA
Z. Devatis, Inc. – San Clemente, CA
AA. Kyowa Kirin, Inc. – Bedminster, NJ
BB. Purisys, LLC – Athens, GA
CC. Saol Therapeutics, Inc. – Roswell, GA
DD. TWi Pharmaceuticals USA, Inc. – Paramus, NJ
EE. Virtus Pharmaceuticals, LLC – Bristol, PA

4.5.3 Publicly Traded (NAC 639.593(7)(a))

FF. MacroGenics, Inc. – Rockville, MD

4.5.4 VAWD-Accredited (NAC 639.593(7)(c))

GG. Dynasty Pharmaceuticals, Inc. – Lynnwood, WA
HH. Independent Pharmacy Distributor LLC – High Point, NC

4.5.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

4.5.5 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

II. Alexion Pharmaceuticals, Inc. – New Haven, CT

JJ. Assertio Therapeutics, Inc. – Lake Forest, IL
KK. Orphazyme US, Inc. – Chicago, IL

4.5.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

4.5.7 **Background checks completed in compliance with NRS 639.500. No Disqualifying Events.**

LL. Amatheon Animal Health, LLC – Miami, FL

4.6 Application for Nevada Wholesaler License – Non-Appearance (**FOR POSSIBLE ACTION**)

Publicly Traded (NAC 639.593(7)(a))

MM. Bioverativ U.S. LLC – Reno, NV

4.7 Application for Nevada Pharmacy License – Non-appearance **(FOR POSSIBLE ACTION)**

NN. ER at S. Las Vegas Blvd. – Las Vegas, NV
OO. Grover C. Dils Medical Center – Caliente, NV

◈ REGULAR AGENDA ◈

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

A. Charles Fleisher, MD (20-227-CS-S)
B. Michael L. Gerber, H.M.D (17-015-CS-N)
C. Eric Martin Math, MD (19-083-CS-N)
D. Daniel Niel, RPH (20-090-RPH-S)
E. Vidur Mahadeva, MD (20-111-CS-N)

6. Applications for Pharmaceutical Technician in Training Registration– Appearance. (**FOR POSSIBLE ACTION)**

A. Jazmine Hewitt
B. Joseph Repetti

7. Applications for Pharmaceutical Technician Registration– Appearance. (**FOR POSSIBLE ACTION)**

A. Leslie Costanza
B. Kishan Desai
C. Athiena Stafford

8. Applications for Controlled Substance Registration– Appearance. (**FOR POSSIBLE ACTION)**

   Ryan Doucette

9. Application for Nevada Pharmacy License – Appearance (**FOR POSSIBLE ACTION**)

   A. Atlas Pharmacy and Medical Supply – Las Vegas, NV
   B. One Point Patient Care – Las Vegas, NV
   C. Optum Frontier Therapies II, LLC – Las Vegas, NV
   D. Silver State Drug – Caliente, NV
   E. Value Pharmacy – North Las Vegas, NV

10. Applications for Out-of-State Compounding Pharmacy License – Appearance (**FOR POSSIBLE ACTION**)

   A. AlleReach Pharmacy – Dallas, TX
   B. Carolina Infusion – Ridgeland, SC
   C. Dragonfly Infusion Services – Wintersville, OH
   D. Meds In Motion – Draper, UT

11. Applications for Out-of-State Pharmacy License – Appearance

   A. Nextcare Pharmacy – Houston, TX
   B. TheraCom – Brooks, KY

12. Application for Nevada Medical, Devices, Equipment and Gases License – Appearance (**FOR POSSIBLE ACTION**)

   A. Aircare Medical Inc. – Henderson, NV
   B. Barber DME Supply Group – Nellis AFB, NV
   C. Kinex Medical Company – Las Vegas, NV
   D. Patients Choice LLC – North Las Vegas, NV
   E. VieMed – Reno, NV

13. Application for Nevada Wholesaler License – Appearance (**FOR POSSIBLE ACTION**)

   A. Lincare, Inc. – Sparks, NV – Background Check Not Required - Manufacturer (NAC 639.593(7)(d)) – Disclosure
   B. Optum Frontier Therapies II, LLC – Background Check Not Required – Publicly Traded (NAC 639.593(7)(a)) - Disclosure

14. Applications for Out-of-State Wholesaler License – Appearance (**FOR POSSIBLE ACTION**)

   A. Animal Health International, Inc. – Red Bluff, CA – Background check completed. No Disqualifying Events- Disclosure

B. Celgene Corporation – Allentown, PA - Background Check Not Required - Manufactuer and VAWD-Accredited (NAC 639.593 (7)(c) and (d)) - Disclosure
C. Celgene Corporation – Summit, NJ - Background Check Not Required - Manufactuer (NAC 639.593 (7)(d)) - Disclosure
D. Huvepharma, Inc. – St. Louis, MO – Background Check Not Required - Manufactuer (NAC 639.593 (7)(d)) – Disclosure
E. ICU Medical Sales, Inc. – Lancaster, TX – Background check completed. Disqualifying Events - Disclosure
F. Pharmacia & Upjohn Company LLC – Kalamazoo, MI – Publicly Traded and Manufacturer (NAC 639.593 (7)(a) and (d)) – Disclosure
G. Upjohn US 1 LLC – Peapack, NJ - Publicly Traded and Manufacturer (NAC 639.593 (7)(a) and (d))

15. Application for Out-of-State Outsourcing Facility – Appearance (**FOR POSSIBLE ACTION**)

A. Eagle, Inc. – Hoover, AL
B. Fagron Sterile Services LLC – Wichita, KS
C. Nephron Sterile Compounding Center, LLC – West Columbia, SC
D. Wells Pharma of Houston, LLC – Houston, TX

16. Application for Pharmacist Registration by Reciprocation – Appearance (**FOR POSSIBLE ACTION**)

Audrey Cho

17. Request for approval of Continuing Education provided by the Nevada Geriatric Education Center: (**FOR POSSIBLE ACTION**)

High-risk Medications: Prescribed and Non-prescribed; Mobility and Independence: Impact of Frailty and Falls.

18. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

19. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. COVID-19 Response
F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration

◈ PUBLIC HEARING ◈

Wednesday, March 3, 2021 – 1:30 pm

20. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

Amendment of Nevada Administrative Code (NAC) 453.510: Schedule 1. The proposed amendment to NAC 453.510 will add certain benzodiazepines to the controlled substances listed in schedule 1. (LCB File No. R143-20)

◈ WORKSHOP ◈

Wednesday, March 3, 2021 – 1:30 pm

21. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

A. **Amendment Of Nevada Administrative Code (NAC) 639.715, 639.718 and 639 .720: Use of Mechanical Device to Dispense Prescription Drugs**. The proposed amendments will license the use of a mechanical device to furnish a prescription drug to a patient and revise regulatory requirements for mechanical devices.

B. **Amendment Of Nevada Administrative Code (NAC) Chapter 453: Prescription Monitoring Program integration**. The proposed amendments will regulate the integration of the records of patients in the database of the computerized program established pursuant to NRS 453.162 with the electronic health records of practitioners.

22. Date and Location of Next Scheduled Board Meeting:

April 14 & 15, 2021 – Las Vegas, NV

23. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

24. Adjournment

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Kristopher Mangosing at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email shunting@pharmacy.nv.gov or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

No Continuing Education credit, will be given for attending this Board meeting.

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to Governor's Declaration of Emergency Directive 006.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

January 13, 2021

BOARD MEETING

Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom:
https://zoom.us/j/5886256671

or

Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Courtney Lee
Brett Kandt	Joe Dodge	Dena McClish	Kristopher Mangosing
Sophia Long	Ken Scheuber	Shannon Reichman	

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

1. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present and a quorum was established.

2. Public Comment January 13, 2021, 9:14 AM

There was no Public Comment.

3. Approval of the December 2, 2020, Meeting Minutes

Board Action:

Motion: Wayne Mitchell moved to approve the December 2, 2020 minutes

Second: Jade Jacobo

Action: Passed unanimously.

4. 4.1 Applications for Out-of-State Pharmacy License – Non-appearance

A. C3 Pharmacy – St. George, UT
B. Cary Rx Incorporated – Washington DC
C. CoAssist Pharmacy, LLC – Orlando, FL
D. Continued Care LTC Pharmacy Idaho LLC – Boise, ID
E. Eagle Pharmacy – Lakeland, FL
F. Health Haven Pharmacy – Nashua, NH
G. MedWiseRx – Phoenix, AZ

4.2 Application for Out-of-State Compounding Pharmacy License – Non-appearance

H. Children's Hospital Los Angeles Specialty Pharmacy – Los Angeles, CA
I. Nationwide Compounding Rx, LLC – Scottsdale, AZ

4.3 Applications for Out-of-State Medical, Devices, Equipment and Gases License – Non-appearance

J. Embody, Inc. – Norfolk, VA
K. First Nation Group, LLC – Detroit, MI
L. First Nation Group, LLC – Ft. Myers, FL.
M. Mohawk DME – Akwesasne, NY

4.4 Applications for Out-of-State Wholesaler License – Non-appearance

Background Check Not Required by Law.

4.4.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

4.4.2 Manufacturer (NAC 639.593(7)(d))

N. Aurinia Pharma U.S., Inc. – Rockville, MD
O. Metuchen Pharmaceuticals, LLC – Manalapan Township, NJ
P. Myovant Sciences, Inc. – Brisbane, CA
Q. Solco Healthcare U.S. LLC – Somerset, NJ
R. Urovant Sciences, Inc. – Irvine, CA
S. Xiros, Inc. – Mansfield, MA

4.4.3 Publicly Traded (NAC 639.593(7)(a))

T. McKesson Medical-Surgical Inc.

4.4.4 VAWD-Accredited (NAC 639.593(7)(c))
None

4.5.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

U. Precision Dose, Inc. – South Beloit, IL

4.4.5 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

V. Harmony Biosciences, LLC – Plymouth Meeting, PA
W. Portola Pharmaceuticals, LLC – South San Francisco, CA
X. Zyla Life Sciences US Inc. – Wayne, PA

4.4.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))
None

4.4.7 **Background checks completed in compliance with NRS 639.500. No Disqualifying Events.**

Y. Astor Pharmaceuticals LLC – Holtsville, NY
Z. Oakrum Pharma, LLC – St. Louis, MO
AA. Premier Pharmaceuticals LLC – Boise, ID
BB. Redwood Distribution – El Paso, TX
CC. Sobi, Inc. – Waltham, MA
DD. US VET, INC. – Liverpool, NY

Krystal Freitas expressed concern that the Facility Manager for Consent Agenda Item 4BB may not meet the requirements and asked that it be pulled from the Consent Agenda.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda with the exception of Item 4BB.

Second: Krystal Freitas

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247.

A. Kiarash L. Mirkia, MD (19-090-CS-S)

Kiarash Mirkia appeared and was sworn by President park prior to answering questions or offering testimony.

Melanie Thomas was present as counsel representing Dr. Mirkia.

Brett Kandt, General Counsel, summarized the facts of the case and presented a Stipulation and Order for the Board's consideration.

The Stipulation and Order shall be considered public reprimand. Controlled substance registration number CS15197 for Dr. Mirkia shall remain in inactive status until proof that his License Number 12548 to practice medicine from the Nevada State Board of Medical Examiners is active and in good standing. Dr. Mirkia must appear before the Board and petition for reinstatement of his Controlled Substance Registration.

Dr. Mirkia shall pay a fine of $1,500 to the state of Nevada and shall pay $1,000 to the Board for recoverable attorney fees and costs.

Ms. Thomas had no objections to the Stipulation and Order presented and Mr. Kandt's summary of the case.

Board Action

Motion: Wayne Mitchell moved to accept the Stipulation and Order as presented.

Second: Jade Jacobo

Action: Passed unanimously.

B. John Phoenix, APRN (19-143-CS-S)

John Phoenix appeared and was sworn by President Park prior to answering questions or offering testimony.

Tracy Singh was present as counsel representing Mr. Phoenix.

Mr. Kandt summarized the facts of the case and presented a Stipulation and Order for the Board's consideration.

The Stipulation and Order shall serve as a public reprimand. Mr. Phoenix shall pay $950 to the Board for recoverable attorney fees and costs.

Ms. Singh had no objection to the Stipulation and Order presented and Mr. Kandt's summary of the case.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order as presented.

Second: Jade Jacobo

Action; Passed unanimously.

C. Erika Smith, DDS (19-123-CS-S)

Dr. Smith was not present.

Mr. Kandt called Shirley Hunting, Board Coordinator, as a witness.

Ms. Hunting appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Hunting testified that she sent Dr. Smith the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that Dr. Smith was properly served at her address of record.

Mr. Kandt asked that Exhibit A be admitted into the record.

President Park admitted Exhibit A into the record.

Mr. Kandt presented Exhibit A to the Board. Exhibit A was documentation that Board Staff properly noticed Dr. Smith by certified mail to her address of record.

Ken Scheuber, Board Investigator, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Scheuber answered Mr. Kandt's questions regarding a phone conversation Mr. Scheuber had regarding serving Dr. Smith her Notice of Intended Action and Accusation.

Mr. Kandt stated that the Notice of Intended Action and Accusation were also emailed to Dr. Smith's email address of record.

Mr. Kandt stated that Board Staff properly noticed Dr. Smith and asked that the Board move to find that the respondent has been properly noticed in compliance with NRS 639.242.

Board Action:

Motion: Jade Jacobo moved to find that respondent Dr. Erika Smith was properly noticed in compliance with NRS 639.242

Second: Richard Tomasso

Action: Passed unanimously.

Mr. Kandt asked the Board to find that they have jurisdiction over this matter as stated in paragraph one of the Notice of Intended Action and Accusation,

Board Action:

Motion: Jade Jacobo moved that the Board has jurisdiction over this matter.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt asked that the Board make Findings of Fact consistent with paragraphs two and three of the Accusation, that Erika Smith's license to practice as a dentist was revoked by the Nevada State Board of Dental Examiners. She was later served with Notice of Intended Action and Accusation by the Nevada Board of Pharmacy, and that the revocation of her license to practice dentistry operated as the immediate suspension of her registration with the Board.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs two and three of the Accusation, that Erika Smith's license to practice as a dentist was revoked by the Nevada State Board of Dental Examiners and that she was served with Notice of Intended Action and Accusation by the Nevada Board of Pharmacy. The revocation of her license to practice dentistry operated as the immediate suspension of her registration with the Board.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt asked that the Board move to make Conclusions of Law consistent with paragraphs four through nine of the Accusation, and the Causes of Action alleged therein.

Board Action:

DRAFT

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs four through nine of the Accusation, and the Causes of Action alleged therein

Second: Richard Tomasso

Action: Passed unanimously.

Mr. Kandt asked that the Board revoke Erika Smith's Controlled Substance Registration number CS17603, effective immediately, and be effective for a minimum of one year before she may petition for reinstatement.

Board Action:

Motion: Jade Jacobo moved to revoke Erika Smith's Controlled Substance Registration number CS17603, effective immediately, and be effective for a minimum of one year before she may petition for reinstatement.

Second: Rolf Zakariassen

Action: Passed unanimously.

D. Derek Braddix, APRN (17-125-CS-A-N)

Derek Braddix appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Kandt summarized the facts of the case and stated that Mr. Braddix provided additional documents, and requested that they be admitted into the record.

President Park admitted the documents into the record.

Mr. Braddix stated that his APRN license was not renewed in November 2020. As his license is expired, he asked that no action be taken against his license.

Mr. Kandt provided insight into the legalities surrounding Mr. Braddix's DEA Surrender for Cause.

Mr. Braddix answered questions regarding the investigation of his DEA registration.

Mr. Kandt asked the Board to move that they have jurisdiction over this matter as alleged in paragraph one of the Accusation.

Board Action:

Motion: Wayne Mitchell moved that the Board has jurisdiction over this matter as stated in Paragraph one of the Accusation.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Kandt asked that the Board make Findings of Fact consistent with paragraphs two, three and four of the Accusation, and an additional Finding of Fact that the respondent's license with the Nevada State Board of Nursing expired on or about November 8, 2020.

Board Action:

Motion: Wayne Mitchell moved to make Finding of Facts consistent with paragraphs two, three, and four of the Accusation, and an additional Finding of Fact that Mr. Braddix's license with the Nevada State Board of Nursing expired on or about November 8, 2020.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Kandt asked the Board to make Conclusions of Law consistent with paragraphs five and six of the Accusation, and an additional Conclusion of Law that the respondent does not qualify to hold a Controlled Substance Registration because he is not licensed with the Nevada State Board of Nursing.

Board Action:

Motion: Wayne Mitchell moved to make Conclusions of Law consistent with paragraphs five and six of the Accusation, and an additional Conclusion of Law that the respondent does not qualify to hold a Controlled Substance Registration because he is not licensed with the Nevada State Board of Nursing

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt asked that the Board revoke the respondent's certificate of registration number CS25303 effective immediately and that the respondent may not petition for reinstatement of licensure with the Board for a minimum of one year.

Board Action:

Motion: Wayne Mitchell moved to revoke the respondent's certificate of registration number CS25303 effective immediately and that the respondent may not petition for reinstatement of licensure with the Board for a minimum of one year.

Second: Krystal Freitas

Action: Passed unanimously.

E. Jesse Mai, FNP-C (19-054-CS-S)

Jesse Mai was not present.

Mr. Kandt provided background that Jesse Mai surrendered his DEA Certificate of Registration Number MR2801288 for cause and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

Mr. Kandt called Ms. Hunting as a witness.

Ms. Hunting testified that she sent Dr. Mai the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that Dr. Mai was properly served at his address of record.

Mr. Kandt asked that Exhibit A be admitted into the record.

President Park admitted Exhibit A into the record.

Mr. Kandt presented Exhibit A to the Board. Exhibit A was documentation that Board Staff properly noticed Dr. Mai by certified mail to her address of record.

Mr. Kandt asked that Dr. Mai's surrender for cause of his DEA Registration be admitted into the record.

President Park admitted Dr. Mai's surrender for cause of his DEA Registration into the record.

Mr. Kandt asked that the Board find that Dr. Mai was given sufficient legal notice of this hearing

Board Action:

Motion: Krystal Freitas moved to find that Dr. Mai was given sufficient legal notice of this hearing.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Kandt asked that the Board find that they have jurisdiction over this matter consistent with paragraph one of the Accusation.

Board Action:

Motion: Krystal Freitas moved to find that the Board has jurisdiction over this matter consistent with paragraph one of the Accusation.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Kandt asked that the Board make Findings of Fact consistent with paragraphs two, three and four of the Accusation.

Board Action:

Motion: Krystal Freitas moved to make Findings of Fact consistent with paragraphs two, three, and four of the Accusation.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Kandt asked that the Board move to make Conclusions of Law consistent with paragraphs five and six of the Accusation.

Board Action:

Motion: Krystal Freitas moved to make Conclusions of Law consistent with paragraphs five and six of the Accusation.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Kandt asked that the Board revoke Dr. Mai's Certificate of Registration Number CS20701 effectively immediately and that Dr. Mai may not petition for reinstatement of his Controlled Substance Registration for one year.

Board Action:

Motion: Krystal Freitas moved to revoke Certificate of Registration Number CS20701 for Dr. Mai effective immediately, and that Dr. Mai may not petition for reinstatement of his license for one year.

Second: Jade Jacobo

Action: Passed unanimously.

F. Dhaval Shah, MD (20-222-CS-S)

Johnathon Fayeghi, legal counsel for Dhaval Shah was present.

Dhaval Shah appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Kandt provided background information and presented a Stipulation and Order for the Board's consideration. Dr. Shah's Certificate of Registration Number CS15290 and PD00165 shall be revoked and the respondent may not petition for reinstatement for a minimum of one year.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented.

Second: Wayne Mitchell

Action: Passed unanimously.

G. Richard Washinsky, MD (19-232-CS-S)

Richard Washinsky, MD, appeared and was sworn by President Park prior to answering questions or offering testimony.

Kevin Murphy was present as legal counsel representing Dr. Washinsky.

Courtney Lee, General Counsel, provided background and presented a Stipulation and Order for the Board's consideration. Dr. Washinsky's Certificate of Registration Number CS06491 be revoked, the revocation stayed, and Dr. Washinsky placed on probation for two years effective immediately. This Stipulation and Order shall serve as a public reprimand. Dr. Washinsky shall pay a fine of five thousand dollars, and shall pay two thousand dollars to the Board for recoverable attorney fees and costs. Dr. Washinsky shall comply with all federal and state laws. Upon successful completion of probation, Dr. Washinsky's Certificate of Registration Number CS06491 shall be fully restored, conditioned upon good standing with the Nevada Medical Board and DEA.

Kevin Murphy stated that there are no objections to the Stipulation and Order and clarified that Dr. Washinsky did not intentionally violate Nevada Law. The Nevada Medical Board has fined Dr.Washinsky seven thousand five hundred dollars.

Board Action:

Motion: Jade Jacobo moved to accept the Stipulation and Order as presented.

Second: Krystal Freitas

Aye: Jacobo, Freitas, Tejero, Park
Nay: Mitchell, Zakariassen, Tomasso

Action: Motion carries.

6. Application for Ambulatory Surgery Center License. – Appearance. **(FOR POSSIBLE ACTION)**

A. Affordable Excellence Surgery Center – Las Vegas, NV

This Agenda Item was heard in conjunction with Items 6B and 6C.

Mary Grear, managing pharmacist, and Jeremy Lipshutz, Owner, were present.

Mr. Lipshutz and Ms. Grear appeared and were sworn by President Park prior to answering questions or offering testimony.

Dave Wuest stated that these applications were on the consent agenda from a previous Board meeting. Mr. Lipshutz was asked to appear to provide more information on a pending litigation he disclosed on the applications.

Mr. Lipshutz described the circumstances regarding his pending litigation. He stated that the case was still pending, but explained that the case was regarding billing issues and there was no patient harm involved in the case.

After discussion, President Park offered Mr. Lipshutz and Ms. Grear the option to table this matter until Mr. Lipshutz's pending case is resolved.

President Park tabled the applications for Affordable Excellence Surgery Center, First Specialty Surgery Center and Ultimate Specialty Surgery Center at Mr. Lipshutz request.

B. First Specialty Surgery Center – Las Vegas, NV

This Item was heard in conjunction with Agenda Item 6A.

C. Ultimate Specialty Surgery Center – Las Vegas, NV

This Item was heard in conjunction with Agenda Item 6A.

7. Application for Nevada Pharmacy License – Appearance

Plus One Pharmacy, LLC – Las Vegas, NV

Courtney Lee, General Counsel, provided background information and stated that Plus One Pharmacy appeared at a previous meeting. The matter was tabled due to the Board's concerns regarding the managing pharmacist's experience.

Anisha Patel, Owner, and Christy Nguyen, managing pharmacist, appeared and were sworn by President Park prior to answering questions or offering testimony.

Ms. Nguyen answered the Board's questions regarding her experience as a managing pharmacist.

Joe Dodge stated that Ms. Nguyen worked at All City Pharmacy II. He explained that All City Pharmacy II had a fire and has been closed permanently. Ms. Nguyen worked at All City Pharmacy II and was not the last pharmacist in charge there.

After discussion, the Board expressed concern regarding Ms. Nguyen's lack of experience as a managing pharmacist.

President Park offered Ms. Patel the option to table Plus One Pharmacy, LLC's Application.

President Park tabled Plus One Pharmacy, LLC's application at Ms. Patel's request.

8. Applications for Nevada Compounding Pharmacy License – Appearance

A. Monicos Pharmacy LLC – Las Vegas, NV

President Park disclosed that Karen Chan was a former student, but she stated that she is able to participate fairly and without bias in this matter.

Krystal Freitas disclosed a previous employment relationship with Karen Chan, but stated that she is able to participate fairly and without bias.

Ronak Desai, managing pharmacist, and Tamer Usef, Owner, appeared and were sworn by President Park prior to answering questions or offering testimony.

Joe Dodge questioned Ms. Desai about non-sterile compounding procedures, types of compounded medications, her experience with non-sterile compounding, and beyond use date of compounded medications.

Mr. Usef disclosed that while he was in college, he was arrested for possessing a fake ID and for making fake ID's. A few months ago, he was arrested for driving under the influence. That charge is still pending.

Mr. Usef and Ms. Desai answered questions to the Board's satisfaction.

<u>Board Action:</u>

Motion: Richard Tomasso moved to approve the application for Monicos Pharmacy, LLC.

Second: Jade Jacobo

Action: Passed unanimously.

B. Pahrump Care Pharmacy – Las Vegas, NV

Waseem Sarwar, managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Joe Dodge questioned Mr. Sarwar regarding his pharmacy experience with non-sterile compounding.

Mr. Sarwar answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve the application for Pahrump Care Pharmacy.

Second: Richard Tomasso

Action: Passed unanimously.

9. Applications for Out-of-State Compounding Pharmacy License

A. Archway Apothecary – Covington, LA

E. Raymond Wilkes Jr, managing pharmacist, and Matthew Hardey, owner, appeared and were sworn by President Park prior to answering questions or offering testimony.

Joe Dodge questioned Mr. Wilkes about his work history, experience with sterile and non-sterile compounded medications, beyond use dates for compounded medications, sterilization processes and product testing.

Mr. Wilkes and Mr. Hardey answered questions to the Board's satisfaction.

Board Action:

Motion: Richard Tomasso moved to approve the Out of State Pharmacy License application for Archway Apothecary.

Second: Jade Jacobo

Action: Passed unanimously.

B. Pope Shenouda LLC – Holiday, FL

George Hanna, managing pharmacist, and Mina Shenouda, Intern, appeared and were sworn by President Park prior to answering questions or offering testimony.

Dave Wuest provided background that Pope Shenouda had previously appeared but tabled their application to have the compounding pharmacist appear and answer the Board's questions.

Mr. Hanna stated that Pope Shenouda is appearing to answer questions regarding the competency of the managing pharmacist and the compounding intern.

Joe Dodge questioned Mr. Hanna about the compounding intern and his responsibilities. Mr. Hanna stated that Mr. Shenouda was the intern and is now the pharmacist.

After Board discussion, it was discovered that Mr. Shenouda is not yet licensed as a pharmacist.

The Board expressed concern regarding Mr. Hanna's knowledge regarding sterile compounding and that Mr. Hanna incorrectly represented Mr. Shenouda as a licensed pharmacist.

Board Action:

Motion President Park moved to deny the Nevada Compounding License for Pope Shenouda.

Second: Rolf Zakariassen

Action: Passed unanimously.

10. Application for Nevada Medical, Devices, Equipment and Gases License

A. ActivStyle, Inc. – Reno, NV

Courtney Lee, General Counsel, provided background that ActivStyle previously appeared but the application was tabled. They are reappearing for reconsideration of approval for their MDEG application.

Rolf Zakariassen disclosed that he was employed at the CVS store where Ms. Bussard listed that she was employed. He stated that he is able to participate in this matter fairly and without bias.

Mr. Zakariassen stated that he was unfamiliar with Ms. Bussard's employment history at CVS.

Amanda Bussard, MDEG Administrator, and Shontaia Dixon, Compliance Officer, appeared and were sworn by President Park prior to answering questions or offering testimony.

Ms. Dixon stated that the MDEG Administrator has been given additional training. Ms. Bussard discussed her work experience related to being the MDEG administrator.

The Board discussed concern about the legitimacy of the hours listed by Ms. Bussard to qualify her to be the MDEG Administrator.

President Park offered Ms. Dixon and Ms. Bussard the option to table ActivSyle, Inc.'s application.

President Park tabled ActivStyle, Inc.'s application at Ms. Dixon's request.

B. First Care Medical Supply LLC – Las Vegas, NV

Knarik Avagyan, Director, and Sarah Katrzhyan, MDEG Administrator, appeared and were sworn by President Park prior to answering questions or offering testimony.

Dave Wuest provided background information and stated that First Care Medical Supply LLC had previously appeared and had requested their application be tabled.

The Board questioned Ms. Katrzhyan about her work experience. Ms. Katrzhyan did not answer questions to the Board's satisfaction and did not meet the requirements to be the MDEG Administrator.

President Park offered Ms. Avagyan the option to table First Care Medical Supply LLC's application.

President Park tabled First Care Medical Supply LLC's application at Ms. Avagyan's request.

C. Nevada Limb & Brace, LLC – Henderson, NV

Roger Beihl, MDEG Administrator, and Vanis Gardea, director, appeared and were sworn by President Park prior to answering questions or offering testimony.

Richard Tomasso was absent for the beginning of this Item but a quorum was still present.

Courtney Lee, General Counsel, provided background that this is a new MDEG license and administrator application. Nevada Limb & Brace, LLC appeared at a previous meeting where the application was tabled. They are appearing for consideration of the MDEG License in the state of Nevada.

Richard Tomasso returned and a quorum was still present.

Mr. Beihl answered questions to the Board's satisfaction regarding his work experience and the products and services provided by Nevada Limb & Brace, LLC.

Board Action:

Motion: Jade Jacobo moved to approve the In-State Application for MDEG facility Nevada Limb & Brace, LLC.

Second: Krystal Freitas

Action: Passed unanimously.

D. VieMed – Reno, NV

Brett Stoute, Chief Operations Officer, and Brandylin Trimble, MDEG Administrator, appeared and were sworn by President Park prior to answering questions or offering testimony.

Courtney Lee, General Counsel, provided background information that VieMed had appeared at a previous Board Meeting, but the application was tabled at Mr. Stoute's request.

Ms. Trimble answered questions regarding her work experience related to being the MDEG Administrator.

After discussion, the Board expressed concern about potential unlicensed practice at VieMed's Reno location.

President Park offered Mr. Stoute the option to table VieMed's application.

President Park tabled VieMed's application at Mr. Stoute's request.

11. Application for Out-of-State Outsourcing Facility

Sincerus Florida, LLC – Pompano Beach, FL

Jenny Liu, pharmacist in charge, Jonathan Fenster, Chief Operating Officer, and Abul Bhuiyan, Vice President of Scientific Affairs, and Ondrej Staviscak-Diaz, Sincerus General Counsel, appeared and were sworn by President Park prior to answering questions or offering testimony.

Joe Dodge, Board Inspector, appeared and was sworn by President Park prior to answering questions or offering testimony.

Bill Stilling was present as legal counsel for Sincerus Florida LLC.

Gener Tejero disclosed a professional relationship with Mr. Stilling but stated that he is able to participate fairly and without bias.

Dave Wuest, Executive Secretary, provided background information and stated that Sincerus Florida LLC had previously appeared and requested to table their application at that time.

Mr. Dodge questioned Sincerus Florida LLC about the non-sterile compounded medications that will be shipped to Nevada, policies and procedures, and past FDA inspections.

Sincerus Florida LLC answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve the Out of State Outsourcing Facility license application for Sincerus Florida LLC.

Second: Helen Park

Aye: Mitchell, Jacobo, Park, Freitas, Tomasso, Zakariassen

Nay: Tejero

Action Motion carries.

12. Discussion and Possible Action to Request an Attorney General's Opinion pursuant to NRS 228.150 on whether Nevada law authorizes the Board to license and regulate wholesalers of veterinary biological products and/or animal vaccine products in Nevada; and if so, whether such authority is preempted by federal law.

Courtney Lee, General Counsel, provided background that the Board is asking for approval to seek an Attorney General's Opinion on the ability of the Board to regulate wholesalers of veterinary biological products and/or animal vaccine products in Nevada.

Ms. Lee discussed definitions of Nevada Pharmacy Law and the implications of regulating the wholesalers of veterinary biological products and/or animal vaccine products in Nevada.

Board Action:

Motion: Jade Jacobo moved to grant Board Staff the authority to seek the Attorney General's Opinion on the ability of the Board to regulate the wholesalers of veterinary biological products and/or animal vaccine products in Nevada; and if so, whether such authority is preempted by federal law

Second: Richard Tomasso

Action: Passed unanimously.

Mr. Kandt clarified for the record that there is a distinction between regulating biological products and regulation of a party transporting that product into the State of Nevada.

President Park opened the floor to Public Comment.

Trevor Newhouse, attorney, stated that there is a conflict between regulatory agencies and agrees that an opinion from the Attorney General would be of value.

President Park closed Public Comment

13. Discussion and possible action on approval of Asher College as a program of training for pharmaceutical technicians pursuant to NAC 639.256

Kathryn Johnson, Bill Zavatchon, Ann Buzak, were present.

Mr. Wuest provided background information and discussed the requirements for pharmaceutical technician training programs.

Ms. Johnson answered questions regarding Asher College's training curriculum and policies and procedures.

Ms. Johnson stated that Asher College is still in candidate status for accreditation. She explained the policies for drug testing students.

After discussion, President Park offered Ms. Johnson the option to table Asher College's request.

President Park tabled this matter at Ms. Johnson request.

14. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

Brett Kandt, General Counsel, discussed the results of litigation involving the Board.

15. Executive Secretary Report:

A. Financial Report

Mr. Wuest presented the financials to the Board's satisfaction.

B. Issuance of Temporary Licenses and Registrations

Mr. Wuest stated that there were three additional temporary licenses issued to Pharmacy Interns to assist in COVID-19 vaccinations.

C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. COVID-19 Response

President Park thanked Board Staff for their efforts in assisting with vaccinations and keeping the daily operations of the Board in effect.

F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration

16. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2)

Amendment of Nevada Administrative Code (NAC) 639. The proposed amendment revises provisions relating to the operation of pharmacies in recovery centers and surgical centers for ambulatory patients. (LCB File No. R085-20)

Brett Kandt, General Counsel, summarized the proposed amendments

Mr. Kandt recommended one revision to the proposed language to remove duplicative fees.

President Park opened Public Comment.

Scott Weiss, President for The Healthcare Consulting Group LLC, expressed support of the proposed language

Board Action:

Motion: Jade Jacobo moved to adopt the proposed regulation LCB File No. R085-20 with the recommended amendment as presented by Board Staff.

Action: Krystal Freitas

Second: Passed unanimously.

17. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)

A. **Amendment of Nevada Administrative Code (NAC) 639.220 Schedule of fees; penalty for late renewal; exemptions from certain fees.** The proposed amendment to NAC 639.220 will provide medical interns and residents reduced fees to prescribe or possess controlled substances and to biennially renew such authorization.

Courtney Lee, General Counsel, provided background and stated that this proposed amendment to NAC 639.220 will provide medical interns and residents reduced fees to prescribe or possess controlled substances and to biennially renew such authorization.

President Park opened the floor to Public Comment.

There was no Public Comment.

Board Action:

Motion: Jade Jacobo moved to submit the proposed regulation to LCB and move forward to Public Hearing.

Second: Krystal Freitas

Action: Passed unanimously.

B. **Amendment of Nevada Administrative Code (NAC) 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners.** The proposed amendments will modify the supervision of dispensing technician by dispensing practitioners. These amendments will authorize dispensing practitioners in group practices to share an inventory of certain medications and centralize activities. The proposed amendments will increase the fees for the application for an initial registration, and the biennial renewal of a registration, as a registered dispensing technician.

David Wuest, Executive Secretary, provided background information.

Brett Kandt, General Counsel, read the proposed language into the record.

President Park opened the Public Comment.

Rupesh Parikh, Oncologist and President for Comprehensive Cancer Centers of Nevada, expressed his support for this proposed amendment along with some concerns.

Dr. Brian Vaicuna, Medical Oncologist for Comprehensive Cancer Centers of Nevada, expressed support of this proposed amendment.

Helen O'Hallan, patient of Dr. Parikh, provided background information of her cancer history. Ms. O'Hallan expressed support of the proposed amendment due to convenience and trust in her physicians.
Ed Cowell, patient of Dr. Vaicuna, provided background information of his cancer history. Mr. Cowell expresses support of the proposed amendment due to convenience.

Sue Cowell, wife of patient, providee her background from a caregiver perspective of a cancer patient. Mrs. Cowell expressed support of the proposed amendment.

Peyton Barcel, granddaughter of a patient, provided background of her grandfather's cancer history. Ms. Barcel expressed support of this proposed amendment to help improve the quality of life for a cancer patient.

Lindsey Harmon, Executive Director for Planned Parenthood Nevada, expressed her support for this proposed amendment.

Liz MacMenamin, VP of Government Affairs for the Retail Association of Nevada, expressed opposition to the proposed language and described her concerns regarding the proposed amendment.

Wes Falconer, CEO of Cancer Care Specialist in Reno, provided background information on cancer patients and the oral dispensing medicine program. Mr. Falconer expressed support of this proposed amendment.

Jon Bilstein, Executive Director for Comprehensive Cancer Centers of Nevada, thanked the Board for allowing public comment from the physicians, patients, and caregivers and expressed support of the proposed language.

Jaron Hildebrand, Executive Director of the Nevada State Medical Association, expressed support for the proposed amendment to help improve patient care.

Rupesh Parikh wanted to address comments made by Ms. MacMenamin earlier regarding cost. Dr. Parikh stated that they are trying to save cost not add to cost to the patient. Dr. Parikh further clarified, dispensing of drugs, and cost.

Ms. MacMenamin expressed her concern further regarding practitioners dispensing drugs

President Park closed public comment.

Board discussion ensued regarding the clarifying the proposed amendment, dispensing cost, and the process of the dispensing medication.

Board Action:

Motion: Richard Tomasso moved to forward the proposed regulation to LCB and move forward to Public Hearing.

Second: Gener Tejero

Aye: Tejero, Mitchell, Park, Freitas, Tomasso, Zakariassen

Nay: Jacobo

Action: Motion carries.

C. **Amendment of Nevada Administrative Code (NAC) 639** The proposed amendments will add a new section providing that drugs compounded by a pharmacy, dispensing practitioner, or outsourcing facility cannot be dispensed, resold, supplied, or furnished by any entity other than the licensed entity that compounded the drug. Outsourcing facilities must have procedures to prohibit the dispensing of their compounded products by other entities. Drugs compounded by an outsourcing facility may be administered pursuant to an order of a practitioner.

Mr. Wuest provided background information.

Mr. Dodge read the proposed amendment into the record.

President Park opened the floor to Public Comment.

Ondrej Staviscak-Diaz, Sincerus Outsourcing, expressed that he is not in support of the proposed amendments.

Aaron Lopez, representative from Political Capitol representing 503A and 503B facilities, appeared and expressed concern with the proposed amendments limiting patient access to the medications provided by the Outsourcing facilities.

Lee Rosebush, chairman of the 503B Trade Association, appeared and expressed opposition to the proposed language. Mr. Rosebush asked the Board not to approve the proposed language and stated that the proposed language could negatively effect Outsourcing facilities.

Gu Quadja, Nubrator Rx, appeared and expressed opposition to the proposed language. Ms. Quadja stated that the proposed language would create hardships for providers who are trying to get medication compounded by the outsourcing facilities.

Robert Nickell, compounding pharmacist, expressed that there are differences between 503A and 503B facilities and with the proposed amendments, there are logistical implications. Mr. Nickell asked the Board to not accept the proposed regulation.

Jay McEniry, Senior Vice President for legal and governmental affairs for Fagron North America in the division of regulatory affairs, appeared expressed opposition to the proposed language and asked the Board to not proceed with the proposed amendments.

The Board discussion ensued regarding the proposed language and if there was guidance from the FDA regarding regulating outsourcing facilities.

President Park closed Public Comment.

<u>Board Action:</u>

Motion: Jade Jacobo moved to approve the proposed regulations and move the language to LCB and move on to Public Hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

18. Date and Location of Next Scheduled Board Meeting:

March 3-4, 2021 – Reno, NV

19. Public Comment 5:30 PM

There was no Public Comment.

20. Adjournment

DRAFT

4

4A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*** 04025

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: North Coast Medical Supply, LLC d/b/a Advanced Diabetes Supply

Physical Address: 2544 Campbell Place, STE 150 Carlsbad, CA 92009

Mailing Address: PO Box 9041

City: Carlsbad State: CA Zip Code: 92018

Telephone: 760-579-7200 Fax: 760-579-7299

✓ Toll Free Number: 800-730-9887 (Required per NAC 639.708)

E-mail: customercare@northcoastmed.com Website: www.northcoastmed.com

Managing Pharmacist: Fiona Hardy License Number: RPH 43870 (CA)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☐ Retail	☐	☐ Off-site Cognitive Services
☐	☐ Hospital (# beds_____)	☐	☐ Parenteral **
☐	☐ Internet	☐	☐ Parenteral (outpatient)
☐	☐ Nuclear	☐	☐ Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☐ Community	☐	☐ Long Term Care
☐	☐ Other: mail-order, independent	☐	☐ Sterile Compounding **
		☐	☐ Non Sterile Compounding
	All boxes must be checked	☐	☐ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Timothy Cady

Print Name of Authorized Person

12/09/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Entity is an LLC - formed in California

Parent Company if any: ADS Buyer, Inc.

Mailing Address: 2544 Campbell Place, STE 150 Carlsbad, CA

City: Carlsbad State: CA Zip: 92009

Telephone: 800-730-9887 Fax: 800-503-6280

Contact Person: Tim Cady

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) No individual owners.
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - entity is an LLC

3) What was the price paid per share? N/A - entity is an LLC

4) What date did the corporation actually receive the cash assets? N/A - entity is an LLC

5) Provide a copy of the corporation's stock register evidencing the above information **N/A - entity is an LLC**

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm Saturday 8:00 am 12:00 pm

Sunday Closed am Closed pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Timothy Cady

Responsible Person of North Coast Medical Supply, LLC d/b/a/ Advanced Diabetes Supply hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Timothy Cady, President, Secretary
Print Name of Authorized Person

12/09/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
) ss.
San Diego COUNTY)

I, Timothy Cady, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President, Secretary for North Coast Medical Supply, LLC d/b/a Advanced Diabetes Supply (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Timothy Cady, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
9th day of December, 20 20.

NOTARY PUBLIC

FAAFEAI SEIOLIANA AANO
Notary Public - California
San Diego County
Commission # 2189866
My Comm. Expires Apr 7, 2021

North Coast Medical Supply, LLC d/b/a Advanced Diabetes Supply

Officer and Director List

Name	Title
Mark Howard	CEO, Treasurer, Director
Timothy Cady	President, Secretary, Director
John Weber	Director
Kurt Hilzinger	Director
David Nguyen	Director
Jeff Abramoff	Director
Elaine Liu	Director

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NORTH COAST MEDICAL SUPPLY

FILE NUMBER:	C2464381
FORMATION DATE:	08/23/2002
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 10, 2019.

ALEX PADILLA
Secretary of State

Renewal Certificate

Retail Pharmacy Permit

SACRAMENTO, CA 95833
(916) 518-3100

LICENSE NO. PHY 46615
RECEIPT NO. 03170528

VALID UNTIL JANUARY 01, 2022

NORTH COAST MEDICAL SUPPLY DBA ADVANCED DIABETIC SUPPLY
2544 CAMPBELL PL STE 150
CARLSBAD CA 92009

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

11/16/20
11/16/20 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PH

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 46615

NAME: NORTH COAST MEDICAL SUPPLY DBA ADVANCED DIABETES SUPPLY

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

2544 CAMPBELL PL STE 150
CARLSBAD CA 92009
SAN DIEGO COUNTY

ISSUANCE DATE

JANUARY 12, 2004

EXPIRATION DATE

JANUARY 1, 2022

CURRENT DATE / TIME

DECEMBER 10, 2020
10:58:46 AM

LICENSE RELATIONSHIPS

NAME: HARDY, FIONA DUPUY

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 43870 **PRIMARY STATUS:** CLEAR

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Two North Central Avenue
Phoenix, AZ 85004-2391
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E-Mail: Ashley.Strait@quarles.com

December 14, 2020

VIA UPS OVERNIGHT

Mr. Dave Wuest
Executive Secretary
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206, Reno, NV, 89521

RE: Advanced Diabetes Supply
License No. PH04025
Change in Parent Company (and above) and Conversion from Inc. to LLC

Dear Mr. Wuest:

Please be advised of a series of interdependent transactions involving the above-referenced facility, which will occur over a matter of three days. As a result of this series of transactions, North Coast Medical Supply, Inc. will convert to an LLC, ADS Buyer, Inc. will become the sole member of North Coast Medical Supply, LLC, and several new owners will be added to the organizational hierarchy. **While not definitive, the anticipated effective date of this final structure is on or about December 31, 2020.** The enclosed organizational chart shows the ownership structure before and after the transaction.

Importantly, the same entity will continue to be the direct owner of the facility; however, it will undergo a corporate conversion to an LLC. The facility's tax identification number, DBA name, location, NPI, and NCPDP number will not change. The officers and pharmacist in charge will also remain the same.

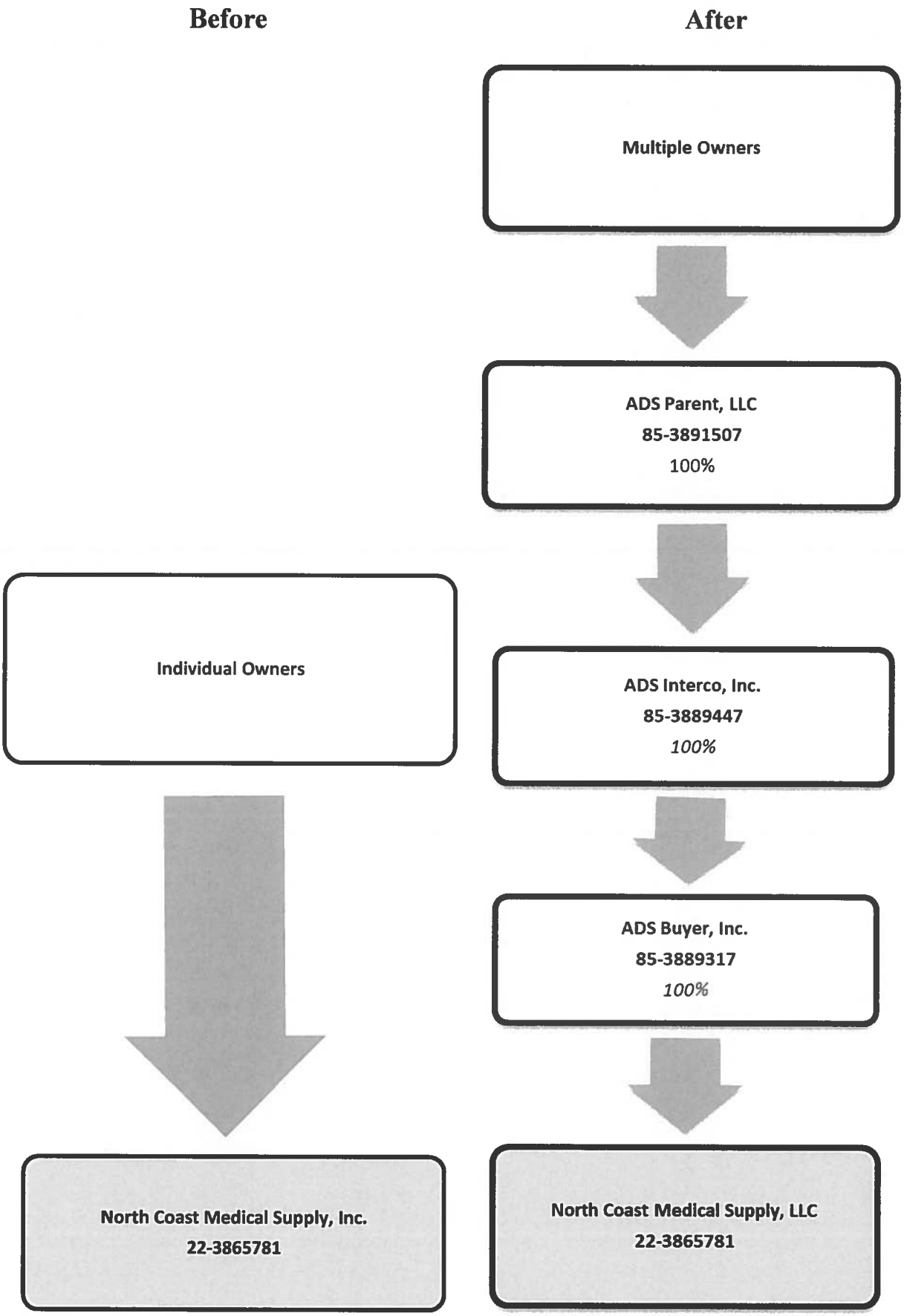
The application, supporting documents, and fees are enclosed. A change application is processing with California, the facility's home state. Should you have any questions or require additional information, please contact me at (602) 229-5209 or Ashley.Strait@quarles.com. Thank you for your consideration.

Very truly yours,

Ashley Strait

Ashley L. Strait

Encls


Before
After
Multiple Owners
ADS Parent, LLC
85-3891507
100%
Individual Owners
ADS Interco, Inc.
85-3889447
100%
ADS Buyer, Inc.
85-3889317
100%
North Coast Medical Supply, Inc.
22-3865781
North Coast Medical Supply, LLC
22-3865781

4B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☐ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Allergy Partners, PLLC dba Allergy Partners Therapeutics

Physical Address: 10 Herman Avenue Ext, Ste C, Asheville, NC 28803

Mailing Address: 10 Herman Avenue Ext, Ste C

City: Asheville State: NC Zip Code: 28803

Telephone: 888-768-4092 Fax: 844-230-5200

Toll Free Number: 888-768-4092 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: NA

Managing Pharmacist: Kelly Bridgers Short License Number: 12086

TYPE OF PHARMACY AND	Yes/No	SERVICES PROVIDED	Yes/No
Retail	☑ ☐	Off-site Cognitive Services	☐ ☑
Hospital (# beds_____)	☐ ☑	Parenteral **	☐ ☑
Internet	☐ ☑	Parenteral (outpatient)	☐ ☑
Nuclear	☐ ☑	Outpatient/Discharge	☐ ☑
Ambulatory Surgery Center	☐ ☑	Mail Service	☒ ☐
Community	☐ ☑	Long Term Care	☐ ☑
Other: nonresident	☒ ☐	Sterile Compounding **	☐ ☑
		Non Sterile Compounding	☐ ☑
All boxes must be checked		Mail Service Sterile Compounding **	☐ ☑
For the application to be complete		Other Services: _____	☐ ☑

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

David Brown, President
Print Name of Authorized Person

12/21/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: North Carolina

Parent Company if any: N/A

Mailing Address: 1978 Hendersonville Rd, Suite 130

City: Asheville State: NC Zip: 28803

Telephone: 828-277-1300 Fax: 828-277-2499

Contact Person: David Brown

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Dr. David Brown (Name) : BUSBEE RD, ASHEVILLE, NC 28803 (Address)

b) Dr. William McCann (Name) : EAST FOREST RD, ASHEVILLE, NC 28803 (Address)

c) Dr. Rudolph G Johnstone, III (Name) RIVERSIDE DR, GREENVILLE, SC 29605 (Address)

d) Dr. Stephen Shield (Name) SHELLBANK DRIVE, WILLIAMSBURG, VA 23185 (Address)

**Please note all 87 members hold equal number of shares (1000), we listed top four officers

2) Provide the number of shares issued by the corporation. 1000 times member number at the time

3) What was the price paid per share? $1 per share

4) What date did the corporation actually receive the cash assets? Assets for stock are received when physician becomes a member and thus on a rolling basis

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

Upon achieving member/shareholder status, all owners of Allergy Partners, PLLC purchase 1000 shares of stock at a price of $1 per share. These shares are held until the member leaves the PLLC at which point the corporation repurchases the shares for $1000. The shares are non-transferable. The PLLC does not keep a stock register, but does maintain a current listing of Members and his/her percentage of shares which is attached

List any physician shareholders and percentage of ownership.

Name: Please see attached list. All members are physicians %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm

Sunday closed, on-call pharmacist

Saturday closed, on-call pharmacist

24 Hours toll-free phone number answered by a pharmacist who has access to patient record

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Allergy Partners Therapeutics - 5) List any physician shareholders and percentage of ownership

Name	Title	%Ownership
DAVID A BROWN	President & CEO	1.15%
RUDOLPH G JOHNSTONE III	Member	1.15%
JEFFREY M WAGNER	Member	1.15%
ALEX G YIP	Member	1.15%
DEAN E FIRSCHEIN	Member	1.15%
KENT J NASTASI	Member	1.15%
KENNETH W MYERS	Member	1.15%
SHERIF H TAHA	Member	1.15%
WILLIAM A MCCANN	Member	1.15%
HOLLY BROWN	Member	1.15%
INGRID M HOFFMANN	Member	1.15%
DUANE KEITEL	Member	1.15%
HOLLY M MCPHERSON	Member	1.15%
MARK WENGER	Member	1.15%
KATHERINE LIDDLE	Member	1.15%
REID JOHNSTONE	Member	1.15%
ANDREA B LANTZ	Member	1.15%
JAMES SUSSMAN	Member	1.15%
JANNA M TUCK	Member	1.15%
MICHAEL BLUMBERG	Member	1.15%
DAVID J FRIEDMAN	Member	1.15%
MICHAEL E NEULAND	Member	1.15%
PATRICK POWERS	Member	1.15%
GARY P RAKES	Member	1.15%
STEPHEN SHIELD	Member	1.15%
CHRISTOPHER C COPENHAVER	Member	1.15%
DAVID CYPCAR	Member	1.15%
WINSTON ELLISTON	Member	1.15%
HENRY JENKINS IV	Member	1.15%
CHARLES J LANE	Member	1.15%
SEAN R LUCAS	Member	1.15%
ANA MACDOWELL	Member	1.15%
MICHAEL ALVARES	Member	1.15%
KELLI M ROSE	Member	1.15%
DOUGLAS G BARSTOW	Member	1.15%
SONIA N BAINS	Member	1.15%
JACK G GHABLY	Member	1.15%
LAURIE M MCWILLIAMS	Member	1.15%
JONATHAN R ROMEO	Member	1.15%
NITHYA U SWAMY	Member	1.15%
BOB K MIYAKE	Member	1.15%
HECTOR RODRIGUEZ	Member	1.15%
DALE MOHAR	Member	1.15%
NGOC T VU	Member	1.15%

Name	Title	%Ownership
JONATHAN MOZENA	Member	1.15%
ELIZABETH SCANNELL	Member	1.15%
JOHN VAN WYE	Member	1.15%
GURVINDER DEOGUN	Member	1.15%
DIANE M LABER	Member	1.15%
JAIME LAGOS	Member	1.15%
ANDREW SEAN MCKNIGHT	Member	1.15%
SOL DRAPKIN	Member	1.15%
MILAN SLJIVICH	Member	1.15%
DEWITT M COLEMAN JR	Member	1.15%
THEODORE TAE-HUN KIM	Member	1.15%
DOUGLAS HORTON	Member	1.15%
TRACIE LYNN OVERBECK	Member	1.15%
SHANZE WANG	Member	1.15%
CHAO-I LIN	Member	1.15%
PATRICK V PERIN	Member	1.15%
MADELINE DILLON	Member	1.15%
JOEL HARTMAN	Member	1.15%
WAHEEDA HIRANI	Member	1.15%
ANANTH THYAGARAJAN	Member	1.15%
ROBERT W SUGERMAN	Member	1.15%
MICHAEL TODD CROSS	Member	1.15%
COLIN FRECCIA	Member	1.15%
CARLA LUNA	Member	1.15%
JENNIFER PENDLETON	Member	1.15%
ALAN L AARONS	Member	1.15%
VINCENT L FIRRINCIELI	Member	1.15%
GARY L GROSS	Member	1.15%
ELLEN R SHER	Member	1.15%
LOREN W HUNT	Member	1.15%
TOLLY EPSTEIN	Member	1.15%
HEATHER RIVERA GUTEKUNST	Member	1.15%
MICHAEL MARTUCCI	Member	1.15%
JONATHON BRIAN POSTHUMUS	Member	1.15%
ADRIENNE TINANA	Member	1.15%
TIMOTHY D TROJAN	Member	1.15%
KATHERINE G CONNER	Member	1.15%
NABEEL N FAROOQUI	Member	1.15%
JACK R HARRIS	Member	1.15%
AERIK WILLIAMS	Member	1.15%
DAVID FITZHUGH	Member	1.15%
WILLIAM HARRIS	Member	1.15%
ERIC M KARLIN	Member	1.15%

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, David Brown

Responsible Person of Allergy Partners, PLLC d/b/a Allergy Partners Therapeutics

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

David Brown, President

Print Name of Authorized Person

12/21/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF North Carolina)
) ss.
Buncombe COUNTY)

I, David Brown, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President for Allergy Partners, PLLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, David Brown, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

12/21/2020
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
21st day of December, 2020.

NOTARY PUBLIC

BRENT A JENNINGS
NOTARY PUBLIC
Buncombe County
North Carolina
My Commission Expires Nov. 25, 2023

License Verification

Only the top 250 records are shown

This serves as Primary Source Verification of the credential issued by the North Carolina Board of Pharmacy

Name:

Allergy Partners Therapeutics

Permit Number:

14424

Address:

10 Herman Avenue Extension
Suite C

Permit Status:

Active

City:

Asheville

Issue Date:

06/15/2020

State/Zip:

NC 28803

Expire Date:

12/31/2021

Manager:

Kelly Bridgers Short

Discipline:

No

NORTH CAROLINA BOARD OF PHARMACY

Facility: Allergy Partners Therapeutics
Address: 10 Herman Avenue Extension Suite C
Asheville, NC 28803
Permit Type: Pharmacy
Permit #: 14424
Re-Issue Date: 11/29/2020
Expiration Date: 12/31/2021
Pharmacy Manager: Kelly Bridgers Short (#12086)

NC Law requires notification of address change within 30 days.

PLEASE NOTIFY BOARD OF NAME AND/OR ADDRESS CHANGE

REFER TO YOUR LICENSE NUMBER IN ANY COMMUNICATION

Permit #: 14424

NORTH CAROLINA BOARD OF PHARMACY

2021 Pharmacy

This is to certify that

Allergy Partners, PLLC

doing business as

Allergy Partners Therapeutics

10 Herman Avenue Extension Suite C Asheville, NC 28803 Buncombe

Has been renewed for the year ending December 31st 2021, as required by law and is issued to the pharmacist-manager pursuant to the representations made in application therefore. The issuance of this renewal permit is not complete and the permit is not valid until countersigned in the space indicated below by the pharmacist-manager as represented in the application. THIS PERMIT CERTIFICATE MUST BE CONSPICUOUSLY DISPLAYED IN THE PHARMACY TO WHICH IT APPLIES. Pharmacy permits are not transferable and may be revoked for the causes specified in the Law and the Rules and Regulations of the Board.

Kelly Bridgers Short (#12086)

Ashley H. Duggins

PRESIDENT

11/29/2020
Re-Issued

EXECUTIVE DIRECTOR

NC Board of Pharmacy, 6015 Farrington Road, Suite 201, Chapel Hill, NC 27517

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(PROFESSIONAL LIMITED LIABILITY COMPANY)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ALLERGY PARTNERS, PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on 25th day of September, 1979.

I FURTHER certify that, as of the date of this certificate, (i) the said professional limited liability company is not dissolved under the terms of its articles of organization, (ii) the said professional limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said professional limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of October, 2020.

Elaine F. Marshall

Secretary of State

4C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☒ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Bristol Pharmacy

Physical Address: Same as below

Mailing Address: 4001 Long Prairie Rd Suite 100

City: Flower Mound State: Tx Zip Code: 75028

Telephone: 469-771-4117 Fax: 469-771-4118

✓ Toll Free Number: 833-827-3477 (Required per NAC 639.708)

E-mail: bristolpharmacy@yahoo.com Website: _____

Managing Pharmacist: Vivi Nguyen License Number: RPh Tx #47683 Pharmacy # 31494

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☑ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
All boxes must be checked		☐	☑ Mail Service Sterile Compounding **
For the application to be complete		☐	☑ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Viri Nguyen
Print Name of Authorized Person

1/5/21
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: _____

Mailing Address: 4001 Long Prairie Rd Suite 100

City: Flower Mound State: Tx Zip: 75028

Telephone: 469-771-4117 Fax: 469-771-4118

Contact Person: Vivi Nguyen

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Cuong Tran Oak Hollow Dr, Bedford, Tx 76021
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1020 shares

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

4) What date did the corporation actually receive the cash assets? 5/15/2018

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

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

Sunday ____ am ____ pm 24 Hours ____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Vivi Nguyen

Responsible Person of Bristol Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Vivi Nguyen
Print Name of Authorized Person

11/3/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TX)
) ss.
Denton COUNTY)

I, Vivi Nguyen, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist In Charge for Bristol Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Vivi Nguyen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
3rd day of November, 2020.

NOTARY PUBLIC

CHRISTOPHER T GREENWOOD
Notary ID #126167217
My Commission Expires
April 22, 2022

Stock Register

No. 245

CERTIFICATE

No. ONE

For 200 Shares

Issued to

CUONG TRAN

Dated JUNE 4 20 19

FROM WHOM TRANSFERRED

Dated JUNE 4 20 19

No. Original Certificate	No. Original Shares	Total Shares Transferred
ONE	200	200

Received Certificate No. ONE

For 200 Shares

this 4TH day of JUNE 20 19

ORGANIZED UNDER THE LAWS OF THE STATE OF TEXAS

NUMBER ONE

SHARES 200

BRISTOL PHARMACY, LLC

This Certifies that CUONG TRAN is the owner of TWO HUNDRED fully paid and non-assessable shares of

a corporation organized under the laws of the State of Texas, transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney, upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and to be sealed with the Seal of the Corporation this 4TH day of JUNE A.D. 20 19

SHARES $ EACH

This certifies that the pharmacy named below is hereby licensed to operate as a Class A pharmacy.

License No. **31494** Expiration Date: **7/31/2021**

Balances: 0

BRISTOL PHARMACY LLC
4001 LONG PRAIRIE RD STE 100
FLOWER MOUND TX 75028

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Franchise Tax Account Status

As of : 11/02/2020 13:03:32

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

BRISTOL PHARMACY LLC	
Texas Taxpayer Number	32063287398
Mailing Address	7209 NORTHERN LIGHTS CT PLANO, TX 75074-8990
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	03/27/2017
Texas SOS File Number	0802682961
Registered Agent Name	ISAAC BOGONKO
Registered Office Street Address	7209 NORTHERN LIGHTS CT PLANO, TX 75074

TEXAS STATE BOARD OF PHARMACY

Re:	Bristol Pharmacy, LLC
Address:	4001 Long Prairie Road, Suite 100 Flower Mound, Texas 75028
License No.:	31494
Date Issued:	July 12, 2017
Licensure Status:	Active
Expiration Date:	July 31, 2021
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Bristol Pharmacy, LLC (Texas Pharmacy License #31494) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway
Assistant General Counsel
Texas State Board of Pharmacy

September 24, 2019
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

4D

RECEIVED 12-4-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Sole Owner – Pages 1,2,7,8*

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Free State Pharmacy LLC.

Physical Address: 3200 Haskell Lane Suite 140 Lawrence, KS 66046

Mailing Address: 3200 Haskell Lane Suite 140

City: Lawrence State: Kansas Zip Code: 66046

Telephone: 785-856-0037 Fax: 785-285-6005

Toll Free Number: 844-407-3707 (Required per NAC 639.708)

E-mail: ebholdingservices@gmail.com Website: freestatepharmacy.com

Managing Pharmacist: Sarah Spangler License Number: 1-14617

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑ ☐	Retail	☐ ☑	Off-site Cognitive Services
☐ ☑	Hospital (# beds_____)	☐ ☑	Parenteral **
☐ ☑	Internet	☐ ☑	Parenteral (outpatient)
☐ ☑	Nuclear	☐ ☑	Outpatient/Discharge
☐ ☑	Ambulatory Surgery Center	☒ ☐	Mail Service
☐ ☑	Community	☐ ☑	Long Term Care
☐ ☑	Other: _____	☐ ☑	Sterile Compounding **
		☐ ☑	Non Sterile Compounding
		☐ ☑	Mail Service Sterile Compounding **
		☐ ☑	Other Services: _____

All boxes must be checked
For the application to be complete

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Elaine Balsamo

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

Elain Balsamo

Print Name of Authorized Person

10/26/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Kansas

Parent Company if any: EB HOLDING SERVICES LLC

Corporation Name: Free State Pharmacy LLC.

Mailing Address: 3601 N Dixie Hwy, Bay 12

City: BOCA RATON State: Florida Zip: 33431

Telephone: 786-203-4041 Fax: 561-423-8430

Contact Person: Elaine Balsamo

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: N/A

Registration number issued: N/A

Stock Exchange: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm

Sunday Closed am ____ pm

Saturday Closed am ____ pm

24 Hours ____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Kansas

Parent Company if any: EB HOLDING SERVICES LLC

Mailing Address: 3601 N Dixie Hwy, Bay 12

City: Boca Raton State: Florida Zip: 33431

Telephone: 786-203-4041 Fax: 561-423-8430

Contact Person: Elaine Balsamo

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Elaine Balsamo N Dixie Hwy, Bay 12 Boca Raton FL 33431
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
Name Address

2) Provide the number of shares issued by the corporation. 0

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday Closed am pm

Sunday Closed am pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited ✓

Partnership Name: EB HOLDING SERVICES

Mailing Address: 3601 N Dixie Hwy, Bay 12,

City: BOCA RATON State: Florida Zip Code: 33431

Telephone Number: 786-203-4041 Fax Number: 785-285-6005

Contact Person: Elaine Balsamo

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
Elaine Balsamo	L	0
EB HOLDING SERVICES LLC	L	%100

List names of 4 largest partners and percentage of ownership:

Name: EB HOLDING SERVICES %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: EB HOLDING SERVICES LLC

Business Name: Free State Pharmacy LLC.

Current Business Address: 3200 Haskell Lane Suite 140

City: Lawrence State: KS Zip Code: 66046

Telephone: 785-856-0037 Fax: 785-285-6005

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Elaine Balsamo

Responsible Person of Free State Pharmacy LLC.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Elaine Balsamo

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

Elaine Balsamo

Print Name of Authorized Person

10-26-2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Palm Beach COUNTY)

I, Elaine Balsamo, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the owner for Freestate (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Elaine Balsamo do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Elaine Balsamo
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
11 day of November, 2020.

Stuart Colón
NOTARY PUBLIC

STUART A. COLON
Notary Public, State of Florida
Commission No. HH 37698
Commission Expires 08/30/2024

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF REGISTRATION
FOREIGN LIMITED-LIABILITY COMPANY

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Freestate Pharmacy LLC** did on 10/23/2020 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/23/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202010231167127
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Free State Pharmacy LLC

Address: 3200 Haskell Lane Suite 140

City: Lawrence State: Kansas Zip: 66046

I hereby authorize the Kansas Board Of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant Elaine Balsamo

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
Z-111677	Active	04/06/2020	06/30/2021

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
[illegible]	Admin Specialist	KS	09/21/2020	

e License

Kansas Board of Pharmacy
License Portal

Facility/Provider Information

Search Again

Board of Pharmacy Home | License Verification | Exam Scores | Submit a Complaint

The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of this website as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information as authentic as a direct inquiry to the Board. Note Pharmacy Technicians issued after January 1, 2019 will now have a 24- prefix for their registration number until they provide proof of passage of the PTCB or ExCPT certification examination

General

License #	1-14617	Status	Active
Name or Business	SARAH SPANGLER	Issue Date	5/17/2009
Business Owner			
DBA	DAV		
Classification	Pharmacist	On Probation	No
License Type	N/A	Discipline on File	No Submit Complaint
		Immunization Certification	No
		Preceptor Eligibility	No
		Naloxone Protocol	No

Licenses

Kansas
Board of Pharmacy

Kansas Board of Pharmacy
800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
P:785-296-4056
F:-785-296-8420

The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of its internal systems, as well as performing hourly updates to the information represented. Therefore, the verification information is deemed a primary source of credential verification information, as authentic as a direct inquiry to the Board.

LICENSE VERIFICATION FOR: 2-111677

Free State Pharmacy LLC 3200 Haskell Lane Suite 140 Lawrence, KS 66046	Original Date: 4/6/2020 On Probation: No Discipline on File: No

LICENSES	Effective Date	Expire Date	Status
Pharmacy Permit	7/1/2020	6/30/2021	Active

KANSAS STATE BOARD OF PHARMACY

By _____ Executive Secretary

This report created on: 8/4/2020

NOTES
N/A

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Freestate Pharmacy LLC

Nevada Business Identification # NV20201925327
Expiration Date: 10/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/23/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202010231167128
You may verify this certificate online at http://www.nvsos.gov

Display this conspicuously

License Number: 1-14617

KANSAS STATE BOARD OF PHARMACY
800 S.W. Jackson, Ste. 1414
Topeka, KS 66612-1244
785-296-4056
Fax 785-296-8420
www.pharmacy.ks.gov
pharmacy@ks.gov

Expires: 6/30/2021

Executive Director

SPANGLER, SARAH

[redacted] ne 107th terrace
KANSAS CITY, MO 64155

This is to Certify that the following individual is hereby renewed as a Pharmacist

Pocket Card

Kansas State Board of Pharmacy

This is to Certify that the following individual is hereby renewed as a Pharmacist

Expires: 6/30/2021

Executive Director

SPANGLER, SARAH

License Number: 1-14617

ne 107th terrace
KANSAS CITY, MO 64155

Ownership Information

Free State Pharmacy, LLC Address:

3200 Haskell Lane Suite 140
Lawrence, KS 66046

EIN: 88-24721857

Free State Pharmacy, LLC Owner:

EB Holding Services LLC 100%0wner
3601 N Dixie Hwy, Bay 12
Boca Raton FL 33431

FIN: 84-4974941

EB Holding Services, LLC Owner:

Elaine Balsamo 100%0wner
: Pacific Blvd, Apt
Boca Raton FL 33433
Title: Owner & Director
SSN:
OOB: '

Authorized Individuals

Sarah Spangler
NE 107 terrace
Kansas City, MO 64155
Title: Phannacist in Charge
SSN: 4
DOB:

Kansas Business Center

Business Entity Search

Date: 04/21/2020

Be advised the business information on this page is for summary informational purposes only. It is not an official filing with the Secretary of State's office and should not be relied on as such. Please view actual documents filed by customers with the secretary of State's office to ensure accurate information. When filing a Uniform Commercial Code statement on an entity, consult with your attorney to ensure the correct debtor name.

Business Summary

Current Entity Name	Business Entity ID Number
FREE STATE PHARMACY LLC	8947160

Current Mailing Address: FREE STATE PHARMACY LLC - 3200 HASKELL STE 140, LAWRENCE, KS 66044

Business Entity Type: KANSAS LTD LIABILITY COMPANY

Date of Formation in Kansas: 02/27/2018

State of Organization: KS

Current Status: ACTIVE AND IN GOOD STANDING

Resident Agent and Registered Office

Resident Agent: ELAINE BALSAMO

Registered Office: 4601 E DOUGLAS STE 150, WICHITA, KS 67218

Annual Reports

The following annual report information is valid for active and delinquent status entities only.

Tax Closing Month: 12

The Last Annual Report on File: 12/2019

Next Annual Report Due: 04/15/2021

Forfeiture Date: 07/15/2021

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Kansas Board of Pharmacy
License Portal

Facility/Provider Information

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Board of Pharmacy Home | License Verification | Exam Scores | Submit a Complaint

The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board. Note Pharmacy Technicians issued after January 1, 2019 will now have a 24- prefix for their registration number until they provide proof of passage of the PTCB or ExCPT certification examination.

General

License #:	2-111677	Status:	Active
Name or Business:	Free State Pharmacy LLC	Issue Date:	4/6/2020
Business Owner:	Free State Pharmacy LLC		
Address:	3200 Haskell Lane Suite 140 Lawrence, KS 66046	Expiration Date:	6/30/2021
Classification:	Pharmacy/Facility	On Probation:	No
License Type:	Pharmacy	Discipline on File:	No Submit Complaint

Licenses

L/P/R #	Description	Effective	Issued	Expires	Status
2-111677	Pharmacy Permit	7/1/2020	4/6/2020	6/30/2021	Active
2-111677	Pharmacy Permit	3/17/2020	4/6/2020	6/30/2020	Expired

Notes

License Change	Type	Effective	Description
Pharmacist-In-Charge Change	Changed PIC	11/9/2020	JILL OTTINGER | License No: 1-11077 | Effective: 2020-11-02 -TO- SARAH SPANGLER | License No: 1-14617 | Effective: 2020-11-09
Pharmacist-In-Charge Change	Changed PIC	5/18/2020	DOUGLAS KLEIN | License No: 1-14063 | Effective: 2020-05-18 -TO- JILL OTTINGER | License No: 1-11077 | Effective: 2020-05-18

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Kansas Board of Pharmacy

License Portal

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Search Again

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General

License #:	1-14617	Status:	Active
Name or Business:	SARAH SPANGLER	Issue Date:	9/17/2009
Business Owner:			
DBA:	DAY		
Classification:	Pharmacist	On Probation:	No
License Type:	N/A	Discipline on File:	No Submit Complaint
		Immunization Certification:	No
		Preceptor Eligibility:	No
		Naloxone Protocol:	No

Licenses

L/P/R #	Description	Effective	Issued	Expires	Status
1-14617	Pharmacist License (Pharmacist)	7/1/2019	9/17/2009	6/30/2021	Active
1-14617	Pharmacist License (Pharmacist)	7/1/2017	9/17/2009	6/30/2019	Expired
1-14617	Pharmacist License (Pharmacist)	5/19/2015	9/17/2009	6/30/2017	Expired
1-14617	Pharmacist License (Pharmacist)	5/18/2015	9/17/2009	6/30/2015	Expired
1-14617	Pharmacist License (Pharmacist)	5/21/2013	9/17/2009	6/30/2013	Expired
1-14617	Pharmacist License (Pharmacist)	5/23/2011	9/17/2009	6/30/2011	Expired

Notes

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www.eLicenseSoftware.com

4E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*** 03834

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☐ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: JourniRx, Inc.

Physical Address: 1621 SW First Avenue

Mailing Address: 100 SW Market Street

City: Portland State: OR Zip Code: 97201

Telephone: 503-225-5367 Fax: _____

✓ Toll Free Number: 844-633-7288 (Required per NAC 639.708)

E-mail: diana.graalum@medsavvy.com Website: www.MedSavvy.com; www.Journirx.com

Managing Pharmacist: Diana Graalum License Number: RPH-0009727

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	Retail	☐	Off-site Cognitive Services
☐	Hospital (# beds_____)	☐	Parenteral **
☐	Internet	☐	Parenteral (outpatient)
☐	Nuclear	☐	Outpatient/Discharge
☐	Ambulatory Surgery Center	☐	Mail Service
☐	Community	☐	Long Term Care
☒	Other: Drugless Pharmacy	☐	Sterile Compounding **
		☐	Non Sterile Compounding
		☐	Mail Service Sterile Compounding **
		☒	Other Services: Consulting

All boxes must be checked

For the application to be complete

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Diana C. Graalum

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

Diana C. Graalum — December 18, 2020

Print Name of Authorized Person — Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Oregon

Parent Company if any: Journi, Inc.

Mailing Address: 100 SW Market Street

City: Portland State: OR Zip: 97201

Telephone: 503-225-4879 Fax: 503-225-5431

Contact Person: _____

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Journi, Inc. 100 SW Market St., Portland, OR 97201 - 100%
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? _____

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, John W. Attey

Responsible Person of JourniRx, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

John W. Attey

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

John W. Attey, Secretary

Print Name of Authorized Person

12/18/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Oregon)
) ss.
Washington COUNTY)

I, Diana C. Graalum, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist In Charge for JourniRx, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Diana C. Graalum, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
31st day of December, 2020.

NOTARY PUBLIC

OFFICIAL STAMP
HEATHER RAEANN RATZI
NOTARY PUBLIC - OREGON
COMMISSION NO. 1001038
MY COMMISSION EXPIRES JUNE 25, 2024

Renaissance One
Two North Central Avenue
Phoenix, Arizona 85004-2391
602.229.5200
Fax 602.229.5690
www.quarles.com

Attorneys at Law in
Chicago
Indianapolis
Madison
Milwaukee
Naples
Phoenix
Scottsdale
Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 602.229.5209
E-Mail: ashley.strait@quarles.com

January 11, 2021

VIA UPS OVERNIGHT

Mr. Dave Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

Re: Change in Ownership and Change in Name
MedSavvy Inc. - Permit No. PH03834

Dear Mr. Wuest:

Enclosed, please find a change in ownership and change in name application for the above referenced licensee. As described in the application, the licensee will experience a corporate restructure on or around **January 31, 2021.** As a result of this restructure, MedSavvy Inc. will have a new parent company, Journi, Inc. At the same time, MedSavvy Inc. will change its name to **JourniRx, Inc.** The enclosed organizational chart shows the ownership structure before and after the restructure.

Importantly, the same entity will continue to be the direct owner of the facility. Although there will be a change in corporate officers, the location, tax ID, and pharmacist in charge will not change.

The application, supporting documents, and fees are enclosed. A change application is processing with Oregon, the facility's home state. Should you have any questions or require additional information, please contact me at (602) 229-5209 or Ashley.Strait@quarles.com. Thank you for your consideration.

Very truly yours,

Ashley Strait

Ashley Strait

Encls.

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 573N486J7

I, BEV CLARNO, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

MEDSAVVY INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BEV CLARNO, SECRETARY OF STATE

11/23/2020

OREGON BOARD OF PHARMACY

CONSULTING / DRUGLESS PHARMACY REGISTRATION

LICENSE NUMBER: CON-0000016

This license is valid until **03/31/2021**

ISSUED TO:

MEDSAVVY INC
1621 SW FIRST AVE
PORTLAND OR 97201

Executive Director

Issuing Authority: **ORS 475 & 689**

DO NOT COPY - Request certified copies in writing

MUST BE POSTED IN A CONSPICUOUS PLACE - **NOT TRANSFERABLE**

MEDSAVVY INC
C/O LEGAL DEPARTMENT
100 SW MARKET ST MS E12B
PORTLAND OR 97201

Nevada

JourniRx, Inc.

Officer and Director List

Name	Title
Vince P. Price	President, Director
John W. Attey	Secretary, Director
Andreas B. Ellis	Treasurer
Anjie L. Vannoy	Corporate Controller
Gary H. Lau	Assistance Secretary
Jared L. Short	Director

Before
Cambia Health Solutions, Inc.
100%
Direct Health Solutions, Inc.
100%
MedSavvy Inc.
After (Effective 1/31/2021)
Cambia Health Solutions, Inc.
100%
Journi, Inc. dba MedSavvy
100%
JourniRx, Inc.

4F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☐ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☑ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Kingsley Rx

Physical Address: 1542 Kingsley Ave. Ste. 142 Orange Park, FL 32073

Mailing Address: _____

City: Orange Park State: FL Zip Code: 32073

Telephone: 904-409-1337 Fax: 904-375-1362

Toll Free Number: 1(888) 370-5546 (Required per NAC 639.708)

E-mail: Kingsleyrx@kingsleyrx.com Website: Kingsleyrx.com

Managing Pharmacist: Madeline DeFalco License Number: PS22011

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
All boxes must be checked		☐	☑ Mail Service Sterile Compounding **
For the application to be complete		☑	☐ Other Services: Retail

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

The board has a legal right to require an appearance at a schedule board meeting. If an appearance is **required**, your company will be notified in writing two (2) weeks prior to the meeting.

If you check off-site cognitive services on the application, Nevada Administrative Code 639.4916 requires "A pharmacist who is employed by an off-site pharmaceutical service provide to provide remote chart order processing services to a hospital or correctional institution pursuant to NAC 639.4915 must (a) Be licensed to practice in Nevada." Provide name and Nevada pharmacist license number. This does not have to be the managing pharmacist.

A license is usually issued and mailed within 15 days from the board meeting date, if approved.

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statues & Regulations" tab.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at pharmacy@pharmacy.nv.gov.

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Madelin B DeFalco

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

Madelin B DeFalco — 12-15-20

Print Name of Authorized Person — Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City:_____State:_____Zip: _____

Telephone:_____Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm Saturday _____am _____

Sunday _____am _____pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Madeline DeFalco

Business Name: Kingsley Rx.

Current Business Address: 1542 Kingsley Ave. Ste. 142

City: Orange Park State: FL Zip Code: 32073

Telephone: 904-409-1337 Fax: 904-375-1362

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday Closed am pm

Sunday Closed am pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited _____

Partnership Name: _____

Mailing Address: _____

City:_____State:_____Zip Code: _____

Telephone Number:_____Fax Number: _____

Contact Person: _____

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name:_____%:_____

Name:_____%:_____

Name:_____%:_____

Name:_____%: _____

List any physician shareholders and percentage of ownership.

Name:_____%:_____

Name:_____%:_____

Name:_____%: _____

Hours of Operation for the pharmacy:

Monday thru Friday_____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Clay COUNTY)

I, Madelin DeFalco, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner-PIC for Kingsley Rx (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Madelin DeFalco do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Madelin DeFalco
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
1st day of December, 2020

Stesha B. Urban
NOTARY PUBLIC

Stesha B. Urban
Notary Public
State of Florida
My Commission Expires 05/12/2024
Commission No. GG 987646

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Madeline B DeFeto

Responsible Person of Kingslex Rx

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Madeline B DeFeto

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

Madeline B DeFeto

Print Name of Authorized Person

12-15-21

Date

C# 9785861

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
08/13/2020	PH 32864	117025

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

Expiration Date: FEBRUARY 28, 2021
KINGSLEY RX LLC
1542 KINGSLEY AVE
SUITE 142
ORANGE PARK, FL - 32073

GENERAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

C# 9785861
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE LICENSE NO. CONTROL NO.
08/13/2020 PH 32864 117025
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
QUALIFICATION(S):
Schedule II & III
Community Pharmacy
Expiration Date : FEBRUARY 28, 2021
KINGSLEY RX LLC

AC# 9132844

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/03/2019	PS 22011	288684

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: SEPTEMBER 30, 2021
MADELINE B DEFALCO
2561 COUNTY ROAD 220, SUITE 808
MIDDLEBURG, FL - 32068-3397

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

4G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*** 03978

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Lumicera Health Services, LLC

Physical Address: 740 Quince Orchard Road, Suite 150, Gaithersburg, MD 20878

Mailing Address: 310 Integrity Drive

City: Madison State: WI Zip Code: 20878

Telephone: 855-847-3553 Fax: 855-847-3558

✓ Toll Free Number: 855-847-3553 (Required per NAC 639.708)

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

Managing Pharmacist: Darvin Joy License Number: 21717

TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☐ ☒ Retail	☐ ☒ Off-site Cognitive Services
☐ ☒ Hospital (# beds_____)	☐ ☒ Parenteral **
☐ ☒ Internet	☐ ☒ Parenteral (outpatient)
☐ ☒ Nuclear	☐ ☒ Outpatient/Discharge
☐ ☒ Ambulatory Surgery Center	☒ ☐ Mail Service
☐ ☒ Community	☐ ☒ Long Term Care
☐ ☒ Other: _____	☐ ☒ Sterile Compounding **
	☐ ☒ Non Sterile Compounding
All boxes must be checked	☐ ☒ Mail Service Sterile Compounding **
For the application to be complete	☐ ☒ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Brent Eberle, Chief Pharmacy Officer

Print Name of Authorized Person

1/4/2021

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Wisconsin

Parent Company if any: Navitus Health Solutions, LLC

Mailing Address: 361 Integrity Drive

City: Madison State: WI Zip: 53717

Telephone: 877-571-7500 Fax: 608-729-2646

Contact Person: Rachel Breger

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - Lumicera Health Services, LLC is a limited liability corporation and no shares exist or have been issued
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 6:00 pm Saturday 9:00 am 12:00 pm

Sunday Closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Brent Eberle

Responsible Person of Lumicera Health Services, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Brent Eberle, Chief Pharmacy Officer

Print Name of Authorized Person

1/4/2021

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Maryland)
) ss.
Montgomery COUNTY)

I, Darvin Joy, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Lumicera Health Services, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Darvin Joy, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Darvin Joy
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
11 day of January, 2021.

Rachel Breger
NOTARY PUBLIC
My commission is permanent

RACHEL BREGER
NOTARY PUBLIC
STATE OF WISCONSIN

Lumicera Health Services
Officers & Directors

Officers

Name: David Wilson Fields
Business Address: 361 Integrity Drive, Madison, WI 53717
Business Phone: 608-729-1515
Home Address: McBride Road, Madison, WI 53704
Position: President/CEO
% of Ownership: 0%
Professional Licenses: N/A

Name: Peter James Beste
Business Address: 361 Integrity Drive, Madison, WI 53717
Business Phone: 608-729-1541
Home Address: Swoboda Road, Verona, WI 53593
Position: CFO
% of Ownership: 0%
Professional Licenses: WI CPA 16044-1

Name: Paul Morris Page
Business Address: 361 Integrity Drive, Madison, WI 53717
Business Phone: 608-729-1626
Home Address: Silver Oak Drive, Fitchburg, WI 53711
Position: Secretary
% of Ownership: 0%
Professional Licenses: WI Law 1039944

Name: Brent Joseph Eberle
Business Address: 361 Integrity Drive, Madison, WI 53717
Business Phone: 608-729-1511
Home Address: Harvest Moon Court, Waunakee, WI 53597
Position: Chief Pharmacy Officer
% of Ownership: 0%
Professional Licenses: WI Pharmacist 12971-40

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

LUMICERA HEALTH SERVICES, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 16, 2013.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 07, 2021.

Patti Epstein

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: **284530-5DAD865D**

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*** 02303

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☐ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: OnePoint Patient Care

Physical Address: 3006 S. Priest Dr. Tempe, AZ 85282

Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone: 480-240-1100 Fax: 480-240-1102

Toll Free Number: 844-848-8800 (Required per NAC 639.708)

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

Managing Pharmacist: Gary Henglefelt License Number: S007440

TYPE OF PHARMACY		AND	SERVICES PROVIDED	
Yes/No			Yes/No	
☐	☑	Retail	☐	☑ Off-site Cognitive Services
☐	☑	Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑	Internet	☐	☑ Parenteral (outpatient)
☐	☑	Nuclear	☐	☒ Outpatient/Discharge
☐	☑	Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐	Community	☐	☑ Long Term Care
☐	☐	Other: _____	☐	☑ Sterile Compounding **
			☐	☑ Non Sterile Compounding
All boxes must be checked			☐	☑ Mail Service Sterile Compounding **
For the application to be complete			☐	☑ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Allison Brown

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

Allison Brown

Print Name of Authorized Person

12/15/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE (LLC)

Parent Company if any: Pharmacy Corporation of America

Mailing Address: 805 No. Whittington PKY STE 400

City: Louisville State: KY Zip: 40222

Telephone: 502-627-7100 Fax: 855-214-7498

Contact Person: Susan Reinach

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) there are no shares issued as this is an LLC
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 0

3) What was the price paid per share? NA

4) What date did the corporation actually receive the cash assets? NA

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

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 8 pm Saturday 8 am 6 pm

Sunday 8 am 6 pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 1020104874

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Allison Brown

Responsible Person of OP Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Allison Brown

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

Allison Brown
Print Name of Authorized Person

12/15/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Kentucky)
) ss.
Jefferson COUNTY)

I, Allison Brown, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary/Managing Member for OP Pharmacy LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Allison Brown, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

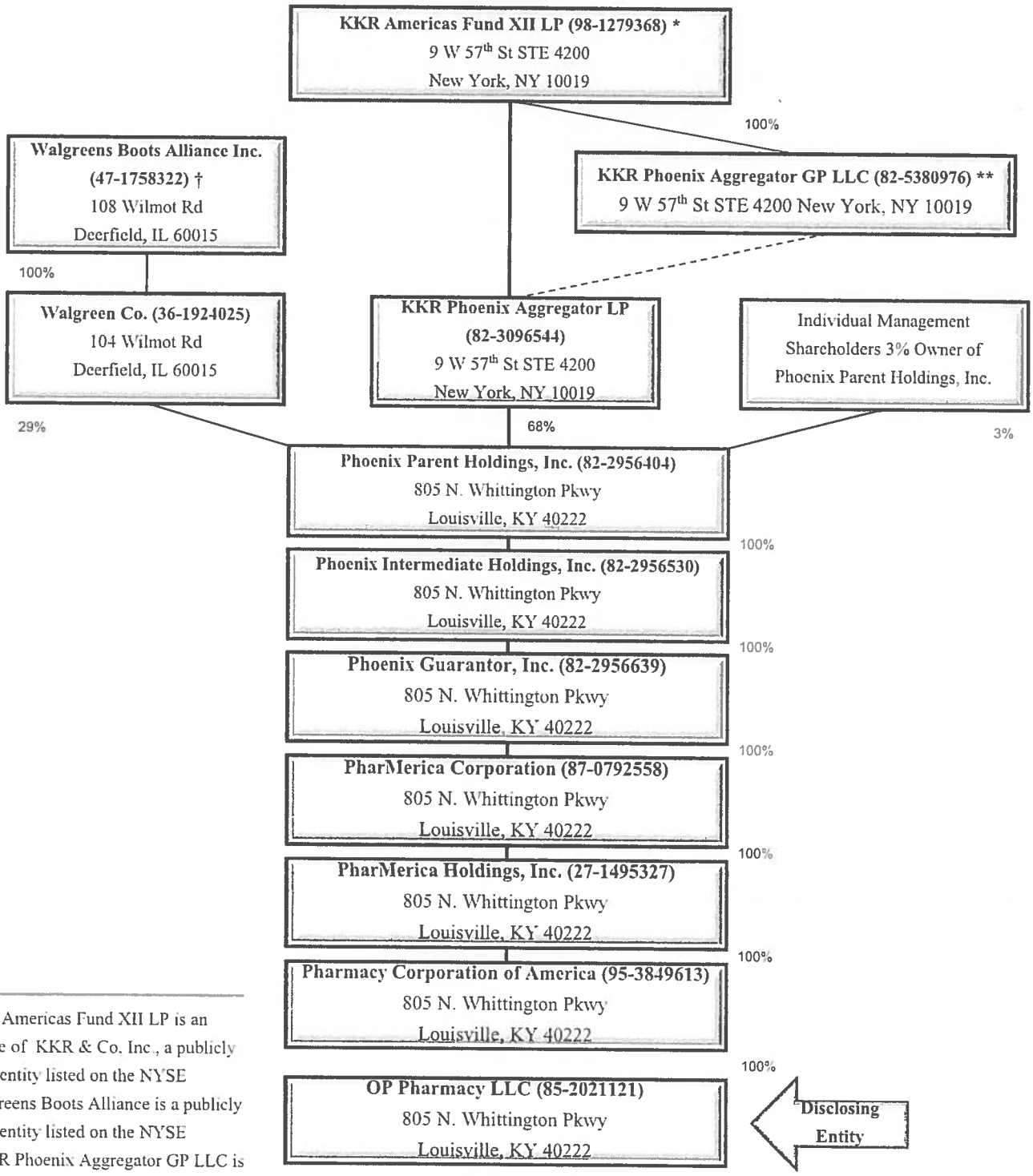
Allison Brown
Name

EMILY SUSAN REINACH
My Commission Expires 05-28-2021
NOTARY PUBLIC
Notary ID # 579494
STATE AT LARGE, KENTUCKY

SUBSCRIBED AND SWORN TO
before me, a notary public this
15 day of December, 2020.

Emily S. Reinach
NOTARY PUBLIC

OP Pharmacy LLC Organizational Chart



*KKR Americas Fund XII LP is an affiliate of KKR & Co. Inc., a publicly traded entity listed on the NYSE

†Walgreens Boots Alliance is a publicly traded entity listed on the NYSE

** KKR Phoenix Aggregator GP LLC is the general partner of KKR Phoenix Aggregator LP, but it does not have an ownership interest in KKR Phoenix Aggregator LP. KKR Phoenix Aggregator GP LLC is 100% owned by KKR Americas Fund XII LP.

OP Pharmacy LLC Officers/Managing Members

Name	Title	DOB	SSN	Home Address	Phone
Robert E. Dries	President & Treasurer/Managing Member			Farm Spring Court Prospect, KY 40059-7614	
Allison Brown	Secretary/Managing Member			Alfresco Place Louisville, KY 40205	
Jennifer Yowler	Managing Member			Carmelle Woods Dr. Mason, OH 45040	

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	OnePoint Patient Care LLC
Address :	3006 S. Priest Dr. Tempe AZ 85282
License No :	Y004342
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	08/31/2005
Expiration Date :	10/31/2022
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 10/27/2020

BILL OF SALE

In accordance with the provisions of that certain Asset Purchase Agreement dated August 25, 2020 ("**Purchase Agreement**") by and among ONEPOINT PATIENT CARE, LLC, Delaware limited liability company ("**Seller**"), each of the Persons listed on Annex I attached thereto (collectively, the "**Holders**"), OP PHARMACY, LLC, a Delaware limited liability company ("**Buyer**"), and, solely for purposes of Section 2.1(b) and Article 5 thereof, PHARMACY CORPORATION OF AMERICA, a California corporation ("**PCA**"), Seller and Buyer do execute and deliver this Bill of Sale as of September 30, 2020. Any capitalized term used herein but not defined herein has the meaning ascribed to such term in the Purchase Agreement.

In consideration of the Purchase Price paid by Buyer pursuant to the Purchase Agreement and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by Seller, as of the Closing, Seller hereby sells, transfers, assigns and delivers to Buyer, and Buyer hereby purchases and acquires from Seller, free and clear of any and all Liens (other than Permitted Liens), all of the right, title and interest of Seller in and to all of the Purchased Assets.

NOTHING CONTAINED IN THIS BILL OF SALE SHALL IN ANY WAY SUPERSEDE, MODIFY, REPLACE, AMEND, CHANGE, RESCIND, WAIVE OR OTHERWISE AFFECT ANY OF THE PROVISIONS SET FORTH IN THE PURCHASE AGREEMENT, INCLUDING, WITHOUT LIMITATION, THE REPRESENTATIONS, WARRANTIES, COVENANTS, AGREEMENTS AND INDEMNITEES SET FORTH THEREIN.

This Bill of Sale may be executed in two or more counterparts, each of which shall be deemed original, but all of which taken together shall constitute one and the same instrument. Signatures transmitted electronically by portable document format (.pdf) file or facsimile shall be binding for all purposes hereof.

This Bill of Sale shall be governed by and construed in accordance with the internal laws of the State of Delaware without regard to the conflicts of law principles thereof.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties hereto have duly executed this Bill of Sale on the date set forth above.

"Buyer"

OP PHARMACY, LLC

By: _____

Printed: Robert E. Dries

Title: President

ACKNOWLEDGEMENT

STATE OF Kentucky)
) SS:
COUNTY OF Jefferson)

On September 25, 2020, before me, Patricia Brattain, Notary Public, personally appeared Robert E Dries, President of OP PHARMACY, LLC, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of Kentucky that the foregoing paragraph is true and correct.

WITNESS my hand and Notarial Seal.

PATRICIA BRATTAIN
NOTARY PUBLIC
ID NO. 572576
MY COMMISSION EXPIRES
1/30/2021
STATE AT LARGE, KY.

Patricia Brattain
Notary Public (signature)

Patricia Brattain
Notary Public (printed name)

My Commission Expires:

1/30/2021

Resident of Oldham County

My Commission Number:

572576

"*Seller*"

ONEPOINT PATIENT CARE, LLC

By: _____

Printed: James A. Otterbeck

Title: Chairman

ACKNOWLEDGEMENT

STATE OF Illinois)
) SS:
COUNTY OF Cook)

On September 25, 2020, before me, Peter A. Speranza, Notary Public, personally appeared James A. Otterbeck, Chairman of ONEPOINT PATIENT CARE, LLC, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of Illinois that the foregoing paragraph is true and correct.

WITNESS my hand and Notarial Seal.

OFFICIAL SEAL
PETER A SPERANZA
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES APR 03 2023

_____
Notary Public (signature)

Peter A. Speranza
Notary Public (printed name)

My Commission Expires:
4/3/2023

Resident of Lake County

My Commission Number:
305753

6 *Del.C.* Ch. 31

REGISTRATION OF TRADE, BUSINESS & FICTITIOUS NAME CERTIFICATE

County: New Castle ☒ Kent ☐ Sussex ☐

TRADE NAME: OnePoint Patient Care

Business Address: 805 N. Whittington Pkwy, Suite 400, Louisville, KY 40222

Phone Number: (502) 394-2100

Person, Firm or Association *(Parent Company, if applicable)*:

Names and addresses of ALL owners, members, or partners comprising the business:

Last Name	First Name	Address
OP Pharmacy, LLC		805 N. Whittington Pkwy, Suite 400, Louisville, KY

Date of Formation: July 17, 2020

Nature of Business: Pharmacy business

State of Kentucky

County Jefferson

BEFORE ME, the Subscriber, a Notary Public of the State of Kentucky, personally appeared a principal in the business described in the Certificate, who, having first been sworn by me according to law did depose and say as follows:

1. He/She is a principal in the business described in the certificate.
2. That the foregoing information provided in the certificate is true, correct, and complete.

PATRICIA BRATTAIN NOTARY PUBLIC ID NO. 572576 MY COMMISSION EXPIRES 1/30/2021 STATE AT LARGE, KY.

Allison Brown

Affiant

Title: Secretary

SWORN AND SUBSCRIBED this 8th day of September, 2020.

Patricia Brattain

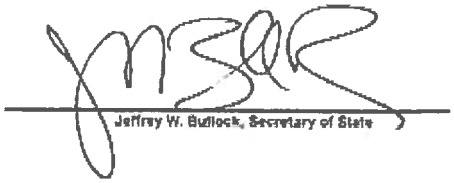
Notary Public

CERTIFIED A TRUE COPY
ATTEST: LISA N. GONZALEZ
CHIEF DEPUTY PROTHONOTARY
BY

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "OP PHARMACY, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF JULY, A.D. 2020, AT 11 O`CLOCK A.M.



3263717 8100

SR# 20206278655

Authentication: 203300837

Date: 07-17-20

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:00 AM 07/17/2020
FILED 11:00 AM 07/17/2020
SR 20206278655 - File Number 3263717

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OP PHARMACY, LLC

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Act of the State of Delaware, hereby certifies as follows:

Article I
Name

The name of the limited liability company (the "Company") is **OP Pharmacy, LLC**.

Article II
Registered Office; Registered Agent

The Registered Office of the Company in the State of Delaware is located at 251 Little Falls Drive, Wilmington, Delaware 19808. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Corporation Service Company.

Article III
Management

The Company is to be managed by a board of manager(s).

In Witness Whereof, this Certificate of Formation has been duly executed on the 16th day of July, 2020, for the purpose of forming a limited liability company under the Delaware Limited Liability Act.

By: _____
Steven S. Reed
Corporate Secretary

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF REGISTRATION
FOREIGN LIMITED-LIABILITY COMPANY

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **OP Pharmacy, LLC** did on 07/24/2020 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/24/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200724950080
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

07/24/2020

Work Order Item Number:	W2020072400957-719662
Filing Number:	20200806451
Filing Type:	Registration – Foreign LLC
Filing Date/Time:	7/24/2020 9:26:00 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E8064522020-8 **Entity Name:** OP Pharmacy, LLC

Entity Status: Active **Expiration Date:** None

Commercial Registered Agent
CORPORATION SERVICE COMPANY
112 NORTH CURRY STREET, Carson City, NV 89703, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Filed in the Office of	Business Number
Barbara K. Cegavske	E8064522020-8
	Filing Number
	20200806451
Secretary of State	Filed On
State Of Nevada	7/24/2020 9:26:00 AM
	Number of Pages
	2

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

ABOVE SPACE IS FOR OFFICE USE ONLY

Formation - Limited-Liability Company

- [ ] NRS 86 - Articles of Organization Limited-Liability Company
- [ ] NRS 89 - Articles of Organization Professional Limited-Liability Company
- [x] NRS 86.544 - Registration of Foreign Limited-Liability Company
- [ ] NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name Being Registered in Nevada: (See instructions)
OP Pharmacy, LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: Delaware
3b) Date formed: 07/17/2020
3c) I declare this entity is in good standing in the jurisdiction of its formation. [x]

4. Registered Agent for Service of Process*: (Check only one box)
- [x] Commercial Registered Agent:(name only below)
- [ ] Noncommercial Registered Agent (name and address below)
- [ ] Office or Position with Entity (title and address below)

Corporation Service Company
Name of Registered Agent OR Title of Office or Position with Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.
x By: Corporation Service Company Brittany Aunt
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity
Date: 07/24/2020

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) [x] Manager(s) OR [ ] Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT: A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) Robert Dries
Name | Country
805 N. Whittington Pkwy, Ste400 | Louisville | KY | 40222
Street Address | City | State | Zip/Postal Code

2) Jennifer Yowler
Name | Country
805 N. Whittington Pkwy, Ste400 | Louisville | KY | 40222
Street Address | City | State | Zip/Postal Code

3)
Name | Country
Street Address | City | State | Zip/Postal Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)	
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company ☐ Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐
10 Records Office: (Foreign Limited-Liability Companies)	Address: 805 N. Whittington Pkwy, Ste 400 City: Louisville State: KY Zip Code: 40222 Country: United States
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	Address: 805 N. Whittington Pkwy, Ste 400 City: Louisville State: KY Zip Code: 40222 Country: United States
12. Name, Address and Signature of the Organizer: (NRS 86. NRS 89 -Each Organizer must be a licensed professional.)	*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.
Name and Signature of Manager or Member: (NRS 86.544 only) See instructions	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. Name: Steven S. Reed Country: United States Address: 805 N. Whittington Pkwy, Ste 400 City: Louisville State: KY Zip/Postal Code: 40222 X _____ (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

07/24/2020

Work Order Item Number:	W2020072400957-719663
Filing Number:	20200806466
Filing Type:	Initial List
Filing Date/Time:	7/24/2020 9:26:00 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E8064522020-8 **Entity Name:** OP Pharmacy, LLC

Entity Status: Active **Expiration Date:** None

Commercial Registered Agent
CORPORATION SERVICE COMPANY
112 NORTH CURRY STREET, Carson City, NV 89703, USA

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Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

OP Pharmacy, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Filed in the Office of	Business Number
Barbara K. Cegavske	E8064522020-8
	Filing Number 20200806466
Secretary of State State Of Nevada	Filed On 7/24/2020 9:26:00 AM
	Number of Pages 2

Please indicate the entity type (check only one):

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☒ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (If formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS Chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box
Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No – no additional form is required

☐ Yes – the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A.210 - the "Exemption From Charitable Solicitation Registration Statement" is required

**** Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT, OR EQUIVALENT OF: Title:

Name | Country

Address | City | State | Zip/Postal Code

CORPORATION, INDICATE THE SECRETARY, OR EQUIVALENT OF: Title: Secretary

Name: Allison Brown | Country: USA

Address: 805 N. Whittington Parkway, Suite 400 | City: Louisville | State: KY | Zip/Postal Code: 40222

CORPORATION, INDICATE THE TREASURER, OR EQUIVALENT OF: Title:

Name | Country

Address | City | State | Zip/Postal Code

CORPORATION, INDICATE THE DIRECTOR:

Name | Country

Address | City | State | Zip/Postal Code

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED.*

Title: Secretary

Date: 07/23/2020

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

OP Pharmacy, LLC

Nevada Business Identification # NV20201848774
Expiration Date: 07/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/24/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200724950092
You may verify this certificate online at http://www.nvsos.gov

PharMerica
Value. Trust. Performance.

December 15, 2020

Nevada Board of Pharmacy
985 Damonte Ranch PKY STE 206
Reno, NV 89521

RE: Change of Ownership
Permit PH02303

Please find enclosed a full Nebraska Board of Pharmacy application for the change in ownership for Permit PH02303. In September, OP Pharmacy LLC d/b/a OnePoint Patient Care acquired the OnePoint Pharmacy LLC in a substantial asset purchase agreement. This purchase closed on October 1, 2020.

This pharmacy is located in Tempe, AZ and the Board just finalized their permit. I have included a verification of that permit, the inspection report and the necessary documents outlining the new ownership and officers. The DEA application has been submitted and is currently in process. In the interim, the pharmacy is operating under the seller's permit via a fully executed POA.

There will be no change in operations, location or personnel to this pharmacy. If there are any questions or further documentation needed to process this application, please let me know. Thank you in advance.

Regards,

Susan Reinach
Sr. License and Certification Analyst
Phone: 502-627-7962
Fax: 855-217-7498
Email: sxr4100@pharmerica.com

4I

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☑ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pembrooke Health Services LLC

Physical Address: 11355 Pembrooke Sq Unit 109 Waldorf MD 20603

Mailing Address: 11355 Pembrooke Sq Unit 109

City: Waldorf State: MD Zip Code: 20603

Telephone: (301) 932-7900 Fax: (301) 932-7933

√ Toll Free Number: 855-932-7900 (Required per NAC 639.708)

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

Managing Pharmacist: Saleem Ahmad License Number: 16673

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
☑ ☐ Retail		☐ ☑ Off-site Cognitive Services
☐ ☑ Hospital (# beds____)		☐ ☑ Parenteral **
☐ ☑ Internet		☐ ☑ Parenteral (outpatient)
☐ ☑ Nuclear		☐ ☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center		☑ Mail Service
☑ ☐ Community		☐ ☑ Long Term Care
☐ ☑ Other: _____		☐ ☑ Sterile Compounding **
		☐ ☑ Non Sterile Compounding
All boxes must be checked		☐ ☑ Mail Service Sterile Compounding **
For the application to be complete		☐ ☑ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Jon Habashy
Print Name of Authorized Person

12-09-2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Maryland

Parent Company if any: n/a

Mailing Address: 11355 Pembrooke Sq Unit 109

City: Waldorf State: MD Zip: 20603

Telephone: (301) 932-7900 Fax: (301) 932-7933

Contact Person: Jon Habashy

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Jon Habashy Fair Green Dr Clearwater, FL 33761
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

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

List any physician shareholders and percentage of ownership.

Name: n/a %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 pm

Sunday closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Jon Habashy, Managing Member
Address: ' Fair Green Dr Clearwater, FL 33761
Phone: (
Date of Birth:

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Saleem Ahmad

Responsible Person of Pembrooke Health Services LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Saleem Ahmad
Print Name of Authorized Person

12/14/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Maryland)
) ss.
Charles COUNTY)

I, Saleem Ahmad, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge for Pembrooke Health Services LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Saleem Ahmad, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name Saleem Ahmad

SUBSCRIBED AND SWORN TO
before me, a notary public this
14 day of Dec, 2020.

NOTARY PUBLIC

REBEKAH L CANTERBURY
Notary Public-Maryland
Charles County
My Commission Expires
10/20/2022

Posted April 1, 2020

Details

Demographic Information

Name: Pembrooke Health Services LLC

Address Information

Address: **11355 Pembrooke Sq** **Suite #:**

Unit 109

City: Waldorf **State:** MD **Zip:** 20603

Maryland License\Permit Information

Number: P08354 **Type:** Pharmacy **Status:** Chain (+10 Stores)Active

Original Issued: 11/20/2020 **Date Renewed:** **Expires:** 5/31/2022

No Speciality Information

Discipline Information

No Related Documents

Details

Demographic Information

Name: SALEEM AHMAD

Address Information

State: MD **Zip:** 21794

City: WEST FRIENDSHIP

Maryland License\Permit Information

Number:	16673	**Type:**	Pharmacist	**Status:**	Active
Original Issued:	4/4/2003	**Date Renewed:**	1/15/2019	**Expires:**	1/31/2021

No Speciality Information

Discipline Information

No Related Documents

85920

State of Maryland

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT SALEEM AHMAD
IS A REGISTERED **Active**
Pharmacist - (exp.: 01/31/2021)
Vaccination - (exp.: 01/31/2021)

SIGNATURE OF BEARER

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC REG PERM NO	EXPIRATION DATE
16673	01/31/2021

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

State of Maryland

115122

DEPARTMENT OF HEALTH

SIGNATURE OF BEARER

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Pembrooke Health Services Llc
IS A REGISTERED Active
License Expiration Date
Pharmacy 05/31/2022

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
P08354	05/31/2022

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☒ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PFSP

Physical Address: 398 W Grand Ave

Mailing Address: 398 W Grand Ave

City: Rahway State: NJ Zip Code: 07065

Telephone: 732-215-4390 Fax: 866-377-3695

Toll Free Number: 844-527-9486 (Required per NAC 639.708)

E-mail: licensing@pfsprx.com Website: pfsprx.com

Managing Pharmacist: Alisa Eibling License Number: 28RI03779800

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding **
For the application to be complete		☐	☒ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Fabian Herrera
Print Name of Authorized Person

9/26/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: New Jersey

Parent Company if any: RIHH LLC

Mailing Address: 398 W Grand Ave

City: Rahway State: NJ Zip: 07065

Telephone: 844-527-9486 Fax: 866-377-3695

Contact Person: Fabian Herrera

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Fabian Herrera

Responsible Person of PFSP

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Fabian Herrera
Print Name of Authorized Person

9/29/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey)
) ss.
Union COUNTY)

I, Alisa Eibling, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for PFSP (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Alisa Eibling, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
14 day of October, 2020.

NOTARY PUBLIC

BRUCE K. JENKINS II
NOTARY PUBLIC OF NEW JERSEY
Commission # 50017492
My Commission Expires 6/10/2025

Posted April 1, 2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: PFSP

Address: 398 W Grand Ave

City: Rahway State: NJ Zip: 07065

I hereby authorize the New Jersey Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
28RS 00735100	Active	8/4/2014	6/30/2021

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
[signature]	Agency Rep	NJ	12/15/2020	

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL

DIVISION OF CONSUMER AFFAIRS

CONTROLLED DANGEROUS SUBSTANCES

CDS REGISTRATION NUMBER

D10461500

PFSP
PFSP
398 W. Grand Ave
Rahway NJ 07065

IS REGISTERED AS **CDS Pharmacy** FOR SCHEDULES **2 3 4 5**

09/10/2020 TO 10/31/2021	FP4772908	28RS00735100
VALID	DEA NO	LICENSE/REGISTRATION/CERTIFICATION #
SIGNATURE OF REGISTRANT		ACTING DIRECTOR

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS LICENSED

PFSP
ALISA ANN EIBLING
398 W. Grand Ave.
Rahway NJ 07065

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

05/05/2020 TO 06/30/2021
VALID

Signature of Licensee/Registrant/Certificate Holder

28RS00735100
LICENSE/REGISTRATION/CERTIFICATION #

Paul Rodriguez
ACTING DIRECTOR

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

RIHH LLC
0400640684

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 06, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

FABIAN HERRERA
398 W. GRAND AVENUE
RAHWAY, NJ 07065

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of August, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6110450040

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Bringing a fresh take on what Specialty Pharmacy can and should be. **PFSPrx.com**

Fabian Herrera, CEO

West Lane

Clark, NJ 07066-1632

100% owner, not a healthcare provider

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*** PH02655

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☒ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Valley Veterinary Clinic, LTD. DBA Valley Vet Supply

Physical Address: 1118 Pony Express Hwy Marysville Kansas 66508-8647

Mailing Address: PO Box 504 1118 Pony Express Hwy

City: Marysville State: Kansas Zip Code: 66508

Telephone: 800-898-8026 Fax: 800-531-2390

Toll Free Number: 800-898-8026 (Required per NAC 639.708)

E-mail: omar@valleyvet.com Website: https://www.valleyvet.com/

Managing Pharmacist: Miranda Helmerichs License Number: 1-14865

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding **
For the application to be complete		☒	☐ Other Services: Omnichannel retailer of animal health products and supplies serving the equine, livestock & ranch and pet categories through its e-commerce platform, online veterinary pharmacy, catalog circulation program, phone sales department and brick & mortar retail store.

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Omar Hinojosa
Print Name of Authorized Person

11-23-2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delawase

Parent Company if any: LMI Ark Holding Corp.

Mailing Address: c/o Lincolnshire Management, Inc., 780 Third Ave. FL 40

City: New York State: NY Zip: 10017

Telephone: 212-377-7241 Fax: N/A

Contact Person: Omar Hinojosa

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) 100% owned by LMI Ark Holding Corp., c/o Lincolnshire Management, Inc. 780 Third Ave., Fl 40, New York, NY 10017
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday 8 am 6 pm

Sunday N/A am _____ pm 24 Hours Toll-Free

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Omar Hinojosa (CEO)

Responsible Person of Valley Veterinary Clinic, LTD. DBA Valley Vet Supply

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Omar Hinojosa
Print Name of Authorized Person

11-23-2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF_____)
) ss.
_____COUNTY)

I, Omar Hinojosa, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO for Valley Veterinary Clinic, LTD. DBA Valley Vet Supply (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Omar Hinojsa, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Omar Hinojosa
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
23 day of November, 2020.

Linda K. Dressman
NOTARY PUBLIC

NOTARY PUBLIC - State of Kansas
LINDA K. DRESSMAN
My Appt. Expires 3-27-22

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 0329268

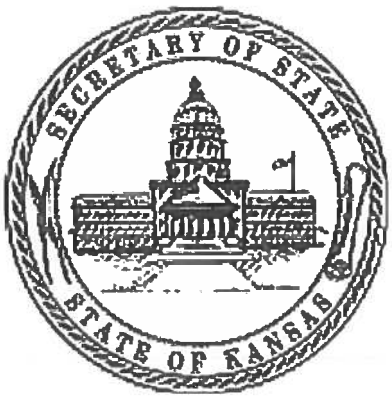
Entity Name: VALLEY VETERINARY CLINIC, LTD.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

was filed in this office on July 05, 1973, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 25, 2020

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1156770 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

THE STATE OF KANSAS

OFFICE OF SECRETARY OF STATE
ELWILL M. SHANAHAN • SECRETARY OF STATE

To all to whom these presents shall come, Greeting:

I, ELWILL M. SHANAHAN, Secretary of State of the State of Kansas, do hereby certify that the following and hereto attached is a true copy of

Articles of Incorporation

of

VALLEY VETERINARY CLINIC, P.A.

FILED: July 5, 1973

the original of which is now on file and a matter of record in this office.

IN TESTIMONY WHEREOF:

I hereto set my hand and cause to be affixed my official seal.

Done at the City of Topeka, this FIFTH day of JULY A. D. 1973

Elwill M. Shanahan
ELWILL M. SHANAHAN
SECRETARY OF STATE

BOOK 304 PAGE 149

Kansas Board of Pharmacy

License Portal

Search Again

Facility/Provider Information

Board of Pharmacy Home | License Verification | Exam Scores | Submit a Complaint

The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board. Note Pharmacy Technicians issued after January 1, 2019 will now have a 24- prefix for their registration number until they provide proof of passage of the PTCB or ExCPT certification examination.

General

License #:	5-00773	Status:	Active
Name or Business:	VALLEY VET SUPPLY	Issue Date:	11/28/1995
Business Owner:			
Address:	1118 PONY EXPRESS HWY MARYSVILLE, KS 66508	Expiration Date:	6/30/2021
Classification:	Pharmacy/Facility	On Probation:	No
License Type:	Distributor	Discipline on File:	No Submit Complaint

Licenses

L/P/R #	Description	Effective	Issued	Expires	Status
5-00773	Distributor Permit	7/1/2020	11/28/1995	6/30/2021	Active
5-00773	Distributor Permit	7/1/2019	11/28/1995	6/30/2020	Expired
5-00773	Distributor Permit	7/1/2018	11/28/1995	6/30/2019	Expired
5-00773	Distributor Permit	7/1/2017	11/28/1995	6/30/2018	Expired
5-00773	Distributor Permit	6/7/2016	11/28/1995	6/30/2017	Expired
5-00773	Distributor Permit	5/18/2015	11/28/1995	6/30/2016	Expired
5-00773	Distributor Permit	5/15/2015	11/28/1995	6/30/2015	Expired
5-00773	Distributor Permit	5/16/2014	11/28/1995	6/30/2014	Expired
5-00773	Distributor Permit	5/16/2013	11/28/1995	6/30/2013	Expired
5-00773	Distributor Permit	5/18/2012	11/28/1995	6/30/2012	Expired
5-00773	Distributor Permit	5/20/2011	11/28/1995	6/30/2011	Expired
5-00773	Distributor Permit	5/6/2010	11/28/1995	6/30/2010	Expired
5-00773	Distributor Permit	5/28/2009	11/28/1995	6/30/2009	Expired
5-00773	Distributor Permit	5/3/2007	11/28/1995	6/30/2007	Expired

Notes

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www.esoftwaresolutions.com

Kansas State Board of Pharmacy

909 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
Phone (785) 296-4056
Fax (785) 296-8420

email pharmacy@pharmacy.ks.gov
www.pharmacy.ks.gov

2-10220
HELMERICHS, MIRANDA
VALLEY VET PHARMACY
1118 PONY EXPRESS HIGHWAY
MARYSVILLE, KS 66508

Schedules

STATE OF KANSAS
STATE BOARD OF PHARMACY

N° 2-10220 **PHARMACY REGISTRATION** This registration Must Be Renewed Annually by June 30th.

VALLEY VETERINARY CLINIC, LTD ..... HS OWNER
and HELMERICHS, MIRANDA ..... as P.I.C.

has complied with the Pharmacy Act of the State of Kansas providing for the registration or licensing of Pharmacies or Drug Store within the State of Kansas, and is hereby granted a registration to establish and maintain a pharmacy

to be known as VALLEY VET PHARMACY

at 1118 PONY EXPRESS HIGHWAY MARYSVILLE KANSAS

from this date until 6/30/2021 *, unless this registration is surrendered, or revoked or suspended by the Kansas State Board of Pharmacy.*

The original registration issued November 5, 2008.

LICENSED PHARMACIST IN CHARGE

Name HELMERICHS, MIRANDA *Certificate No.* 1-14865

Date of Change: 2/12/2019

KANSAS STATE BOARD OF PHARMACY

By [signature] Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge

Officer List

Omar Hinojosa (CEO)

George Henry (VP, Assistant Secretary, Director)

Michael Wales (VP, Assistant Secretary, Director)

licenselogix.

November 30, 2020

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

To Whom It May Concern:

RE: Valley Veterinary Clinc, LTD
Non-Resident Pharmacy Application – Change of Ownership

To Whom It May Concern:

Please be advised the above mentioned entity is undergoing a change of ownership. The entity is also undergoing a parent level ownership change to **Valley Veterinary Clinc, LTD** with the licened entity name and FEIN remaining the same.

Additionally there have been officer updates.Omar Hinojosa will be CEO, George J. Henry and Michael Wales will be Vice President and Secretary.

All changes stand to be effective on or about *December 15, 2020*.

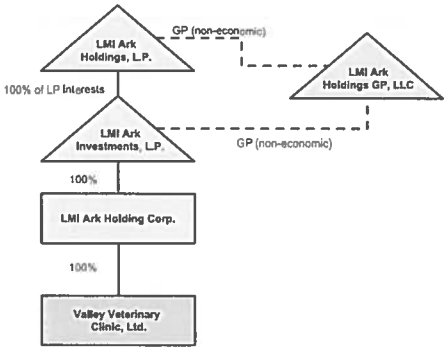
If there is any issue, or if you require additional information, please do not hesitate to contact us in the meantime at ProjectArk@LicenseLogix.com.

Thank you for your time and assistance with this matter.

Thank you,

LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
ProjectArk@licenselogix.com
(800) 292-0909

Post-Transaction



4L

PH043006

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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: Wegmans Food Markets, Inc.

Physical Address: 2873 Broadway Street, Suite 100

Mailing Address: Same as physical

City: Cheektowaga State: NY Zip Code: 14227

Telephone: 800-934-4797 Fax: _____

Toll Free Number: 800-934-4797 (Required per NAC 639.708)

E-mail: pharmacy.centralfill@wegmans.com Website: www.wegmans.com

Managing Pharmacist: Darryl Gies License Number: 046239 (NY)

TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☐ ☑ Retail	☐ ☑ Off-site Cognitive Services
☐ ☑ Hospital (# beds_____)	☐ ☑ Parenteral **
☐ ☑ Internet	☐ ☑ Parenteral (outpatient)
☐ ☑ Nuclear	☐ ☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	☑ ☐ Mail Service
☐ ☑ Community	☐ ☑ Long Term Care
☑ ☐ Other: Closed Door	☐ ☑ Sterile Compounding **
	☐ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	☐ ☑ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ■

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ■

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ■

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ■

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

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

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

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

Stephen R. Van Arsdale

Print Name of Authorized Person

1/2/20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: N/A

Mailing Address: 2873 Broadway Street, Suite 100

City: Cheektowaga State: NY Zip: 14227

Telephone: 800-934-4797 Fax: _____

Contact Person: Darryl Gies

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) The Wegmans Family Voting Stock Trust, 1500 Brooks Avenue PO Box 30844 Rochester, NY 14603-0844
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 970

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 12:00 pm 10:30 pm Saturday closed am _____ pm

Sunday 12:00 pm 10:30 pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Daniel R. Wegman, Chairman of the Board/Director
Colleen J. Wegman, President, CEO, Treasurer & Director
Nicole Wegman, Senior VP & Director
Stephen R. Van Arsdale, Secretary

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Darryl Gies

Responsible Person of Wegmans Food Markets, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Darryl Gies
Print Name of Authorized Person

1-7-2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
Erie COUNTY)

I, Darryl Gies, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Darryl Gies for Wegmans Food Markets, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Darryl Gies, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
7 day of January, 2020.

NOTARY PUBLIC

JULIE M. COOK
Notary Public, State of New York
No. 02CO6203537
Qualified in Monroe County
Commission Expires April 6, 2021

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

SUPERVISING PHARMACIST
DARRYL GIES

2020-23

THIS IS TO CERTIFY

WEGMAN'S FOOD MARKETS, INC.
2873 BROADWAY STREET
SUITE 100
CHEEKTOWAGA, NY 14227

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE TWENTY-EIGHTH DAY OF JULY, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF JUNE, 2023.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
037807

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
1784

Dina Fyn
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

Officer List:

Name	Title
Daniel R. Wegman	Chairman of the Board/Director
Colleen J. Wegman	President, CEO, Treasurer & Director
Nicole Wegman	Senior VP & Director
Stephen R. Van Arsdale	Secretary

The following documents are in process and we will forward them as soon as they are available.

- Copy Home State Pharmacy Permit
- Copy of DEA Registration
- Copy of Most Recent Home State Inspection

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☒ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Trinity Compounding Pharmacy, Inc d/b/a Broadway Apothecary

Physical Address: 1515 Oak St Eugene, OR 97401

Mailing Address: 1515 Oak St

City: Eugene State: OR Zip Code: 97401

Telephone: 888-644-9352 Fax: 888-963-7563

✓ Toll Free Number: 888-644-9352 (Required per NAC 639.708)

E-mail: broadway@broadwayapothecary.com Website: www.broadwayapothecary.com

Managing Pharmacist: Anne Harthman License Number: RPH-0013632

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☒	☐ Other: Non-Sterile Compounding	☐	☒ Sterile Compounding **
		☒	☐ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding **
For the application to be complete		☒	☐ Other Services: OTC items

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Anne Harthman
Print Name of Authorized Person

12/24/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Oregon

Parent Company if any: _____

Mailing Address: 1515 Oak St

City: Eugene State: OR Zip: 97401

Telephone: 888-644-9352 Fax: 888-963-7563

Contact Person: Anne Harthman, Pharm.D., RPh note: PIC is sole owner of the pharmacy

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Anne Harthman — Onyx St Eugene, OR 97403
Name — Address

b) _____
Name — Address

c) _____
Name — Address

d) _____
Name — Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $2,183.24

4) What date did the corporation actually receive the cash assets? 07/31/2020

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

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday closed am _____ pm

Sunday closed am _____ pm 24 Hours On-call Pharmacist

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Anne Harthman, President and Pharmacist in charge

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Anne Harthman

Responsible Person of Trinity Compounding Inc D/B/A Broadway Apothecary

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Anne Harthman
Print Name of Authorized Person

12/23/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Oregon)
) ss.
Lane COUNTY)

I, Anne Harthman, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner for Broadway Apothecary (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Anne Harthman, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Anne Harthman
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
23 day of December, 2020.

NOTARY PUBLIC

OFFICIAL STAMP
SHALEA ROSE FRANCISCO
NOTARY PUBLIC - OREGON
COMMISSION NO. 993856
MY COMMISSION EXPIRES DECEMBER 04, 2023

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 252W963P1

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

TRINITY COMPOUNDING PHARMACY, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

12/24/2020

TRINITY COMPOUNDING PHARMACY, INC.

SHARE TRANSFER LEDGER

Share Class Common
Authorized Shares 500

Number	Date	Shareholder	Number of Shares	Transfer Data		
				Shareholder	Date	Number
1	5/9/2006	Katie D. James, RPh	100	Cancelled	6/12/12	1
2	6/12/12	Katie D. James, RPh	50	Cancelled	5/8/19	2
3	6/15/12	William J. James	50	Cancelled	5/8/19	3
4	5/8/19	Katie D. James, RPh	33	Cancelled	7/31/2020	4
5	5/8/19	William J. James	33	Cancelled	7/31/2020	5
6	5/8/19	Anne E. Harthman, PharmD	34			

Total Outstanding Shares **34**

Licensee Details

Demographic Information

Name: BROADWAY APOTHECARY

Address Information

Line 1: 1515 OAK ST
Line 2:
Line 3:
Line 4: EUGENE OR 97401

License Information

Type: Controlled Substance
Lic #: RP-0001564-CS
Status: Active
Issued: 11/16/1998
Expiration Date: 3/31/2021
Last Renewed: 3/17/2020
Small Business?

Prerequisite Information

Relationship/Name		Dates	License Details
Self Automatic	BROADWAY APOTHECARY	**Since:**	Retail Drug Outlet RP-0001564 **Status:** Active

Discipline Information

No Discipline Information

Board Orders

No Available Board Orders

OREGON BOARD OF PHARMACY

RETAIL DRUG OUTLET WITH CONTROLLED SUBSTANCE REGISTRATION

LICENSE NUMBER: RP-0001564-CS

This license is valid until **03/31/2021**

ISSUED TO: TRINITY COMPOUNDING PHARMACY INC
BROADWAY APOTHECARY
1515 OAK ST
EUGENE OR 97401

Joe Schnabel
Executive Director

Issuing Authority: **ORS 475 & 689**

DO NOT COPY - Request certified copies in writing

MUST BE POSTED IN A CONSPICUOUS PLACE - **NOT TRANSFERABLE**

TRINITY COMPOUNDING PHARMACY INC
BROADWAY APOTHECARY
1515 OAK ST
EUGENE OR 97401

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8 *☐ Partnership - Pages 1,2,6,8*
☐ Non Publicly Traded Corporation – Pages 1,2,4,8 *☒ Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Chambers Clinic LLC dba Clark's Pharmacy Rx

Physical Address: 36889 N. Tom Darlington Dr. #A-3 Carefree AZ 85377

Mailing Address: 20801 N. Scottsdale Rd. #205 Scottsdale AZ 85255

City: Scottsdale State: AZ Zip Code: 85255

Telephone: 480.488.2007 Fax: _____

√ Toll Free Number: 877.450.0040 (Required per NAC 639.708)

E-mail: mmckinley@chambersclinic.com Website: www.clarkspharmacyaz.com

Managing Pharmacist: Erika Cardon License Number: 5018015

TYPE OF PHARMACY		SERVICES PROVIDED	
Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☒	☐ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding **
For the application to be complete		☐	☒ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Kristin M Chambers
Print Name of Authorized Person

12-8-2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Keith M. Chambers

Business Name: Chambers Pharmacy LLC dba Clark's Pharmacy Rx

Current Business Address: 36889 N. Tom Darlington Dr. #A-3

City: Carefree State: AZ Zip Code: 85377

Telephone: 480.488.2007 OR 877.450.0040 Fax: 480.575.0541

List any physician shareholders and percentage of ownership.

Name: Keith M. Chambers, NMD %: 100

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday X am X pm

Sunday X am X pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Keith M. Chambers

Responsible Person of Chambers Pharmacy LLC dba Clark's Pharmacy Rx

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Keith M. Chambers
Print Name of Authorized Person

12-8-2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

I, Kim M. Chambers, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner for Chambers Pharmacy LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Kim Chambers, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
8 day of DECEMBER, 2020.

NOTARY PUBLIC

MARY KORN
COMMISSION EXPIRES
03-06-2022
COMM. # 543092
MARICOPA COUNTY
NOTARY PUBLIC - STATE OF ARIZONA

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Chambers Pharmacy LLC

ACC file number: 23004057

was incorporated under the laws of the State of Arizona on 07/16/2019, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **12/09/2020**

Matthew Neubert, Executive Director

Letter of good standing

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Clark's Pharmacy
Address :	36889 N Tom Darlington Dr Suite A3 Carefree AZ 85377
License No :	Y008241
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	01/22/2020
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/03/2019
Receipt Number: 201971105
Receipt Amount $: 480.00

Pharmacy - Independent

PERMIT NO
Y008241

EXPIRES
10/31/2021

Issued to : Clark's Pharmacy
Keith Chambers
P O BOX 6189 CAREFREE, AZ 85377

Clark's Pharmacy
36889 N TOM DARLINGTON DR SUITE A3
CAREFREE, AZ 85377

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Keith Chambers
LICENSE NUMBER : Y008241
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☐ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Covetrus Pharmacy Services, LLC

Physical Address: 2401 West Grandview Road, Ste. 100, Phoenix, AZ 85023

Mailing Address: 2401 West Grandview Road, Ste. 100

City: Phoenix State: AZ Zip Code: 85023

Telephone: 844-205-9135 Fax: _____

✓ Toll Free Number: 844-205-9135 (Required per NAC 639.708)

E-mail: CGPM-RxLicensing@covetrus.com Website: www.covetrus.com

Managing Pharmacist: Natalie Salese License Number: S015674

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☐ Other: _____	☐	☒ Sterile Compounding **
		☒	☐ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding **
For the application to be complete		☒	☐ Other Services: Veterinary Only

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Natalie Salese

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

Natalie Salese
Print Name of Authorized Person

09.29.2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Direct Vet Marketing, Inc.

Mailing Address: 7 Custom House, 2nd Floor

City: Portland State: ME Zip: 04101

Telephone: 844-205-9135 Fax: _____

Contact Person: Georgia Wraight

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday 9:00 am 11:00 am ~~pm~~ (On Call)

Sunday Closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Natalie Salese

Responsible Person of Covetrus Pharmacy Services, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Natalie Salese

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

Natalie Salese
Print Name of Authorized Person

09.29.2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

I, Natalie Salese, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge for Covetrus Pharmacy Services, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Natalie Salese, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Natalie Salese
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
29th day of September, 2020.

Sherry Rein
NOTARY PUBLIC

SHERRY REIN
Notary Public, State of Arizona
Maricopa County
Commission # 581777
My Commission Expires
May 17, 2024

Covetrus Pharmacy Services, LLC
2401 West Grandview Road, Ste. 100
Phoenix, AZ 85023
Business Number: 844-205-9135
EIN: 85-1288828
Covetrus Pharmacy Services, LLC, is 100% wholly owned by Direct Vet Marketing, Inc.

Covetrus Pharmacy Services, LLC, Officers:
Georgia Wraight, President
Ann Randall, Secretary
Matthew Foulston, Treasurer
7 Custom House, 2nd Floor
Portland, ME 04101
Business Number: 888-280-2221

Parent Company Ownership Information:
Direct Vet Marketing, Inc.
7 Custom House, 2nd Floor
Portland, ME 04101
Business Number: 888-280-2221
EIN: 27-2669147
Direct Vet Marketing, Inc. is 100% wholly owned by Covetrus, Inc.

Direct Vet Marketing, Inc. Officers:
Georgia Wraight, President
Robert Lynn, VP Treasury
Eric Bosserman, VP, of Global Tax
7 Custom House, 2nd Floor
Portland, ME 04101
Business Number: 888-280-2221

Grandparent Ownership Information:
Covetrus, Inc.
7 Custom House, 2nd Floor
Portland, ME 04101
Business Number: 888-280-2221
EIN: 83-2881992
Covetrus, Inc. publicly traded on the NASDAQ as of February 2019.

Covetrus, Inc., Officers:
Benjamin Wolin, President & CEO
Jamey Seely, Secretary
Matthew Foulston, Global CFO
7 Custom House, 2nd Floor
Portland, ME 04101
Business Number: 888-280-2221

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 05/29/2020
Receipt Number: 202083553
Receipt Amount $: 480.00

Pharmacy - Independent

PERMIT NO
Y008414

EXPIRES
10/31/2021

Issued to :

Covetrus Pharmacy Services, LLC
Covetrus Pharmacy Services, LLC
2401 WEST GRANDVIEW ROAD STE. 100
PHOENIX, AZ 85023

Covetrus Pharmacy Services, LLC
2401 WEST GRANDVIEW ROAD
PHOENIX, AZ 85023

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Covetrus Pharmacy Services, LLC
LICENSE NUMBER : Y008414
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

• Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Covetrus Pharmacy Services, LLC
2401 West Grandview Road
Phoenix, AZ 85023
1-844-205-9135

Attached are the license verifications for the pharmacy and the pharmacist in charge. The Arizona State Board of Pharmacy states these documents serve as the primary source of verification. The Arizona State Board of Pharmacy no longer provides an original license verification with a seal.

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Covetrus Pharmacy Services, LLC
Address :	2401 West Grandview Road, Ste. 100 Phoenix AZ 85023
License No :	Y008414
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	08/03/2020
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA PHARMACIST LICENSE FOR THE INDIVIDUAL LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Natalie Salese
License No :	S015674
Date Issued :	08/10/2006
Expiration Date :	10/31/2022
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 09/16/2020

Covetrus Pharmacy Services, LLC				
State/Agency	License Number	Date Issued	Expiration Date	Status
Alaska	168672	12/7/2020	6/30/2022	Active
Arizona	Y008414	6/2/2020	10/31/2021	Active
Connecticut	PCN.0003889	11/19/2020	8/31/2021	Active
DEA	FC9577959	7/30/2020	8/31/2023	Active
Kentuckey	AZ2707	11/23/2020	6/30/2021	Active
Maryland	P08360	12/2/2020	5/31/2022	Active
Nebraska	1427	11/20/2020	11/20/2021	Active
Ohio	242000248	11/25/1930	3/31/2021	Active

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS PHARMACY SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS PHARMACY SERVICES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

7972207 8300

SR# 20207534567

Authentication: 203754117

Date: 09-29-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☐ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☒ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DeliverCare Rx Pharmacy, LLC

Physical Address: 3095 Independence Dr. Ste A

Mailing Address: (same)

City: Livermore State: CA Zip Code: 94551

Telephone: 844-298-0673 Fax: 855-857-4771

✓ Toll Free Number: 844-298-0673 (Required per NAC 639.708)

E-mail: renewals@delivercarerx.com Website: www.delivercarerx.com

Managing Pharmacist: Michael Lai License Number: 68183

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☒	Other: Hospice	☐	☐ Sterile Compounding **
		☒	☐ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding **
For the application to be complete		☒	☐ Other Services: Hospice

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Marjorie Chen
Print Name of Authorized Person

1/6/2021
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: DeliverCare Rx Inc.

Business Name: _____

Current Business Address: 1471 E. Business Center Dr. Ste 200

City: Mt. Prospect State: IL Zip Code: 60056

Telephone: 847-965-1600 Fax: 847-965-1611

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 10:30 am 7 pm Saturday Closed am _____ pm

Sunday Closed _____ pm 24 Hours On Call

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Marjorie Chen

Responsible Person of DeliverCare Rx Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Marjorie Chen
Print Name of Authorized Person

1/6/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
) ss.
Cook COUNTY)

I, Marjorie Chen, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President for Deliver Care Rx Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Marjorie Chen do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Marjorie Chen
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
6th day of January, 2021.

Adriana Rahfaldt
NOTARY PUBLIC

ADRIANA S RAHFALDT
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
December 14, 2022

DELIVERCARE Rx

Dear Nevada Board of Pharmacy:

DeliverCareRx Pharmacy, LLC located in Livermore, CA opened its pharmacy on June 17, 2020. DeliverCareRx is a home delivery hospice pharmacy providing end of life care to its hospice patients. We are licensing our California pharmacy in the surrounding states as we have current hospice patients residing in these states, including Nevada. We are applying to the Nevada Board of Pharmacy for a non-resident permit.

The California Board of Pharmacy adjusted their inspection process of new pharmacies due to COVID-19. All requested photographs, documents and procedures were supplied and approved by the Board prior to licensure. We will not receive an inspection report until we receive an in person inspection from the CA inspector once the COVID-19 issues subside. Therefore, we are submitting this non-resident application to the Nevada Board of Pharmacy without an inspection report because of these COVID-19 related procedural changes.

Please let me know of any questions. I am happy to answer any questions or provide any additional detail that you may require.

Sincerely,
Michael Lai
Pharmacist in Charge
844-298-0673

STATE OF CALIFORNIA

dca

DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 57288

ISSUE DATE APRIL 20, 2020

DELIVERCARERX PHARMACY LLC

3095 INDEPENDENCE DR STE A
LIVERMORE CA 94551

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY
MICHAEL LAI

PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL APRIL 01, 2021

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

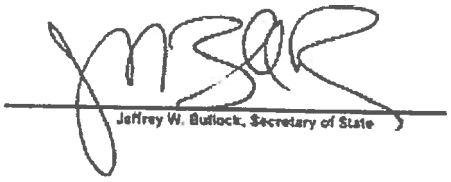
1/03/20
1/03/20

----- POST IN PUBLIC VIEW -----

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DELIVERCARERX PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF NOVEMBER, A.D. 2020.



5230553 8300

SR# 20208214914

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204079111

Date: 11-13-20

DELIVERCARE Rx

DeliverCareRx Pharmacy, LLC
Non-Resident Pharmacy Application

Dave Krishna
CEO, President/Secretary
DOB (
l E. Business Center Drive
Ste :
Mt. Prospect, IL 60056

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

December 2, 2020

DELIVERCARERX PHARMACY LLC
3095 INDEPENDENCE DR STE A
LIVERMORE CA 94551

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: DELIVERCARERX PHARMACY LLC

License Type: PHARMACY

License Number: PHY 57288

Status: ACTIVE

Issue Date: 04/20/2020

Expiration Date: 04/01/2021

Address of Record: 3095 INDEPENDENCE DR STE A LIVERMORE CA 94551

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Barbera Schleicher
Public Inquiry Analyst
(916) 518-3081
Barbera.Schleicher@dca.ca.gov

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☐ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☑ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Elements Compounding Pharmacy

Physical Address: 2110 E. Baseline Rd. Suite 5 Mesa, AZ 85204

Mailing Address: 2110 E. Baseline Rd. Suite 5

City: Mesa State: AZ Zip Code: 85204

Telephone: 480-625-4750 Fax: 480-625-3054

Toll Free Number: 888-351-8220 (Required per NAC 639.708)

E-mail: Info@Elementspharmacy.com Website: elements.pharmacy

Managing Pharmacist: Peter Petrov License Number: S016654

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☑	☐ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☐ Other: _____	☐	☑ Sterile Compounding **
		☑	☐ Non Sterile Compounding
All boxes must be checked		☐	☑ Mail Service Sterile Compounding **
For the application to be complete		☐	☐ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Peter Petrov

Print Name of Authorized Person

12-3-20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Peter Petrov

Business Name: Elements Compounding Pharmacy

Current Business Address: 2110 E. Baseline Rd. suite 5

City: Mesa State: AZ Zip Code: 85204

Telephone: 480-625-4750 Fax: 480-625-3054

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 10 am 6 pm Saturday 9 am 1 pm

Sunday closed am pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Peter Petrov

Responsible Person of Elements Compounding Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Peter Petrov

Print Name of Authorized Person

12-3-20

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

I, Peter Petrov, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the owner/responsible person for Elements Compounding Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Peter Petrov, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name Peter Petrov

SUBSCRIBED AND SWORN TO
before me, a notary public this
3 day of December, 2020.

Stephanie Urquijo
NOTARY PUBLIC

Stephanie Urquijo
Notary Public - Arizona
Maricopa County
My Commission Expires
July 2, 2022

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/03/2019
Receipt Number: 201971019
Receipt Amount $: 480.00

Pharmacy - Independent

Compounding – Non-Sterile,Retail

PERMIT NO	EXPIRES
Y007774	10/31/2021

Issued to :

Elements Compounding Pharmacy LLC
Peter Petrov
2110 E BASELINE RD SUITE 5
MESA, AZ 85204

Elements Compounding Pharmacy LLC
2110 E BASELINE RD SUITE 5
MESA, AZ 85204

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Peter Petrov
LICENSE NUMBER : Y007774
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A), A.A.C. R4-23-301 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Elements Compounding Pharmacy LLC
Address :	2110 E Baseline Rd Suite 5 Mesa AZ 85204
License No :	Y007774
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	10/19/2018
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Schaefer Drugs , Inc.

Physical Address: 12797 W Forest Hill Blvd, Suite C, Wellington, FL 33414

Mailing Address: 12797 W Forest Hill Blvd, Suite C

City: Wellington State: FL Zip Code: 33414

Telephone: 561-793-0151 Fax: 561-753-3498

Toll Free Number: ~~561-793-0151~~ 888-640-6565 (Required per NAC 639.708)

E-mail: compliance.schaeferdrugs@fiveriversrx.com Website: www.schaeferdrugs.com

Managing Pharmacist: Jessica Peterson License Number: PS 52159

TYPE OF PHARMACY		AND SERVICES PROVIDED	
Yes	No	Yes	No
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☑	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☐	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☐ Other: _____	☐	☑ Sterile Compounding **
		☑	☐ Non Sterile Compounding
All boxes must be checked		☐	☑ Mail Service Sterile Compounding **
For the application to be complete		☐	☐ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Lauren Henley

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

Lauren Henley

Print Name of Authorized Person

12/1/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: FL

Parent Company if any

Mailing Address: 12797 W Forest Hill Blvd, Suite C

City: Wellington State: FL Zip: 33414

Telephone: 561-793-0151 Fax: 561-753-3498

Contact Person: Lauren Henley

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Lauren Henley — 7 Silver Glen Drive, Wellington, FL 33449
Name — Address

b) Susan Schaefer — 1 Doubletree Circle, Wellington, Fl 33414
Name — Address

c) _____
Name — Address

d) _____
Name — Address

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

3) What was the price paid per share?

4) What date did the corporation actually receive the cash assets?

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

List any physician shareholders and percentage of ownership.

Name: Lauren Henley %: 49

Name: Susan Schaefer %: 51

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 7 pm Saturday 9 am 3 pm

Sunday 9 am 3 pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Lauren Henley

Responsible Person of Schaefer Drugs , Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Lauren Henley

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

Lauren Henley

Print Name of Authorized Person

12/1/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Palm Beach COUNTY)

I, Lauren Henley, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President for Schaefer Drugs , Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Lauren Henley, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Lauren Henley
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
3rd day of December, 2020

Patricia Tore
NOTARY PUBLIC

Patricia Tore
COMMISSION # GG229708
EXPIRES: June 19, 2022
Bonded Thru Aaron Notary

12797 W Forest Hill Blvd St. C
Wellington, FL 33414

Phone: (561) 793-0151
Fax: (561) 753-3498

List of Officers

Susan Schaefer
Title: Chairman
Date of Birth: [illegible]
SSN: [illegible]
Percentage Owned: 51%

Lauren Henley
Title: President
Date of Birt[illegible]
SSN:
Percentage Owned: 49%

Jay Henley
Title: Chief Operating Officer
Date of Birth: [illegible]
SSN: [illegible]
Percentage Owned: 0%

Schaefer Drugs Wellington, LLC

Name	Position/Title	City of Residence	Pharmacist License
Lauren Schaefer Henley	President	Wellington	n/a
Susan Schaefer	Chairman	Wellington	n/a
Jessica Peterson	Pharmacist in Charge	Wellington	ps52159
Kristy Messer	Pharmacist	Loxahatchee	ps41569
Thomas Kasinger	Pharmacist	Royal Palm Beach	ps61497

Contact information:

Pharmacist in Charge
Jessica Peterson
0 Pomerol Dr. Apt
Wellington, FL 33414

Tel:
Email: Jessica@schaeferdrugs.com

Agent charged with receipt of information from the Board (President)
Lauren Schaefer Henley
' Silver Glen Drive
Wellington, Fl 33449

Tel:
Email:

AC#8751681

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/23/2019	PH 7374	108846

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2021**

SCHAEFER DRUGS WELLINGTON
12797 FOREST HILL BLVD
WEST PALM BCH, FL 33414-4749

QUALIFICATION(S):
COMMUNITY PHARMACY
SCHEDULE II & III
3:1 PHARMACY TECHNICIAN RATIO APPROVED

Ron DeSantis
GOVERNOR

'SPLAY IF REQ[illegible] BY LAW

Florida HEALTH Department of Health

License Verification

Printer Friendly Version

SCHAEFER DRUGS WELLINGTON

License Number: PH7374

Data As Of 10/27/2020

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners

Profession	Pharmacy
License	PH7374
License Status	CLEAR/
Qualifications	Schedule II & III Community Pharmacy
License Expiration Date	2/28/2021
License Original Issue Date	09/05/1979
Address of Record	12797 FOREST HILL BLVD WEST PALM BCH, FL 33414-4749
Discipline on File	No
Public Complaint	No

Back

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

Primary Source Verified

Privacy Statement | Disclaimer | Email Advisory | Accessibility

© 2020 FL HealthSource, All Rights Reserved Florida Department of Health | Division of Medical Quality Assurance Search Services

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

October 23, 2020

Schaefer Drugs
Jay Henley
12797 W. Forest Hill Blvd.
Wellington, Florida 33414

RE: License Certification for Schaefer Drugs Wellington

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH7374
ORIGINAL CERTIFICATION:	09/05/1979
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,
Stephanie Loughmiller
Stephanie Loughmiller
Regulatory Specialist II

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

Accredited Health Department
Public Health Accreditation Board

State of Florida
Department of State

I certify from the records of this office that SCHAEFER DRUGS AT WELLINGTON, LLC is a limited liability company organized under the laws of the State of Florida, filed on June 26, 2008, effective December 13, 1978.

The document number of this limited liability company is L08000062960.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020 and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Tenth day of December, 2020

Secretary of State

Tracking Number: 6599311477CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: Schaefer Drugs, Inc.

Nevada license number: N/A

Websites in use or intended to be used: www.schaeferdrugs.com

Affiliated websites (websites that link to or otherwise direct users to your website):

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☑ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☑ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☑ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☑ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☑ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☑ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☑ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☑ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☑ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☑ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☐ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☐ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☐ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☑ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☑ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☑ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☑ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Lauren Hurley
Signature of Owner

12/1/2020
Date

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☑ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SMITH DRUG CO

Physical Address: 10 SOUTH MAIN STREET

Mailing Address: 10 SOUTH MAIN STREET

City: PLEASANT GROVE State: UTAH Zip Code: 84062

Telephone: 801-785-3221 Fax: 801-796-3933

Toll Free Number: 1-844-276-8020 (Required per NAC 639.708)

E-mail: LOGAN@SMITHREXALLDRUG.COM Website: WWW.SMITHREXALLDRUG.COM

Managing Pharmacist: LOGAN M. DAY License Number: 6010343-1701

TYPE OF PHARMACY		AND SERVICES PROVIDED	
Yes	No	Yes	No
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☐ Other: _____	☐	☑ Sterile Compounding **
		☑	☐ Non Sterile Compounding
All boxes must be checked		☐	☑ Mail Service Sterile Compounding **
For the application to be complete		☐	☐ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Logan M Day
Print Name of Authorized Person

2.9.21
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: UTAH

Parent Company if any: N/A

Mailing Address: 10 SOUTH MAIN STREET

City: PLEASANT GROVE State: UTAH Zip: 84062

Telephone: 801-785-3221 Fax: 801-796-3933

Contact Person: CHRISTOPHER K COX

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) J DOUGLAS SMITH — S PLEASANT GROVE BLVD PLEASANT GROVE UTAH 84062
Name Address

b) KRISTINE PENCE — 3 790 W UNIT 102, PLEASANT GROVE UTAH 84062
Name Address

c) CHRISTOPHER K COX — N BAYHILL DRIVE CEDAR HILLS UTAH 84062
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 285

3) What was the price paid per share? $200

4) What date did the corporation actually receive the cash assets? 8/1/2009

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Logan Day

Responsible Person of Smith Rexall Drug Co

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Logan M Day

Print Name of Authorized Person

12.22.20

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF UTAH)
) ss.
UTAH COUNTY)

I, LOGAN M DAY, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACIST IN CHARGE for SMITH DRUG CO (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, LOGAN M DAY, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Logan M Day
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
22 day of DECEMBER, 20 20.

Brittany M. Moreno
NOTARY PUBLIC

BRITTANY MICHELLE MORENO
Notary Public - State of Utah
Comm. No. 712964
My Commission Expires on
Jul 7, 2024

SMITH DRUG COMPANY	CLASS A	7443011-1703	9/30/2021
	CONTROLLED SUBSTANCE	7443011-8913	09/30/2021

STAFF NAME	LICENSE TYPE	LICENSE NUMBER	EXPIRATION

PHARMACISTS

LOGAN MERRILL DAY	PHARMACIST	6010343-1701	9/30/2021
	PHARMACIST CONTROLLED SUBSTANCE	6010343-8911	9/30/2021
LOGAN CHASE SPENCE	PHARMACIST	7910267-1701	9/30/2021
	PHARMACIST CONTROLLED SUBSTANCE	7910267-8911	9/30/2021
CHRISTOPHER KEITH COX	PHARMACIST	5864585-1701	9/30/2021
	PHARMACIST CONTROLLED SUBSTANCE	5864585-8911	9/30/2021

TECHNICIANS

J DOUGLAS SMITH	PHARMACY TECHNICIAN	4850311-1717	9/30/2021
KRISTINE PENCE	PHARMACY TECHNICIAN	338131-1717	9/30/2021
MADISON STANLEY	PHARMACY TECHNICIAN	5818314-1717	9/30/2021
JOSHUA EDWARD PASQUALE	PHARMACY TECHNICIAN	9835591-1717	9/30/2021
LAURA FARRER	PHARMACY TECHNICIAN	287229-1717	9/30/2021
JESSE MECHAM TWEDE	PHARMACY TECHNICIAN	9455451-1717	9/30/2021
BRYCE ROBERT THOMPSON	PHARMACY TECHNICIAN	8447691-1717	9/30/2021
MELISSA TONGA	PHARMACY TECHNICIAN	7929926-1717	9/30/2021
CASEY JAMES PETERSEN	PHARMACY TECHNICIAN	8766990-1717	9/30/2021
BAYLIE SHAY SWENSON	PHARMACY TECHNICIAN	9510214-1717	9/30/2021
DOMINIC PASQUALE	PHARMACY TECHNICIAN	7769705-1717	9/30/2021
APRIL CURTIS	PHARMACY TECHNICIAN	4967365-1717	9/30/2021
KAITLYN ELIZABETH MEADS	PHARMACY TECHNICIAN	10913760-1717	9/30/2021
TANNER K ALLGAIER	PHARMACY TECHNICIAN	8447670-1717	9/30/2021
JOSH NIELSEN WOOLLEY	PHARMACY TECHNICIAN	11410353-1730	02/07/2021
SARAH JEANNE BAARDA	PHARMACY TECHNICIAN	11395710-1717	09/30/2021
JORDYN K GODWIN	PHARMACY TECHNICIAN	10504063-1717	9/30/2021

PHARMACY INTERNS

PRESTON JAY HADLOCK	PHARMACY INTERN	8743784-1702	04/30/2023
JOSHUA MATT REDINGTON	PHARMACY INTERN	10554900-1702	8/30/2023

TECHS-IN-TRAINING

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

12/21/2020
588433-014212212020-3532786

CERTIFICATE OF EXISTENCE

Registration Number:	588433-0142
Business Name:	SMITH DRUG COMPANY OF PLEASANT GROVE
Registered Date:	January 10, 1963
Entity Type:	Corporation - Domestic - Profit
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.

Jason Sterzer
Director
Division of Corporations and Commercial Code

Utah State Tax Commission
TAXPAYER SERVICES DIVISION 210 N 1950 W SALT LAKE CITY UT 84134-9000 Website

Letter Issue Date
December 15, 2020

Letter ID
L0405092128

Account Type
Customer

Account Number
11894785

SMITH DRUG CO OF PLEASANT GROVE
10 S MAIN ST
PLEASANT GROVE UT 84062-2630

Business Name: SMITH DRUG CO OF PLEASANT GROVE
Federal Identification Number: XX-XXX6778
Department of Commerce Number: 0588433-0142

Letter of Good Standing

The Utah State Tax Commission certifies:

SMITH DRUG CO OF PLEASANT GROVE

has filed all required returns with the Utah State Tax Commission
and has paid all taxes due as of December 15, 2020.

This certificate expires January, 14, 2021.

What to Do

- Keep this certificate in your records.

Please Note

- All accounts can be audited at any time.

Contact Information

If you have any questions, please call Shelley Roberts at 801-297-7692 or toll free 1-800-662-4335 ext. 7692 or fax at 801-297-7699. You may also write to me at the address at the top of this notice.

Respectfully,
Shelley Roberts
Tax/Motor Vehicle Tech II
Taxpayer Services Division

The Utah Taxpayer Bill of Rights (Pub 2) is available on the Tax Commission's website tax.utah.gov or upon request. This publication describes your rights and obligations and the Tax Commission's procedures for appeals, refund claims and collections.
If you need an accommodation under the Americans with Disabilities Act, contact the Tax Commission at 801-297-3811 or TDD 801-297-2020. Please allow three working days for a response.

Details for Smith Drug Company

License Information

Name:	Smith Drug Company
City, State, Zip, Country:	Pleasant Grove UT 84062 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class A
License Number:	7443011-1703
Obtained By:	Application
License Status:	Active
Original Issue Date:	12/07/2009
Expiration Date:	09/30/2021
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A
Controlled Substance License	Yes View Controlled Substance License

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at https://secure.utah.gov/bes/bes. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☐ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☒ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Your Health Rx, LLC DBA Your Health Pharmacy

Physical Address: 12 N Federal Highway, Suite A

Mailing Address: Same

City: Pompano Beach State: Florida Zip Code: 33062

Telephone: (954)283-7075 Fax: (888)510-2297

Toll Free Number: (866)512-0758 (Required per NAC 639.708)

E-mail: rx@yhpharmacy.com Website: Www.yhpharmacy.com

Managing Pharmacist: Clarence McMillan License Number: PS35209

TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☒ ☐ Retail	☐ ☒ Off-site Cognitive Services
☐ ☒ Hospital (# beds_____)	☐ ☒ Parenteral **
☐ ☒ Internet	☐ ☒ Parenteral (outpatient)
☐ ☒ Nuclear	☐ ☒ Outpatient/Discharge
☐ ☒ Ambulatory Surgery Center	☐ ☒ Mail Service
☒ ☐ Community	☐ ☒ Long Term Care
☐ ☒ Other: _____	☐ ☒ Sterile Compounding **
	☒ ☐ Non Sterile Compounding
All boxes must be checked	☐ ☒ Mail Service Sterile Compounding **
For the application to be complete	☐ ☒ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Clarence McMillan
Print Name of Authorized Person

December 21,2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Clarence McMillan

Business Name: Your Health Pharmacy

Current Business Address: 12 N Federal Highway , #A

City: Pompano Beach State: FL Zip Code: 33062

Telephone: (954)283-7075 Fax: (888)510-2297

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 10 am 6 pm Saturday X am X pm

Sunday X am X pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Clarence McMillan

Responsible Person of Your Health Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Clarence McMillan

Print Name of Authorized Person

December 21,2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Broward COUNTY)

I, Clarence McMillan, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President for Your Health Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Clarence McMillan, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
21 day of December, 2021.

NOTARY PUBLIC

FELIPE RODRIGUEZ
MY COMMISSION EXPIRES
MARCH 9, 2024
#GG 967222
Bonded thru
Notary Public Underwriters
NOTARY PUBLIC, STATE OF FLORIDA

AC# 09963330

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/22/2020	PH 31177	120009

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy
Schedule II & III
3:1 Pharmacy Technician Ratio Approved

Expiration Date: **FEBRUARY 28, 2023**
YOUR HEALTH RX, LLC.
YOUR HEALTH PHARMACY
12 NORTH FEDERAL HIGHWAY
#A
POMPANO BEACH, FL - 33062

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 09963330

DATE	LICENSE NO.	CONTROL NO.
12/22/2020	PH 31177	120009

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : FEBRUARY 28, 2023

YOUR HEALTH RX, LLC.
YOUR HEALTH PHARMACY

REGISTRANT SIGNATURE

QUALIFICATION(S):
Community Pharmacy
Schedule II & III
3:1 Pharmacy Technician Ratio Approved

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

December 13, 2020

Your Health Pharmacy
Clarance McMillan
12 N Federal Highway
Pompano Beach, Fl 33062

RE: License Certification for Your Health Rx, Llc.

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH31177
ORIGINAL CERTIFICATION:	02/14/2018
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Ronalda Crawford

Ronalda Crawford
Regulatory Specialist II

/rc

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

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

FACILITY INFORMATION

Facility Name: Empire DME, Inc

Physical Address: 263 52nd Street, Ste 3, Brooklyn, NY 11220-1769
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 263 52nd Street, Ste 3

City: Brooklyn State: NY Zip Code: 11220-1769

Telephone: 718-576-3925 Fax: 718-576-3629

E-mail: info@empiredme.net Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10:00am to 4:00pm Tue: 10:00am to 4:00pm Wed: 10:00am to 4:00pm Thu: 10:00am to 4:00pm Fri: 10:00am to 4:00pm Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Yanique Simms

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

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☒ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Continuous Glucose Monitors

**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: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare	7732800001	

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Joseph R Casucci

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

Joseph R. Casucci
Print Name of Authorized Person

Date 12/11/2020

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: _____

Corporation Name: Empire DME, Inc

Mailing Address: 263 52nd Street, Ste 3

City: Brooklyn State: NY Zip: 11220

Telephone: 718-576-3925 Fax: 718-576-3629

Contact Person: Joseph R. Casucci

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Joseph R. Casucci —) West Street, Apt ., New York, NY 10006-2938
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 200 Shares

3) What was the price paid per share? $5.00 per share

4) What date did the corporation actually receive the cash assets? 01/04/2019

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

Include with the application for a non-publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through December 8, 2020.

Selected Entity Name: EMPIRE DME INC.
Selected Entity Status Information

Current Entity Name:	EMPIRE DME INC.
DOS ID #:	5444945
Initial DOS Filing Date:	NOVEMBER 16, 2018
County:	KINGS
Jurisdiction:	NEW YORK
Entity Type:	DOMESTIC BUSINESS CORPORATION
Current Entity Status:	ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

EMPIRE DME INC.
263 52ND STREET, SUITE 2
BROOKLYN, NEW YORK, 11220

Registered Agent

NONE

This office does not record information regarding the names and addresses of officers, shareholders or directors of nonprofessional corporations except the chief executive officer, if provided, which would be listed above. Professional corporations must include the name(s) and address(es) of the initial officers, directors, and shareholders in the initial certificate of incorporation, however this information is not recorded and only available by viewing the certificate.

***Stock Information**

# of Shares	Type of Stock	$ Value per Share
200	No Par Value	

*Stock information is applicable to domestic business corporations.

Name History

Filing Date	Name Type	Entity Name
NOV 16, 2018	Actual	EMPIRE DME INC.

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

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DIVISION OF CORPORATIONS AND STATE RECORDS ALBANY, NY 12231-0001

ONLINE FILING RECEIPT

ENTITY NAME: EMPIRE DME INC.

DOCUMENT TYPE: INCORPORATION (DOM. BUSINESS) COUNTY: KING

FILED:11/16/2018 DURATION:PERPETUAL CASH#:181116010348 FILE#:181116010348
DOS ID:5444945

FILER:

ALLSTATE CORPORATE SERVICES CORP.
99 WASHINGTON AVENUE, SUITE 1008
ALBANY, NY 12260

EXIST DATE
11/16/2018

ADDRESS FOR PROCESS:

THE CORPORATION
263 52ND STREET, SUITE 2
BROOKLYN, NY 11220

REGISTERED AGENT:

STOCK: 200 NPV

The corporation is required to file a Biennial Statement with the Department of State every two years pursuant to Business Corporation Law Section 408. Notification that the Biennial Statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

SERVICE COMPANY: ALLSTATE CORPORATE SERVICES CORP.-9I
SERVICE CODE: 9I

FEE:	130.00
FILING:	125.00
TAX:	0.00
PLAIN COPY:	5.00
CERT COPY:	0.00
CERT OF EXIST:	0.00

PAYMENTS	130.00
CHARGE	0.00
DRAWDOWN	130.00

2278510

DOS-1025 (04/2007)

Authentication Number: 1811160351 To verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at

CERTIFICATE OF INCORPORATION
OF
EMPIRE DME INC.

Under Section 402 of the Business Corporation Law

I, the undersigned, a natural person of at least 18 years of age, for the purpose of forming a corporation under Section 402 of the Business Corporation Law of the State of New York hereby certify:

FIRST: The name of the corporation is:

EMPIRE DME INC.

SECOND: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

THIRD: The county, within this state, in which the office of the corporation is to be located is KINGS.

FOURTH: The total number and value of shares of common stock which the corporation shall have authority to issue is: 200 SHARES WITH NO PAR VALUE.

FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the corporation served upon him or her is:

THE CORPORATION
263 52ND STREET, SUITE 2
BROOKLYN, NY 11220

SIXTH: The existence of the corporation shall begin upon filing of these Certificate of Incorporation with the Department of State.

SEVENTH: The corporation shall have a perpetual existence.

EIGHTH: No Director of this corporation shall be personally liable to the corporation, or its shareholders for damages for any breach of duty in such capacity, provided that this provision shall not limit the liability of any director if a judgment or other final adjudication, adverse to him, establishes that his act or omissions were in bad faith or involved intentional misconduct or a knowing violation of law or that he personally gained in fact a financial profit or other advantage, to which he was not legally entitled or that his acts violated Section 719 of the New York Business Corporation Law.

I certify that I have read the above statements, I am authorized to sign this Certificate of Incorporation, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

STEVEN WEISS (signature)

STEVEN WEISS, INCORPORATOR
ALLSTATE CORPORATE SERVICES CORP.
99 WASHINGTON AVENUE, SUITE 1008
ALBANY, NY 12260

Filed by:
ALLSTATE CORPORATE SERVICES CORP.
99 WASHINGTON AVENUE, SUITE 1008
ALBANY, NY 12260

ALLSTATE CORPORATE SERVICES CORP. (9I)
DRAWDOWN
CUSTOMER REF# 2278510

FILED WITH THE NYS DEPARTMENT OF STATE ON: 11/16/2018
FILE NUMBER: 181116010348; DOS ID: 5444945

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-16-2018

Employer Identification Number:
83-2555262

Form: SS-4

Number of this notice: CP 575 A

EMPIRE DME INC
263 52ND ST STE 2
BROOKLYN, NY 11220

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2555262. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 04/15/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/7/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: VGM Insurance Services, Inc.
1111 W. San Marnan Dr.
Waterloo IA 50701

CONTACT NAME: Kim Kulish
PHONE (A/C, No, Ext): (866) 859-0172
FAX (A/C, No):
E-MAIL ADDRESS: Kim.Kulish@vgm.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: STATE NATIONAL INSURANCE CO	12831
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED: Empire DME, Inc
263 52nd Street Suite 3
Brooklyn NY 11220

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			VGM D1019 G6001-2	01/21/2020	01/21/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Professional Liability						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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EMPIRE DME, INC.
263 52nd Street, Suite 3
Brooklyn, NY 11220
Customer Service: (718) 576-3925

LIST OF OFFICERS AND DIRECTORS

100% Owner
Joseph R. Casucci
West Street, Apt
New York, NY 10006-2938
SSN –
DOB –

4V

MP03013

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

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

FACILITY INFORMATION

Facility Name: ProCare Biomedical Repair, LLC

Physical Address: 18703 Clay Road, Ste 400, Houston, TX 77084
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 18703 Clay Road, Ste 400

City: Houston State: TX Zip Code: 77084

Telephone: 281-375-9845 Fax: 281-710-6065

E-mail: csaba.procare@gmail.com Website: https://www.procarerepair.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm Fri: 9am to 5pm Sat: ____ to ____ Sun: ____ to ____ Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Csaba Pek

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

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☒ Orthotics and Prosethics
Other: Off the Shelf Orthoses Only

**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: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare	7805580001	
Medicaid	409034201	

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name:
- Advanced Practitioner of Nursing — Name:
- Physician's Assistant — Name:
- Physical Therapist — Name:
- Occupational Therapist — Name:
- Registered Nurse — Name:
- Respiratory Therapist — Name:

N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Csaba

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

Csaba Pek

Print Name of Authorized Person

1/15/2021

Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Csaba Pek

List all previous names: _____

Social Security Number: [illegible]

Date of Birth: [illegible]

Place of Birth: City: Budapest State: _____ Country: Hungary

Citizenship: USA _____ other Hungary

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: Banyan Road, Apt 24A City: Boca Raton

State: FL Zip Code: 33432 Telephone Number: _____ Fax Number: 281-710-6065

Previous address (last 5 years):

Address: Banyan Road, Apt 24B City: Boca Raton State: FL Zip Code: 33432

Address: _____ City: _____ State: ___ Zip Code: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Business Name: ProCare Biomedical Repair, LLC

Current Business Address: 18703 Clay Road, Ste 400

City: Houston State: TX Zip Code: 77084

Telephone Number: 281-375-9845 Fax Number: 281-710-6065

Previous Employment (last 5 years):

Name: LexisNexis Risk Solutions Address: 777 Yamoto Road

City: Boca Raton State: FL Zip Code: 33431

Name: Sandpointe Asset Management Address: 777 S. Flagler Drive, West Tower, Ste 1800

City: Palm Beach State: FL Zip Code: 33401

Name: Verio/NTT America Address: 5050 Conference Way N.

City: Boca Raton State: FL Zip Code: 33431

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/31/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Atlas Insurnace Agency Inc.
1954 S.W. Military
San Antonio, Texas 78221

CONTACT NAME: Jacqueline Palacios
PHONE (A/C, No, Ext): 210 927 2277 FAX (A/C, No): 210 927 2299
E-MAIL ADDRESS: atlasins@sbcglobal.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Scottsdale Insurance Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Procare Biomedical Repair LLC
18703 Clay Rd Ste 400
Houston, TX 77084

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			CPS324470	11/14/2020	11/14/2021	EACH OCCURRENCE	$ 1000000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Bibb Industrial Properties LLC
19714 W Verde Creek Circle
Cypress, TX 77433

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Verified by PDFFiller 06/02/2020

Jacqueline Palacios - Agent

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The ACORD name and logo are registered marks of ACORD

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**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 MP01419)

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

FACILITY INFORMATION

Facility Name: Strive Medical LLC

Physical Address: 5800 Campus Circle East, Suite 100B Irving, TX 75063
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 5800 Campus Circle East, Suite 100B

City: Irving State: TX Zip Code: 75063

Telephone: (888) 771-9229 Fax: (866) 680-5574

E-mail: jrosenthal@strivemedical.com Website: https://www.strivemedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6

Fri: 8 to 6 Sat: CLOSED to Sun: CLOSED to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Josh Rosenthal

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

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Disposable Supplies (Urological, Ostomy, Wound Care)

**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: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

NPI: 1396901047 _____ _____

PTAN: 6683060001 _____ _____

TX Medicaid: 3008377-01 _____ _____

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: N/A
- Advanced Practitioner of Nursing Name: N/A
- Physician's Assistant Name: N/A
- Physical Therapist Name: N/A
- Occupational Therapist Name: N/A
- Registered Nurse Name: N/A
- Respiratory Therapist Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Josh Rosenthal
Print Name of Authorized Person

12/19/2020
Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: Strive Acquisition, LLC

Corporation Name: Strive Medical LLC

Mailing Address: 5800 Campus Circle East, Suite 100B

City: Irving State: TX Zip: 75063

Telephone: (888)771-9229 Fax: (866) 680-5574

Contact Person: Josh Rosenthal

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Strive Acquisition, LLC — 32 Old Slip, Suite 32D, New York, NY 10005
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100% of the membership interest of the LLC

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? 12/14/2020

5) Provide a copy of the corporation's stock register evidencing the above information Please see Assignment of LLC Interest, attached.

Include with the application for a non-publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 12/19/2020

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Josh Rosenthal

Nature of MDEG

Strive Medical LLC 5800 Campus Circle Dr E Ste 100B Irving, TX 75063

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Rosenthal — Last Name
Josh — First Name
D — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Morgan Lane — Present Residence Address-Street or RFD
Trophy Club — City
TX 76262 — State/Zip

5800 Campus Circle Dr E #100B — Present Business Address
Dates
Irving, TX — City
75063 — State/Zip

Cheif Operating Officer — Present Position with the MDEG
Dates 02/2012-Present

Phone: 888-771-9229
Fax: 866-805574

Email address: jrosenthal@strivemedical.com

Date of Birth
Fort Worth, Tarrant TX — Place of Birth (City, County, State)

40 — Age
Social Security Number or ITIN
Male — Sex

Blue — Color of Eyes
Brown — Color of Hair
190 — Weight
5'11 — Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No

If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

02/2012-Present Strive Medical LLC 1500+

Month and Year | Name/ Address of Employer/Business | No of Employed Hours

COO Overseesdaily operations Monty McKellar

Title | Description of Duties | Name of Supervisor

Month and Year | Name/ Address of Employer/Business | No of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/ Address of Employer/Business | No of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/ Address of Employer/Business | No of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/ Address of Employer/Business | No of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/ Address of Employer/Business | No of Employed Hours

Title | Description of Duties | Name of Supervisor

I have ☛ I have not ☛ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☛ I have not ☛ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☛ I have not ☛ been the subject of an administrative action whether completed or pending.
3. I have ☛ I have not ☛ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State:_____

b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

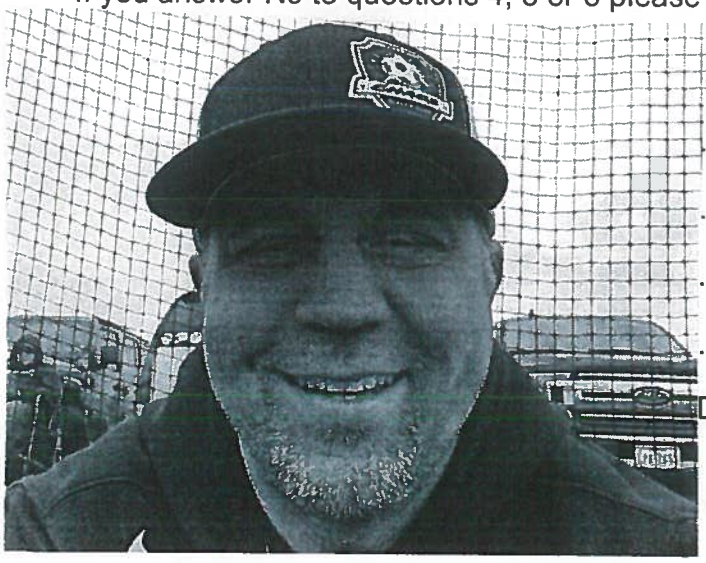
Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☛ No ☛

5 .Will you be employed fulltime with the MDEG? Yes ☛ No ☛

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☛ No ☛

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 12/19/2020

DEG Administrator

I, Josh Rosenthal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

.....
Original Signature of Applicant

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Strive Medical LLC (file number 801002106), a Domestic Limited Liability Company (LLC), was filed in this office on July 09, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 01, 2020.

Ruth R. Hughs
Secretary of State

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Howard D. Crissey & Associates Agency, Inc. DBA Benefit Resource Group
6211 W. Northwest Hwy Suite 151
Dallas, TX 75225

CONTACT NAME: Doug Harbison
PHONE (A/C, No, Ext): 214-750-7557 FAX (A/C, No): 214-750-6101
E-MAIL ADDRESS: dharbison@brg-tx.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : CNA Insurance Company	
INSURER B : AIG Commerce & Industry Insurance Company	
INSURER C : Westchester Fire Insurance Company	
INSURER D : AM TRUST NORTH AMERICA	
INSURER E : AM TRUST NORTH AMERICA	
INSURER F :	

INSURED

Strive Medical LLC
5800 Campus Circle Drive E Ste 100B and Ste 103A
Irving, TX 75063

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	Y	Y	B 6045354479	01/16/2020	01/16/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
D	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	Y	Y	WPP3986893	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	[X] UMBRELLA LIAB [ ] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y	Y	EBU 014087781	01/16/2020	01/16/2021	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	TWC3819172	10/01/2020	10/01/2021	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Professional Liability	Y	Y	EONTXF1379618A2	01/16/2020	01/16/2021	Each Professional Incident Limit $3M Professional Liability Aggregate Limit $3M	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Blanket Additional Insured and Waiver of Subrogation as required by written contract. Insured's Additional Locations:

1. 320 Morrison Park Dr Ste 130 Southlake, TX 76092
2. 509 N Patterson Ste 206 Valdosta, GA 31601
3. 100 E. North Ste 10 Magnolia, AR 71753
4. 3111 S Valley View Blvd Ste 118 Las Vegas, NV 89102
5. 1615 S. Eucalyptus Ave Ste 203 Broken Arrow, OK 74012
6. 3745 W. Caldwell Ave Ste E Visalia, CA 93277
7. 4022 E Broadway Rd Ste 114 Phoenix, AZ 85040
8. 2655 Pan American Fwy NE Ste G Albuquerque, NM 87107
9. 810 Dutch Square Blvd. Ste 118 Columbia, SC 29210
10. 4 W Cass St. Joliet, IL 60432
11. 727 N Waco Ave Ste 560 Wichita, KS 67203
12. 3536 Vann Road Ste A-10 Birmingham, AL 35235
13. 1321 Murfreesboro Rd Ste 115 Nashville, TN 37217
14. 5500 Ming Ave Ste 395 Bakersfield, CA 33009
15. 700 Executive Park Suite 723 Louisville, KY 40207
16. 100 E North St Ste 22 & 24 Magnolia, AR 71753

CERTIFICATE HOLDER

FOR INFORMATION PURPOSES ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Clear All

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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 or ☒ Ownership Change (Provide current license number if making changes: WH WH02664
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Aimmune Therapeutics, Inc.

Physical Address: 8000 Marina Blvd., Suite 300

City: Brisbane State: CA Zip Code: 94005

Telephone Number: (650) 614-5220 Fax Number: N/A

Toll Free Number: N/A

E-mail: statelicensing@aimmune.com Website: https://www.aimmune.com/

Facility Manager: Maria Fabiana Lacerca-Allen

Professional qualifications and experience of facility manager:
See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: See Attached
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Maria Fabiana Lacerca-Allen
Print Name of Authorized Person

Dec 20, 2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Aimmune Holdings LLC

Mailing Address: 1812 North Moore Street

City: Arlington State: VA Zip: 22209

Telephone: 908-333-9222 Fax: N/A

Contact Person: James Pepin

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) See Attached
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. See Attached

3) What was the price paid per share? See Attached

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20201708126

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Wholesale Drug Permit

LICENSE NO. WLS 7621
RECEIPT NO. 00169070

VALID UNTIL DECEMBER 01, 2021

AIMMUNE THERAPEUTICS INC
8000 MARINA BLVD STE 300
BRISBANE CA 94005

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

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

This permit is valid only at the address shown.

15/20

15/20 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7621

NAME: AIMMUNE THERAPEUTICS INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

8000 MARINA BLVD STE 300
BRISBANE CA 94005
SAN MATEO COUNTY

ISSUANCE DATE

DECEMBER 20, 2019

EXPIRATION DATE

DECEMBER 1, 2021

CURRENT DATE / TIME

JANUARY 10, 2021
1:25:20 PM

LICENSE RELATIONSHIPS

NAME: WONG, HERMAN

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 49788 **PRIMARY STATUS:** CLEAR

aimmune THERAPEUTICS

DESCRIPTION OF OPERATIONS

Aimmune is a Brisbane, CA-based biopharmaceutical company developing and bringing new treatments to people with potentially life-threatening food allergies. Aimmune's first commercial product, PALFORZIA®, is an FDA-approved treatment to help reduce the severity of allergic reactions to peanuts, including anaphylaxis, in children aged 4 through 17.

THIRD-PARTY LOGISTICS

Aimmune's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider, Integrated Commercialization Solutions, LLC ("ICS"). Aimmune utilizes the following ICS facility for distribution of product:

Integrated Commercialization Solutions, LLC
420 International Blvd., Suite 500
Brooks, KY 40109

CONTRACT MANUFACTURERS

Aimmune uses the following contract manufacturer to produce product:

CoreRx, Inc.
5733 Myerlake Circle
Clearwater, FL 33760
FDA Establishment Number – 3007209985
DUNS – 080580013

PRODUCTS

As a virtual manufacturer, Aimmune does not manufacture, distribute or store product at their Brisbane facility. At no time do contact manufacturers own Aimmune's products, contract with Aimmune's customers, invoice or sell Aimmune products. Aimmune products are not controlled substances. Accordingly, Aimmune is not required to maintain DEA registration.

Labeler Code: 71881

Verified
M.H
1/21/21

ndc_nhric_labeler_codes_01_21_2021 [Read-Only] - Excel

File | Home | Insert | Page Layout | Formulas | Data | Review | View | Help | Nuance PDF | Tell me what you want to do

Paste | Cut | Copy | Format Painter | Clipboard | Arial | 10 | Font | Wrap Text | Merge & Center | Alignment | General | Number | Conditional Formatting | Format as Table | Normal | Bad | Good | Check Cell | Explanatory ... | Hyperlin | Styles

08410

	A	B
1	NDC/NHRIC Labeler	Firm Name
89	79671	Flavor Reddy Foods, LLC
90	70373	Hucord Co., Ltd.
91	79163	Eco-Chic LLC.
92	80895	GENERATION 195 LTD.
93	71571	Kala Pharmaceuticals Inc.
94	77088	DC Laboratories , LLC
95	76575	Steamist
96	40104	Ningbo Pulisi Daily Chemical Products Co.,Ltd
97	44651	Rite Time Pharmaceuticals Inc.
98	52442	Boehringer Ingelheim Labso Chimie Fine
99	76823	Trinity River Distillery, LLC
00	76187	Isagenix International, LLC
01	68479	Dermalogica, Inc.
02	74636	KAS SPIRITS LLC
03	71012	CleanSpot, Inc.
04	21818	CORAD Healthcare, Inc.
05	17349	B.V. KATWIJK CHEMIE
06	81040	HanSan LLC
07	50865	Kutol Products Company, Inc.
08	78608	STAR VALLEY RESEARCH, LLC DBA United Sanitizer
09	72768	Apothecon Florida LLC
10	71881	Aimmune Therapeutids, Inc.
11	52134	Justesa Imagen
12	13337	Macsen Laboratories
13	58715	US AIRWAYS, INC
14	55651	KC Pharmaceuticals, Inc.
15	0224	Konsyl Pharmaceuticals, Inc.
16	69174	Collection 2000 Cosmetics. Inc

Verified
M. H
1/21/21

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through January 14, 2021

You have searched Finished drug products

Search Results: *'Aimmune'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
PALFORZIA	71881-101-45	3 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-101	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-101-99	3 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-101	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-102-90	6 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-102	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-102-99	6 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-102	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-103-45		KIT		BLA125696	Aimmune Therapeutics	71881-103	Peanut		HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-103-99		KIT		BLA125696	Aimmune Therapeutics	71881-103	Peanut		HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-104-15	20 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-104	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-104-99	20 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-104	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-105-30	40 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-105	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-105-99	40 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-105	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-106-60	80 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-106	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
PALFORZIA	71881-106-99	80 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-106	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-107-30		KIT		BLA125696	Aimmune Therapeutics	71881-107	Peanut		HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-107-99		KIT		BLA125696	Aimmune Therapeutics	71881-107	Peanut		HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-108-60		KIT		BLA125696	Aimmune Therapeutics	71881-108	Peanut		HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-108-99		KIT		BLA125696	Aimmune Therapeutics	71881-108	Peanut		HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-109-30	200 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-109	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-109-99	200 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-109	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-110-60		KIT		BLA125696	Aimmune Therapeutics	71881-110	Peanut		HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-110-99		KIT		BLA125696	Aimmune Therapeutics	71881-110	Peanut		HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-111-15	300 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-111	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-111-30	300 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-111	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-111-99	300 mg/1	POWDER	ORAL	BLA125696	Aimmune Therapeutics	71881-111	Peanut	PEANUT	HUMAN PRESCRIPTION DRUG	01/31/2020
PALFORZIA	71881-113-13		KIT		BLA125696	Aimmune Therapeutics	71881-113	Peanut		HUMAN PRESCRIPTION DRUG	01/31/2020

Showing 1 to 24 of 24 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIMMUNE THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5002215 8300

SR# 20207189344

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203625467

Date: 09-09-20

aimmune THERAPEUTICS

OWNERSHIP

Aimmune Therapeutics, Inc. ("Aimmune") is a virtual manufacturer of pharmaceutical products located in Brisbane, CA. Aimmune is incorporated in the state of Delaware and is a wholly owned subsidiary of Aimmune Holdings LLC.

COMPANY INFORMATION

Aimmune Therapeutics, Inc.
8000 Marina Blvd., Suite 300
Brisbane, CA 94005
Phone: (650) 614-5220
Tax ID: 45-2748244
statelicensing@aimmune.com

OWNERSHIP INFORMATION

Aimmune Holdings LLC
1812 North Moore Street
Arlington, VA 22209
Tax ID: 85-3370786

CORPORATE OFFICERS

Andrew Oxtoby; President and Chief Executive Officer
8000 Marina Boulevard, Suite 300
Brisbane, CA 94005
(650) 270-2384
Ownership: 0%

Paul Spence; SVP, US Pharmaceuticals
1041 US Highway 202
Bridgewater, NJ 08807
(973) 524-9871
Ownership: 0%

Maria Fabiana Lacerca-Allen; SVP Compliance Officer
8000 Marina Boulevard, Suite 300
Brisbane, CA 94005
(650) 614- 5220
Ownership: 0%

Harlan Baird Radford III; Chief Financial Officer
8000 Marina Boulevard, Suite 300
Brisbane, CA 94005
(650) 826-2080
Ownership: 0%

James Pepin; SVP & General Counsel
1007 US Highway 202/206, Building JR-2
Bridgewater, NJ 08807
(908) 333-9222
Ownership: 0%

Fabiana Lacerca-Allen

Stonebrae Road ▪ Hayward, CA 94542 ▪ (1 ▪
www.linkedin.com/in/flacerca/

Areas of Expertise

Global Compliance – Corporate Integrity Agreement Negotiation and Implementation – Crisis Management – Risk Assessment – Privacy – Training Investigations – Legal Counseling – Speaker and Author – Board Membership

Summary

Mrs. Lacerca-Allen has extensive experience in compliance having started and implemented compliance programs at many fortune 100 companies. Mrs. Lacerca-Allen also has experience as a Board of Director Member at Arthrocare, a publicly traded company in the medical device segment. She has extensive experience delineating compliance strategy, leading global teams and negotiating, implementing and executing on corporate integrity agreements, as well as deferred prosecution agreements and consent decrees. Originally having come from Argentina, Mrs. Lacerca-Allen has had a lifelong interest in making the rights happen. The daughter of a prominent cabinet member of the Argentine democratic presidency, she has been a witness to the generation long struggle for justice in a country plagued by corruption. From the beginning of her career, Mrs. Lacerca-Allen has dedicated herself to cultivating an environment of justice and equity. She has a proven track record that reflects that lifelong commitment.

EXPERIENCE

Aimmune Therapeutics — South San Francisco, CA
Senior Vice President, Compliance Officer — 2018 – Present

Delineated and implemented a global compliance strategy and program, hired compliance team and supported the approval and commercialization of the first peanut allergy product on the market. Cultivated a culture of compliance excellence. Regularly reported to the board on compliance matters and compliance

Ethiprax Incorporated — Hayward, CA
Principal — 2014 –2018

Mrs. Lacerca-Allen counseled companies in the pharma, medical device, biotech, transportation, technology, and government sectors. Some representative clients include, Kaiser, DaVita, Holland America, and a presidential candidate in Argentina.

Elan Pharmaceuticals — South San Francisco, CA
Senior Vice President, Chief Compliance Officer — 2010 – 2014

Served as Chief Compliance Officer of Elan Corporation, an Irish public company trading on the New York and Irish Stock Exchanges focusing on industry-leading neuroscience biotechnology. Responsibilities as CCO, in addition to being a member of Elan's Management Team, include delineating and executing on the compliance strategy, managing and executing on the corporate integrity agreement ("CIA") requirements and managing a global compliance department. Responsible for directing all compliance related initiatives of the company including aspects relating to corporate matters, quality, corporate and government affairs, employment matters, enterprise risk management. Successfully assisted in the negotiation of all aspects of a resolution to a six criminal and civil investigation of Elan's marketing and commercial practices.

Mylan Laboratories Canonsburg, PA
Senior Vice President, Chief Compliance Officer 2007 – 2010
Served as member of the Senior Executive Leadership Team establishing policies and procedures which included the Global Markets (APAC, EMEA and North America). Overhauled compliance program to focus on providing strategic advice and implementing compliance standards that exceed PhRMA codes, and OIG Guidance. Direct oversight of compliance function, including revising and interpreting policies, conducting risk assessment, mitigation and monitoring plans, creating training and messaging, supporting internal audits, and managing investigations. Developed and delivered extensive compliance training and updates throughout the company and worked across multiple functions to identify and mitigate risks to address appropriate disciplinary actions for violations of compliance. Emphasized teamwork and collaboration within the organization to create a global compliance organization.

Bristol-Myers Squibb Company Plainsboro, NJ
Legal Compliance Director 2004 – 2007
Served as member of the Executive Team for Latin America and Canada (LATCAN) regions leading all compliance initiatives supporting the strategic business. Established policy and oversight of key areas of compliance affecting LATCAN and continually provide updates on a quarterly basis to increase awareness. Delivered compliance training workshops and established lines of communication for reporting violations or irregularities. Assisted in minimizing the risk of civil, criminal, and competition claims by 30% by verifying compliance of local laws as well as all policy and applicable regulations.

Microsoft Miami, FL
Senior Lead Attorney 2004
Served as member and advisor to the Leadership Team while supporting the Licensing and Services and the Enterprise Partner Groups for Latin America. Direct oversight of legal and regulatory compliance functions, including providing legal and strategic advice within the governmental sectors, monitoring anti-trust and FCPA. Reviewed and advised compliance policies governing marketing and promotional campaigns, rebates, local advertising initiatives, licensing

Merck Sharp & Dohme Miami, FL
Director of Legal Affairs 1999 – 2004
Served as member and advisor of the Executive Committee contributing towards the strategic business plans for the region, including but not limited to intellectual property, competitive and commercial issues, litigation, human resources and public affairs matters. Provided compliance oversight for initiatives and strategies to protect the company and its assets in complex situations. Managed the legal department and was directly involved in the selection and supervision of outside counsel.

AT&T Capital Miami, FL
Director of Legal Affairs 1997 – 1999
Responsible for expanding business development strategies as well as all legal matters in the region to include leasing, financing, mergers and acquisitions, joint ventures, corporate governance, regulatory compliance, interfacing with outside legal counsel, vendors and clients. Assisted the Ministry of Economy of Argentina in connection with proposed leasing laws.

NBS Technologies Miami, FL
Director, Latin America Division 1995 – 1997
Responsible for developing the business development strategies and all aspects of business in Latin America, negotiating contracts ranging from $1M to $350M with Latin American governments, public bidding, joint ventures, risk assessment and financing.

McKenna & Cuneo San Diego, CA
Attorney, International Law Department 1993 - 1994
Counseled and represented clients in the fields of international law and environmental law.

State Secretary of Industry and Commerce of Argentina Buenos Aires, ARG
Intern 1984 – 1986
Assisted the State Secretary of Industry in the research relating to the negotiation of international trade agreements, such as MERCOSUR, the prospective implementation of trade restrictions in regional agreements, tax incentives, and negotiations regarding intellectual property and patents.

BOARD MEMBERSHIP

The Center for Excellence in Life South San Francisco, CA
Member of the Board of Directors 2020 – Present

First Tee of East Bay Oakland, CA
Member of the Board of Directors 2017 – 2019

Arthrocare Austin, TX
Member of the Board of Directors and the Audit Committee 2012 - 2014

EDUCATION

University of California, Los Angeles, CA
Master of Laws, 1993
Honors: Merit Scholarship Recipient
Roscoe Foundation Essay Contest Winner

Universidad de Buenos Aires Law School, Buenos Aires, AR
Doctor of Jurisprudence, 1991
Honors: Invited to join the Gioja Research Institute
Teaching Assistant for Environmental Law

Universidad de Buenos Aires, Buenos Aires, AR
Bachelor's degree, 1990

RECOGNITION AND AWARDS

Mrs. Lacerca-Allen is the recipient of several international recognitions and was published extensively on leadership, compliance, crisis management, among subject areas.

ComplianceWeek
Recipient of the Top Mind Award 2019

Hispanic Executive Magazine
Legal Industry Leader: http://hispanicexecutive.com/2013/fabiana-lacerca-allen/ 2013

The Guardian

Women in Leadership, Inspiring Leaders: http://www.theguardian.com/women-in-leadership/2015/may/12/know-who-you-want-to-be-kidnapped-with-and-four-more-tips-for-Leaders

SPEAKING ENGAGEMENTS

Frequently a speaker in domestic and international forums, chair of university programs on the subject, the list below is not all inclusive and is a sample of some of the speaking engagements.

- **"Leading Change, Leveraging Culture, Ethics & Compliance 3.0",** UC Berkeley Leading with Ethics & Compliance, Berkeley
- **"Women's Executive Leadership",** UC Berkeley.
- **"The Latin American Pharmaceutical Regulatory and Compliance Congress and Best Practices Forum"**, the Pharmaceutical Compliance Forum, Sao Paulo, Brazil and the Latin American Ethics & Compliance Network.
- **"Insight from the OIG's Pharmaceutical Compliance Roundtable", "Chief Compliance Officer Summit" Facilitator,** 3rd Annual CBI West Coast Compliance Congress Co-Chair, San Francisco.
- **"Leading Change, Leveraging Culture", "Managing Hotlines & Conducting Investigations,", E&C: A New Way Forward",** UC Berkeley Co-Faculty Director, Leading with Ethics & Compliance, Berkeley.
- **"Handling Challenges when Conducting Business in Emerging Markets such as Africa, South East Asia, & Latin America to Craft an Anti-Corruption Compliance Program,"** 9th Annual FCPA & Anti-Corruption Compliance Conference, San Francisco.
- **"Leading Change, Leveraging Culture, Ethics & Compliance 3.0",** UC Berkeley Leading with Ethics & Compliance, Berkeley.
- **"Practical Manifestations of Risk",** ACI Life Science Boot Camp, San Francisco.
- **"Anatomy of a Government Investigation",** GPhA Annual Policy Conference, Washington, DC.

Language Skills

Fluency in English, Spanish, and French. Working knowledge of Portuguese and Italian.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0783422

Application/License No. WH02664

Aimmune Therapeutics, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
8000 Marina Blvd., Suite 300, Brisbane, CA 94005-1884, as
Address of Applicant/Principal
PRINCIPAL, and Harco National Insurance Company, a
Surety Company
corporation organized under the laws of the state of IL
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
702 Oberlin Road , Raleigh, NC 27605-0800 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 1, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 14th day of September, 2020.

APPLICANT/PRINCIPAL

Aimmune Therapeutics, Inc.

By: _____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY

Harco National Insurance Company

By: _____
Surety Company's Representative

Erin Bautista, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:
Not Applicable

_____
Nevada Resident Agent

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Clara)

On SEP 14 2020 before me, Jean L. Neu, Notary Public
(insert name and title of the officer)

personally appeared Erin Bautista,
who proved to me on the basis of satisfactory evidence to be the person(~~s~~) whose name(~~s~~) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(~~ies~~), and that by ~~his~~/her/~~their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

JEAN L. NEU
Notary Public - California
Santa Clara County
Commission # 2230024
My Comm. Expires Mar 1, 2022

Signature _____ (Seal)

POWER OF ATTORNEY

Bond # 0783422

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

JEAN L. NEU, ERIN BAUTISTA, KURT DEGROSZ, FRANCES LISIUS, ROD SOCKOLOV, MANDEE LONEY, BRYAN D. MARTIN

San Jose, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NEW JERSEY No. 50079910 My Comm. Exp. 04-04-2023

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 14, 2020

A01746

Irene Martins, Assistant Secretary

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and **non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Ascendis Pharma, Inc.

Physical Address: 500 Emerson St

City: Palo Alto State: CA Zip Code: 94301

Telephone Number: (650) 352-8389 Fax Number: (650) 618-1592

Toll Free Number: N/A

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

Facility Manager: John Sandstrom

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: Hospital Pharmacies, Specialty Pharmacies, Specialty Distributors

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: N/A
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Jan Mikkelsen
Print Name of Authorized Person

12/16/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Ascendis Pharma A/S

Corporation Name: Ascendis Pharma, Inc.

Mailing Address: 500 Emerson St.

City: Palo Alto State: CA Zip: 94301

Telephone: (650) 352-8389 Fax:

Contact Person: Angelika Tesch

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Ascendis Pharma A/S

Date of Incorporation: 1/27/2015

Registration number issued: CIK: 0001612042

Stock Exchange: ASND (Nasdaq)

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Description of Operations

Ascendis Pharma, Inc. is a VirtualManufacturer. Ascendis Pharma, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies, Specialty Distributors & Hospital Pharmacies by their Third-Party Logistics Provider, Integrated Commercialization Solutions, LLC , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Sharp Packaging Services
7451 Keebler Way
Allentown, PA 18106
FDA Establishment Number: 3004161147

Sharp manufactures Ascendis Pharma, Inc.'s product and packages finished product. At no time does Sharp own the product, contract with Ascendis Pharma, Inc.'s customers, invoice, nor sell a Ascendis Pharma, Inc. product. Ascendis Pharma, Inc.'s products are not Controlled Substances.

Third Party Logistic information:
For distribution into the commercial supply channels, Integrated Commercialization Solutions, LLC acts as Ascendis Pharma, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Ascendis Pharma, Inc.'s product to Specialty Pharmacies, Specialty Distributors & Hospital Pharmacies throughout the United States. Integrated Commercialization Solutions, LLC's address is:

Integrated Commercialization Solutions, LLC
420 International Boulevard, Suite 500
Brooks, KY 40109

Ascendis Pharma, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7830

NAME: ASCENDIS PHARMA INC
LICENSE TYPE: WHOLESALER
LICENSE STATUS: CLEAR
ADDRESS
500 EMERSON ST
PALO ALTO CA 94301
SANTA CLARA COUNTY

ISSUANCE DATE
OCTOBER 13, 2020
EXPIRATION DATE
FEBRUARY 15, 2021
CURRENT DATE / TIME
JANUARY 5, 2021
10:35:50 AM

LICENSE RELATIONSHIPS

NAME: SANDSTROM, JOHN EDMOND
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 40862 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

STATE OF CALIFORNIA

dca

DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 7830

ISSUE DATE OCTOBER 13, 2020

ASCENDIS PHARMA INC

500 EMERSON ST
PALO ALTO CA 94301

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
JOHN EDMOND SANDSTROM

EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL FEBRUARY 15, 2020

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

'13/20
'13/20

----- POST IN PUBLIC VIEW -----

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASCENDIS PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4491605 8300

SR# 20210087999

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202269196

Date: 01-12-21

335

ndc_nhric_labeler_codes_01_25_2021 [Read-Only]

File | Home | Insert | Page Layout | Formulas | Data | Review | View | Help | Nuance PDF | Tell me what you want to do

Paste | Cut | Copy | Format Painter | Clipboard | Arial | 10 | Font | Wrap Text | Merge & Center | Alignment | Text | Number | Conditional Formatting | Format as Table | Normal | Bad | Check Cell | Explo

A13368 | 73362

	NDC/NHRIC Labeler	Firm Name
13347	74981	Cleaning Ideas Corp
13348	57597	Wong To Yick Wood Lock Ointment Ltd
13349	10544	Blenheim Pharmacal, Inc.
13350	57707	Pound International Corp.
13351	75009	Alpha Aromatics
13352	64431	Shenzhen Oriental Pharmaceutical Co. Ltd
13353	70064	Geylanni International cosmetic developments LTD
13354	57278	Rockwell Medical, Inc.
13355	80522	Lanco Manufacturing, Corp.
13356	68599	McKesson Medical-Surgical
13357	15440	Zhejiang Excel Pharmaceutical Company., Ltd.
13358	51330	Thorn BioScience LLC
13359	50737	AJAY NORTH AMERICA, LLC
13360	54639	CHADWICK & DAVIDSON INDUSTRIES LLC
13361	65346	Transfill Equipment Supplies & Services, INC
13362	76910	A&H Branded Products, LLC
13363	78213	Florida Laboratories, Inc.
13364	63558	BGR Chemical Products Inc.
13365	62870	Agropharma Laboratories, Inc.
13366	76340	Ajou Medics Co., Ltd
13367	378	Western Chemical Inc.
13368	73362	Ascendis Pharma, Inc
13369	77378	Duro-Last
13370	61230	International Trading Pharmaceuticals Laboratories, Inc
13371	42998	Marathon Pharmaceuticals, LLC
13372	76519	H.J. Harkins Co, Inc.
13373	99207	Bausch Health US, LLC
13374	80463	Total Sanitizer LLC

verified
M. It
1/25/21

Product List

Labeler Code: 73362

Labeler DUNS: 305353291

Labeler Name: Ascendis Pharma, Inc.

Product: Lonapegsomatropin

Note: Labeler code originally assigned to Ascendis Pharma Endocrinology Division A/S, but was updated to Ascendis Pharma Inc.

Electronically Submitted NDC/NHRIC Labeler Codes

	NDC/NHRIC Labeler	Firm Name
4	62870	Agropharma Laboratories, I
5	76340	Ajou Medics Co., Ltd
6	378	Western Chemical Inc.
7	73362	Ascendis Pharma, Inc

ascendis pharma

Company Information

Ascendis Pharma, Inc.
500 Emerson St
Palo Alto, CA 94301
Phone: (650) 352-8389
Website: www.ascendispharma.com
E-mail: licensing@ascendispharma.com

FEIN: 26-1969053
State of Formation: DE
Date Incorporated: 2/11/2008
File Number: 4491605

Ownership Information

Ascendis Pharma, Inc. is 100% owned by Ascendis Pharma A/S

Parent Company Address: Tuborg Boulevard 12, Hellerup Denmark, 2900
Parent Company Phone: 45 70 22 22 44

Officers

Jan Moller Mikkelsen, President & Chief Executive Officer
Business Address: 500 Emerson St, Palo Alto, CA 94301
Business Phone: (650) 352-8389

Scott Thomas Smith, Senior Vice President, Chief Financial Officer
Business Address: 500 Emerson St, Palo Alto, CA 94301
Business Phone: (650) 352-8389

John Sandstrom Pharm.D.
) N 113th Way Scottsdale, AZ 85255
Cell Phone 4
email ; California Pharmacist License #40862

Summary

Successful Pharma/Biotech Industry Medical Affairs Executive with experience in Global Medical Affairs, Health Economics and Outcomes Research, Leading Teams, Curriculum Development, Compliance Training, Sales and Marketing

- Experience creating field medical teams (medical science liaisons and outcomes liaisons) and developing field engagement strategies, executing according to plan
- Responsible for directing a team of Medical Science Liaisons who are responsible for maintaining a high level of clinical acumen across multiple therapeutic areas in addition to understanding Health Economics and Outcomes Research
- Success managing training departments supporting Oncology, HIV, Hepatology, Nephrology, Inflammation, Bone Health, Neuroscience, Ophthalmology, Cardiology, Medical Science Liaisons, and Corporate Compliance training
- Demonstrated proficiency in identifying key performance indicators (KPIs) to measure department performance and identify opportunities for improvement
- Experience preparing for multiple rare disease product launches
- Exceeded expectations in preparing teams to successfully launch at two startup biotech company
- Excellent communication skills with attention to detail, and KOL engagement when organizing and facilitating advisory board meetings
- Recognized for working cross-functionally with team members and maintaining a culture of empowerment, accountability and integrity
- As a Global Medical Affairs Lead, facilitated the development of publication plans, reviewed and approved written content based on accuracy, interpretation, and references (e.g. BLA submission, prescribing information, standard response letters, clinical slide decks, training, and promotional material)
- Amgen Award recognition for developing innovative training content
- Past history of performance appraisal ratings exceeding expectations
- References from peers, managers, and past direct reports available upon request

Experience

Ascendis Pharma A/S 07/2019 to Present

Director, Field Medical Team

Responsible for forming the company's first MSL and Outcomes Liaison Teams, in addition to developing scientific slide presentations and conducting medical reviews of all external communications.

- Responsible for developing Medical Affairs Field engagement strategy, which includes KPIs, Territory Mapping, Training, and KOL targets
- Developed field training curriculum and content for newly hired MSLs and Outcomes Liaisons
- Created Job Descriptions, calibrated compensation, interviewed and hired current Ascendis MSL and Outcomes Liaison teams
- Established criteria for CRM platform and worked with IT and vendor to develop a system for recording field activities
- Responsible for developing presentations for KOL advisory boards. Actively presents and facilitates at advisory boards to KOLs
- Conducts medical reviews of all Ascendis external communications to ensure scientific accuracy
- Works cross-functionally with Medical Communications, HEOR, Marketing, and Market Access leadership to ensure medical strategy is aligned with Ascendis Strategic Imperatives
- Collects actionable insights from field engagements to identify trends that impact Ascendis strategy
- Developed FAQs with responses supported by references to aid in ongoing training of the field medical team
- Actively participates in the development and execution of the overall Medical Affairs Launch Strategy for Lonapegsomatropin for the treatment of Pediatric Growth Hormone Deficiency
- Actively collaborates with HEOR to develop BIMs, CEMs, and AMCP dossiers for use by the Outcomes Liaison team

N 113th Way Scottsdale, AZ 85255
Cell Phone
email
; California Pharmacist License #40862

Takeda US (formerly Shire and Baxalta) 06/2016 to 07/2019

Head, Medical Science and Outcomes Liaison (US)

Responsible for developing and directing a team of five medical science liaisons responsible for scientific engagement with payers, specialty pharmacies, group purchasing organizations, integrated delivery networks, and pharmacy benefit managers. Past performance reviews have exceeded expectations

- Ensures field medical team receives needed training and support to accomplish objectives. Developed Hereditary Angioedema training in anticipation of product launch
- Responsible for development, recruitment and hiring of Medical Science and Outcomes Liaisons
- Establish medical strategies for implementation by the team, in alignment with business unit objectives for all Shire/Takeda marketed products
- Collected medical insights from the field and consolidated them into regular monthly reports to senior management
- Participated in data generation by coordinating field activities with medical affairs
- Ensures objectives for field medical team are accomplished by monitoring individual strategic plans
- Demonstrated proficiency in identifying key performance indicators (KPIs) to measure department performance and identify opportunities for improvement/staffing
- Monitors field team performance and implements initiatives to drive organizational excellence
- Work closely with therapeutic area leads and HEOR to develop tools for use by field medical team when interacting with customers
- Acts as senior company representative interacting with external scientific leaders, payers, patient advocacy groups, and/or regulatory authorities
- Responsible for working with the leadership team to develop and implement policies, SOPs, codes, guidelines, and training

Sr. Medical Science and Outcomes Liaison (West)

- Contribute as a team member for von Willebrand Disease and Hemophilia slide resource development
- Team contributor often assisting field colleagues with coaching and advice
- Regularly contacted by key accounts as a trusted resource for clinical and pharmacoeconomic information
- Participates as a presenter in scientific advisory board meetings
- Contributes as a member of the VONVENDI, FEIBA and Obizur HEOR teams
- Organizes and leads strategic update meetings with aligned account managers
- Organizes and moderates internal journal clubs with Medical Science Outcomes Liaison colleagues and HEOR team

Baxalta Inc. (formerly Baxter) 07/2015 to 06/2016

Managed Care Liaison II (West)

- High rate of interactions compared to Baxalta Managed Care Liaisons based on internal reports.
- High rate of journal club presentations compared to the Baxalta Field Medical Team.
- FEIBA pharmacoeconomic presentation to Kaiser California was shortly followed by increased use of FEIBA for appropriate patients after several years of formulary exclusion.
- HYQVIA pharmacoeconomic presentation to Intermountain Health was shortly followed by the addition of HYQVIA to the Intermountain Health formulary
- Provided rationale to MedImpact PBM to reconsider managing the IgG and Hemophilia factor classes with a PDL.
- Award recognition by account managers for productivity as a Managed Care Liaison.
- Recruited to review Managed Care Liaison slide decks prior to submission through the Baxalta medical review process.
- Developed and gained acceptance of clinical slides through the Baxalta medical review process.
- Recruited by Medical Affairs Training to provide insight on success as a managed care liaison.
- Identified key errors in State Medicaid Therapeutic Clinical Review documents that led to reversal of Pharmacy and Therapeutic Committee decisions that originally excluded therapies from PDLs.
- Work with patient advocacy groups to help strengthen claims and rationale for open access through scientific documentation.

) N 113th Way Scottsdale, AZ 85255
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Baxter BioScience 04/2013 – 07/2015

Managed Care Liaison II (West)

- Support of medical strategic outcomes plans for all Baxter compounds (bleeding disorders, immunology) via field-based activities and project management by applying advanced scientific, health outcomes knowledge and field expertise within a defined region.
- Provide advanced scientific support to regional and national managed care organizations, pharmacy benefit management companies, biologic distributors, specialty pharmacies, government payers, and other organizations that are involved with medical formulary decisions for therapeutic areas of strategic interest to Baxter.
- Delivers reactive, technical/practical education to Health Care Professionals (HCPs)
- Establish and maintain clinical/scientific relationships with medical professionals, researchers, coordinators, payer groups, and other members of the scientific community in alignment with therapeutic areas (TA) that are of interest to Baxter.
- Identify and communicate information on key areas of research and scientific intelligence to internal stakeholders.

Senior Manager, Global Medical Affairs-Hemophilia

Provide global medical affairs support for hemophilia A, hemophilia B, and von Willebrand Disease

- Global medical affairs lead for von Willebrand Disease/BAX111
- Manage and develop opinion leaders with expertise in von Willebrand disease
- Recruit advisory board members and plan regular advisory board meetings (includes live and virtual advisory board meetings)
- Facilitate and present content at advisory board meetings
- Actively engage in discussions with key opinion leaders regarding the treatment of von Willebrand disease
- Deliver subject matter expertise regarding von Willebrand disease to internal customers (e.g., market research, field medical team, sales, and marketing)
- Provide medical affairs support for regulatory agency filing of BAX111 (recombinant von Willebrand factor).
- Develop the publication plan to support BAX111
- Plan and facilitate the development of post-marketing observational studies for BAX111
- Participate in BAX111 launch planning activities through active participation with launch planning teams.
- Provide updates covering von Willebrand disease from key congress meetings
- Actively participate in journal club reviews of current von Willebrand journal topics
- Provide medical writing for von Willebrand disease and BAX111 (e.g., slide decks, training, and journal summaries)
- Conduct medical reviews and support for FEIBA promotional materials
- Provide expertise for FEIBA product development by participating in development teams
- Support internal departments by providing product and disease state expertise
- Recognized through an award for teamwork as an active member of the FEIBA review team
- Created a pharmacy internship program at Baxter through a partnership with the University of Southern California School of Pharmacy

Wesley Enterprise 09/2012- 03/2013

Manager, Medical Communications

Develop and review medical communications content for clients in the pharmaceutical industry

- Medical communications projects for clients include subjects covering oncology, cardiology, gastroenterology, and pharmacovigilance
- Developed clinical and scientific medical science liaison slide libraries and training modules
- Produced clinical and pharmacovigilance training tools for key investigators and healthcare providers
- Created clinical slide decks for investigators to present at medical conferences
- Collaborated with medical affairs managers to develop medical science liaison slide decks for unsolicited responses to clinical questions
- Produced dossier content using Academy of Managed Care Pharmacy (AMCP) format for client formulary submissions
- Experienced in regulatory and compliance regulations for medical communications in the pharmaceutical industry
- Proficiency conducting extensive literature searches and detailed documentation to support clinical content
- Responsible for quality control reviews of draft material before submission to client review teams
- Collaborating with owners to develop standard operating procedures (SOPs) and training for

John Sandstrom Pharm.D.
;) N 113th Wav Scottsdale, AZ 85255
Cell Phone · email j m; California Pharmacist License

Westminster Free Clinic 2010-Present
Pharmacist Volunteer
Responsible for dispensing prescription medications and providing drug information to the underserved population in the Thousand Oaks area

Education

Pharm.D.
University of the Pacific, School of Pharmacy
Stockton, CA

High School
Saint Ignatius College Preparatory
San Francisco, CA

Professional Associations
California Pharmacist's Association
Ventura County Pharmacists Association – Current President
San Mateo County Pharmacists Association – President for two terms

Awards
Amgen "Most Valuable Player Award" recipient
California State Assembly Certificate of Recognition
Roche Outstanding Achievement Award
Two-time recipient of the Roche Special Achievement Award
Dale Carnegie Sales Advantage Class Assistant Award for Highest Achievement

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. LICX3000272

Application/License No. _____

Ascendis Pharma, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 500 Emerson Street, Palo Alto, CA 94301 (Address of Applicant/Principal), as PRINCIPAL, and Lexon Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 12890 Lebanon Road, Mount Juliet, TN 37122 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 12/17/2020 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 17th day of December, 20 20.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SIGNED and SEALED in the presence of:

Witness SALLY RODRIGUEZ

Witness

SURETY

Surety Company's Representative

Isaiah Brewer, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Saher Salib

Witness Jessica Spears

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

SOMPO INTERNATIONAL
INSURANCE

POWER OF ATTORNEY

12903

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Isaiah Brewer** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **TEN MILLION Dollars ($10,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019.

Endurance Assurance Corporation	Endurance American Insurance Company	Lexon Insurance Company	Bond Safeguard Insurance Company
By: Richard M Appel	By: Richard M Appel	By: Richard M Appel	By: Richard M Appel
Richard Appel; SVP & Senior Counsel	Richard Appel; SVP & Senior Counsel	Richard Appel; SVP & Senior Counsel	Richard Appel; SVP & Senior Counsel
Endurance Assurance Corporation CORPORATE SEAL 2002 DELAWARE	Endurance American Insurance Company CORPORATE SEAL 1996 DELAWARE	LEXON INSURANCE COMPANY CORPORATE SEAL STATE OF TEXAS	BOND SAFEGUARD INSURANCE COMPANY A SOUTH DAKOTA INSURANCE COMPANY

ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/they is/are officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor
Amy Taylor, Notary Public - My Commission Expires 5/9/23

AMY TAYLOR STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

   ; and be it further

   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 17th day of December 20 20.

By:
Daniel S. Lorie, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website - https://www.treasury.gov/resource-center/sanctions/SDN-List.

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com
Telephone: 615-553-8500 Mailing Address: Sompo International; 12880 Lebanon Road; Mount Juliet, TN 37122-2870

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Devatis, Inc.

Physical Address: 300 S. El Camino Real, Suite 209

City: San Clemente State: CA Zip Code: 92672

Telephone Number: (949) 466-7449 Fax Number: N/A

Toll Free Number: (833) 338-2847

E-mail: DVI@SLSNY.com Website: www.devatis.com

Facility Manager: Thomas Michael Speace

Professional qualifications and experience of facility manager: Responsible for all commercial activities associated with the distribution of Devatis, Inc. prescription pharmaceutical products in the US market. • Responsibilities also include administrative, statutory and regulatory activities including coordination of state distribution licenses in home state and all other states which require non-resident pharmaceutical wholesale and distribution licenses.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors; Medical Supply Chains; Clinics or Institutions

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: Drugs (Ophthalmic)
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐ Labeler Code 73043
(If yes, provide a copy of your FDA registration)

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

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

Name: N/A
Address:

Name: N/A
Address:

Name: N/A
Address:

Name: N/A
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Thomas Michael Speace

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

Thomas Michael Speace
Print Name of Authorized Person

11/25/20
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Deva Holding A.S.

Mailing Address: 300 S. El Camino Real, Suite 209

City: San Clemente State: CA Zip: 92672

Telephone: (949) 466-7449 Fax: N/A

Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Deva Holdings A.S. — Halkali Merkez Mah. Basin Ekspres Caddesi, No. 1Küçükçekmece Istanbul, Turkey
Name — Business Address

b) _____
Name — Business Address

c) _____
Name — Business Address

d) _____
Name — Business Address

2) Provide the number of shares issued by the corporation. N/A Company is solely owned by Deva Holdings A. S. - 100%

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEVATIS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEVATIS, INC." WAS INCORPORATED ON THE SECOND DAY OF JUNE, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

7997971 8300

SR# 20208468783

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204190097

Date: 12-01-20

Certificate of Good Standing from Formation State

Jun. 5. 2020 11:38AM GERALD WEINBERG No. 7216 P. 4

(H20000169472 3)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEVATIS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEVATIS, INC." WAS INCORPORATED ON THE SECOND DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

FILED
2020 JUN -5 AM 11:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Jeffrey W. Bullock, Secretary of State

7997971 8300

SR# 20205473963

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203039299

Date: 06-03-20

Have State License.

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7854

NAME: DEVATIS INC
LICENSE TYPE: WHOLESALER
LICENSE STATUS: CLEAR
ADDRESS
300 S EL CAMINO REAL STE 209
SAN CLEMENTE CA 92672
ORANGE COUNTY

ISSUANCE DATE
NOVEMBER 18, 2020

EXPIRATION DATE
MARCH 15, 2021

CURRENT DATE / TIME
NOVEMBER 19, 2020
5:37:52 AM

LICENSE RELATIONSHIPS

NAME: SPEACE, THOMAS M
LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)
LICENSE NUMBER: 25844 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

Proof of Assigned Labeler Cod

From: edrls@fda.hhs.gov [mailto:edrls@fda.hhs.gov]
Sent: Wednesday, April 10, 2019 7:28 AM
To: Charles Hughes <charles.hughes@devatis.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 10-APR-2019
Labeler DUNS: 116839699
Labeler Name: Devatis, Inc.
Labeler Code: 73043

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Designated Representative Resume

Thomas M. Speace Home: Mobile: 9
Calle Campesino • San Clemente, CA 92672 • Email: t

Accomplished Pharmaceutical and Biopharmaceutical Executive with proven ability to start up, develop, and profitably manage growth for pharmaceutical finished dosage form (FDF) and active pharmaceutical ingredient (API) companies in domestic and international locations. Areas of particular expertise include:

- API Process and Product Development
- Complex Dose Form Development
- Advanced Drug Delivery Technology
- Business Development & Licensing
- Multinational Marketing and Operations
- Mergers, Acquisitions, Divestitures

PROFESSIONAL EXPERIENCE

Devatis, Inc. **Sept., 2018 to Present**
300 S. El Camino Real, San Clemente, CA 92672
President

Responsible for all commercial activities associated with the distribution of Devatis, Inc. prescription pharmaceutical products in the US market.

- Responsibilities also include administrative, statutory and regulatory activities including coordination of state distribution licenses in home state and all other states which require non-resident pharmaceutical wholesale and distribution licenses.
- Function as Designated Representative licensed by State Board of Pharmacy in state of CA
- Responsible for US product planning, support active pharmaceutical ingredient (API) sourcing, 3PL coordination, product launch planning.

Sentiss Pharmaceuticals, LLC. **July, 2014 to July, 2018**
107 Avenida De La Estrella, San Clemente, CA 92672
President, Americas

Responsible for all activities related to the start-up of Sentiss Pharmaceuticals, LLC and the commercialization of Sentiss' ophthalmic, respiratory and OTIC products for the North American markets.

- Successfully set-up a fully-functional commercial distribution operation for Sentiss products, including all state distribution licenses, 3PL distribution, contract sales force and warehouse/logistics operations.
- Initiated contract development of 5 complex products at US CDO sites, with associated tech transfer to US FDF specialty CMO.
- Initiated 3 individual in vivo and in vitro programs at US CRO's for clinical and non-clinical BE studies

Neuland Laboratories, Inc., **May, 2007 to July, 2014**
Hyderabad, India; San Clemente, CA
President & CEO

Responsible for incorporation and start-up of North American subsidiary of a Hyderabad-based pharmaceutical company focused on development and supply of active pharmaceutical ingredients and contract R&D services to generic and proprietary pharmaceutical customers.

- Increased sales from $6 million to $40 million
- Increased customer list from 5 active customers to over 80 customers and prospects

- Supported and managed key customer API requirements to support US government strategic supply contracts totaling $82 million over three and a half years supply period.

SPECTRUM PHARMACEUTICALS, Inc., **Aug., 2003 to May, 2007**
Irvine, CA
Vice-President, Marketing, Sales & Business Development

Responsible for all business and commercial operations for specialty pharmaceutical company focused on development of proprietary oncology and specialty generic products with joint venture and strategic partners in US, Europe and India.

- Completed a five- year business plan for oncology and generic business units which included product development timelines, projected FDA approval dates, launch dates with marketing strategy and sales forecasts for 17 specialty generic products and 4 oncology compounds
- Negotiated national distribution agreements for generic product launches, including one paragraph IV first- to- file opportunity which resulted in a $24 million out-license contract.

ALPHA THERAPEUTIC CORPORATION **May, 2001 to Aug., 2003**
Los Angeles, CA
Senior Vice-President, Global Marketing & International Operations

Directed world-wide marketing, sales and international operations for specialty biopharmaceutical company with $300 million in worldwide sales. General manager for international business unit with sales, marketing, regulatory and distribution operations in Europe, Asia, Middle East and Latin America with over 200 product registrations in 38 countries and $45 million in annual sales.

- Completed US launch plans and launched Aralast™, an alpha-1 deficiency therapeutic and Alphanate™ for von Willebrand disease with US market potential of $80 million in peak sales.
- Member of divestiture team in sale of company to Baxter Biosciences.

DSM PHARMACEUTICALS, **Jan., 2001 to May, 2003**
Saddlebrook, NJ

Senior Vice-President, Biologics and Pharmaceuticals
Managed North American sales, marketing and business development activities for Dutch life sciences company at US, Canadian and Dutch locations engaged in sales, project management, contract development and manufacturing services for biologics and sterile dose manufacturing for pharmaceutical and biotech customers.

- Implemented a comprehensive marketing, sales, project, and contract management program that integrated DSM's global manufacturing capabilities in biologics, active pharmaceutical ingredients (API's) and dosage form manufacturing services as an end-to end value-added program for DSM customers
- Successfully negotiated six biotech customer deals from development stage contracts to profitable long-term commercial contracts valued at $30 million with estimated 20% gross margin

SICOR PHARMACEUTICALS, Inc. (Teva Parenteral Medicines) **Feb., 1997 to Dec., 2000**
Irvine, CA

Promoted through a number of increasingly responsible positions including, materials and supply chain management, BD, sales and marketing, Chief Operating Officer and Global Corporate Development and International Operations for Sicor injectable and API products in Europe, Canada, Australasia, Mexico and Latin America.

- Initiated sales and marketing activities in the company and achieved hospital and alternate site revenues to $40M and contract manufacturing revenues to $6 million.
- Signed multi-country product distribution agreements with Sanofi, F.H. Faulding (Mayne), Stada and Hexal Pharma (Sandoz) covering Europe, Asia, Australia and Canada
- Oversaw $45 million capital project for expansion of processing capabilities in preparation for commercial production of propofol injection and build-out of second facility for production of cytotoxic products in contained manufacturing environment
- Member of acquisition team of Biofa Biotechnology, a Lithuanian biotech company specialized in production and distribution of biotech products in Eastern Europe, the Baltic countries and Middle East; project manager for construction of modular bioprocess plant in Sweden.

Kendall McGaw Pharmaceuticals **July, 1987 to Feb., 1997**
Irvine, CA (Now B Braun)
Director, Finance, Administration & Materials Management

Responsible for the planning and start-up of a new hospital products division, which included business and product planning, budgeting, new sterile facility build-out, personnel recruitment, staffing, and training of 115 personnel involved in R&D, quality control, regulatory and manufacturing operations.

- Managed capital, R&D, manufacturing and operating expense budgets totaling $43 million over three years
- Facility received FDA and State of CA approvals in thirty-one months from date of start and began manufacturing operations in June 1990
- Led Merger activities with Gensia Pharmaceuticals in 1991 to create Gensia Laboratories LTD

ESI-Lederle Pharmaceuticals (now West-Ward Pharmaceuticals), **Sept., 1978 July, 1987**
Cherry Hill, NJ

Progressed through a number of positions in accounting and finance, purchasing and materials management, operations and business development during period of dramatic growth in sales from $6mm to $185mm with 60 ANDA's filed and approved. ESI is recognized as first generic company focused on development and marketing of a broad range of injectable products for the hospital and alternate-site markets.

EDUCATION

MBA
Saint Joseph's University, Philadelphia, PA

International Business and Language Studies
Goteborgs Universitet, Goteborg, Sweden

B.S., Economics
University of Pennsylvania, Philadelphia, PA

Paste | Copy | Format Painter | Clipboard | Arial | 10 | Font | Wrap Text | Merge & Center | Alignment | Text | Number | Conditional Formatting | Format as Table

A13575 | 73043

	NDC/NHRIC Labeler	Firm Name
554	69049	Kiko USA, Inc.
555	44703	Shanghai Life-Beauty Cosmetics Co., Ltd
556	74249	Savage Enterprises
557	49963	Portal Inc.
558	14096	Mylan API US LLC
559	79961	Zap Vir Inc.
560	17314	ALZA Corporation
561	54337	Urvesh Psyllium Industries Limited
562	81140	Protega Pharmaceuticals LLC
563	80380	Shedrain Corporation
564	71569	Jubilant LLC
565	51442	Colgate-Palmolive Canada
566	75423	Dr. Ginger's Healthcare Products, LLC
567	76668	American Ordnance LLC
568	81019	CBDVELVET LLC
569	59713	Ann Arbor Welding Supply Co., Inc. DBA Arbor Specialty Gases
570	63286	Mylan Teoranta
571	77778	Hand In Hands, LLC
572	60378	Cytec Industries Inc.
573	76019	Mekt, LLC
574	556	Manna Kadar Beauty Inc.
575	73043	Devatis, Inc.
576	57687	Nelson Bach USA, Ltd.
577	75044	American Chemical Systems II, LLC
578	57959	Home Care Equipment, Inc.

verified
M. H
2/4/21

Devatis, Inc.

Corporate Address: 300 S. El Camino Real, Suite 209, San Clemente, CA 92672 USA
FEIN: 36-4845079
www.devatis.com

Drug Labeler Code: 73043
Incorporation State: DE
Incorporation Date: 6/2/2020

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
SEL	300 S. El Camino Real Suite 209 San Clemente, CA 92672 County: Orange	N/A	N/A - No CS	11-756-5388	No	(949) 466-7449	N/A

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Thomas Michael Speace	Calle Campesino San Clemente , CA 92672	President	No			

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Deva Holding A.S.	Halkali Merkez Mah. Basin Ekspres Caddesi, No. 1 Küçükçekmece Istanbul, Turkey	N/A	100	N/A	N/A	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Thomas Michael Speace	Calle Campesino San Clemente , CA 92672	President	No			
Katia Demeire	West State Road 84, Suite 1 Fort Laurderdale, FL 33312	Secretary & Treasurer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services			
Katia Demeire			
Thomas Speace			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Woodfield Distribution, LLC	951 Clint Moore Road Suite A Boca Raton, FL 33487					

For licensing issues, please contact State License Servicing, LLC (845) 544-2482 DVI@slsny.com

Company Particulars
358

Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0789879

Application/License No. _____

Devatis, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
300 South El Camino Real, Suite 209, San Clemente, CA 92672, as
Address of Applicant/Principal
PRINCIPAL, and Harco National Insurance Company, a
Surety Company
corporation organized under the laws of the state of Illinois
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Newark Center, 20th Flr., Newark, NJ 07102 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 9/8/2020.
Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 8th day of September, 2020.

APPLICANT/PRINCIPAL

COMPANY
Devatis, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

See attached Notary
Witness

Witness

SURETY

Harco National Insurance Company

Surety Company's Representative

Aidan Smock, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

see attached notary acknowledgment
Witness

see attached notary acknowledgment
Witness

Countersigned by:

Nevada Resident Agent
Aidan Kathleen Smock

POWER OF ATTORNEY

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

PAUL JEFFREY HERING, MARTA COLLETT, SANDRA CORONA, RICHARD HALLETT, AIDAN SMOCK, KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY My Comm. Exp 04-04-2023 NOTARY PUBLIC No. 50079910 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 08, 2020

A00874

Irene Martins, Assistant Secretary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

County of San Diego }

On SEP 08 2020 (Date) before me, Sandra Corona (Insert Name of Notary exactly as it appears on the official seal), Notary Public,

personally appeared Aidan Smock (Name(s) of Signer(s)),

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature Sandra Corona
Signature of Notary Public

SANDRA CORONA
Commission No. 2299905
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
Commission Expires August 2, 2023
ANP1

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name: _____
☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Orange }

On 09/09/2020 before me, Maxfield Samuel Conklin, Notary Public,
(Here insert name and title of the officer)

personally appeared Thomas Michael Speace,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

MAXFIELD SAMUEL CONKLIN
COMM...2231267
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Term Exp Feb. 15, 2022

Notary Public Signature (Notary Public Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Pharmaceutical ~~Bond~~
(Title or description of attached document)

Wholesaler Surety Bond
(Title or description of attached document continued)

Number of Pages 3 Document Date 9/9/20

CAPACITY CLAIMED BY THE SIGNER

- ☑ Individual (s)
- ☐ Corporate Officer
  (Title)
- ☐ Partner(s)
- ☐ Attorney-in-Fact
- ☐ Trustee(s)
- ☐ Other

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they,~~ is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
  - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and **non-transferable checks 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 or ☒ Ownership Change (Provide current license number if making changes: WH 02564
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Kyowa Kirin, Inc.

Physical Address: 135 Route 202/206, Suite 6

City: Bedminster State: NJ Zip Code: 07921

Telephone Number: 908-234-1096 Fax Number: 908-234-2835

Toll Free Number: 1-800-726-2876

E-mail: Len.Paolillo@kyowakirin.com Website: www.kyowa-kirin.com

Facility Manager: Leonard S. Paolillo

Professional qualifications and experience of facility manager: Lead a senior executive management team dedicated to achieving the company's vision of becoming a global specialty pharmaceutical company. Over 17 years of pharmaceutical experience.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Repackagers, Nursing Home 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: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate) N/A

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment B

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

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

Name: Cardinal Health SPS
Address: 15 Ingram Blvd., Suite 100, La Vergne, TN 37086

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Leonard S. Paolillo
Print Name of Authorized Person

6/16/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Kyowa Kirin USA Holdings, Inc.

Mailing Address: 135 Route 202/206, Suite 6

City: Bedminster State: NJ Zip: 07921

Telephone: 908-234-1096 Fax: 908-234-2835

Contact Person: Leonard S. Paolillo

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - Kyowa Kirin, Inc. is wholly-owned by Kyowa Kirin USA Holdings, Inc.
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment C

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. See Attachment D

Attachment A

Resident State License and Online License Verification

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738322

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

135 ROUTE 202/206, SUITE 6 BEDMINSTER, NJ 07921-

Reg. No.
5003647

KYOWA KIRIN USA HOLDINGS INC
KYOWA KIRIN, INC.
ATTN: LEONARD PAOLILLO
135 ROUTE 202/206, STE 6
BEDMINSTER, NJ 07921-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 1/8/2020

Registration Number: 5003647 **Registered as:** Manufacturer and Wholesale

Parent Company Name: KYOWA KIRIN USA HOLDINGS INC

Trade Name: KYOWA KIRIN, INC.

Original Issue Date: 08/05/2008 **Expiration Date:** 01/31/2021

Current Issue Date: 01/07/2020

Disciplines: No

Attachment B

FDA Registration

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through November 09, 2020

You have searched Finished drug products

Search Results: *'42747'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Descriptio
+ Fareston	42747-327-72	60 mg/1	TABLET	ORAL	NDA020497	KYOWA KIRIN, INC.	42747-327	toremifene citrate	TOREMIFENE CITRATE	HUMAN PRESCRIPTION DRUG	06/30/1997	N/A	NDA	7 TABLET in BLISTER PACK (42747-327-
+ Fareston	42747-327-30	60 mg/1	TABLET	ORAL	NDA020497	KYOWA KIRIN, INC.	42747-327	toremifene citrate	TOREMIFENE CITRATE	HUMAN PRESCRIPTION DRUG	06/30/1997	N/A	NDA	30 TABLET in 1 BOTTLE (42747-327-
+ NOURIANZ	42747-602-90	20 mg/1	TABLET, FILM COATED	ORAL	NDA022075	Kyowa Kirin, Inc.	42747-602	istradefylline	ISTRADEFYLLINE	HUMAN PRESCRIPTION DRUG	08/27/2019	N/A	NDA	90 TABLET, FILM COATE in 1 BOTTLE (42747-602-
+ NOURIANZ	42747-604-07	40 mg/1	TABLET, FILM COATED	ORAL	NDA022075	Kyowa Kirin, Inc.	42747-604	istradefylline	ISTRADEFYLLINE	HUMAN PRESCRIPTION DRUG	08/27/2019	N/A	NDA	1 BLISTER PACK in 1 BOX (42747-604- > 7 TABLET, FILM COATE in 1 BLISTER PACK
+ NOURIANZ	42747-604-90	40 mg/1	TABLET, FILM COATED	ORAL	NDA022075	Kyowa Kirin, Inc.	42747-604	istradefylline	ISTRADEFYLLINE	HUMAN PRESCRIPTION DRUG	08/27/2019	N/A	NDA	90 TABLET, FILM COATE in 1 BOTTLE (42747-604-
+ NOURIANZ	42747-602-07	20 mg/1	TABLET, FILM COATED	ORAL	NDA022075	Kyowa Kirin, Inc.	42747-602	istradefylline	ISTRADEFYLLINE	HUMAN PRESCRIPTION DRUG	08/27/2019	N/A	NDA	1 BLISTER PACK in 1 BOX (42747-602- > 7 TABLET, FILM COATE in 1 BLISTER PACK
+ POTELIGEO	42747-761-01	4 mg/mL	INJECTION	INTRAVENOUS	BLA761051	Kyowa Kirin, Inc.	42747-761	mogamulizumab-kpkc	MOGAMULIZUMAB	HUMAN PRESCRIPTION DRUG	08/08/2018	N/A	BLA	1 VIAL, GLASS in 1 CARTON (42747-761- > 5 mL in 1 VIAL, GLASS
+ Rectiv	42747-235-30	4 mg/g	OINTMENT	RECTAL	NDA021359	ProStrakan, Inc.	42747-235	nitroglycerin	NITROGLYCERIN	HUMAN PRESCRIPTION DRUG	06/21/2011	N/A	NDA	1 TUBE in 1 CARTON (42747-235- > 30 g in 1 TUBE
+ SANCUSO	42747-726-01	3.1 mg/24h	PATCH	TRANSDERMAL	NDA022198	Kyowa Kirin, Inc.	42747-726	granisetron	GRANISETRON	HUMAN PRESCRIPTION DRUG	09/12/2008	N/A	NDA	1 POUCH in CARTON (42747-726- > 1 PATCH in POUCH > 16 h in 1 PATCH

Showing 1 to 9 of 9 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified 11/9/20 MS

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)
PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)
EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
PRINT

Current through January 03, 2020

You have searched Finished drug products

Search Results *'Kyowa'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
Fareston	42747-327-72	60 mg/1	TABLET	ORAL	NDA020497	KYOWA KIRIN, INC,	42747-327	toremifene citrate	TOREMIFENE CITRATE	HUMAN PRESCRIPTION DRUG	06/30/1997	N/A
Fareston	42747-327-30	60 mg/1	TABLET	ORAL	NDA020497	KYOWA KIRIN, INC,	42747-327	toremifene citrate	TOREMIFENE CITRATE	HUMAN PRESCRIPTION DRUG	06/30/1997	N/A
NOURIANZ	42747-602-07	20 mg/1	TABLET, FILM COATED	ORAL	NDA022075	Kyowa Kirin, Inc.	42747-602	istradefylline	ISTRADEFYLLINE	HUMAN PRESCRIPTION DRUG	08/27/2019	N/A
NOURIANZ	42747-602-90	20 mg/1	TABLET, FILM COATED	ORAL	NDA022075	Kyowa Kirin, Inc.	42747-602	istradefylline	ISTRADEFYLLINE	HUMAN PRESCRIPTION DRUG	08/27/2019	N/A
NOURIANZ	42747-604-07	40 mg/1	TABLET, FILM COATED	ORAL	NDA022075	Kyowa Kirin, Inc.	42747-604	istradefylline	ISTRADEFYLLINE	HUMAN PRESCRIPTION DRUG	08/27/2019	N/A
NOURIANZ	42747-604-90	40 mg/1	TABLET, FILM COATED	ORAL	NDA022075	Kyowa Kirin, Inc.	42747-604	istradefylline	ISTRADEFYLLINE	HUMAN PRESCRIPTION DRUG	08/27/2019	N/A
POTELIGEO	42747-761-01	4 mg/mL	INJECTION	INTRAVENOUS	BLA761051	Kyowa Kirin, Inc.	42747-761	mogamulizumab-kpkc	MOGAMULIZUMAB	HUMAN PRESCRIPTION DRUG	08/08/2018	N/A
Sancuso	42747-726-01	3.1 mg/24h	PATCH	TRANSDERMAL	NDA022198	Kyowa Kirin, Inc.	42747-726	granisetron	GRANISETRON	HUMAN PRESCRIPTION DRUG	09/12/2008	N/A

Showing 1 to 8 of 8 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Food and Drug Administration
Rockville, Maryland 20857

Mar 20, 2008

PROSTRAKAN INC
1430 STATE HIGHWAY 206 STE 110
BEDMINSTER NJ 07921

The Food and Drug Administration (FDA) has assigned the following Labeler Code Number to your firm:

42747

This Labeler Code should be used on all forms related to drug establishment registration and/or drug product listing. Per Title 21, Part 207 of the Code of Federal Regulations (CFR), owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list every drug in commercial distribution within 5 days after the beginning of operation.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products. If you have any questions, please contact the Quality Control Team (301) 210-2840.

Sincerely,

John Coburn
Team Leader,
Drug Registration and Listing
Office of Compliance

Attachment C

Corporate Officer and Director Information

Kyowa Kirin, Inc.
135 Route 202/206, Suite 6
Bedminster, NJ 07921

Officers:

Leonard S. Paolillo
Executive Vice President and Chief Commercial Officer

Tara D'Orsi
Secretary

Directors:

Tara D'Orsi

Attachment D

Delaware Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KYOWA KIRIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2923368 8300

SR# 20207357102

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203715341

Date: 09-23-20

LEONARD S. PAOLILLO

) Haas Road, Basking Ridge, NJ 07920 • (•)

EXPERIENCE

ProStrakan Pharmaceuticals — **March 2014-Present**
Bridgewater, NJ

President, ProStrakan U.S.

Lead a Senior Executive management team dedicated to achieving KHK's vision to become a Global Specialty Pharmaceutical Company.

- Ensure the US meets or exceeds revenue and profit targets by leading strategic and tactical activities that involve Operations, Sales & Marketing, Finance, Human Resources, Legal and Compliance
- Support the expansion of our product portfolio through targeted in-licensing activity and thorough launch readiness preparation
- Provide development opportunities for qualified and motivated colleagues who would like to grow within their current role or take on roles of increasing responsibility.

Vice President of Sales

Responsibilities included developing and executing the complete promotional commercial strategy as well as leading the oncology salesforce, managed care team, and sales operations department.

- Led the US to first profit-exceeding year in affiliates 7 year history
- Consistently increased unit and revenue attainment each quarter in 2014
- Restructured the U.S. salesforce to deploy resources efficiently

Warner Chilcott Pharmaceuticals — **March 2003-January 31, 2014**
Rockaway, NJ

Sr. Director of Sales — **May 2011-January 31, 2014**

Led the Osteoporosis and Urology sales force with 29 districts and 300+ representatives. Began Sr. Director role responsible for Osteoporosis and Women's Healthcare, consisting of 3 regional directors, 40 districts, and 400+ representatives.

- Developed strategies and tactics to support all aspects of brand promotion to exceed sales and revenue goals
  - Increased net revenue for Loestrin franchise by 14% to 526 MM in 2012 vs. 2011
  - Increased Atelvia filled Rx and net revenue by 82% and 118% respectively 2012 vs. 2011
  - Estrace Cream surpassed Premarin as the #1 prescribed vaginal estrogen therapy for new patients by OB/GYN's
- Hired and developed high potential representatives, district managers, and regional directors for leadership roles
  - Developed candidate profiles for recruiting, while identifying colleagues from the rep to director level for inclusion in a development plan
- Led restructuring of the WHC and Osteoporosis sales forces to deliver on a new business strategy
  - Utilized secondary data sources to develop a targeting methodology that led to more extensive coverage of higher value prescriptions with an optimized headcount
- Collaborated with marketing, finance, and managed care to set brand strategy and goals
  - Contribute to the brand plan process by developing strategies for product positioning, medical education, competitor activity, and managed care/patient assistance programs
  - Motivate the sales forces with strategically aligned incentive compensation programs

- Assisted Chief Compliance Officer and GM North America with the development and deployment of an enhanced compliance program that met or exceeded PhRMA code standards

- Successfully rolled out the enhanced compliance program to over 300+ sales force personnel
  - Ensured sales force understanding and acceptance of enhanced guidelines
  - Developed and delivered on-label, fair balanced messaging

Regional Sales Director, Women's Healthcare and Primary Care 2008-2011

Responsible for 10 Women's Healthcare districts while building a Primary Care division. Ultimately would lead 17 district mangers, with 180 sales representatives, through two simultaneous product launches (Lo Loestrin and Atelvia)

- Exceeded national forecast by increasing Loestrin 24 filled Rx by 24% and 64% from 2009 vs. 2008 and 2010 vs. 2009 respectively
- Ranked #1 among 4 Regional Sales Directors in market share growth in 2009 and 2010
- Integrated 400 sales representatives from Proctor & Gamble Pharmaceuticals post acquisition

Product Manager, Femcon FE and Doryx 2007-2008

Developed brand strategy for Femcon FE and the launch of Doryx 150 mg, while working closely with sales leadership to ensure field execution

District Sales Manager, Dermatology 2004-2007

Led two districts, consisting of 11 representatives each, in major metropolitan areas (Pittsburgh and New York City), responsible for promoting Doryx and Taclonex to dermatologists

Specialty Sales Representative, Dermatology and Women's Healthcare 2003-2004

Managed a territory of 125 Ob/Gyns and 35 dermatologists in Queens, NY

EURO RSCG LIFE LM&P - *a full-service healthcare advertising agency* New York, NY

Assistant Account Executive 2000-2003

Developed sales messaging and promotional materials in support of the launch of Bextra, a Pfizer/Pharmacia arthritis medication

- Managed global branding projects and promotional budget for US and Global marketing efforts

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EDUCATION

Manhattan College Riverdale, NY
Bachelor of Science, Marketing May 2000

Attachment E

Surety Bond or Other Form of Security

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 810006566

Application/License No. WH02564

Kyowa Kirin, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
135 Route 202/206, Suite 6, Bedminster, New Jersey 07921, as
Address of Applicant/Principal
PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
corporation organized under the laws of the state of New York
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One State Street Plaza, 31st Floor, New York, NY 10004 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 18, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 18th day of September, 20 20.

APPLICANT/PRINCIPAL
Kyowa Kirin, Inc.

Authorized Representative
Tara D'orsi

SIGNED and SEALED in the presence of:

Witness Kristina Jordan

Witness Chris Jeffries

SURETY COMPANY
Atlantic Specialty Insurance Company

Surety Company's Representative

Julie Karnes, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Krystal Karnes

Witness Jeremy Knapp

Countersigned by:

N/A
Nevada Resident Agent

OneBeacon
INSURANCE GROUP

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Carolyn E. Wheeler, Vicki Nobinger, Mary Y. Volmar, Loretta M. Jones, Sandra King, Joy M. Williams, Bonnie L. Rice, Rachel A. Chaveriat, Julie Karnes, Sandy McElhaney, Jessica Frederick, Andrea Allman, Krystal Karnes, Linda M. Howard, Michelle Lute-Heatherly, Thelma M. Lett**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 18th day of September, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2025

_____
Kara Barrow, Secretary

NEW JERSEY NOTARY ACKNOWLEDGMENT

THE STATE OF NEW JERSEY

COUNTY OF Passaic

On Oct. 1st, 2020 before me, Kristina Jordan, Notary Public in and for said county, personally appeared Tara D'Orsi, (signer/witness) who has satisfactorily identified him as the signer or witness to the above-referenced document.

Kristina Jordan

Notary Public Signature

Print Kristina Jordan

My commission expires: 10/11/2023

KRISTINA JORDAN
Notary Public - State of New Jersey
My Commission Expires Oct 11, 2023

4BB

* This application serves to provide notification of an ownership and name change for Purisys, LLC

See Attachment C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☒ Ownership Change (Provide current license number if making changes: WH 01861

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7

☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

(LLC)

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Purisys, LLC

Physical Address: 1550 Olympic Drive

City: Athens State: Georgia Zip Code: 30601

Telephone Number: 706-286-8263 Fax Number: 706-286-8199

Toll Free Number: N/A

E-mail: ahaynes@purisys.com Website: www.purisys.com

Facility Manager: Amanda J. Haynes

Professional qualifications and experience of facility manager: See Attachment G

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers

☒ Other: Manufacturers, Laboratories and Pharmaceutical Companies

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) See Attachment B

☐ Other:

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)
See Attachment E

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

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

Name: See Attachment H
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Amanda J. Haynes
Original Signature of Person Authorized to Submit Application, no copies or stamps

Amanda J. Haynes
Print Name of Authorized Person

01/24/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Noramco US Holdings Inc.

Mailing Address: 1550 Olympic Drive

City: Athens State: GA Zip: 19801

Telephone: 706-286-8263 Fax: N/A

Contact Person: Amanda J. Haynes

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Noramco US Holdings Inc. wholly owns Purisys, LLC,
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A - LLCs do not issue shares

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment D

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. See Attachment F

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification. N/A

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration. See Attachment E

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Fingerprint Submission Instructions N/A - See Attachment E

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

Submit a list containing each employee(s) who handle the drugs on a daily basis. N/A - See Attachment E

Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only". N/A - See Attachment E

Attachment C

Regarding the Changes

Effective, January 1, 2020, Noramco, Inc.'s Atlanta, GA facility has undergone a change in ownership due to a corporate reorganization and a name change. Legal documentation effectuating the ownership change is forthcoming. Enclosed is the certificate of incorporation for Purisys, LLC.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PURISYS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7610119 8300

SR# 20210293300

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202415775

Date: 02-01-21

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "PURISYS LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2019, AT 1:11 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

7610119 8100
SR# 20197120428

Authentication: 203628693
Date: 09-19-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:11 PM 09/19/2019
FILED 01:11 PM 09/19/2019
SR 20197120428 - File Number 7610119

CERTIFICATE OF FORMATION

OF

PURISYS LLC

This Certificate of Formation is being executed as of September 19, 2019, for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Del. C. §§ 18-101, et seq.

The undersigned, being duly authorized to execute and file this Certificate of Formation, does hereby certify as follows:

1. Name. The name of the limited liability company is Purisys LLC (the "Company").

2. Registered Office and Registered Agent. The Company's registered office in the State of Delaware is located at 1209 Orange Street, in the City of Wilmington, New Castle County, Delaware 19801. The registered agent of the Company for service of process is The Corporation Trust Company located at 1209 Orange Street, in the City of Wilmington, New Castle County, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the day and year first above written.

By: /s/ *Sandra Ruiz*
Sandra Ruiz, an Authorized Person

Attachment D

LLC Officer Information

Purisys, LLC

James Mish
President & CEO

Timothy L. Jones
VP Global Pharmaceuticals and Medical OTC

Alan M. Majewski
Chief Financial Officer

Joshua Hoerner
Managing Director

Attachment E

Regarding the FDA Registration

Enclosed is proof of FDA registration for the facility. Please note that the registration number will not change in connection with the ownership and name change.

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **purisys**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Purisys LLC	3012286613	117298061	API MANUFACTURE;	1550 Olympic Drive, Athens, Georgia (GA) 30601, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, Feb 4, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified D Z

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **noramco**

CSVExcel

Filter: athens

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Noramco, Inc.	3012286613	057234486	API MANUFACTURE;	1550 Olympic Drive, Athens, Georgia (GA) 30601, United States (USA)	12/31/2019

Showing 1 to 1 of 1 entries (filtered from 3 total entries)
Previous1Next
Data Current through: Wednesday, Oct 2, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Attachment G

Facility Manager's Resume

Double Branch Rd
Danielsville, GA 30633

1 Daytime
Evening

Amanda J. Haynes

Experience

4/1/15-present
8/25/1998–
3/28/2013

DEA Compliance Team Leader

- Build and maintain transparent relationships with local DEA office and headquarters in Washington.
- Interpret DEA regulations and develop internal company procedures and implement processes that met DEA expectations and industry standards.
- Lead agency inspections
- Responsible for ensuring bulk API manufacturing facility, research laboratory and analytical labs are compliant with the Controlled Substance Act and all other DEA and state controlled substance regulations.
- Serve as Power of Attorney (POA) to act on behalf of Noramco in matters related to federal and state registrations, 222 forms, import/export applications and other legal documentation.
- Manage procurement and manufacturing quota process for Noramco, GA. This includes providing inventory data, submitting additional quota requests, comments on the proposed aggregate quota, and requests to increase the INCB estimate of annual needs as well as significant follow-up communication. Work with production planning to ensure batch scheduling is consistent with quota grants. Closely monitor quota usage in Scientific Affairs and the reference standard business.
- Maintain federal DEA registrations and apply for new compounds as required by the business.
- Obtain and maintain licenses in each state that Noramco distributes controlled substances.
- Control process, infrastructure and procedure changes that affect DEA Compliance by evaluation of Control of Change request.
- Review and approve controlled substance batch production records and reference documents.
- Initiate and administers completion and distribution of all other records, reports, inventories, import/export, quota information, and operating license renewals required by the DEA or state governments.
- Indirectly supervise and train Departmental DEA Coordinators to ensure controlled substance inventories are managed in accordance with DEA regulations and Noramco procedures.
- Design and manage security system installation projects. Vaults, safes, secure refrigeration, site access control and surveillance systems.
- External auditing: carriers, subcontractors and reverse distributors.

3/29/13 through 3/29/15

Quality Assurance Specialist

- Co-leader for customer cGMP/product audits, and assisted with audit reports, ensuring an approved vendor status. Participates and assists with regulatory audits and agency inspections.
- Scheduled and led internal cGMP and quality systems audits.
- Provided metric data to support the execution of cGMP systems aimed at evaluating and maintaining quality and compliance.
- Performed batch record review, control record review, and product disposition; including preparation of Certificates of Analysis.
- Partnered with Customer Service and assisted with customer complaints, inquiries, specification reviews, and questionnaires.
- Authorized changes through the change control system.
- Draft, review, revise, approve, and authorized standard operating procedures, work instructions, equipment cleaning and operating procedures.
- Investigated non-conformances as they pertain to the manufacturing and testing of pharmaceuticals and medical devices.
- Supported quality assurance projects and initiatives; including New Product Introductions. Represented QA in project meetings and reviews.
- Site SME for CAPA process. Represented Noramco on the Pharma CAPA Council, Supply Chain, API division. Created training tools and conducted training sessions on root cause analysis, event/deviation CAPA/effectiveness check management.
- Core team member of the FPX Human Error Reduction team.

1998 - 2006

Security Supervisor & Incident Response Team

- In addition to DEA Compliance, Managed the Security Department which consists of a contract security team and departmental budget. Managed capital projects to install security equipment.
- Coordinated incident response training drills and critiques. Assigned corrective action items. Organized HAZMAT building to 5S and maintained supplies. Scheduled incident response equipment inspections and team training.

1995 - 1998

New Product Introduction - Technology Transfer Team

Operations representative for the transfer and introduction of new API compounds. Provided production insight for the developed and validation of new processes. Authored production records and equipment operating procedures. Trained operations and maintenance personnel on new processes, procedures and equipment operation.

1990 - 1995

Chemical Process Operator and Wastewater Treatment Operator

Operated an activated sludge, pre-treatment facility in compliance with county, state and federal environmental regulations. Responsible for safe and compliant operation of process equipment (reactors, dryers, pumps, agitators, vacuum pumps, receiving vessels, valves, piping, temperature and pressure controllers) to produce custom active pharmaceutical ingredients in GMP environment.

Education	Madison County High School, 1983
	Bachelor of Science in Business Management, Bryson University, 2010
Certifications	Six Sigma Green Belt
	Certified Compliance and Ethics Professional, SCCE
	Certified Quality Auditor, ASQ

Attachment H

Nature of Business

Purisys, LLC is a manufacturer of bulk active pharmaceutical ingredients (API). Purisys, LLC will ship its product to laboratories, manufacturers and other pharmaceutical companies. A third party will not be used to physically ship its product. In addition to making own materials, Purisys, LLC will use a contract manufacturer to make and distribute some materials. Provided is the contact information for the contract manufacturer:

Noramco, Inc.
500 Swedes Landing Road
Wilmington, DE 19801
Mr. Yagnesh Patel

Attachment A

STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Wholesaler Pharmacy

License No. PHWH004773 Status: Active

Purisys LLC
1550 Olympic Drive
Athens GA 30601

Expires: 6/30/2021
Issued: 1/14/2020

Real-time license verification is available at gadch.mylicense.com/verification

STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Researcher Pharmacy

License No. PHRS001054 Status: Active

Purisys LLC
1550 Olympic Drive
Athens GA 30601

Expires: 6/30/2020
Issued: 1/14/2020

Real-time license verification is available at gadch.mylicense.com/verification

STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Manufacturing Pharmacy

License No. PHMA000587 Status: Active

Purisys LLC
1550 Olympic Drive
Athens GA 30601

Expires: 6/30/2021
Issued: 1/24/2020

Real-time license verification is available at gadch.mylicense.com/verification

Mark I. Sedar

From: Mark I. Sedar
Sent: Thursday, February 6, 2020 10:22 AM
To: 'ahaynes@purisys.com'
Cc: dzarley@pharmacy.nv.gov
Subject: Out-of-State Wholesaler application - Purisys, LLC
Attachments: SuretyBond - 25K.pdf

Hello Amanda,

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Prurisys, LLC. The application is incomplete due to the following missing items.

- Updated Certificate of Good Standing from your Secretary of State
- Home state license
- DEA Certificate under new company name
- Each wholesaler that is registered with the FDA as a manufacturer is required to submit a $25,000 surety bond per NAC 639.5937

NAC 639.5937Bond or other security: Amount required from certain wholesalers; reduction of amount; substitution. (NRS 639.070, 639.515)

1. Unless the Board otherwise requires, a wholesaler shall file with the Board a bond or other security in the amount of $25,000 pursuant to NRS 639.515 if the wholesaler is:

(a) Accredited by the National Association of Boards of Pharmacy under the Verified-Accredited Wholesale Distributors program;

(b) A manufacturer of prescription drugs; or

(c) A facility that distributes prescription drugs manufactured by a single manufacturer.

2. The Board will reduce the bond or other security to the amount of $5,000 if any wholesaler described in subsection 1 has been licensed with the Board for 5 consecutive years or more.

3. Any bond or other security filed with the Board pursuant to subsection 1 may be substituted by a different bond or other security of equal value. The Board will release the previous bond or other security to the applicant upon receipt of the new bond or security.

(Added to NAC by Bd. of Pharmacy by R051-07, eff. 12-4-2007)

All items must be received in order to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 1086006

Application/License No. _____

Purisys LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1550 Olympic Drive, Athens, GA 30601, as
Address of Applicant/Principal
PRINCIPAL, and The Hanover Insurance Company, a
Surety Company
corporation organized under the laws of the state of New Hampshire
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
440 Lincoln Street Worcester, MA 01653 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of FIVE THOUSAND DOLLARS ($5,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 2, 2021.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $5,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 18th day of November, 20 20.

APPLICANT/PRINCIPAL

COMPANY
Purisys LLC

Authorized Representative
Alex Majewski

NANCY A. BYE
MY COMMISSION EXPIRES JANUARY 2, 2022
NOTARY PUBLIC
STATE OF DELAWARE

SIGNED and SEALED in the presence of:

Witness Nancy A Bye

Witness Miguel Gonzalez

SURETY
The Hanover Insurance Company

Surety Company's Representative

Catharina Hardy, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness James Janner

Witness Yauheniya Romina

Countersigned by:

Nevada Resident Agent
Michael Turner, License#45914

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Brenna Page Tuccelli, Barry R. Page, Bonnie Robbins, Candy Leifker, Taylor Pollock, Catharina Hardy and/or Craig Sanassarian

Of **Insurance Office of America dba IOA Insurance Services of Sacramento, CA** each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Ten Million and No/100 ($10,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 23rd day of **October, 2020**.

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

John C. Roche, EVP and President

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this **23rd** day of **October, 2020** before me came the above named Vice Presidents of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

DIANE J. MARINO
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
March 4, 2022

Diane J. Marino, Notary Public
My Commission Expires March 4, 2022

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 18th day of November 2020

CERTIFIED COPY

Theodore G. Martinez, Vice President

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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 or ☒ Ownership Change (Provide current license number if making changes: WH 02309
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Saol Therapeutics, Inc.

Physical Address: 1000 Holcomb Woods Parkway, Suite 270

City: Roswell State: GA Zip Code: 30076

Telephone Number: 770-274-2500 Fax Number: N/A

Toll Free Number: N/A

E-mail: info@soalrx.com Website: www.saolrx.com

Facility Manager: Brian Jennette

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☑ Pharmacies ☑ Practitioners ☑ Hospitals ☑ Wholesalers
☐ Other:

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☑ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Brian Jennette
Print Name of Authorized Person

10/28/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Saol US Inc. (100%)

Mailing Address: 1000 Holcomb Woods Pkwy, Suite 270

City: Roswell State: GA Zip: 30076

Telephone: 770-274-2470 Fax: N/A

Contact Person: Brian Jennette

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Saol Therapeutics Inc. is a wholly owned subsidiary (100%) by the parent Saol US Inc.
Name Business Address

b) 1000 Holcomb Woods Parkway, Suite 270 Roswell, GA 30076
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.

- Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Wholesaler Pharmacy

License No. PHWH004007 Status: Active

Saol Therapeutics Inc
1000 Holcomb Woods Pkwy Ste 270
Roswell GA 30076

Expires: 6/30/2021
Issued: 7/7/2016

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall license to practice your profession. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address or otherwise need to update your records.

STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Wholesaler Pharmacy
License No. PHWH004007 - Active

Saol Therapeutics Inc
1000 Holcomb Woods Pkwy Ste 270
Roswell GA 30076

Issued: 7/7/2016
Expires 6/30/2021

Real-time license verification is available at gadch.mylicense.com/verification

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAOL THERAPEUTICS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAOL THERAPEUTICS INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2015.

Jeffrey W. Bullock, Secretary of State

5837721 8300

SR# 20207948990

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203912860

Date: 10-21-20

Licensee Information

Name: Saol Therapeutics Inc

Owner:

Address: 1000 Holcomb Woods Pkwy Ste 270
Roswell GA 30076

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHWH004007	**License Status:**	Active
License Type:	Wholesaler Pharmacy	**Obtained By Method:**	Transfer	**License Subtype:**	
Issue Date:	7/7/2016	**Expiration Date:**	6/30/2021	**Last Renewal Date:**	5/9/2019

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

No data available

You may close this window to return to your search results

Data current as of: September 29, 2020 13:54:3
This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

Attachment to Saol Therapeutics, Inc.'s Wholesale Drug License Application (Nevada Board of Pharmacy)

Oakrum Pharma, LLC's Corporate Officers

Name	Title
Dave Penake	President
Brian Jennette	Vice President, Finance

Designated Representative
Brian Jennette

Attachment to Saol Therapeutics, Inc.'s Wholesale Drug License Change (Nevada Board of Pharmacy)

Saol Therapeutics, Inc.'s Corporate Officers

Name	Title
Dave Penake	President
Brian Jennette	Vice President, Finance

Designated Representative
Brian Jennette, Vice President, Finance

Business Description:
Saol Therapeutics Inc. ("Saol") is a virtual manufacturer of prescription products selling to wholesalers, hospitals, pharmacies and physicians. Saol uses contract manufacturers and a third-party logistics (3PL) provider. As a result, no product is manufactured, stored or distributed at the Roswell, Georgia, location.

ndc_nhric_labeler_codes_11_17_2020 [Read-Only] - Excel

File | Home | Insert | Page Layout | Formulas | Data | Review | View | Developer | Help | ACROBAT | Tell me what you want to do

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K12465

	NDC/NHRIC Labeler	Firm Name
12452	72272	Astral Diagnostics Incorporated
12453	53808	DOH CENTRAL PHARMACY
12454	79695	ADCO TRADING INC
12455	66021	Zhejiang Huayi Pharmaceutical Co., Ltd.
12456	16577	Athman Dairy, Inc. dba Professional Dairy Systems
12457	58701	AMERICAN AIRLINES, INC
12458	24424	Proskin LLC
12459	66355	Evangelical Community Hospital Pharmacy & Home Care Products
12460	50580	Johnson & Johnson Consumer Inc., McNeil Consumer Healthcare Division
12461	52952	Guang'an Kingday Pharma & Chem Co., Ld.
12462	64500	Coway Co., Ltd.
12463	52248	MEADOWBROOK LABS, INC.
12464	72982	Everyday Medical LLC
12465	74371	Paint Over Rust Products
12466	68682	Oceanside Pharmaceuticals
12467	52847	Novartis Biociencias S.A.
12468	14998	Alchymars ICM SM Private Limited
12469	74605	Koloa Rum Company
12470	50409	Native Green
12471	70257	Saol Therapeutics Inc.
12472	75653	Valley Herbal Products, Inc.
12473	42837	Midstate Mills, Inc
12474	62007	Ross Healthcare Inc.
12475	43986	Bluepharma Industria Farmaceutica SA
12476	75751	PGH LABORATORIOS DO BRASIL LTDA.
12477	18744	JINTAN QIANYAO PHARMACEUTICAL RAW MATERIAL FACTORY
12478	56084	ZHEJIANG RIFESHOW COSMETICS CO.,LTD
12479	44523	Biocomp Pharma, Inc.
12480	74227	Philadelphia Distilling LLC
12481	76398	TOM FORD BEAUTY DIST
12482	76972	TRIFECTA TELECOM HOLDINGS LLC dba HY-GN LLC
12483	76359	Shair Laboratories, Inc
12484	49326	A.J. BART LLC
12485	80004	GROVE INC.
12486	69205	C-squared Pharma Sarl
12487	66311	ROCHE FARMA SA
12488	50400	KAH Specialty Products, LLC
12489	64693	INO Therapeutics

Verified 1/5/21 MS

NDCLabelerCodeAutoReport

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 020075/S-024

SUPPLEMENT APPROVAL

Medtronic Neuromodulation
Attention: Carmen Thorvaldson
Senior Principal Regulatory Affairs Specialist
7000 Central Avenue NE
Mailstop RCW235
Minneapolis, MN 55432-3576

Dear Ms. Thorvaldson:

Please refer to your Supplemental New Drug Application (sNDA) dated July 19, 2011 received July 20, 2011, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Lioresal Intrathecal, (baclofen injection).

This "Changes Being Effected" supplemental new drug application provides for the addition of information about the risk of inadvertent subcutaneous injection and the subsequent potential of baclofen withdrawal syndrome or overdose to the package insert.

We have completed our review of this supplemental application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed, agreed-upon labeling text.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. Content of labeling must be identical to the enclosed labeling with the addition of any labeling changes in pending "Changes Being Effected" (CBE) supplements, as well as annual reportable changes not included in the enclosed labeling.

Information on submitting SPL files using eLIST may be found in the guidance for industry titled "SPL Standard for Content of Labeling Technical Qs and As" at http://www.fda.gov/downloads/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

The SPL will be accessible from publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications for this NDA, including CBE supplements for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in MS Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes and annotate each change. To facilitate review of your submission, provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit the following, in triplicate, (1) a cover letter requesting advisory comments, (2) the proposed materials in draft or mock-up form with annotated references, and (3) the package insert(s) to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Drug Marketing, Advertising, and Communications
5901-B Ammendale Road
Beltsville, MD 20705-1266

You must submit final promotional materials and package insert(s), accompanied by a Form FDA 2253, at the time of initial dissemination or publication [21 CFR 314.81(b)(3)(i)]. Form FDA 2253 is available at http://www.fda.gov/opacom/morechoices/fdaforms/cder.html; instructions are provided on page 2 of the form. For more information about submission of promotional materials to the Division of Drug Marketing, Advertising, and Communications (DDMAC), see http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm.

All promotional materials that include representations about your drug product must be promptly revised to be consistent with the labeling changes approved in this supplement, including any new safety information [21 CFR 314.70(a)(4)]. The revisions in your promotional materials should include prominent disclosure of the important new safety information that appears in the revised package labeling. Within 7 days of receipt of this letter, submit your statement of intent to comply with 21 CFR 314.70(a)(4) to the address above or by fax to 301-847-8444.

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Karen Abraham-Burrell, Regulatory Project Manager, at (301) 2721.

Sincerely,

{See appended electronic signature page}

Russell G. Katz, M.D.
Director
Division of Neurology Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

ENCLOSURE:
Content of Labeling

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

RUSSELL G KATZ
11/13/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 20075

TRANSFER OF NDA OWNERSHIP

Saol Therapeutics Research Limited
Attention: Sharon Hamm, PharmD, RPh
Regulatory Agent
2475 Northwinds Pkwy, Suite 200
Alpharetta, GA 30009

Dear Dr. Hamm:

We acknowledge the April 25, 2016, receipt of your April 22, 2016, correspondence notifying the Food and Drug Administration of the change of ownership of the following new drug application (NDA):

Name of Drug Product:	Lioresal Intrathecal (baclofen injection)
NDA Number:	20075
Name of New Applicant:	Saol Therapeutics Research Limited
Name of Previous Applicant:	Medtronic Neuromodulation

Your correspondence provided the information necessary to effect this change, and we have revised our records to indicate Saol Therapeutics Research Limited as the applicant of record for this application.

DRUG MASTER FILE LOA

If your NDA references any Drug Master Files (DMF), we request that you notify your suppliers and contractors who have DMFs referenced by your NDA of the change so that they can submit a new letter of authorization (LOA) to their Drug Master File(s) and send you a copy of the new LOAs. Please submit these copies of the LOAs to this NDA.

REPORTING REQUIREMENTS

All changes to the information in the NDA from that described by the original owner, such as manufacturing facilities and controls, must be reported to us prior to implementation. However, changes in the name of the manufacturer, packer, or distributor in the drug product's label or labeling may be reported in the next annual report. Refer to the *Guidance for Industry: Changes to an Approved NDA or ANDA* for information on reporting requirements.

We remind you that you must comply with the requirements for an approved NDA set forth under 21 CFR 314.80 and 21 CFR 314.81. In addition, you are responsible for any correspondence outstanding as of the effective date of the transfer.

Please cite the NDA number listed above at the top of the first page of all submissions to this application. Send all submissions, electronic or paper, including those sent by overnight mail or courier, to the following address:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Neurology Products
5901-B Ammendale Road
Beltsville, MD 20705-1266

Secure email between CDER and sponsors is useful for informal communications when confidential information may be included in the message (for example, trade secrets or patient information). If you have not already established secure email with the FDA and would like to set it up, send an email request to SecureEmail@fda.hhs.gov. Please note that secure email may not be used for formal regulatory submissions to applications.

If you have any questions, contact me at Taura.Holmes@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Taura Holmes, PharmD, MS
Regulatory Project Manager
Division of Neurology Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

cc: Medtronic Neuromodulation
Attn: Carmen Thorvaldson
Senior Principal Regulatory Affairs Specialist
7000 Central Avenue N.E., MS RCW235
Minneapolis, MN 55432

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

TAURA N HOLMES
05/10/2016

BRIAN D. JENNETTE, CPA

Anderwood Ridge • Marietta, GA 30064 • 3 •

EXPERIENCE

Saol Therapeutics Inc.
Specialty Pharmaceutical Company with $30 Million in Annual Revenue
VICE PRESIDENT, FINANCE – 2015 to current

- Oversee all Company finance, accounting, and distribution functions and processes
- Led search and diligence for identification of new Third Party Logistics (3PL) vendor for drug product warehousing and distribution
- Directed transition and implementation of all drug product distribution from external company to chosen 3PL (Sonexus)
- Serve as primary contact for all 3PL activity, including inventory warehousing and shipments
- Coordinate and review all 3PL activity and processes

Horizon Pharma, Inc.
Vidara Therapeutics Inc. (merged with Horizon Pharma in September 2014)
Specialty Pharmaceutical Company with $80 Million in Annual Revenue
DIRECTOR, FINANCE – 2012 to 2015

- Managed all domestic finance, accounting, and distribution functions and processes
- Lead transition of drug product distribution from one organization to another within the Cardinal Health umbrella
- Served as primary contact for all 3PL activity, including inventory warehousing and shipments
- Coordinated and reviewed all 3PL activity and processes
- Implemented Microsoft Dynamics GP for accounting and inventory tracking purposes

Northside Hospital – Cherokee
Regional Hospital with $300 Million in Annual Revenue
DIRECTOR OF FINANCIAL OPERATIONS – 2011 to 2012

- Managed day-to-day financial operations
- Designed and supervised annual operating budgets for all hospital departments
- Reviewed all capital expenditures within a hospital-wide $2 Million capital budget
- Oversaw all entity drug and device purchases and deliveries
- Played an active role in the financing, budgeting, and capital outlay of a new $400 Million replacement hospital scheduled for completion in 2017

Alaven Pharmaceutical
Specialty Pharmaceutical Company with over $200 Million in Annual Revenue.
CORPORATE CONTROLLER – 2009 to 2011

- Managed the general ledger accounting, processing, consolidation, and financial reporting of all 3 Company business entities
- Oversaw distribution of drug product out of internal warehouse located in Marietta, GA.
- Directed the planning, design, testing, and implementation phases of a successful system migration from MAS90 to Microsoft Dynamics GP 10 for accounting and inventory tracking purposes
- Trained and supervised an accounting and inventory department of 10 team members
- Responsible for the structure and implementation of all Company accounting/processing procedures, including those for inventory and distribution

- Served as the facilitator for all financial, tax and 401k audits and inquiries
- Other areas of responsibility included cost accounting, cash management, and stock option treatment

Euramax International
International Metal Fabrication Company with over $1 Billion in Annual Revenue
ASSISTANT CORPORATE CONTROLLER – 2006 to 2009

- Hired to manage the corporate (Parent Company) general ledger and respective accounting, and to assist with the consolidation and financial reporting of all US and international business units.
- After 6 months, was entrusted with facilitating the centralization of operational accounting and processing from various plant locations to the corporate office.
- Played a lead role in the planning, design, testing, and implementation phases of a fully successful ERP Project resulting in the conversion from various legacy accounting systems to Oracle 11i
- Designed, staffed and directed a new centralized accounting group managing Oracle general ledgers and respective financial accounting and reporting for two of the Company's five domestic business units totaling over $400 Million in Annual Revenue

Caraustar Industries
US Recycled Paperboard Manufacturer with over $1 Billion in Annual Revenue
ACCOUNTING MANAGER – 2005 to 2006
SENIOR INTERNAL AUDITOR – 2003 to 2005

- Performed accounting and processing management for five of the Company's largest manufacturing facilities totaling over $140 Million in Annual Revenue
- Evaluated and maintained Sarbanes-Oxley compliance at both the corporate and facility level for all business cycles, resulting in zero significant deficiencies
- Managed the period-end closing of all accounting applications and general ledgers
- Supervised a department of six in the areas of Accounts Receivable, Accounts Payable, and Payroll
- Played a key role in the evaluation of the entity's business objectives and control structure ultimately leading to the restructuring and the centralization of the company-wide accounting function
- Co-directed centralization focus groups comprised of Company Controllers, and assigned the responsibility of designing, documenting, and implementing new business cycle operations
- Co-wrote the entity-wide accounting policy and procedure manual mandated by executive management in accordance with Sarbanes-Oxley
- Performed audit compliance testing in each area of the business cycle, including identification of significant issues/risks, providing efficient, value-added solutions, and distributing concise summary reports to management for use in decision-making

Big 5 Public Accounting Firms
Deloitte & Touche LLP and Arthur Andersen LLP
SENIOR and STAFF AUDITOR – 2000 to 2003

EDUCATION
Active Certified Public Accountant in the State of Georgia
Active member of the AICPA and GSCPA

The University of Alabama
Tuscaloosa, Alabama
MASTER OF ACCOUNTANCY – August 2000
B.S. IN ACCOUNTING – May 1999

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. BND 111557C

Application/License No. _____

Saol Therapeutics, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1000 Holcomb Woods Parkway Ste 270 Roswell, GA 30076, as
Address of Applicant/Principal
PRINCIPAL, and Westfield Insurance Company, a
Surety Company
corporation organized under the laws of the state of Ohio
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Park Circle, PO Box 5001 Westfield Center, OH 44251-5001 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of September, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Surety Company's Representative

Meredith McMillen, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

n/a
Nevada Resident Agent

POWER NO: 32-1124
Power of Attorney

Westfield Insurance Company

1 Park Circle, PO Box 5001, Westfield Center, Ohio 44251-5001

CERTIFIED COPY

Know All Men by These Presents, That **Westfield Insurance Company**, a corporation, hereinafter referred to individually as a "Company" duly organized and existing under the laws of the State of Ohio, and having their principal offices in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint **Meredith McMillen** of **Raleigh** and State of **NC** its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in their name, place and stead, to execute, acknowledge and deliver

Bond Number: **BND 111557C**
Principal Name: **Saol Therapeutics, Inc.**
Obligee Name: **Nevada State Board of Pharmacy**
Bond Penalty: **$ 25,000.00**

and to bind the Company thereby as fully and to the same extent as if such bond was signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of the **Westfield Insurance Company**

"**BE IT RESOLVED**, that the President, any Senior Executive, any Secretary or any Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon The Company as if signed by the President and sealed and attested by the Corporate Secretary."

"**BE IT FURTHER RESOLVED**, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached" (Each adopted at a meeting held on February 8, 2000)

In Witness Whereof, **Westfield Insurance Company** has caused these presents to be signed by their **Senior Executive** and their corporate seal to be hereto affixed this **17th** day of **December 2019**.

Affixed Corporate Seal

By: **Gary W. Stumper**, *National Surety Leader and Senior Executive*

State of Ohio
County of Medina ss:

CERTIFICATE

I, **Frank Carrino**, Secretary of the **Westfield Insurance Company**, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect, and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company at Westfield Center, Ohio, this **23rd** day of **September**, A.D, **2020**

Frank Carrino

By: **Frank Carrino**, *Secretary*

On this **17th** day of **December**, A.D., **2019**, before me personally came **Gary W. Stumper**, to me known, who, being by me duly sworn, did depose and say, that he resides in **Hartford, CT**; that he is **National Surety Leader and Senior Executive** of **Westfield Insurance Company** the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

Notarial Seal Affixed

By: David A. Kotnik

David A. Kotnik, Attorney at Law, *Notary Public*
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio
County of Medina ss:

BPOAC4A (combined) (12-19)

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
■ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: TWi Pharmaceuticals USA, Inc.

Physical Address: 115 W. Century Road, Suite 135

City: Paramus State: NJ Zip Code: 07652

Telephone Number: 201-762-1410 Fax Number: 201-225-0051

Toll Free Number: _____

E-mail: twi@AltaLawGroup.com Website: http://www.twipharma.com

Facility Manager: Eric Pallokat

Professional qualifications and experience of facility manager: Eric Pallokat has over 35 years of pharmaceutical industry experience, including over 20 years of senior management positions responsible for prescription drug distribution, operations, supply chain and compliance.

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

Note: No products are physically possessed, handled or distributed at TWi's facility; all products handled by 3PL.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) FDA labeler code attached

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

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

Name: TWi Pharmaceuticals, Inc.
Address: 3-1, Ziqiang 4th Rd., Taoyuan City, 32063, Taiwan

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Eric Pallokat, Executive Vice President
Print Name of Authorized Person

12/21/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: TWi Phamaceuticals, Inc.

Mailing Address: 115 W. Century Road, Suite 135

City: Paramus State: NJ Zip: 07652

Telephone: 201-762-1410 Fax: 201-225-0051

Contact Person: Eric Pallokat

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) TWi Pharmaceuticals, Inc. 115 W. Century Road, Suite 135, Paramus, NJ 07652
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 38 shares

3) What was the price paid per share? n/a

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: n/a

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

TWI PHARMACEUTICALS USA, INC.

Corporate information

Name: TWi Pharmaceuticals USA, Inc.
State of Incorporation: Delaware (DE file number 5433345)
Date of Incorporation: 15 November 2013
Assumed name(s): none
FEIN: 90-1029033
FDA Labeler Code: 24979

Ownership: TWi Pharmaceuticals, Inc. owns 100 shares (100%)
Address: 3F, No. 41, Lane 221, Gangqian Rd., Neihu District, Taipei 11494, Taiwan

Executive Officer:
Eric Pallokat, Executive Vice President
115 W. Century Road, Suite 135, Paramus, NJ 07652

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	NDC/NHRIC Labeler	Firm Name
36	49696	OXYGEN SERVICE CO., INC.
37	49954	Wood Wyant Canada Inc
38	96413	EMAI TECHNOLOGY KOREA CO., LTD
39	51452	Fabrication Enterprises
40	46958	AllessaChemie GmbH
41	79637	Sanitin Products, LLC
42	63570	Inga Pharmaceuticals
43	16915	Bitter Creek Candle Supply, Inc
44	13371	MINSHENG GROUP SHAOXING PHARMACEUTICAL CO., LTD.
45	49480	Jurox Pty. Limited
46	55464	McLaughlin Gormley King Company
47	24477	EKR Therapeutics, Inc.
48	66108	IPSEN PHARMA BIOTECH
49	74108	Triple Sun Spirits Company
50	58167	Amata LLC
51	60539	Respacare of Louisiana
52	59998	Bio-Germ Protection LLC
53	74323	Auto Wax and Supply, Inc. DBA Texbrite
54	71398	SENTÉ, Inc.
55	73383	Medicabis, Inc.
56	72287	Amella Pharma, LLC
57	24979	TWI Pharmaceuticals, Inc.
58	0360	STANDARD HOMEOPATHIC COMPANY
59	80052	Chimborazo LLC
60	72859	SDRH Inc
61	72347	Hilco Vision

Verified M.H. 1/21/21

TWI PHARMACEUTICALS USA, INC.

FDA Labeler Code

Applicant holds FDA labeler code #24979, which can be confirmed on FDA spreadsheet available at the following FDA website:
https://www.fda.gov/forindustry/datastandards/structuredproductlabeling/ucm191017.htm

Excerpt from FDA drug establishment spreadsheet:

1	NDC Labeler Code	Firm Name
1164	24979	TWI Pharmaceuticals, Inc.

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A1907 | 24979

	A	B
1	NDC/NHRIC Labeler	Firm Name
1886	49696	OXYGEN SERVICE CO., INC.
1887	49954	Wood Wyant Canada Inc
1888	96413	EMAI TECHNOLOGY KOREA CO., LTD
1889	51452	Fabrication Enterprises
1890	46958	AllessaChemie GmbH
1891	79637	Sanitin Products, LLC
1892	63570	Inga Pharmaceuticals
1893	16915	Bitter Creek Candle Supply, Inc
1894	13371	MINSHENG GROUP SHAOXING PHARMACEUTICAL CO., LTD.
1895	49480	Jurox Pty. Limited
1896	55464	McLaughlin Gormley King Company
1897	24477	EKR Therapeutics, Inc.
1898	66108	IPSEN PHARMA BIOTECH
1899	74108	Triple Sun Spirits Company
1900	58167	Amata LLC
1901	60539	Respacare of Louisiana
1902	59998	Bio-Germ Protection LLC
1903	74323	Auto Wax and Supply, Inc. DBA Texbrite
1904	71398	SENTÉ, Inc.
1905	73383	Medicabis, Inc.
1906	[illegible]87	Amella Pharma, LLC
1907	24979	TWI Pharmaceuticals, Inc.
1908	0360	STANDARD HOMEOPATHIC COMPANY
1909	80052	Chimborazo LLC
1910	72859	SDRH Inc
1911	72347	Hilco Vision
1912	63182	Chiesi Farmaceutici S.p.A.

Verified
M. It
1/21/21

TWI PHARMACEUTICALS USA, INC.

Resident State License (New Jersey)

Copy of New Jersey wholesaler license #5004675 expiring January 31, 2021.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0739313

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State

115 W CENTURY RD - STE 180 PARAMUS, NJ 07652-
115 W CENTURY RD, STE 135 PARAMUS NJ 07652-

Reg. No.
5004675

TWI PHARMACEUTICALS USA, INC.
ATTN: ERIC PALLOKAT
115 W CENTURY RD - STE 135
PARAMUS, NJ 07652-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

TWI PHARMACEUTICALS USA, INC.

Resident state (NJ) license verification

Below is online verification of TWi Pharmaceuticals USA Inc.'s New Jersey wholesale license # 5004675.

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 12/8/2020

Registration Number: 5004675 **Registered as:** Wholesale

Parent Company Name: TWI PHARMACEUTICALS USA, INC.

Trade Name:

Original Issue Date: 11/10/2014 **Expiration Date:** 01/31/2021

Current Issue Date: 01/23/2020

Disciplines: No

Please note that New Jersey provides license verifications solely through its online verification website at http://web.doh.state.nj.us/apps2/FoodDrugLicense/fdSearch.aspx.

TWI PHARMACEUTICALS USA, INC.

Corporate Good Standing Certificate

A Good Standing Certificate issued by Delaware Secretary of State is attached.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TWI PHARMACEUTICALS USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5433345 8300

SR# 20208786362

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204439600

Date: 12-29-20

TWI PHARMACEUTICALS USA, INC.

Facility Manager's Resume

Eric "Rick" Pallokat
Crocker Mansion Drive
Mahwah, NJ 07430

EXPERIENCE

Executive Vice President Commercial Operations — **November 2015-Present**
TWi Pharmaceuticals USA, Inc.

- Responsible for Twi's US commercial operations.
- P & L responsibility
- Interact and work with all levels of Senior Management for strategic short and long term decision making.
- Manage Sales Team and Supply chain functions as well as finance team.
- Responsible for all third party service partners such as 3PL, pricing and contracts, IT, etc.
- Work with Business development team and internal product development team.
- Interact with QA and Regulatory Affairs on all aspects of commercial operation.

Senior Vice President
DAVA Pharmaceuticals, Inc. — **Sept. 2007 – Dec 2014**

- Responsible for all aspects of Sales and Marketing, including pricing, contract management, and directing the field sales team.
- Manage all sales budgets, forecasting and inventory planning.
- Interact and work with all levels of Senior Management for strategic short and long term decision making.
- Coordinate pre-marketing supply chain functions for all new products.
- Responsible for managing distribution operations and inventory management.
- Well versed in the gross to net financial aspects of the pharmaceutical industry. Interact with the finance team on a regular basis to develop and refine the appropriate accruals that accurately reflect the selling activities and pricing trends.
- Hired and worked with Government pricing personnel to manage all aspects of government pricing including VA, Medicaid, and CMS etc.
- Interact with QA and Regulatory Affairs on all aspects of commercial operation.

Vice President, Operations
DAVA Pharmaceuticals, Inc. — **Sept. 2006 –2007**

- When Dava acquired the US subsidiary of Stada, I was given the responsibility for Operations. This included managing the business relationships of all contract manufacturers and packagers.
- Hired a team and built an Operations infrastructure to manage all supply chain activities; such as, forecasting, inventory planning, and systems development.
- Conducted site visits, developed and reviewed KPI's with the contractors on a regular basis.
- Negotiated new supply agreements as well as renewals of existing agreements.

Vice President, Sales & Trade Development
DAVA Pharmaceuticals, Inc. — **Sept. 2004 –2006**

- Played decision making role in taking Dava from a start up to launching our first product in May 2005.
- Worked with third parties to deploy ERP solution (Microsoft Dynamics) and associated EDI connectivity, to the trade as well as contract management (chargeback processing) application.
- Negotiated and implemented Dava's 3PL relationship with DDN.
- Established trading relationships with all US commercial customers. Negotiated the necessary base agreements prior introduction of Dava's first product introduction (Biaxin AG).
- Hired and developed the National Account team.
- Assisted senior management in hiring and developing the finance team.
- Interact with QA and Regulatory Affairs on all aspects of commercial operation.
- Successfully launched Dava's products from inception.

Vice President of Sales
ANDRX **Jan. 1999 – Sept. 2004**

- Managed pricing administration, contract management, distribution logistics, operational forecasting and selling activities.
- Spearheaded the "Go to Market" program by integrating and streamlining pre-market activities resulting in timely and successful product introductions.
- Responsible for the management of supply chain activities for "outsourced" and "in-licensed" products.
- Interfaced extensively with Production Planning, Quality Assurance/Quality Control and Regulatory Affairs departments.
- Key contributor to Andrx growing from $23 million in revenue to over $250 million.

Vice President of Sales & Marketing
MIM Corporation/Script Pharmacy Solutions **July 1996 – Dec. 1998**

- Managed all aspects of Sales and Marketing initiatives for this progressive Pharmacy Benefit Management and mail-order Company.
- Successfully integrated and marketed PBM services with mail services for HMOs, government programs and employer groups.

Senior Director of Sales
Zenith Labs - Zenith-Goldline – IVAX Pharmaceuticals **1991 – 1996**

- Held a number of progressively responsible positions with Zenith Labs/Zenith Goldline/IVAX.
- Lead sales efforts for a rapidly growing and leading generic pharmaceutical manufacturer. Responsible for supervising national account teams and delivering sales targets. Interacted with production planning, regulatory affairs and QA/QC on a regular basis. Provided forecasts for inventory management and production schedules.

Regional Sales Manager
Pharmaceutical Basics, Inc. **1989 – 1991**

- Promoted the company's generic product line to retail chains, wholesalers and distributors primarily in the Eastern Region.

Sales Representative
American Therapeutics **1986 – 1989**

- Held a number of progressive positions for a start-up generic pharmaceutical company that launched several first to market product introductions.

Hospital Sales Representative
Astra Pharmaceuticals **1984 – 1986**

- Called on physicians in hospital accounts as well as GPOs and wholesalers in the New York metropolitan area.

EDUCATION

Fairleigh Dickinson University
MBA: Marketing **1992**

Monmouth University
BS: Business **1982**

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0794990

Application/License No. _____

Twi Pharmaceuticals USA, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
115 W. Century Road, Suite 135, Paramus, NJ 07652, as
Address of Applicant/Principal
PRINCIPAL, and HARCO NATIONAL INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of Illinois
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
702 Oberlin Road, Raleigh, North Carolina 27605 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 12/23/2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of December, 2020.

APPLICANT/PRINCIPAL
Twi Pharmaceuticals USA, Inc.

K. Rochlowski
Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
HARCO NATIONAL INSURANCE COMPANY

Surety Company's Representative

Sharif Ismail, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Melissa Moreno
Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0794990

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

RALF RIGO, SHARIF ISMAIL

Syracuse, NY

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1964 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY My Comm. Exp. 4/4/2023 NOTARY PUBLIC No. 50079910 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, December 23, 2020

A00816

Irene Martins, Assistant Secretary

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Virtus Pharmaceuticals, LLC

Physical Address: 310 George Patterson Blvd., Ste. 104A

City: Bristol State: PA Zip Code: 19007

Telephone Number: 267-938-4850 Fax Number: 267-938-4849

Toll Free Number: _____

E-mail: virtus@altalawgroup.com Website: www.virtusrx.com

Facility Manager: Timothy E. Wheeler

Professional qualifications and experience of facility manager: Timothy Wheeler has over 25 years of pharmaceutical industry experience, including 15 years of senior management positions responsible for prescription drug distribution, operations, supply chain and compliance.

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☑ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: Belcher Pharmaceuticals, LLC
Address: 6911 Bryan Dairy Rd., Ste 210, Largo, FL 33773

Name: Belcher Pharmaceuticals, LLC
Address: 12393 Belcher Rd., Largo, FL 33773

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Timothy E. Wheeler, Vice President
Print Name of Authorized Person

4 JANUARY 2021
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Virtus Pharmaceuticals, LLC

Parent Company if any: Virtus Pharmaceuticals Holdings, LLC

Mailing Address: 310 George Patterson Blvd., Ste. 104A

City: Bristol State: PA Zip: 19007

Telephone: 267-938-4850 Fax: 267-938-4849

Contact Person: Timothy Wheeler

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Virtus Pharmaceuticals Holdings, LLC 2050 Cabot Boulevard West, Ste. 200, Langhorne, PA 19047
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. n/a

3) What was the price paid per share? n/a

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: n/a

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

ndc_nhric_labeler_codes_01_21_2021 [Read-Only] - Excel

F17320

	NDC/NHRIC Labeler	Firm Name
17299	69060	Rainbow Technology Corporation
17300	76924	General Organics Inc.
17301	80862	Alpha Hygiene LLC
17302	76873	Chuckanut Bay Distillery
17303	66818	American Animal Health, Inc.
17304	5446	Edge Pharmacy Services LLC
17305	51080	Xiamen Tiger Medical Company, Ltd
17306	57577	Milbar Laboratories
17307	27193	DermaMed
17308	70060	CosMedical Technologies, LLC
17309	54845	Oregon Freeze Dry, Inc.
17310	63608	Gufic Biosciences Limited
17311	49364	Strategic Pharmaceutical Solutions, Inc. DBA VetSource
17312	65976	OraPharma, Inc.
17313	64837	Nutritional Laboratories International, Inc
17314	61919	Direct Rx
17315	74052	Iris LLC
17316	42698	Lunan New Time Bio-tech Co.,ltd.
17317	27281	Sunway Biotech LLC
17318	76430	Top Well Cosmetics Industry Co., Ltd.
17319	22366	Copperhead Chemical Company Inc.
17320	69543	Virtus Pharmaceuticals, LLC
17321	49375	PetMeds Express, Inc.
17322	68759	American Beauty Cosmetics
17323	75877	Porton Fine Chemicals Ltd.
17324	80373	Fulfill Manufacturing

Verified
M.H
1/21/21

VIRTUS PHARMACEUTICALS LLC

Labeler Code

Applicant holds FDA labeler code 69543 which can be confirmed on the following FDA website: http://www.fda.gov/forindustry/datastandards/structuredproductlabeling/ucm191017.htm.

Below is a screenshot verifying the labeler code:

1	NDC Labeler Code	Firm Name
7395	69543	Virtus Pharmaceuticals, LLC

VIRTUS PHARMACEUTICALS LLC

Resident state (PA) license

Copy of Pennsylvania license # 8000002895 (expiration date November 30, 2021):

Certificate of Licensure

Certificate No. 8000002895
(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

VIRTUS PHARMACEUTICALS LLC
310 GEORGE PATTERSON BLVD
SUITE 104 A
BRISTOL, PA 19007

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: October 25, 2017
Expiration Date: The Last Day of November, 2021

Susan Coble
Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Virtus Pharmaceuticals LLC

License Verification

Below is online verification of Virtus Pharmaceuticals LLC Pennsylvania resident state license #8000002895 which expires 11/30/2021.

Pennsylvania Department of Health

Drug, Device and Cosmetic Program

Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **Virtus Pharmaceuticals LLC** 310 George Patterson Blvd Suite 104 A; Bristol, PA 19007
  Certificate(s): **3000009715** issued: 10/25/2017 expires: 11/30/2021; **8000002895** issued: 10/25/2017 expires: 11/30/2021

Maria Herrera

From: Tanya Dobash <tdobash@altalawgroup.com>
Sent: Tuesday, January 26, 2021 7:06 AM
To: Maria Herrera
Cc: Mark I. Sedar
Subject: RE: Nevada Wholesaler Application- Virtus Pharmaceuticals, LLC

Categories: Need to print

Good morning,

Thank you for your email. Virtus sells Virtus label pharmaceutical products but does not store, handle or ship them. It uses a 3PL (Woodfield Distribution LLC) for that function. Since Virtus does not physically handle or possess controlled substances, it does not hold (and is not eligible for) a DEA permit. Therefore, we provided the 3PL's DEA permit.

Please let me know if I can provide any additional information.

Best regards,

Tanya

Tanya J. Dobash
Alta Law Group, LLC
Office: +1-410-844-3363
Mobile: +1-443-797-9457
tdobash@AltaLawGroup.com

From: Maria Herrera [mailto:m.herrera@pharmacy.nv.gov]
Sent: Monday, January 25, 2021 4:16 PM
To: virtus@altalawgroup.com
Cc: Mark I. Sedar
Subject: Nevada Wholesaler Application- Virtus Pharmaceuticals, LLC

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Virtus Pharmaceuticals, LLC. The application is incomplete due to the following missing items.

- The DEA Registration is listed as Woodfield Distribution, LLC, please verify that Virtus Pharmaceuticals, LLC will be shipping controlled substances into Nevada?

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

VIRTUS PHARMACEUTICALS, LLC

Delaware Corporate Certificate of Good Standing

Certificate of Good Standing issued by Delaware Secretary of State is attached.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIRTUS PHARMACEUTICALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5558087 8300

SR# 20208786454

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204439686

Date: 12-29-20

VIRTUS PHARMACEUTICALS, LLC

Company and Officer Information

Name: Virtus Pharmaceuticals LLC

Address: 310 George Patterson Blvd., Ste. 104A, Bristol, PA 19007

State of Incorporation: Delaware

FEIN: 47-1253624

Ownership:

Virtus Pharmaceuticals Holdings, LLC (100%)
2050 Cabot Boulevard West, Ste. 200, Langhorne, PA 19047
267-938-4850

Officers:

Timothy E. Wheeler
Title: Vice President
310 George Patterson Blvd., Ste. 104A, Bristol, PA 19007
267-938-4815

Designated Representative:

Timothy E. Wheeler
310 George Patterson Blvd., Ste. 104A, Bristol, PA 19007
267-938-4815

VIRTUS PHARMACEUTICALS, LLC

Timothy Wheeler - Resume

A copy of Timothy Wheeler's resume is attached.

Timothy E. Wheeler
Forwood Drive, Garnet Valley, PA 19060

Experience:

Virtus Pharmaceuticals LLC, Bristol, PA
Vice President
January 2018 to present
Executive management team member for pharmaceutical company marketing its own label generic prescription drug products; oversee operations, quality, compliance.

Westward Pharmaceuticals Corporation, Cherry Hill, NJ
Senior Director, Quality Operations
2016 to 2017
Executive management team and US Executive Committee member for this foreign-based, publicly-traded, brand and multi-source manufacturer of injectables and pre-filled syringes.

Akorn Pharmaceuticals, Somerset, NJ
Director, Quality Assurance
2014 to 2016
Executive management team member for this publicly-traded brand and multi-source aseptic manufacturer of sterile ophthalmic ointment, solution, suspension, and jelly products.

Novasep Synthesis, Freeport, Grand Bahama
Director, Quality and Regulatory Affairs
2011 to 2014
Leadership team member for this multinational pharmaceutical company involved in the development and manufacture of exclusive active pharmaceutical ingredients (APIs) and solid oral dosage forms.

Discovery Laboratories, Warrington, PA
Executive Director, Quality Operations
2007 to 2011
Executive management team member for this venture-backed, fully-integrated, biotechnology drug product, medical device, and combination product company involved in developing and commercializing precision-engineered, sterile, peptide-containing pulmonary surfactant replacement therapies.

Education:

University of Connecticut, Storrs, CT
1991 Bachelor of Science, Chemistry

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 404004989

Application/License No. _____

Virtus Pharmaceuticals, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
310 George Patterson Blvd., Ste. 104A, Bristol, PA 19007, as
Address of Applicant/Principal
PRINCIPAL, and The Ohio Casualty Insurance Company, a
Surety Company
corporation organized under the laws of the state of NH
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
62 Maple Ave, Keene, NH 03431 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 2, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of June, 2020.

APPLICANT/PRINCIPAL	SURETY COMPANY
Authorized Representative	The Ohio Casualty Insurance Company Surety Company's Representative
CFO	David G. Galla, Attorney-in-fact print name
SIGNED and SEALED in the presence of:	SIGNED and SEALED in the presence of:
Witness	Witness
Witness	Witness
	Countersigned by:
	Nevada Resident Agent

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual. SURETY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8200422-973235

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Kathleen V. DePolis; David G. Galla; Patricia L. Zeczkowski

all of the city of Grayslake state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of January, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 30th day of January, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows.

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 3rd day of June, 2020.

By: Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

■ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: MacroGenics, Inc.

Physical Address: 9704 Medical Center Drive

City: Rockville _____ Zip Code: MD

State: Telephone Number: 301-251-5172 Fax Number: 301-251-5321

Toll Free Number: N/A

E-mail: lamousesmitha@macrogenics.com Website: www.macrogenics.com

Facility Manager: Araba Lamouse-Smith

Professional qualifications and experience of facility manager: Vice President, Supply Chain & CMC Management

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: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ■
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ■
(If yes, provide a copy of your FDA registration)

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

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.
MacroGenics is preparing for initial product launch; no products have been distributed to date.

Name: _____ NA
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ■

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ■

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ■

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ■

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

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

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

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

Araba Lamousé-Smith
Print Name of Authorized Person

07Dec2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

MACROGENICS

Regarding the Question:

> "Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?"

Please note, the applicant, MacroGenics, is a publicly traded corporation and therefore its shareholders' other ownership interests or management roles are unknown to MacroGenics."

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: MacroGenics, Inc.

Mailing Address: 9704 Medical Center Drive

City: Rockville State: MD Zip: 20850

Telephone: 301-251-5172 Fax: 301-251-5321

Contact Person: Araba Lamouse-Smith

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 08/14/2000

Registration number issued: _____

Stock Exchange: MGNX

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MACROGENICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF NOVEMBER, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

3274005 8300

SR# 20208452347

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204134249

Date: 11-20-20

MACROGENICS

MacroGenics, Inc. Corporate Officer Information

Scott Koenig – President and Chief Executive Officer
Lynn Cilinski – Vice President, Controller and Treasurer
James Karrels – Senior Vice President, Chief Financial Officer

MacroGenics, Inc. Facility Manager Information

Araba Lamouse-Smith – Vice President, Supply Chain & CMC Management

DISTRIBUTOR REGISTRATION

STATE OF MARYLAND
DEPARTMENT OF HEALTH

117593

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Macrogenics Inc
9704 Medical Center Drive
Rockville MD 20850

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT
Macrogenics Inc
IS A REGISTERED Active
Distributor (exp.: 05/31/2021)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D06872	05/31/2021

SIGNATURE OF BEARER

117593

State of Maryland

117593

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Macrogenics Inc
IS A REGISTERED Active
Distributor (exp.: 05/31/2021)

SIGNATURE OF BEARER

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D06872	05/31/2021

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Distributor Change of Information

A Distributor must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at http://dhmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2019

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from to

Commission File Number 001-36112

MACROGENICS, INC.

(Exact name of registrant)

Delaware
(State of organization)

06-1591613
(I.R.S. Employer Identification Number)

9704 Medical Center Drive, Rockville, Maryland 20850
(Address of principal executive offices and zip code)

(301) 251-5172
(Registrant's telephone number)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, par value $0.01 per share	MGNX	Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

ndicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
/es ☑ No ☐

ndicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Exchange Act.
/es ☐ No ☑

ndicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 uring the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing equirements for the past 90 days.
'es ☑ No ☐

ndicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of egulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).
'es ☑ No ☐

ARARA A. K. LAMOUSÉ-SMITH, PH.D.

du www.linkedin.com/in/alamousesmith

EXPERIENCE

MacroGenics, Inc., Rockville, MD **2015 – present**
Vice President, Supply Chain and CMC Management 2020 -
Senior Director, Supply Chain and CMC Management 2017 - 2020
Director, Supply Chain and CMC Management 2015 - 2017

Department head responsible for establishing supply chain and CMC project management; built group to include manufacturing outsourcing, production planning and materials management functions.

- Responsible for external manufacturing, commercial and clinical supply chain strategy, commercial distribution, materials management and CMC project management
- Lead efforts to ensure clinical and commercial supply chain strategies meet overall product demand, including implementation of production schedules.
- Oversee inventory management of raw materials, drug substance and drug product
- Developed metrics and monitoring tools to track supply chain.
- Implemented tools and dashboards to monitor CMC development activities across the programs to ensure on-time delivery of key goals.
- Business lead for implementation of SAP enterprise resource planning system to support inventory management, warehouse management and production planning.
- Drove preparation of collaboration product development plans and budgets; monitoring and reconciliation of quarterly collaboration costs.
- Representative on multiple internal and alliance steering and governance teams
- Oversee department of 14+ (4 direct reports)

Teva Biopharmaceuticals, Rockville, MD **2013 – 2015**
Director, CMC Project Management, Global Biologics R&D

CMC lead for monoclonal Ab drug candidates in development for asthma and migraine. Led cross-functional strategy and implementation of CMC activities for licensure and life cycle development. Department head responsible for establishing project management for CMC biologics and building PM group.

- Refocused CMC team on strategy end execution needed to advance mAb program to global submissions under fixed, aggressive timelines.
- Represented CMC in regulatory advice meetings with US, European and Japanese health authorities.
- Key interface with CMO for drug substance development and manufacturing activities; identified requirements, negotiated planning and monitored delivery of contracted work.
- Liaised with project teams, including clinical operations and supply chain to plan manufacture and deliver of clinical supplies for global Phase 3 studies and commercial supply chain to plan for commercial launch.
- Implemented and managed CMC team after acquisition of mAb from virtual biotech.
- Hired and supervised 3 project managers (2 Associate Directors, 1 Sr. Project Manager) and 1 CMC Regulatory Specialist.

Roseus BioPharma Consulting LLC, Silver Spring, MD **established 2013**
Owner, Project Management Consultant

Consultant providing clients with project management services for programs at all stages of development.

- Provided project management services to non-profit vaccine developer, including implementation of improved monthly progress reporting.

Human Genome Sciences, Inc. Rockville, MD **2002 - 2013**
Director, Global Project Management 2011 - 2013
Associate Director, Global Project Management 2007 - 2011

Global Project Manager for biopharmaceutical drug candidates (monoclonal antibodies and therapeutic proteins) from discovery through licensure and commercial launch and supporting European corporate operations. Integrated, facilitated, coordinated and managed activities related to planning, executing, and monitoring product development programs through IND submission, BLA submission and Advisory Committee preparations. Reported progress on project goals and milestones to stakeholders. Led project teams in discussion and resolution of conflicts. Prepared agendas and minutes, led and managed meetings for project teams, sub-teams and governance bodies.

- Developed and implemented project plan, timelines and milestones for IND submission for monoclonal antibody in development for immunology indications.
- Member of New Targets Steering Committee, governance body for early pipeline programs; defined and gained management endorsement of stage gates through IND.
- Implemented and led cross-functional G&A and commercial infrastructure teams to start-up four European corporate affiliates and to ensure system and processes in place to support first product launch; developed dashboard for communication to stakeholders and executive team.
- Worked with project team to deliver successful FDA Advisory Committee meeting for first new drug for lupus in over 50 years.
- Led project team in completing requirements and achieving $40 million milestone from collaboration partner.
- Managed alliances as key interface with both small biotech and large global pharmaceutical partners; involved in contract negotiations and ensured compliance with contract terms.
- Simplified and led department processes for program and department goals, including application of MS Project to annual planning process.
- Integrated, facilitated, coordinated and managed activities related to planning, executing, and monitoring product development programs through IND submission, BLA submission and Advisory Committee preparations.
- Set and objectively monitored annual scope and goals for program; reported progress to all stakeholders.
- Drove preparation of collaboration product development plans and budgets; monitoring and reconciliation of quarterly collaboration costs.
- Directed cross-functional team in defining best-practices process for management of investigator initiated and sponsored trials and gained management endorsement.
- Compiled technical proposal in response to US government request for proposal for anthrax anti-toxins.
- Created program overlay tool for capturing high level and detailed information to support planning and identify potential conflicts or constraints.
- Managed Operating Committee meeting, chaired by CEO, on a substitute basis when GPM department head out of office.

Associate Director, Purification Sciences 2006 - 2007
Section Head, Purification Sciences 2004 - 2006
Sr. Scientist I, Purification Sciences 2003 - 2004
Scientist, Purification Sciences 2002 - 2003

CMC lead for albumin fusion protein candidate in development for chronic hepatitis C treatment (2004 – 2007). Led cross-functional planning of CMC activities (including drug substance, drug product and delivery device development) from Phase 2 through process validation and implemented ad hoc teams to complete critical path activities. Reported progress on project goals and milestones to stakeholders.

- Led gap analysis on drug substance process robustness for Phase 3 cGMP manufacture and led strategy for implementation of process changes under accelerated timeline.
- Represented CMC functions in scientific advice meetings with FDA and European health authorities.
- Evaluated 4 potential contract manufacturers for delivery device development and commercialization. Performed site visits and evaluated 3 potential contract manufacturing organizations located in Europe for second source drug substance manufacturing.
- Interacted with external (collaboration and sub-contractor) partners for technical development and manufacturing.

Purification Sciences project leader for albumin fusion proteins in development for chronic hepatitis C, Type 2 diabetes and growth hormone deficiency (2002 – 2007). Designed and executed experiments and analyzed results to develop operating parameters for chromatographic and filtration purification steps to meet purity, robustness and scalability requirements. Designed process characterization studies using design-of-experiments and analyzed data to set process control parameters.

- Transferred 3 processes to manufacturing and provided technical expertise (troubleshooting and investigations) for cGMP production campaigns.
- Developed and implemented department policies and guidelines for technical reports, development plans and process validation reports. As chair of technical report review committee, reviewed over 70 reports and improved departmental report quality, consistency and completion rate.
- Prepared technical reports for purification processes and wrote regulatory submissions
- Coordinated viral clearance studies to support 4 monoclonal antibody processes and manufacturing operations. Initiated summary database of study results.
- Supervised 1 Scientist and 4 Bioprocess Associates / Engineers and managed activities of up to 5 other purification team members.

Diosynth RTP, Inc. Cary, NC **2000 - 2002**
Scientist II, Purification Process Development 2001 - 2002
Scientist I, Purification Process Development 2000 - 2001
Purification process development team co-leader for development and validation of growth hormone agonist. Developed and wrote process validation protocols, executed studies, prepared technical reports for scale down process validation. Wrote development and validation reports in support of client's regulatory CMC submissions.

- Performed troubleshooting and investigations in support of drug substance lot release.
- Developed and scaled up methods from preparative HPLC to laboratory scale for purification of product-related variants. Supervised 4 Research Associates and managed activities of up to 10 other purification team members.

Massachusetts Institute of Technology, Cambridge, MA **1993 - 2000**
Post-doctoral Associate, Biotechnology Process Engineering Center 1999 - 2000
Aided in development of assay for synthetic collagen-like protein and characterization of collagen-like protein production in recombinant Escherichia coli.
Teaching Assistant, Department of Chemical Engineering 1998
Led recitation sessions for Biochemical Engineering, graded problem sets and exams.

Boston Learning Center, Dorchester, MA **1995 – 1998**
Instructor
Tutored students in Mathematics and Chemistry. Designed study plans to improve students' grades. Created diagnostic exams.

Merck and Co., West Point, PA **1993**
Project Engineer Intern, Biological Process Engineering
Investigated variability in detergent removal from vaccine purification process. Characterized detergent removal under process conditions. Presented strategies for optimization of purification step to supervisor and department head.

Rohm and Haas, Bristol, PA **1992**
Production Engineer Intern, Polymers Area
Updated and submitted revisions of process instrument diagrams (PID) and process flow diagrams (PFD). Applied Statistical Quality Control methods to quality control testing of products for release. Recommended changes in testing protocol to managers to reduce rejection of products.

AT & T Bell Laboratories, Murray Hill, NJ **1991**
Research Intern
Developed metrics to model amorphous silicon. Applied molecular dynamics program to simulate melting of amorphous silicon.

Massachusetts Institute of Technology, Cambridge MA **1990**
NSF Undergraduate Research, Biotechnology Process Engineering Center
Investigated hydrodynamics of fibrous bed chromatography. Performed tracer studies to characterize system.

University of Maryland Baltimore County, Catonsville, MD
Teaching Assistant, Department of Mathematics **1989**
Led recitation session for Introduction to Calculus and Analytic Geometry. Graded problem sets and exams.

Undergraduate Research, Department of Chemical Engineering **1988**
Assisted in developing defined medium for production of parathion hydrolase from recombinant Streptomyces.

EDUCATION

Ph. D. Chemical Engineering, Massachusetts Institute of Technology **Dec 1999**
Effect of Amino Acid Supplementation on Recombinant Protein Expression in Escherichia coli. Thesis advisor Professor Daniel I. C. Wang

B. Ch. E. Chemical Engineering, cum laude, University of Delaware **Jan 1993**

A. B. Applied Mathematics, Brown University **May 1993**

HONORS / AWARDS

Golden Shoe Award, MacroGenics (2018)
President's Award, Human Genome Sciences (2008)
UNCF-Merck Graduate Science Research Dissertation Fellowship (1998)
GEM Doctoral Fellowship (1996 - 1997)
Exceptional Leadership and Outstanding Service Award, MIT Black Graduate Student Association (1995)
Outstanding Service Award, MIT Black Graduate Student Association (1994)
National Science Foundation Graduate Fellowship (1993-1996)
Tau Beta Pi Honor Society (1993)
University of Delaware Merit Scholarship (1992 – 1993)
Dean's List, College of Engineering, University of Delaware (1992 - 1993)
Outstanding Academic Achievement Award, RISE, University of Delaware (1992)
Member of the Year, NSBE, University of Delaware Chapter (1992)
Outstanding Upperclass Scholar, NSBE, Brown University Chapter (1991)
Outstanding Chapter Member, NSBE, Brown University Chapter (1991)
New England Zone Member of the Year, NSBE, Brown University Chapter (1991)
Region I Academic Star Award, NSBE, Brown University Chapter (1991)
National Merit Scholar Commendation (1988)
Cum Laude Society (1988)

PUBLICATIONS / PRESENTATIONS

Subramanian GM, Fiscella M, Lamousé-Smith A, et al. Albinterferon α-2b: a genetic fusion protein for the treatment of chronic hepatitis C. Nat Biotechnol. 2007; 25(12):1411-19.

Lamousé-Smith, A. Development of a Platform Strategy for Novel Recombinant Protein Purification. Presented at IBC BioProcess International Conference. November 2006, San Francisco, CA.

Lamousé-Smith, A., Bock, J. B. and Li, Y. "Plug and Play" Purification - It's Not Just for Antibodies Anymore. Poster presented at Recovery of Biological Products XII. April 2006, Phoenix, AZ.

Lamousé-Smith, A. A. K. Effect of Amino Acid Supplementation on Recombinant Protein Expression in *Escherichia coli.* Ph. D. Thesis, December 1999, Massachusetts Institute of Technology.

Lamousé-Smith, A. A. K. and Wang, D. I. C. Increased Production of a Model Recombinant Protein by Amino Acid Supplementation. Abstr. Pap. Am. Chem. Soc. 217: 107 - BIOT Part 1, March 1999. Poster presented at 217th ACS National Meeting. March 1999, Anaheim, CA.

Lamousé-Smith, A. A. K. and Wang, D. I. C. Dependence of Recombinant Protein Expression on Amino Acid Composition. Abstr. Pap. Am. Chem. Soc. 213: 148 - BIOT Part 1, April 1997. Paper presented at 213th ACS National Meeting. April 1997, San Francisco, CA.

CERTIFICATION & TRAINING

Certified Project Management Professional (PMP®), 2013, PMI
Leadership Power Influence Politics and Negotiation in Project Management (2010), PMI
Fundamentals of Finance for the Technical Executive (2008), MIT Sloan School of Management
Critical Path: The Game©, Project Estimating – Cost and Time, Project Management Essentials (2007 – 2008), Pritchard Management Associates
Project Management: Planning, Executing & Controlling Projects in Pharmaceuticals & Biotechnology (2007), DIA
Managing Technical Professionals, (2002), American Management Association
Engineer-in-Training (1993) Delaware Association of Professional Engineers

PROFESSIONAL ORGANIZATIONS

Project Management Institute, (2010 - present)
Drug Information Association, past member
American Chemical Society, past member
American Association of Pharmaceutical Sciences, past member
American Institute of Chemical Engineers, past member

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Dynasty Pharmaceuticals, Inc

Physical Address: 2100 196th St SW #142

City: Lynnwood State: WA Zip Code: 98036

Telephone Number: 800-218-6778 Fax Number: 800-218-6734

Toll Free Number: 800-218-6778

E-mail: anton@dynastyrx.com Website: www.dynastyrx.com

Facility Manager: Anton Kozlikin

Professional qualifications and experience of facility manager:
11 years of experience as a CEO

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

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

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

Name: Par Med Pharmaceuticals
Address: 5960 E Shelby Dr #100 Memphis TN 38141

Name: Top Rx LLC
Address: 2950 Brother Blvd Bartlett TN 38133

Name: Genetco Inc
Address: 711 Union Pkwy Ronkonkoma NY 11779

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Anton Kozlikin
Print Name of Authorized Person

11/24/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: WA

Parent Company if any: n/a

Mailing Address: 2100 196th St SW #142

City: Lynnwood State: WA Zip: 98036

Telephone: 800-218-6778 Fax: 800-218-6734

Contact Person: Anton Kozlikin

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Anton Kozlikin 2100 196th St SW #142 Lynnwood, WA 98036
Name Business Address

b) Maria Rovina 2100 196th St SW #142 Lynnwood, WA 98036
Name Business Address

c) Matt Brady 2100 196th St SW #142 Lynnwood, WA 98036
Name Business Address

d) n/a
Name Business Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $1000

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: n/a

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

COPY

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 52BSBHS7821

Application/License No. _____

Dynasty Pharmaceuticals Inc, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2100 196th Streeet SW #142, Lynnwood, WA 98036, as
Address of Applicant/Principal
PRINCIPAL, and Hartford Fire Insurance Company, a
Surety Company
corporation organized under the laws of the state of CT
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
P.O. Box 2925 , Tacoma, WA 98401-2925 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 7, 2021.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

COPY

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

In witness whereof, each party to this bond has caused it to be executed on this 7th day of January, 2021.

APPLICANT/PRINCIPAL

Dynasty Pharmaceuticals Inc

By: _____
Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

By: Guida McClain
Surety Company's Representative

Guida McClain, Attorney-in-fact
print name

HARTFORD FIRE INSURANCE CO. INCORPORATED 1810

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

Jill A Wallace
Witness Jill A. Wallace

_____
Witness

Countersigned by:

Not Required
Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
Bond T-12
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835)**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Code: SurePath

COPY

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois,** a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint

Guida McClain *of* **Tacoma, WA**

their true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 52BSBHS7821 on behalf of Dynasty Pharmaceuticals Inc naming
Nevada State Board of Pharmacy as Obligee in the amount of See Bond Form
on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT
COUNTY OF HARTFORD } ss. Hartford

On this 11th day of January, 2016, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

KATHLEEN T. MAYNARD NOTARY PUBLIC CONNECTICUT

Kathleen T. Maynard
Notary Public
My Commission Expires July 31, 2021

CERTIFICATE

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of January 7, 2021
Signed and sealed at the City of Hartford.

Kevin Heckman, Assistant Vice President

Anton Kozlikin

54th Ave SE

Everett, WA 98208

Objective

Sales/Purchasing position utilizing my ability to generate and close sales, and negotiate contracts.

Summary of Skills:

Sales	Supervision
Contract Negotiation	Personnel Training
Bid Solicitation	Vendor Management
Product Promotion	Public Relations

Sales and Purchasing Experience

Sales Representative :

- Generated sales of $2,500,000 annually in pharmaceuticals
- Managed an in-house inventory up to $600,000
- Trained staff in sales and merchandising

Purchasing Agent:

- Dealt with multiple vendors selecting products
- Delegated purchasing and project assignments

Work History

CEO Dynasty Pharmaceuticals, Inc 2009-present

Sales and Purchasing Representative, Hygen Pharmaceuticals 2005-2009

Anton Kozlikin

54th Ave SE

Everett, WA 98208

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Purchasing Agent:

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- Delegated purchasing and project assignments

Work History

CEO Dynasty Pharmaceuticals, Inc 2009-present

Sales and Purchasing Representative, Hygen Pharmaceuticals 2005-2009

NABP ACCREDITED
DRUG DISTRIBUTOR

Dynasty Pharmaceuticals, Inc.

located at

2100 196th St SW #142, Lynnwood, WA 98036

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary

12/13/2019 - 12/12/2022
Period of Accreditation

verified MRH 1/20/21

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Dynasty Pharmaceuticals, Inc.	2100 196th St SW #142 Lynnwood, WA 98036	12/13/19

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®).

Contact

Search NABP

What can we help you find?

Corporate Officers and Titles:

Anton Kozlikin – CEO

Maria Rovina- CFO

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

DYNASTY PHARMACEUTICALS INC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/29/2009.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/06/2021
UBI Number: 602 979 001

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 01/06/2021

Washington State Department of Health

This organization

Dynasty Pharmaceuticals

is authorized by RCW 18.64 to have a

Pharmaceutical Wholesaler License

Operated by: **Dynasty Pharmaceuticals Inc**

Located at: **2100 196th St SW Ste 142**
Lynnwood, WA 98036-7083

Controlled Substance

Secretary

Status
ACTIVE

Effective Date
10/01/2020

Credential Number
PHWH.FX.60154059

Expiration Date
09/30/2021

Facility Search

Search

Search

Facility Information

NEW SEARCH RESULTS

Facility Name:	Dynasty Pharmaceuticals
Address:	2100 196th St SW Ste 142, Lynnwood, WA, 98036-7083
Owner's Name:	Dynasty Pharmaceuticals Inc
License #:	PHWH.FX.60154059
Facility Status:	ACTIVE
Facility Type:	Pharmaceutical Wholesaler License
License Expires On:	09/30/2021

If you find any errors in this description, please complete the Feedbackform and send it to us.

Contact Us

Agency Contacts
Locations and Directions
Consumer Assistance and Support
Email Consumer Assistance and Support
Main: (360) 236-4700
Fax: (360) 236-4818

Social Media

Notices

Privacy Notice
Copyright Statement

Powered By

Alternate Format Requests

For people with disabilities, Web documents in other formats are available on request. To submit a request, please contact Consumer Assistance and Support.

4HH

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 or ☐ Ownership Change (Provide current license number if making changes: WH____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7

☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Independent Pharmacy Distributor LLC

Physical Address: 1107 West Market Center Dr

City: High Point State: NC Zip Code: 27260

Telephone Number: 336-438-9111 Fax Number: 336-296-1930

Toll Free Number: _____

E-mail: mpatterson@ipdpharma.com Website: www.IPDPHARMA.com

Facility Manager: Russell W Patterson

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

☑ Pharmacies ☑ Practitioners ☑ Hospitals ☑ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices

☐ Poisons or Chemicals ☑ Veterinary Legend Drugs

☑ Controlled Substances (include copy of DEA)

☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☑ No ☐
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

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

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

Name: Rhodes
Address: 498 Washington St. Coventry, RI 02816

Name: Aurobindo
Address: 6 Wheeling rd Dayton, NJ 08810

Name: Amneal
Address: 209 McLean blvd, Paterson, NJ 07504

Name: Glenmark
Address: 750 Corporate Dr. Mahwah, NJ 07430

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Melody Patterson

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

Melody Davis Patterson - Owner

Print Name of Authorized Person

11/23/20

Date

Board Use Only	Date Processed: _____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Melody Davis Patterson

Business Name: Independent Pharmacy Distributor LLC

Current Business Address: 1107 West Market Center Dr

City: High Point State: NC Zip Code: 27260

Telephone: 336-817-6794 Fax: 336-296-1930

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a sole owner

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. This form is enclosed. Each officer and director of the corporation must submit fingerprints. Please contact the board if fingerprint cards are needed.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

INDEPENDENT PHARMACY DISTRIBUTOR, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 15th day of July, 2015

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of December, 2020.

Elaine F. Marshall

Secretary of State

Certification# 108538372-1 Reference# 16654614- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

NORTH CAROLINA
Department of the Secretary of State

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(Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of December, 2020.

Elaine F. Marshall

Secretary of State

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0788835

Application/License No. _____

Independent Pharmacy Distributor LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1107 West Market Center Dr, High Point, NC 27260, as
Address of Applicant/Principal
PRINCIPAL, and Harco National Insurance Company, a
Surety Company
corporation organized under the laws of the state of Illinois
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
702 Oberlin Road Raleigh, NC 27605 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 12/08/2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 8th day of December, 20 20.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Jeremy Crawford, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0788835

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL D. WILLAMS, JEREMY CRAWFORD

Golden Valley, MN

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY My Comm. Exp. 04-04-2023 NOTARY PUBLIC No. 50079910 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, December 08, 2020

A02712

Irene Martins, Assistant Secretary

Acknowledgment of Surety

State of Minnesota
County of Anoka

On this 8th day of December, 2020 before me personally appeared **Jeremy Crawford** who acknowledged that he or she is the attorney in fact who is authorized to sign on behalf of **Harco National Insurance Company** (surety company), the foregoing instrument, and he thereupon duly acknowledged to me that he executed the same.

Notary Public

JONATHAN C. KRASKEY
Notary Public-Minnesota
My Commission Expires Jan 31, 2025

2021

NOT TRANSFERABLE
STATUTE GS 81.106-119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
523

LICENSE/CERTIFICATE: Distributor
TYPE PRESCRIPTION DRUG LICENSE
Expiration Date 12/31/2021

LICENSEE OR CERTIFICATOR
INDEPENDENT PHARMACY DISTRIBUTOR LLC
1107 WEST MARKET CENTER DR
HIGH POINT NC 27260

N.C. DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES - FOUNDED 1877 -

LICENSED 2021 NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

INDEPENDENT PHARMACY DISTRIBUTOR LLC
1107 WEST MARKET CENTER DR
HIGH POINT, NC 27260

License Type: 087
License Number: 523
Description: Distributor

Status: Active – in good standing
Issue Date: 12/9/2020
Expiration Date: 12/31/2021

Russell Patterson
Curriculum Vita

Education

Pharm D.	2003, Doctor of Pharmacy, Auburn University – Auburn, Alabama
M.S.	1994, Material Science Engineering, Auburn University – Auburn, Alabama
B.S.	1992, Applied Physics, Auburn University – Auburn, Alabama

Russell Patterson Pharm D.,

- 2009 – 2017 **Clinical Director and Business Owner**
  - Owner of Nine Independent Pharmacies (Tyro Family Pharmacy, Monroe Family Pharmacy, Thomasville Family Pharmacy, South Park Family Pharmacy, Lexington Family Pharmacy, Greensboro Family Pharmacy, High Point Family Pharmacy, Family Pharmacy of NC, Lexington Drug)
    - Eight Pharmacies selected for Community Care of North Carolina's (CCNC) Community Pharmacy Enhanced Services Network Program (CPESN)
  - Clinical Director and Owner of drug testing and health services organization Carolina Clinical Health Services
    - Carolina Clinical Health Services monitoring Primary Care Provider's pain management programs
    - Carolina Clinical Health Services acts as a Medical Service Organization for primary care clinics.
    - Established collaborative patient management with High Rock Internal Medicine, Lexington NC
  - Owner two staffing companies Pharmacy Management Company and Pharmacy Technician Staffing Company
  - Owner Independent Pharmacy Distributor a wholesale drug distribution company.
- 2003 – 2009 Walmart Pharmacies
  - Pharmacy Manager
  - District Manager
- 1997 – 1999 **Engineer, Siecor, Hickory, NC**
- 1987 - 1997 **Army Officer, United States Army**

officers

Melody Davis Patterson- Owner

SS#

DOB:

Salem Glen Blvd

Clemmons, NC 27012

mpatterson@ipdpharma.com

Russell W Patterson- President

SS#

DOB:

alem Glen Blvd

Clemmons, NC 27012

rpatterson@ipdpharma.com

Allyson R Spivey- Chief Operations Officer

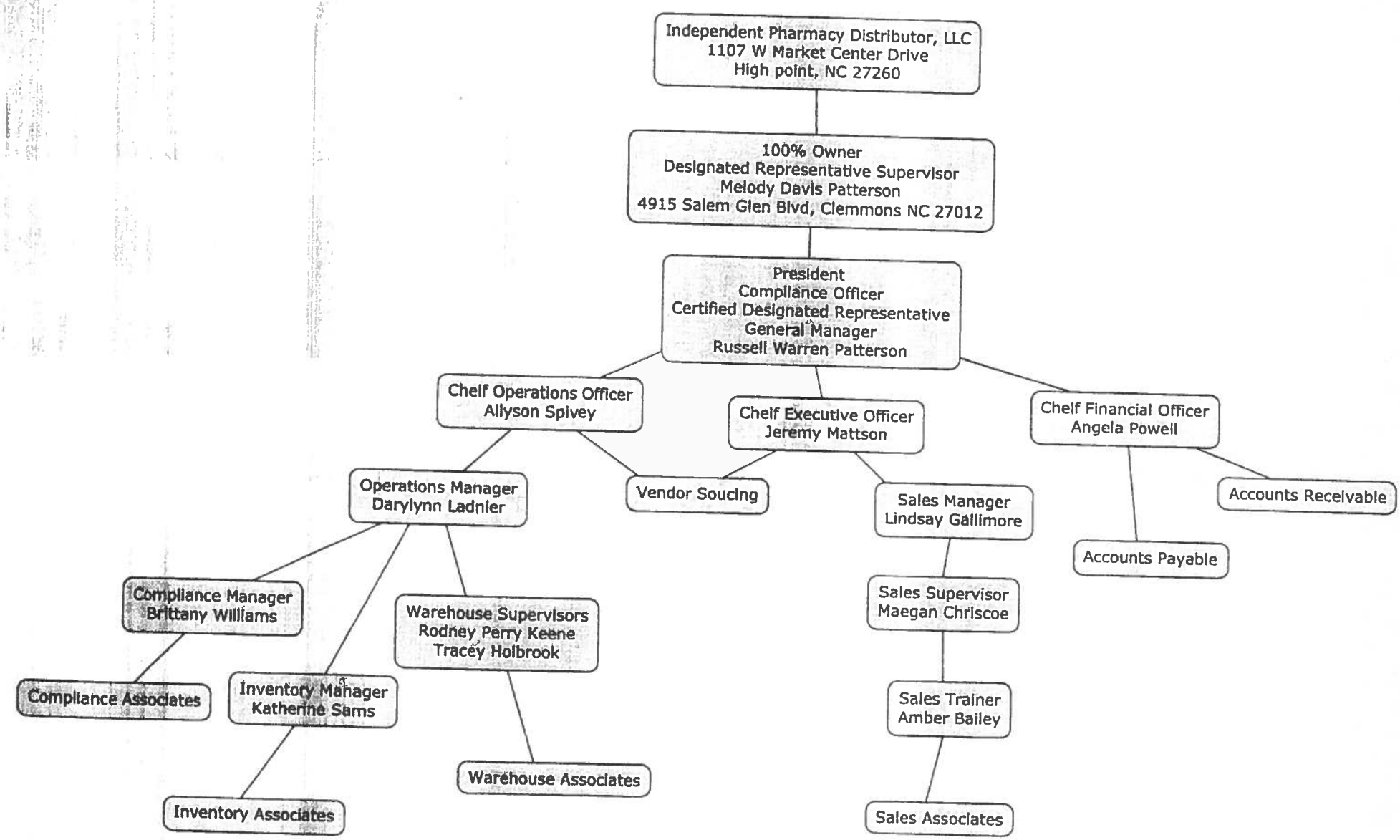
SS#

DOB:

Bud Sink Road

Lexington, NC 27295

aspivey@ipdpharma.com


Independent Pharmacy Distributor, LLC
1107 W Market Center Drive
High point, NC 27260
100% Owner
Designated Representative Supervisor
Melody Davis Patterson
4915 Salem Glen Blvd, Clemmons NC 27012
President
Compliance Officer
Certified Designated Representative
General Manager
Russell Warren Patterson
Chelf Operations Officer
Allyson Spivey
Chelf Executive Officer
Jeremy Mattson
Chelf Financial Officer
Angela Powell
Operations Manager
Darylynn Ladnier
Vendor Soucing
Sales Manager
Lindsay Gallimore
Accounts Receivable
Accounts Payable
Compliance Manager
Brittany Williams
Warehouse Supervisors
Rodney Perry Keene
Tracey Holbrook
Sales Supervisor
Maegan Chriscoe
Compliance Associates
Inventory Manager
Katherine Sams
Sales Trainer
Amber Bailey
Warehouse Associates
Inventory Associates
Sales Associates

NABP ACCREDITED
DRUG DISTRIBUTOR

Independent Pharmacy Distributor LLC

located at

1107 West Market Center Dr, High Point, NC 27260

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

10/20/2020 - 10/19/2023
Period of Accreditation

Verified
MS
12/7/2020

Food & Drug Protection Division

Drug License Search

Go Back

New Search (search.asp)

Your search for 523 returned the following results...

Actavis, Inc.
60 Columbia Road, Bldg B
Morristown, NJ 07960

License Type: **086**
License Number: **523**
Description: **Manufacturer**

Status: **Inactive**
Issue Date: **11/27/2013**
Cancellation Date: **4/22/2014**

INDEPENDENT PHARMACY DISTRIBUTOR LLC
1107 WEST MARKET CENTER DR
HIGH POINT, NC 27260

License Type: **087**
License Number: **523**
Description: **Distributor**

Status: **Active – in good standing**
Issue Date: **11/26/2019**
Expiration Date: **12/31/2020**

Baxter Healthcare Corporation
3080 Interstate 20 West
Grand Prairie, TX 75052

License Type: **088**
License Number: **523**
Description: **Wholesaler**

Status: **Inactive**
Issue Date: **12/4/2014**
Expiration Date: **12/31/2015**

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☑ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: ALEXION PHARMACEUTICALS, INC.

Physical Address: 100 College Street

City: New Haven State: CT Zip Code: 06510

Telephone Number: 475-230-2596 Fax Number: 203-271-8198

Toll Free Number: N/A

E-mail: amanda.phillips@alexion.com Website: www.alexion.com

Facility Manager: Amanda C. Phillips

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☑ No ☐
(If yes, provide a copy of your FDA registration) See Attachment C

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

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

Name: See Attachment D
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Amanda C. Phillips
Print Name of Authorized Person

January 8, 2021
Date

Board Use Only	Date Processed: _____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: ALEXION PHARMACEUTICALS, INC.

Mailing Address: 100 College Street

City: New Haven State: CT Zip: 06510

Telephone: 475-230-2596 Fax: 203-271-8198

Contact Person: Amanda C. Phillips

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K. See Attachment E

Date of Incorporation: 1/28/1992

Registration number issued: 2286486

Stock Exchange: NASDAQ

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. See Attachment F

List of officers and directors. See Attachment G

Attachment A

Resident State License and Online Verification

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions regarding this registration can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information current. The email on your account will be used for all correspondence from this office.

You can update your address and email address or print a duplicate certificate by logging into your account with your User Id and Password at www.elicense.ct.gov. If you need your User Id and/or Password, please email dcp.online@ct.gov.

Mailing address:

ALEXION PHARMACEUTICALS INC
100 COLLEGE ST
NEW HAVEN, CT 06510-3210

Email on file to be used for receiving all notices from this office:

sandra.kuester@alexion.com

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

ALEXION PHARMACEUTICALS INC
100 COLLEGE ST
NEW HAVEN, CT 06510-3210

has satisfied the qualifications required by law and is hereby issued a

MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances: No **Rx Legend Drugs: Yes** **Non Rx Legend Drugs: No** **Medical Devices: No** **Cosmetics: No**
Medical Gases/Oxygen: No **Durable Medical Equipment (DME): No** **Number of Chemists: 0**

Registration #: CSM.0000266
Effective Date: 07/01/2020
Expiration Date: 06/30/2021

verify online at www.elicense.ct.gov

Michelle Seagull

Michelle Seagull, Commissioner

State of Connecticut

Lookup Detail View

Name and Address

Name	License Address
ALEXION PHARMACEUTICALS INC	100 COLLEGE ST NEW HAVEN, CT 06510-3210

Credential Information

Credential	License Type	Effective Date	Expiration Date	Status
CSM.0000266	MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES	07/01/2020	06/30/2021	ACTIVE

Generated on: 5/6/2020 9:41:36 AM

Attachment B

Facility Manager's Resume

Amanda C. Phillips

• Ledyard, CT 06339 •

EXPERIENCE

Alexion Pharmaceuticals, New Haven, CT — January 2019 - Present
Supervisor, Customer Distribution Operations

- Manage team of six direct reports overseeing distribution of 50% of Alexion's U.S. on-label and off-label patient population
- Run daily reports using SAP, Salesforce, and Microsoft to support Customer Operations/Director's work load
- Lead cross functional team with Finance team to maintain less than 1% aging metric for all US Trade Partners
- Global Supply Chain Leadership team project coordinator
- Daily cross functional work with teams across the company including Nurse Case Management, Commercial, Finance and Global Medical teams

Alexion Pharmaceuticals, New Haven, CT — April 2014 – Present
Specialist, Customer Distribution Operations (March 2018 – Present)
Customer Operations Representative (April 2014 – February 2018)

Account management of multiple state regions encompassing a large and robust patient population to ensure drug is delivered in a timely, organized and efficient manner

- Manage territorial region collaborating with multi-functional teams across the company including Nurse Case Management, Commercial and Global Medical teams
- Order entry and planning using SAP, Microsoft Access and Salesforce to manage daily workload of all on-label and off-label patients in Southern US territory
- Logistics using cold-chain transportation and FedEx Custom Critical premiere service
- Daily and direct contact with Physicians, Pharmacists, Other HCP, Distributors, Suppliers and Wholesalers across the US
- Run daily reports to better enhance Customer Operations/management's work load
- Consistent record of exceeding yearly goals

Accounts Payable & Collections Team

- Using SAP, run monthly statements and provide all discrepancies, overdue payments and credit/debit information to Specialty Distributors
  - Trained and help manage team of three individual who triage requests and discrepancies
- Communicate daily with external partners to report on Financial
- Monitor daily reports to ensure proper order entry from all representatives; problem solve when issues arise

Project Experience

- Designed, developed, trained and launched Alex Patient Services a Salesforce system
  - Chosen as department representative to help design, review and build the new system
  - Reviewed processes and procedures to better enhance the Customer Operations and Case Management team's daily workload
  - Created curriculum and trained Customer Operations department on AlexPS system
- Developed, piloted and launched new order process for Customer Operations department after March 2017 restructure
- Restructured and organized Customer Operations Working Practice Document and daily process flow
- Piloted, tested and launched New Account Creation SharePoint site for management of new account information

Unilever, (via Manpower Inc.), Trumbull, CT — September 2013 – March 2014
Customer Service Analyst, Hannaford & Family Dollar Stores

- Responsible for the order management process of Hannaford and Family Dollar customer orders in SAP
- Ongoing communication with Customer Development and Sales teams to maximize case fill while ensuring on-time delivery to customer through management of stock, transportation of goods and constant warehouse contact
  - $0 Left on Dock for both quarters
- Gained knowledge and transitioned between multiple accounts in a short period of time including: Hannaford, Family Dollar, Wakefern and Publix – a Top 5 Unilever Company

Sikorsky Aircraft Corporation, Stratford, CT Summer 2011 & Summer 2012

Supply Management Intern and Quality Operating System (ACE – Achieving Competitive Excellence) Intern

- Procurement of airframe and associated aircraft furnishings
  - Daily and frequent contact with company's suppliers to solicit part quotations, expedite parts and classify US proprietary parts pursuant to US export/import laws
  - Value Engineering and Transfer Cost teams to reduce company procurement cost
- ACE continuous improvement system team member working to ensure world-class quality in manufacturing products and processes
  - Conducted surveys, data analysis of questionnaires, created weekly improvement charts, collected results focused on lean manufacturing and process improvement
  - Assembled Silver Package: including 80 slide department overview PowerPoint and metric analysis. Presented and secured Executive level approvals.

EDUCATION

Merrimack College May 2013
School of Science and Engineering, North Andover, MA
Bachelor of Science in Biology (Molecular Biology and Biotechnology)

Masuk High School June 2009

AWARDS

Alexion Living the Values Award 2017
- Implementation of new departmental process after restructure

Regional Excellence Award 2014-2016
- Top Performing Sales teams multiple quarters per year

South West Conference Leadership Award 2009
- One of two chosen senior athletes from Masuk High School

CERTIFICATION

Six Sigma Yellow Belt Project launch: June 2019

SKILLS

SAP, BI Reporting, Salesforce, CRM, Advanced in MS Excel, Communication, Microsoft Office: PowerPoint, Access, Word, Outlook; General Laboratory Practices

Attachment C

FDA Registration

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) PRINT

Verified
M.H
1/21/21

Current through December 03, 2020

You have searched Finished drug products

Search Results: '25682'

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
KANUMA	25682-007-01	2 mg/mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	BLA125561	Alexion Pharmaceuticals, Inc	25682-007	Sebelipase alfa	SEBELIPASE ALFA	HUMAN PRESCRIPTION DRUG	12/08/2015	N/A	BLA	1 VIAL, GLASS in 1 CARTON (25682-007-01) > 10 mL in 1 VIAL, GLASS
SOLIRIS	25682-001-01	300 mg/30mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	BLA125166	Alexion Pharmaceuticals Inc	25682-001	ECULIZUMAB	ECULIZUMAB	HUMAN PRESCRIPTION DRUG	04/02/2007	N/A	BLA	1 VIAL in 1 CARTON (25682-001-01) > 30 mL in 1 VIAL
STRENSIQ	25682-010-12	18 mg/ 45mL	SOLUTION	SUBCUTANEOUS	BLA125513	Alexion Pharmaceuticals, Inc	25682-010	ASFOTASE ALFA	ASFOTASE ALFA	HUMAN PRESCRIPTION DRUG	10/23/2015	N/A	BLA	12 VIAL in 1 CARTON (25682-010-12) > 2 mL in 1 VIAL (25682-010-01)
STRENSIQ	25682-013-12	28 mg/ 7mL	SOLUTION	SUBCUTANEOUS	BLA125513	Alexion Pharmaceuticals, Inc	25682-013	ASFOTASE ALFA	ASFOTASE ALFA	HUMAN PRESCRIPTION DRUG	10/23/2015	N/A	BLA	12 VIAL in 1 CARTON (25682-013-12) > 2 mL in 1 VIAL (25682-013-01)
STRENSIQ	25682-016-12	40 mg/mL	SOLUTION	SUBCUTANEOUS	BLA125513	Alexion Pharmaceuticals, Inc	25682-016	ASFOTASE ALFA	ASFOTASE ALFA	HUMAN PRESCRIPTION DRUG	10/23/2015	N/A	BLA	12 VIAL in 1 CARTON (25682-016-12) > 2 mL in 1 VIAL (25682-016-01)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
STRENSIQ	25682-019-12	80 mg/ 8mL	SOLUTION	SUBCUTANEOUS	BLA125513	Alexion Pharmaceuticals, Inc	25682-019	ASFOTASE ALFA	ASFOTASE ALFA	HUMAN PRESCRIPTION DRUG	10/23/2015	N/A	BLA	12 VIAL in 1 CARTON (25682-019-12) > 2 mL in 1 VIAL (25682-019-01)
Ultomiris	25682-022-01	300 mg/30mL	SOLUTION, CONCENTRATE	INTRAVENOUS	BLA761108	Alexion Pharmaceuticals Inc	25682-022	ravulizumab	RAVULIZUMAB	HUMAN PRESCRIPTION DRUG	12/21/2018	N/A	BLA	1 VIAL, GLASS in 1 CARTON (25682-022-01) > 30 mL in 1 VIAL, GLASS
Ultomiris	25682-025-01	300 mg/3mL	SOLUTION, CONCENTRATE	INTRAVENOUS	BLA761108	Alexion Pharmaceuticals Inc	25682-025	ravulizumab	RAVULIZUMAB	HUMAN PRESCRIPTION DRUG	12/21/2018	N/A	BLA	1 VIAL, GLASS in 1 CARTON (25682-025-01) > 3 mL in 1 VIAL, GLASS
Ultomiris	25682-028-01	1100 mg/11mL	SOLUTION, CONCENTRATE	INTRAVENOUS	BLA761108	Alexion Pharmaceuticals Inc	25682-028	ravulizumab	RAVULIZUMAB	HUMAN PRESCRIPTION DRUG	12/21/2018	N/A	BLA	1 VIAL, GLASS in 1 CARTON (25682-028-01) > 11 mL in 1 VIAL, GLASS

Showing 1 to 9 of 9 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Attachment D

Nature of Business

ALEXION PHARMACEUTICALS, INC. (ALEXION) is a virtual manufacturer of human prescription non-controlled drugs located in New Haven, CT. ALEXION utilizes affiliates and third parties to produce, manufacture, and distribute its products to wholesalers and distributors. **At no time does this facility handle, store, produce or distribute its own products**. Provided below is the information for the manufacturers and third party logistics providers:

Affiliated Manufacturers:

Alexion Pharma International Operations Unlimited Company
College Business and Technology Park, Blanchardstown Road North, Dublin, D15 R925, Ireland
FDA Registration #: 3012889718

Alexion Pharma International Operations Unlimited Company
Monksland Industrial Estate, Athlone, Co., Roscommon N37 DH79, Ireland
FDA Registration #: 3011532960

Alexion Pharmaceuticals, Inc.
100 Industrial Drive, Holden, MA 01520
FDA Registration #: 3011346577

Alexion Pharmaceuticals, Inc.
1074 Gateway East Parkway, Building 200, Bogart, GA 30622
FDA Registration #: 3011263308

Third Party Logistics Providers:

Eversana Life Science Services, LLC
4580 Mendenhall Road, Memphis, TN 38141
Contact Person: Douglass Ross; Telephone #: 901-795-7117

Eversana Life Science Services, LLC
10887 Commerce Way, Unit B, Fontana, CA 92337

Attachment G

Corporate Officer and Director Information

ALEXION PHARMACEUTICALS, INC.

Corporate Officers:

Ludwig Hantson, Ph.D.
Chief Executive Officer

Ellen Chiniara, J.D.
Executive Vice President, General Counsel

Aradhana Sarin
Executive Vice President, Chief Financial Officer

Indrani Franchini, J.D.
Executive Vice President, Chief Compliance Officer

Brian Goff
Executive Vice President, Chief Commercial Officer

Anne-Marie Law
Executive Vice President, Chief Human Resources Officer

John Orloff, M.D.
Executive Vice President, Head of Research & Development

Rana Strellis
Senior Vice President Global Communications and Culture

Prasanna Thombre
VP, Treasurer

Doug Barry
VP Corporate Counsel

Directors:

David R. Brennan – Chairman
Felix J. Baker, Ph.D.
Christopher J. Coughlin
Paul A. Friedman, M.D.
Ludwig Hantson, Ph.D.
John T. Mollen
Andreas Rummelt, Ph. D
Deborah Dunshire M.D.
Francois Nader M.D.
Judith Reinsdorf J.D.
Ann Veneman, J.D.

Attachment F

Delaware Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALEXION PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALEXION PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2286486 8300

SR# 20208528283

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204199068

Date: 12-01-20

Attachment E

SEC 10-K

Enclosed are the first 15 pages from the latest SEC 10-K filing. The entire report is over 100 pages. To view the entire report you may visit the following website: https://ir.alexion.com/financial-information/sec-filings

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

Annual report pursuant to Section 13 or 15 (d) of the Securities Exchange Act of 1934

For the fiscal year ended December 31, 2019

or

Transition report pursuant to Section 13 or 15 (d) of the Securities Exchange Act of 1934

For the transition period from to
Commission file number: 0-27756

ALEXION PHARMACEUTICALS, INC.
(Exact Name of Registrant as Specified in Its Charter)

Delaware	13-3648318
(State or Other Jurisdiction of Incorporation or Organization)	(I.R.S. Employer Identification No.)

121 Seaport Boulevard, Boston Massachusetts 02210

(Address of Principal Executive Offices) (Zip Code)

475-230-2596
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock $0.0001 par value	ALXN	NASDAQ Stock Market LLC

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	Smaller reporting company
Accelerated filer	Emerging growth company
Non-accelerated filer	

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes No

The aggregate market value of the Common Stock held by non-affiliates of the registrant, based upon the last sale price of the Common Stock reported on The Nasdaq Stock Market LLC on June 28, 2019, was $28,243,087,610.(1)

Common Stock $0.0001 par value	221,400,872
Class	Outstanding as of January 29, 2020

(1) Excludes 8,615,902 shares of common stock held by directors, executive officers and their respective affiliates at June 28, 2019. Exclusion of shares held by any person should not be construed to indicate that such person possesses the power, directly or indirectly, to direct or cause the direction of the management or policies of the registrant, or that such person is controlled by or under common control with the registrant.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Definitive Proxy Statement to be used in connection with its 2020 Annual Meeting of Stockholders currently anticipated to be held on May 13, 2020, are incorporated by reference into Part III of this report.

Alexion Pharmaceuticals, Inc.

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PART I

Unless the context requires otherwise, references in this report to "Alexion," the "Company," "we," "our" or "us" refer to Alexion Pharmaceuticals, Inc. and its subsidiaries.

Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K contains forward-looking statements. Words such as "anticipates," "may," "forecasts," "expects," "intends," "plans," "potentially," "believes," "seeks," "estimates," variations of such words and similar expressions are intended to identify such forward-looking statements, although not all forward-looking statements contain these identifying words. Forward-looking statements are not guarantees of future performance and are subject to certain risks, uncertainties, and assumptions that are difficult to predict; therefore, actual results may differ materially from those expressed or forecasted in any such statements. Such forward-looking statements are based on current expectations, estimates and projections about our industry and business, management's beliefs, and certain assumptions made by our management, and may include, but are not limited to, statements regarding:

- the potential benefits and commercial potential of ULTOMIRIS®, SOLIRIS®, STRENSIQ® and KANUMA® for approved indications and any expanded uses;
- sales of our products in various markets worldwide, pricing for our products, level of insurance coverage and reimbursement for our products, timing regarding development and regulatory approvals for our products or for additional indications or in additional territories;
- plans for clinical trials (and proof of concept trials and exploratory clinical studies), status of our ongoing clinical trials for our product candidates, commencement dates for new clinical trials, clinical trial results and evaluation of our clinical trial results by regulatory agencies;
- potential benefits offered by product candidates, including improved dosing intervals and potential to improve treatment in a number of IgG-mediated and neurological diseases;
- the medical and commercial potential of additional indications for our products;
- the expected timing for the completion and/or regulatory approval of our facilities and facilities of our third-party manufacturers;
- future expansion of our commercial organization and transition to third-parties in certain jurisdictions to perform sales, marketing and distribution functions;
- future governmental and regulatory decisions regarding pricing (and discounts) and the adoption, implementation and interpretation of healthcare laws and regulations (and the impact on our business);
- plans and prospects for future regulatory approval of products and product candidates;
- competitors, potential competitors and future competitive products (including biosimilars);
- plans to grow our product pipeline (and diversify our business, including through acquisitions) and anticipated benefits to the Company;
- future objective to expand business and sales;
- future plans to retain earnings and not pay dividends;
- expected decisions to appeal certain litigation and intellectual property decisions;
- expectations to realize the carrying value of product inventory;
- impact of accounting standards;
- future costs, operating expenses (including research and development, sales, general and administrative and restructuring expenses) and capital requirements, capital investment, sufficiency of cash to fund operations for at least the next 12 months, ability to make payment on our credit facility and make contingent payment obligations, the sufficiency of our existing capital resources and projected cash needs, price approval and funding processes in various countries;
- the sources of expected increases in cash flow from operations, if any;
- anticipated impact of interest rate changes on financial statements;
- anticipated future milestone, contingent and royalty payments and lease payments (and, in each case, expected impact on liquidity);

- timing and anticipated amounts of future tax payments and benefits (including the potential recognition of unrecognized tax benefits), as well as timing of conclusion of tax audits;
- collection of accounts receivable and impact of any delay in the future in collecting accounts receivable on financial condition and operations, as well as the ability of counterparties to our derivatives to perform their obligations;
- the safety and efficacy of our products and our product candidates;
- the adequacy of our pharmacovigilance and drug safety reporting processes;
- the uncertainties involved in the drug development process and manufacturing;
- performance and reliance on third party service providers;
- our future research and development activities, plans for acquired programs, our ability to develop and commercialize products with our collaborators and anticipated regulatory approval of acquisitions;
- periods of patent, regulatory and market exclusivity for our products;
- the scope of our intellectual property and the outcome of any challenges or opposition to our intellectual property; and
- estimates of the capacity of manufacturing and other service facilities to support our business, operations, products and product candidates.

Such risks and uncertainties include, but are not limited to, increased competition, actions by regulatory agencies, product candidates not receiving regulatory approvals, the possibility that expected tax benefits will not be realized, assessment of impact of recent accounting pronouncements, potential declines in sovereign credit ratings or sovereign defaults in countries where we sell our products, delay of collection or reduction in reimbursement due to adverse economic conditions or changes in government and private insurer regulations and approaches to reimbursement, uncertainties surrounding legal proceedings, company investigations and government investigations and assessments, including our Securities and Exchange Commission (SEC) and U.S. Department of Justice (DOJ) investigations, the securities class action litigation filed in December 2016, the investigation of our Brazilian operations by Brazilian authorities, the tax assessment by the Brazilian Federal Revenue Service, risks related to the short and long-term effects of other government healthcare measures, intellectual property lawsuits and the institution of Inter Partes Reviews, and the effect of shifting foreign exchange rates, as well as those risks and uncertainties discussed later in this report under the section entitled "Risk Factors." Unless required by law, we undertake no obligation to update publicly any forward-looking statements, whether because of new information, future events or otherwise. However, readers should carefully review the risk factors set forth in this and other reports or documents we file from time to time with the SEC.

Note Regarding Trademarks

We have proprietary rights to a number of registered and unregistered trademarks worldwide that we believe are important to our business, including but not limited to: ALEXION, the Alexion logo, ULTOMIRIS, SOLIRIS, STRENSIQ and KANUMA. We have, in certain cases, omitted the ®, © and ™ designations for these and other trademarks used in this Annual Report on Form 10-K. Nevertheless, all rights to such trademarks are reserved. These and other trademarks referenced in this Annual Report on Form 10-K are the property of their respective owners.

Item 1. BUSINESS.
(dollars and shares in millions)

Overview

Alexion is a global biopharmaceutical company focused on serving patients and families affected by rare diseases through the discovery, development and commercialization of life-changing therapies.

As the global leader in complement biology and inhibition for more than 20 years, Alexion has developed and commercializes two approved complement inhibitors to treat patients with paroxysmal nocturnal hemoglobinuria (PNH) and atypical hemolytic uremic syndrome (aHUS), as well as the first and only approved complement inhibitor to treat anti-acetylcholine receptor (AChR) antibody-positive generalized myasthenia gravis (gMG) and neuromyelitis optica spectrum disorder (NMOSD) in patients who are anti-aquaporin-4 (AQP4) antibody positive. Alexion also has two highly innovative enzyme replacement therapies and the first and only approved therapies for patients with life-threatening and ultra-rare metabolic disorders, hypophosphatasia (HPP) and lysosomal acid lipase deficiency (LAL-D).

In addition to our marketed therapies, we have a diverse pipeline resulting from internal innovation and business development. Alexion focuses its research efforts on novel molecules and targets in the complement cascade and its development efforts on the core therapeutic areas of hematology, nephrology, neurology, metabolic disorders and cardiology. We were incorporated in 1992 under the laws of the State of Delaware.

Products and Development Programs

We focus our product development programs on life-transforming therapeutics for rare diseases for which current treatments are either non-existent or inadequate. We have developed or are developing innovative products for, among others, the following indications:

Paroxysmal Nocturnal Hemoglobinuria (PNH)	PNH is a chronic, progressive, debilitating and life-threatening ultra-rare blood disorder characterized by intravascular hemolysis (destruction of red blood cells) that is mediated by an uncontrolled activation of the complement system, a part of the immune system. Chronic hemolysis in patients with PNH may be associated with life-threatening thromboses, recurrent pain, kidney disease, disabling fatigue, impaired quality of life, severe anemia, pulmonary hypertension, shortness of breath and intermittent episodes of dark-colored urine (hemoglobinuria).
Atypical Hemolytic Uremic Syndrome (aHUS)	aHUS is a severe and life-threatening, ultra-rare genetic disease characterized by chronic uncontrolled complement activation and thrombotic microangiopathy (TMA), the formation of blood clots in small blood vessels throughout the body, causing a reduction in platelet count (thrombocytopenia) and life-threatening damage to the kidney, brain, heart and other vital organs.
Generalized Myasthenia Gravis (gMG)	Myasthenia Gravis (MG) is a debilitating, complement-mediated neuromuscular disease in which patients suffer profound muscle weakness throughout the body, resulting in slurred speech, impaired swallowing and choking, double vision, upper and lower extremity weakness, disabling fatigue, shortness of breath due to respiratory muscle weakness and episodes of respiratory failure.
Hypophosphatasia (HPP)	HPP is an ultra-rare genetic and progressive metabolic disease in which patients experience devastating effects on multiple systems of the body, leading to debilitating or life-threatening complications. HPP is characterized by defective bone mineralization that can lead to deformity of bones and other skeletal abnormalities, as well as systemic complications such as profound muscle weakness, seizures, pain, and respiratory failure leading to premature death in infants.
Lysosomal Acid Lipase Deficiency (LAL Deficiency or LAL-D)	LAL-D is a serious, life-threatening ultra-rare disease associated with premature mortality and significant morbidity. LAL-D is a chronic disease in which genetic mutations result in decreased activity of the LAL enzyme that leads to marked accumulation of lipids in vital organs, blood vessels, and other tissues, resulting in progressive and systemic organ damage including hepatic fibrosis, cirrhosis, liver failure, accelerated atherosclerosis, cardiovascular disease, and other devastating consequences.
Relapsing Neuromyelitis Optica Spectrum Disorder (NMOSD)	Relapsing NMOSD is a severe and ultra-rare autoimmune disease of the central nervous system that primarily affects the optic nerves and the spinal cord. Each relapse of the disorder results in a stepwise accumulation of disability, including blindness and paralysis, and sometimes premature death. Complement activation due to anti-AQP4 antibodies is one of the primary underlying causes of the destruction of vital cells in the central nervous system in patients with NMOSD.

Wilson Disease	Wilson disease is a rare disorder, characterized by excess copper stored in various body tissues, that can lead to severe liver disease, including cirrhosis and acute liver failure, as well as debilitating neurological morbidities such as impaired movement, gait, speech, swallowing, and psychiatric disorders.
Warm Autoimmune Hemolytic Anemia (WAIHA)	WAIHA is a rare autoimmune disorder caused by pathogenic Immunoglobulin G (IgG) antibodies that react with and cause the premature destruction of red blood cells at normal body temperature. The disease is often characterized by profound, and potentially life-threatening anemia and other acute complications, including severe and life-threatening hemolysis, severe weakness, enlarged spleen and/or liver, rapid heart rate (tachycardia), chest pain, heart failure and fainting (syncope).

Marketed Products

Our marketed products include the following:

Product	Therapeutic Area	Approved Indication
ULTOMIRIS® (ravulizumab-cwvz)	Hematology	Paroxysmal Nocturnal Hemoglobinuria (PNH)
	Hematology/Nephrology	Atypical Hemolytic Uremic Syndrome (aHUS)
SOLIRIS® (eculizumab)	Hematology	Paroxysmal Nocturnal Hemoglobinuria (PNH)
	Hematology/Nephrology	Atypical Hemolytic Uremic Syndrome (aHUS)
	Neurology	Generalized Myasthenia Gravis (gMG)
	Neurology	Neuromyelitis Optica Spectrum Disorder (NMOSD)
Strensiq® (asfotase alfa) for injection	Metabolic Disorders	Hypophosphatasia (HPP)
Kanuma® sebelipase alfa intravenous infusion	Metabolic Disorders	Lysosomal Acid Lipase Deficiency (LAL-D)

ULTOMIRIS (ALXN1210/ravulizumab-cwvz)

ULTOMIRIS is an innovative, long-acting C5 inhibitor discovered and developed by Alexion that works by inhibiting the C5 protein in the terminal complement cascade. In clinical studies, ULTOMIRIS demonstrated rapid, complete, and sustained reduction of free C5 levels.

In December 2018, ULTOMIRIS was approved by the U.S. Food and Drug Administration (FDA) as a new treatment option for adult patients with PNH in the U.S.

ULTOMIRIS was approved as a new treatment option for adult patients with PNH by the Ministry of Health, Labour and Welfare (MHLW) in Japan in June 2019. ULTOMIRIS was approved by the European Commission (EC) in July 2019 as a treatment for adult patients with PNH with hemolysis with clinical symptoms indicative of high disease activity, and also for adult patients who are clinically stable after having been treated with SOLIRIS for at least the past six months.

In August 2019, the European Medicines Agency accepted a Type 2 variation application for the use of ULTOMIRIS as a potential treatment for adult and pediatric patients with aHUS.

In September 2019, Alexion submitted an application to the Japanese Pharmaceuticals and Medical Devices Agency (PMDA) for use of ULTOMIRIS as a potential treatment for patients with aHUS.

In October 2019, the FDA approved the use of ULTOMIRIS as a treatment for adult and pediatric (one month of age or older) patients with aHUS to inhibit complement-mediated TMA.

SOLIRIS (eculizumab)

SOLIRIS is an innovative C5 inhibitor discovered and developed by Alexion that works by inhibiting the C5 protein in the terminal complement cascade. SOLIRIS is a humanized monoclonal antibody that effectively blocks terminal complement activity at the doses currently prescribed.

SOLIRIS is approved for the treatment of PNH and aHUS in pediatric and adult patients in the U.S., Europe, Japan and in several other countries. We are sponsoring multinational registries to gather information regarding the natural history of patients with PNH and aHUS and the longer-term outcomes during SOLIRIS treatment.

In 2017, the FDA and EC regulatory authority approved SOLIRIS for the treatment of gMG in adults who are anti-acetylcholine receptor (AChR) antibody-positive. Additionally, in 2017 the MHLW in Japan approved SOLIRIS as a treatment for patients with gMG who are AChR antibody-positive and whose symptoms are difficult to control with high-dose intravenous immunoglobulin therapy or plasmapheresis (PLEX).

In June 2019, SOLIRIS became the first FDA-approved treatment option for adult patients with NMOSD who are AQP4 auto antibody positive. In August 2019, the EC approved SOLIRIS as the first treatment in Europe for NMOSD in adults who are AQP4 antibody-positive with a relapsing course of the disease. In November 2019, the Japanese MHLW approved SOLIRIS as a treatment for the prevention of relapse in patients with AQP4 antibody-positive NMOSD, including Neuromyelitis Optica.

STRENSIQ (asfotase alfa)

STRENSIQ, a targeted enzyme replacement therapy, is the first and only approved therapy for patients with HPP and is designed to directly address underlying causes of HPP by aiming to restore the genetically defective metabolic process, thereby preventing or reversing the severe and potentially life-threatening complications in patients with HPP. STRENSIQ is approved in the U.S. for patients with perinatal-, infantile- and juvenile-onset HPP, Europe for the treatment of patients with pediatric-onset HPP, and Japan for the treatment of patients with HPP. We are sponsoring a multinational registry to gather information regarding the natural history of patients with HPP and the longer-term outcomes during STRENSIQ treatment.

KANUMA (sebelipase alfa)

KANUMA, a recombinant form of the human LAL enzyme, is the only enzyme-replacement therapy that is approved for the treatment for patients with LAL-D. KANUMA is approved in the U.S. for the treatment of patients with LAL-D, Europe for long-term enzyme replacement therapy in patients with LAL-D, and Japan for the treatment of patients with LAL-D. We are sponsoring a multinational registry to gather information regarding the natural history of patients with LAL-D and the longer-term outcomes during KANUMA treatment.

Clinical Development Programs

Our ongoing clinical development programs include the following:

Product	Development Area	Indication	Phase I	Phase II	Phase III	Filed
ULTOMIRIS (ALXN1210/ravulizumab-cwvz) (Intravenous)	Neurology	gMG/NMOSD			●	
ULTOMIRIS (ALXN1210/ravulizumab-cwvz) (Subcutaneous)	Hematology/Nephrology	PNH/aHUS			●	
ALXN1810 (ALXN1210 with rHuPH20) (Subcutaneous)	Next Generation Subcutaneous Complement Inhibitor		●			
ALXN1720 (Subcutaneous)	Next Generation Subcutaneous Complement Inhibitor		●			
ALXN1840 (WTX101)	Metabolic Disorders	Wilson disease			●	
ALXN1830 (SYNT001) (Subcutaneous)	FcRn		●			
ABY-039	FcRn		●			

In addition to our ongoing development programs, we hold a minority interest and option to acquire Caelum Biosciences (Caelum), a biotechnology company that is developing CAEL-101 for light chain (AL) amyloidosis. CAEL-101 is a first-in-class monoclonal antibody (mAb) designed to improve organ function by reducing or eliminating amyloid deposits in the tissues and organs of patients with AL amyloidosis. A Phase 1a/1b study for CAEL-101 has been completed. Following discussions with the FDA, expanded Phase II/III trials for CAEL-101 are expected to begin in the second quarter 2020.

In January 2020, Alexion acquired Achillion Pharmaceuticals, Inc. (Achillion). The acquisition adds two oral Factor D inhibitors, danicopan (ACCH-4771) and ACH-5228, to treat rare diseases associated with the complement alternative pathway to Alexion's clinical-stage pipeline. Phase III development is being initiated for danicopan as an add-on therapy for PNH patients with extravascular hemolysis (EVH). Danicopan is also in Phase II development for C3 glomerulopathy (C3G) and ACH-5228 is in Phase II development for PNH.

ULTOMIRIS (ALXN1210/ravulizumab-cwvz)

ULTOMIRIS is an innovative, long-acting C5 inhibitor discovered and developed by Alexion that works by inhibiting the C5 protein in the terminal complement cascade. In clinical studies, ALXN1210 demonstrated rapid, complete, and sustained reduction of free C5 levels.

Intravenous (IV)

In January 2019, we announced that the Phase III, global, single arm, multicenter study evaluating the safety and efficacy of ALXN1210 administered by IV infusion every 8 weeks to adult patients with aHUS who had never been treated with a complement inhibitor (inhibitor-naïve patients) met its primary objective. In the study's initial 26 week treatment period, 53.6 percent of patients demonstrated complete TMA response. A second Phase III, single arm, multicenter study to evaluate the safety, efficacy, pharmacokinetics (PK), and pharmaco-dynamics (PD) of ALXN1210 administered by IV infusion every 8 weeks in inhibitor-naïve pediatric patients (including adolescents) with aHUS is ongoing.

In August 2019, the European Medicines Agency accepted a Type 2 variation application for the use of ULTOMIRIS as a potential treatment for adult and pediatric patients with aHUS. In September 2019, Alexion submitted an application to the Japanese PMDA for use of ULTOMIRIS as a potential treatment for patients with aHUS. In October 2019, the FDA approved ULTOMIRIS for the treatment of adult and pediatric patients (one month of age or older) with aHUS in order to inhibit complement-mediated TMA. In November and December 2019, the Extension Application to register the ULTOMIRIS 100 mg formulation (which is a higher concentration formulation of ULTOMIRIS than the formulation currently commercialized) was submitted to the EMA and to the FDA, respectively.

In March 2019, Alexion initiated a Phase III double-blind, placebo-controlled, multicenter study to evaluate the safety and efficacy of ALXN1210 in adult patients for the treatment of gMG. Additionally, in December 2019, Alexion initiated a Phase III, placebo-controlled, open-label, multicenter study to evaluate the safety and efficacy of ALXN1210 in adult patients with NMOSD.

In addition to aHUS, NMOSD and gMG, Alexion plans to initiate: (i) a Phase III study for ALXN1210 in Amyotrophic Lateral Sclerosis (ALS); (ii) an exploratory clinical study for ALXN1210 in Primary Progressive Multiple Sclerosis (PPMS); (iii) Phase III studies of ALXN1210 in adult and pediatric hematopoietic stem cell transplant-associated thrombotic microangiopathy (HSCT-TMA); and (iv) a Phase III study with ALXN1210 in complement-mediated TMA.

Subcutaneous (SC) Delivery

In March 2019, Alexion initiated a single, PK-based Phase III study of ALXN1210 delivered subcutaneously once per week to PNH patients to support regulatory approval submissions in both PNH and aHUS.

ALXN1810 Subcutaneous (SC) Delivery

ALXN1810 combines ALXN1210 with recombinant human hyaluronidase enzyme (rHuPH20) licensed from Halozyme Therapeutics, Inc. to potentially further extend the dosing interval for ALXN1210 SC from once per week to once every two weeks or more. Alexion completed a SC healthy volunteer study with ALXN1810 in December 2018. A proof-of-concept trial in patients with various renal diseases (renal basket study) is expected to be initiated in 2020.

ALXN1720 Subcutaneous (SC) Delivery

ALXN1720 is a novel humanized bi-specific minibody antibody that binds selectively and with high affinity to C5. ALXN1720 is designed for SC administration as a concentrated formulation for the treatment of disease states involving dysregulated terminal complement activity. In September 2019, Alexion initiated a Phase I healthy volunteer study of ALXN1720 to assess safety and tolerability.

ALXN1840 (WTX101)

ALXN1840 (WTX101), an innovative product candidate that addresses the underlying cause of Wilson disease, is a first-in-class oral copper-binding agent with a unique mechanism of action and ability to access and bind copper from serum and promote its removal from the liver.

Alexion is in the process of completing enrollment in a Phase III study of ALXN 1840 for the treatment of Wilson disease. In addition, ALXN1840 has received Fast Track designation in the U.S.

ALXN1830 (SYNT001)

ALXN1830 (SYNT001) is a humanized monoclonal antibody that is designed to inhibit the interaction of the neonatal Fc receptor (FcRn) with IgG and IgG immune complexes and has the potential to improve treatment in a number of rare IgG-mediated diseases. Alexion plans to re-initiate a Phase II trial in WAIHA during the first quarter of 2020. In addition, Alexion initiated a Phase I study of a SC formulation of ALXN1830 in healthy volunteers in December 2019. A Phase II trial in gMG with the SC formulation is expected to initiate later in 2020 pending, among other things, the successful completion of the Phase I healthy volunteer study.

ABY-039

In March 2019, we entered into an agreement with Affibody AB (Affibody), through which Alexion obtained an exclusive worldwide license, as well as development and commercial rights, to ABY-039, a bivalent antibody-

mimetic that targets the FcRn. Following receipt of applicable antitrust approval, the transaction closed in April 2019. Pursuant to the agreement, Alexion is leading the clinical development and commercial activities for ABY-039 in rare IgG-mediated autoimmune diseases. A Phase I study of single ascending doses and multiple ascending doses is ongoing.

AG10

In September 2019, we entered into an agreement with Eidos Therapeutics, Inc. (Eidos), through which Alexion obtained an exclusive license to develop and commercialize AG10 in Japan for transthyretin amyloidosis (ATTR). AG10 is an orally administered small molecule in development designed to target the root cause of ATTR by stabilizing transthyretin (TTR) in the blood. Eidos is currently evaluating AG10 in a Phase III study in the United States and Europe for ATTR cardiomyopathy and plans to begin a Phase III study in ATTR polyneuropathy in the first quarter of 2020. Alexion plans to expand the AG10 program into Japan through the initiation of a clinical trial for which data would serve as the basis for seeking regulatory approval to commercialize AG10 in Japan.

Manufacturing

We utilize both internal manufacturing facilities and third-party contract manufacturers to supply clinical and commercial quantities of our products and product candidates. Our internal manufacturing capability includes our Ireland facilities, a fill/finish facility in Athlone and a packaging facility in Dublin, as well as a production facility in Georgia. Third party contract manufacturers, including Lonza Group AG and its affiliates (Lonza), provide bulk drug substance as well as other manufacturing services like purification, product filling, finishing, packaging, and labeling.

We have various agreements with Lonza through 2030, with remaining total non-cancellable commitments of approximately $1,099.9. If we terminate certain supply agreements with Lonza without cause, we will be required to pay for product scheduled for manufacture under our arrangements. Under an existing arrangement, we pay Lonza a royalty on sales of SOLIRIS that was manufactured at the Alexion Rhode Island Manufacturing Facility (ARIMF) prior to the sale of the facility in 2018. We also pay Lonza a royalty on the sales of ULTOMIRIS and a payment with respect to sales of SOLIRIS manufactured at Lonza facilities. Lonza is in the process of qualifying a new manufacturing facility in New Hampshire that would manufacture STRENSIQ (and commitments entered into under this arrangement are included in the non-cancellable commitments amount noted in the first sentence of this paragraph).

In addition, we have non-cancellable commitments of approximately $60.6 through 2020 with other third-party manufacturers.

In April 2014, we purchased a fill/finish facility in Athlone, Ireland, which has been refurbished to become our first company-owned fill/finish facility. We have also completed construction of a new biologics manufacturing facility at this site and we are currently pursuing regulatory approval.

In May 2015, we announced plans to construct a new biologics manufacturing facility on our existing property in Dublin, Ireland. Construction of this facility has been completed and we are currently pursuing regulatory approval.

Sales and Marketing

We have established a commercial organization to support current and future sales of our products in the U.S., Europe, Japan, Latin America, Asia Pacific countries, and other territories. Given our focus in rare diseases, we have a relatively small sales force; however, we believe that the size of our sales force is appropriate to effectively market our products due to the incidence and prevalence of rare diseases. If we receive regulatory approval in new territories or for new products or indications, we may expand our own commercial organizations in such territories and market and sell our products through our own sales force in these territories. However, we evaluate each jurisdiction on a country-by-country basis, and, in certain territories, we promote our products in collaboration with marketing partners or rely on relationships with one or more companies with established distribution systems and direct sales forces in certain countries. In addition, in an effort to align the structure of our commercial organization with our re-focused corporate strategy and to realize operational efficiencies, in selected geographies within our international commercial organization, we have transitioned from a direct sales model to an indirect sales model that relies to a greater extent or entirely on third-parties to promote, distribute and sell our products.

Customers

Our customers are primarily comprised of distributors, pharmacies, hospitals, hospital buying groups, and other healthcare providers. In some cases, we also sell our products to governments and government agencies.

Our net product sales to four customers, AmerisourceBergen Corporation, McKesson Corporation, Cardinal Health, Inc. and PANTHERx Rare Pharmacy, each accounted for more than 10.0% of our total revenues for the years ended December 31, 2019 and 2018 and on a combined basis, accounted for approximately 56.4% and 50.3%, respectively. Our net product sales to three customers, AmerisourceBergen Corporation, McKesson Corporation and Cardinal Health, Inc., each accounted for more than 10.0% of our total revenues for the year ended December 31, 2017

and on a combined basis, accounted for approximately 37.0%.

Because of factors such as the pricing of our products, the limited number of patients, the short period from product sale to patient use and the lack of contractual return rights, customers often carry limited inventory. We monitor inventory within our sales channels to determine whether deferrals are appropriate based on factors such as inventory levels compared to demand, contractual terms, financial strength of distributors and our ability to estimate returns.

Please also see *Management's Discussion and Analysis – Net Product Sales*, and Note 19, *Segment Information* of the consolidated financial statements included in this Annual Report on Form 10-K, for financial information by geographic areas.

Intellectual Property Rights and Market Exclusivity

We rely on intellectual property rights to protect our investment in discovering, developing and marketing our marketed products, product candidates and investigational compounds. Accordingly, we own or license rights to many patents in the U.S. and foreign countries that cover our marketed products, product candidates and investigational compounds. We also file and prosecute many patent applications covering new technologies and inventions that we believe are or may become meaningful to our business. In addition to patents, we rely on trade secrets, know-how, trademarks, other forms of intellectual property and regulatory exclusivity. Our intellectual property rights have, we believe, material value and we undertake reasonable measures to protect those rights.

Patent rights and regulatory protections are key factors that determine the period of market exclusivity for our products. It is during the period of market exclusivity that our products have their greatest commercial value.

Patents provide a right to exclude others from practicing an invention for a defined period of time. In our business, patents may cover the active ingredients, uses, formulations, doses, administrations, delivery mechanisms, manufacturing processes and other aspects of a product. The period of patent protection for any given product may depend on the expiration date of various patents and may differ from country to country according to the type of patents, the scope of coverage and the remedies for infringement available in a country. Because a significant portion of a biopharmaceutical product's patent protection can elapse during the course of developing and obtaining regulatory approval of the product, certain countries provide compensatory mechanisms to extend patent terms for the biopharmaceutical products.

Regulatory protections are another source of exclusive rights that contribute toward market exclusivity for our products. Many developed countries provide such non-patent incentives to develop medicines. For example, countries provide data protection for a period of time after the approval of a new drug, during which regulatory agencies may not rely on the innovator's data to approve a biosimilar or generic copy. Some countries provide additional incentives to develop medicines for rare diseases, or orphan drugs, and medicines for pediatric patients. Regulatory protections can work in conjunction with patents to strengthen market exclusivity, and in countries where patent protection has expired or does not exist, regulatory protections can be the basis a product's market exclusivity period. Different forms of regulatory protection are described in the section of this Annual Report on Form 10-K titled *Government Regulation*.

Intellectual property rights in our industry are often disputed. For information regarding legal actions that pertain to ULTOMIRIS and SOLIRIS intellectual property rights, see Note 11, *Commitments and Contingencies* to the notes to the consolidated financial statements included elsewhere in this Annual Report on Form 10-K.

SOLIRIS Exclusivity

With respect to SOLIRIS, we own an issued U.S. patent that covers the eculizumab composition of matter that will expire in 2021, taking into account patent term extension. We also own other issued U.S. patents that cover the composition, use and formulation of eculizumab, that expire in 2027. SOLIRIS also benefits from orphan drug exclusivity for treating gMG until 2024 and for treating NMOSD until 2026 (orphan drug exclusivity for SOLIRIS for treating PNH and aHUS in the U.S. previously expired). In Europe, we have supplementary protection certificates that extend rights associated with a composition of matter patent until May 2020 in certain countries. SOLIRIS is also protected in Europe by orphan drug exclusivity through late 2023 for aHUS, until 2027 for gMG and until 2029 for NMOSD (orphan drug exclusivity for SOLIRIS for treating PNH in Europe previously expired). In Japan, we own an issued patent that covers the eculizumab composition of matter and will expire in 2027. SOLIRIS is also protected in Japan by orphan drug exclusivity until 2020 for PNH, until 2023 for aHUS, until 2027 for gMG and until 2029 for NMOSD. In addition to the foregoing patent and regulatory protections, we own other patents and pending patent applications that are directed to various aspects of eculizumab and which may provide additional protection for SOLIRIS in the U.S., Europe, Japan and other countries.

On January 21, 2019, the Opposition Division of the European Patent Office determined, following multi-party opposition proceedings, to revoke our European patent No. 2359834, which relates to the formulation of SOLIRIS. This decision is currently under appeal.

ULTOMIRIS Exclusivity

With respect to ULTOMIRIS, we own issued U.S., European and Japanese patents that cover the composition of matter, use and formulation of ravulizumab that will expire in 2035. ULTOMIRIS is also protected in the U.S. by regulatory data exclusivity until 2030 and by orphan drug exclusivity for treating PNH through 2025. ULTOMIRIS is also protected in Japan by orphan drug exclusivity for treating PNH until 2029. In addition to the foregoing patent and regulatory protections, we own other patents and pending patent applications that are directed to various aspects of ULTOMIRIS and which may provide additional protection for ULTOMIRIS in the U.S., Europe, Japan and other countries.

STRENSIQ Exclusivity

With respect to STRENSIQ, we own an issued U.S. patent that covers the asfotase alfa composition of matter that will expire in 2029, including patent term restoration. STRENSIQ is also protected in the U.S. by orphan drug exclusivity until 2022 and by regulatory data exclusivity until 2027. In Europe, we own two issued patents that cover the asfotase alfa composition of matter and these will expire in 2025 and 2028. Additionally, we have received supplementary protection certificates that extend the patent protection until 2030 in many European countries. STRENSIQ is also protected in Europe by orphan drug exclusivity and regulatory data exclusivity until 2025. In Japan, STRENSIQ is protected by an issued patent that covers the asfotase alfa composition of matter until 2028 and by orphan drug exclusivity until 2025. In addition to the foregoing patent and regulatory protections, we own other patents and pending patent applications that are directed to various aspects of STRENSIQ and which may provide additional protection for STRENSIQ in the U.S., Europe, Japan and other countries.

KANUMA Exclusivity

With respect to KANUMA, we own issued patents in the U.S., Europe and other countries that cover methods of using the product to treat LAL-D that will expire in 2031. We maintained the European patent in an opposition proceeding that was favorably resolved in 2017. An exclusively licensed composition of matter patent that has been extended to 2026 via supplementary protection certificates further protects KANUMA in certain European countries. In the U.S., KANUMA also is protected by orphan drug exclusivity until 2022 and by regulatory data exclusivity until 2027. In Europe, it is protected by orphan drug exclusivity and regulatory data exclusivity until 2025. In Japan, KANUMA is protected by orphan drug exclusivity until 2026.

Investigational Compounds

We also own U.S. and foreign patents and patent applications that protect our investigational compounds and product candidates. At present, we do not know whether any such investigational compound or product candidate will be approved for human use and sale.

Asset Acquisition and In-License Agreements

From time to time, we enter into arrangements with third parties, including asset purchase agreements, licensing arrangements, and option agreements in order to advance and obtain technologies and services related to our business. These strategic alliances are intended to strengthen and advance our R&D capabilities and diversify our product pipeline to support the growth of our marketed product base. The arrangements, which generally provide Alexion with rights to specialized technology and intellectual property for the development of potential product candidates, often require us to pay an initial fee and certain agreements call for future payments upon the attainment of agreed upon development, regulatory and/or commercial milestones. These agreements may also require minimum royalty payments based on sales of products developed from the applicable technologies, if any.

Importance of Intellectual Property Exclusivities and Rights

The pharmaceutical industry places considerable importance on obtaining and enforcing patent (including licensed patents), trade secret and other intellectual property protection for new therapies, technologies, products, services and processes. Our success therefore depends, in part, on our ability to obtain and enforce our patents (including licensed patents) and other intellectual property rights necessary to protect our current and future products, to obtain and preserve our trade secrets and other confidential intellectual property and to avoid or neutralize intellectual property threats from third parties. The existence of patents does not guarantee our right to practice the patented technology or commercialize the patented product. Litigation, oppositions, inter partes reviews or other proceedings are, have been and may in the future be necessary in some instances to determine the validity and scope of certain of our patents, regulatory exclusivities or other proprietary rights, and in other instances to determine the validity, scope or non-infringement of certain patent rights claimed by third parties to be pertinent to the manufacture, use or sale of our products. We may also face challenges to our patents, regulatory exclusivities and other proprietary rights covering our products by manufacturers of biosimilars. For additional information, see Item 1A, *Risk Factors - Risks Related to Intellectual Property* elsewhere in this Annual Report on Form 10-K (including a recent European Patent Office ruling to revoke a

previously issued patent relating to the formulation of SOLIRIS).

Government Regulation

Drug Development and Approval in the United States

The preclinical studies and clinical testing, manufacture, labeling, storage, record keeping, advertising, promotion, pharmacovigilance reporting, export, and marketing, among other things, of our products and product candidates, including ULTOMIRIS, SOLIRIS, STRENSIQ and KANUMA, are subject to extensive regulation by governmental authorities in the U.S., the EU, Japan and other territories. In the U.S., pharmaceutical products are regulated by the FDA under the Federal Food, Drug, and Cosmetic Act (FDCA) and other laws, including, in the case of biologics, the Public Health Service Act. Our four approved products are regulated by the FDA as biologics. Biologics require the submission of a Biologics License Application (BLA) and approval by the FDA prior to being marketed in the U.S. In the case of KANUMA, which is derived from egg whites from select hens, we also submitted a New Animal Drug Application (NADA) for approval by the FDA. Manufacturers of biologics and drugs derived from animal origin may also be subject to state regulation. We also have product candidates, including the Factor D assets from the Achillion acquisition and ALXN1840 that are small molecule compounds and, if we complete trials and request approval to market these products, these small molecules require the submission of a New Drug Application (NDA) to the FDA. Failure to comply with FDA and state requirements, both before and after product approval, may subject us and/or our partners, distributors, contract manufacturers, and suppliers to administrative or judicial sanctions, including FDA refusal to approve applications, warning letters, product recalls, product seizures, total or partial suspension of production or distribution, fines and/or criminal prosecution.

The process for obtaining regulatory approval to market a biologic or small molecule is expensive, often takes many years, and can vary substantially based on the type, complexity, and novelty of the product candidates involved. The steps required before a biologic may be approved for marketing of an indication in the U.S. generally include:

(1) preclinical laboratory tests and animal tests;

(2) submission to the FDA of an investigational new drug (IND) application for human clinical testing, which must become effective before human clinical trials may commence;

(3) adequate and well-controlled human clinical trials to establish the safety and efficacy of the product for its intended use;

(4) submission to the FDA of a BLA, supplemental BLA, NDA or supplemental NDA;

(5) FDA pre-approval inspection of the manufacturing sites identified in the BLA or NDA; and

(6) FDA review and approval of the BLA, supplemental BLA, NDA or supplemental NDA.

Preclinical studies include laboratory evaluation of product chemistry and formulation, as well as toxicological and pharmacological animal studies to assess the potential safety and efficacy of the product candidate. Preclinical safety tests intended for submission to FDA must be conducted in compliance with FDA's Good Laboratory Practice (GLP) regulations and the U.S. Department of Agriculture's Animal Welfare Act. The results of the preclinical tests, together with manufacturing information and analytical data, are submitted to the FDA as part of an IND application which must become effective before human clinical trials may be commenced. The IND will automatically become effective 30 days after receipt by the FDA, unless the FDA, before that time, raises concerns about the drug candidate or the conduct of the trials as outlined in the IND. The IND sponsor and the FDA must resolve any outstanding concerns before clinical trials can proceed. We cannot assure you that submission of an IND will result in FDA authorization to commence clinical trials or that once commenced, other concerns will not arise that will prevent the trials from moving forward. FDA may stop the clinical trials by placing them on "clinical hold" because of concerns about the safety of the product being tested, or for other reasons.

Clinical trials involve the administration of the investigational product to healthy volunteers or to patients, under the supervision of qualified principal investigators. The conduct of clinical trials is subject to extensive regulation, including compliance with the FDA's bioresearch monitoring regulations and Good Clinical Practice (GCP) requirements, which establish standards for conducting, recording data from, and reporting the results of clinical trials, and are intended to assure that the data and reported results are credible and accurate, and that the rights, safety, and well-being of study participants are protected. Clinical trials must be conducted in accordance with protocols that detail the objectives of the study, the criteria for determining subject eligibility, the dosing plan, patient monitoring requirements, timely reporting of adverse events, and other elements necessary to ensure patient safety, and any efficacy criteria to be evaluated. Each protocol must be submitted to FDA as part of the IND; further, each clinical study at each clinical site must be reviewed and approved by an independent institutional review board, prior to the recruitment of subjects. The institutional review board's role is to protect the rights and welfare

of human subjects involved in clinical studies by evaluating, among other things, the potential risks and benefits to subjects, processes for obtaining informed consent, monitoring of data to ensure subject safety, and provisions to protect the subjects' privacy. Foreign studies conducted under an IND application must meet the same requirements that apply to studies being conducted in the U.S. Data from a foreign study not conducted under an IND may be submitted in support of a BLA if the study was conducted in accordance with GCP and FDA is able to validate the data.

Clinical trials are typically conducted in three sequential phases, but the phases may overlap and different trials may be initiated with the same drug candidate within the same phase of development in similar or differing patient populations. Phase I studies may be conducted in a limited number of patients, but are usually conducted in healthy volunteer subjects. The drug is usually tested for safety and, as appropriate, for absorption, metabolism, distribution, excretion, pharmaco-dynamics and pharmaco-kinetics. Phase II usually involves studies in a larger, but still limited patient population to evaluate preliminarily the efficacy of the drug candidate for specific, targeted indications; to determine dosage tolerance and optimal dosage; and to identify possible short-term adverse effects and safety risks.

Phase III trials are undertaken to gather additional information to evaluate the product's overall risk-benefit profile, and to provide a basis for physician labeling. Phase III trials evaluate clinical efficacy of a specific endpoint(s) and test further for safety within an expanded patient population at geographically dispersed clinical study sites. Phase I, Phase II or Phase III testing might not be completed successfully within any specific time period, if at all, with respect to any of our product candidates. Results from one trial are not necessarily predictive of results from later trials. Furthermore, the FDA, sponsor or institutional review board may suspend clinical trials at any time on various grounds, including a finding that the subjects or patients are being exposed to an unacceptable health risk.

We must register each controlled clinical trial, other than Phase I trials, on a website administered by the National Institutes of Health (NIH) (http://clinicaltrials.gov). Registration must occur no later than 21 days after the first patient is enrolled, and the submission must include descriptive information (e.g., a summary in lay terms of the study design, type and desired outcome), recruitment information (e.g., target number of participants and whether healthy volunteers are accepted), location and contact information, and other administrative data (e.g., FDA identification numbers). Within one year of a trial's completion, information about the trial including characteristics of the patient sample, primary and secondary outcomes, trial results written in lay and technical terms, and the full trial protocol must be submitted to the NIH. The results information is posted to the website unless the drug has not yet been approved, in which case the NIH posts the information shortly after approval. A BLA, BLA supplement, and certain other submissions to the FDA require certification of compliance with these clinical trials database requirements.

The results of the preclinical studies and clinical trials, together with other detailed information, including information on the manufacture and composition of the product and proposed labeling for the product, are submitted to the FDA as part of a BLA or NDA requesting approval to market the product candidate for a proposed indication. Under the Prescription Drug User Fee Act, as amended, the fees payable to the FDA for reviewing a BLA or NDA, as well as annual fees for commercial manufacturing establishments and for approved products, can be substantial. The review fee alone can exceed $2.0 subject to certain limited deferrals, waivers and reductions that may be available. Each BLA and NDA submitted to the FDA for approval is typically reviewed for administrative completeness and reviewability within sixty days following submission of the application. If the FDA finds the submission sufficiently complete, the FDA will "file" the application, thus triggering a full review of the application. The FDA may refuse to file any BLA or NDA that it deems incomplete or not properly reviewable at the time of submission. FDA performance goals provide for action on an application within 12 months of submission. The FDA, however, may not approve a drug within these established goals and its review goals are subject to change from time to time because the review process is often significantly extended by FDA requests for additional information or clarification. As part of its review, the FDA may refer the BLA or NDA to an advisory committee composed of outside experts for evaluation and a recommendation as to whether the application should be approved. Although the FDA is not bound by the recommendation of an advisory committee, the agency usually has followed such recommendations.

Further, the outcome of the review, even if generally favorable, may not be an actual approval but instead a "complete response letter" communicating the FDA's decision not to approve the application, outlining the deficiencies in the application, and identifying what information and/or data (including additional pre-clinical or clinical data) is required before the application can be approved. Even if such additional information and data are submitted, the FDA may decide that the application still does not meet the standards for approval. Data from clinical trials are not always conclusive and the FDA may interpret data differently than we do.

Before approving a BLA or NDA, the FDA typically will inspect the facilities at which the product is manufactured and will not approve the product unless the facilities comply with the FDA's current Good Manufacturing Practice (cGMP) requirements. The FDA

may deny approval of an application if applicable statutory or regulatory criteria are not satisfied, or may require additional testing or information. FDA approval of any BLA or NDA may include many delays and requests for additional information or never be granted. If a product is approved, the approval will impose limitations on the indicated uses for which the product may be marketed, may require that warning statements be included in the product labeling, and may require that additional studies be conducted following approval as a condition of the approval. The FDA also may impose restrictions and conditions on product distribution, prescribing or dispensing in the form of a Risk Evaluation and Mitigation Strategy (REMS), or otherwise limit the scope of any approval. A REMS may include various elements, ranging from a medication guide to limitations on who may prescribe or dispense the drug, depending on what the FDA considers necessary for the safe use of the drug. To market a product for other indicated uses, or to make certain manufacturing or other changes, requires FDA review and approval of a BLA supplement or new BLA (or NDA or NDA supplement in the case of a small molecule compound) and the payment of applicable review fees. Further post-marketing testing and surveillance to monitor the safety or efficacy of a product may be required. In addition, new government requirements may be established that could delay or prevent regulatory approval of our product candidates under development.

In 2010, the Biologics Price Competition and Innovation Act (BPCIA) was enacted, creating a statutory pathway for licensure, or approval, of biological products that are biosimilar to, and possibly interchangeable with, reference biological products licensed under the Public Health Service Act. The objectives of the BPCIA are conceptually similar to those of the Drug Price Competition and Patent Term Restoration Act of 1984, commonly referred to as the "Hatch-Waxman Act", which established abbreviated pathways for the approval of small molecule drug products. Under the BPCIA, innovator manufacturers of original reference biological products are granted 12 years of exclusive use before biosimilar versions of such products can be licensed for marketing in the U.S. This means that the FDA may not approve an application for a biosimilar version of a reference biological product until 12 years after the date of approval of the reference biological product (with a potential six-month extension of exclusivity if certain pediatric studies are conducted and the results reported to FDA), although a biosimilar application may be submitted four years after the date of licensure of the reference biological product. Additionally, the BPCIA establishes procedures by which the biosimilar applicant must provide information about its application and product to the reference product sponsor, and by which information about potentially relevant patents is shared and litigation over patents may proceed in advance of approval. The BPCIA also provides a period of exclusivity for the first biosimilar to be determined by the FDA to be interchangeable with the reference product.

The FDA has released numerous guidance documents interpreting the BPCIA in recent years. These guidance documents, among other things, elaborate on the definition of a biosimilar as a biological product that is highly similar to an already approved biological product, notwithstanding minor differences in clinically inactive components, and for which there are no clinically meaningful differences between the biosimilar and the approved biological product in terms of the safety, purity, and potency. The FDA has also released final guidance documents on the assignment of clearly distinguishable nonproprietary product names for both biologic and biosimilar products, labeling for biosimilar products, considerations in demonstrating interchangeability with a reference product, including a biologic, and questions and answers on issues involving biosimilar development.

The FDA approved the first biosimilar product under the BPCIA in 2015 and, as of December 2019, twenty six (26) biosimilar products have been approved in total. The agency continues to refine the procedures and standards it will apply in implementing this approval pathway. In July 2018, the FDA issued a Biosimilars Action Plan, asserting its intent to take steps to facilitate biosimilars competition. We anticipate that the contours of the BPCIA will continue to be defined as the statute is implemented over a period of years. This likely will be accomplished by a variety of means, including FDA issuance of guidance documents, proposed regulations, and decisions in the course of considering specific applications. Also, in 2019, the CREATES Act was signed, which requires that product manufacturers timely sell comparator trial supply at a commercially reasonable price (no more than the manufacturers wholesale acquisition cost) to biosimilar developers. The approval of a biologic product biosimilar to one of our products, including SOLIRIS, could have a material impact on our business because it may be significantly less costly to bring to market, may be priced significantly lower than our products, and result in a reduction in the pricing and reimbursement of our products.

Both before and after the FDA approves a product, the manufacturer and the holder or holders of the BLA or NDA, and in the case of KANUMA, the NADA, for the product are subject to comprehensive regulatory oversight. If ongoing regulatory requirements are not satisfied or if safety problems occur after the product reaches the market, the FDA may at any time withdraw its approval or take actions that would suspend marketing. For example, quality control and manufacturing procedures must conform, on an ongoing basis, to cGMP requirements, and the FDA periodically subjects manufacturing facilities to unannounced inspections to assess compliance with cGMP. Failure to comply with applicable cGMP requirements and other

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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 or ☒ Ownership Change (Provide current license number if making changes: WH WH02835
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Assertio Therapeutics, Inc.

Physical Address: 100 South Saunders Road, Suite 300

City: Lake Forest State: IL Zip Code: 60045

Telephone Number: (224)419-7106 Fax Number: N/A

Toll Free Number: _____

E-mail: ASRTLicensing@assertiotx.com Website: www.assertiotx.com

Facility Manager: Mark Strobeck

Professional qualifications and experience of facility manager: See Resume

Types of licensed outlets or authorized persons firm will serve:

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

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: See Attached
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Mark Strobeck
Print Name of Authorized Person

8/25/20
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Assertio Holdings, Inc.

Corporation Name: Assertio Therapeutics, Inc.

Mailing Address: 100 South Saunders Road, Suite 300

City: Lake Forest State: IL Zip: 60045

Telephone: 2244197106 Fax: N/A

Contact Person: Mark Strobeck

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 05/19/2020

Registration number issued: 7899630

Stock Exchange: ASRT

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

ASSERTIO

Description of Operations

Assertio Therapeutics, Inc. is a Virtual Manufacturer. Assertio Therapeutics, Inc. is 100% owned by Assertio Holdings who is a Publicly Traded company on the NASDAQ stock exchange under the symbol ASRT and is located in Lake Forest, Illinois. Assertio Therapeutics, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers, Specialty Pharmacies, and Physicians by their Third-Party Logistics Provider, ICS , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturers Information:
We are using the following contract manufacturers to produce our product:

Catalent Ontario Limited (formerly Accucaps Industries Limited)
2125 Ambassador Drive
Windsor, Ontario, Canada N9C 3R5
Contact: Brooke Schooley, 519.250.3323
FEIN: 3000118564

Mikart, Inc.
1750 Chattahoochee Avenue
Atlanta, GA 30318
Contact: Sara Rogers, 404.351.4510
FEIN: 1050658

Mipharm S.p.A.
Via Quaranta, 12 (N.B. street is as known as Via B. Quaranta or Via Bernardo Quaranta)
Milan, Italy 20141
Contact: Camillo Bologna, + 39 02 53548022
FEIN: 3002807647

Carton Service, Incorporated
341 J D Yarnell Industrial Parkway
Clinton, TN 37716
Contact: Jay Phillips, 865.494.6050
FEIN: 3002763532

The above listed CMO's manufacture Assertio Therapeutics, Inc.'s products and packages finished product. At no time do any of the CMO's own the product, contract with Assertio Therapeutics, Inc.'s customers, invoice, nor sell an Assertio Therapeutics, Inc. product. Assertio Therapeutics, Inc.'s products are not Controlled Substances.

Verified MS 11/9/20

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) +

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

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Search Results: *'13913'*

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Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Cambia	13913-012-02	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc.	13913-012	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	03/10/2016
Cambia	13913-011-19	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc.	13913-011	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	04/20/2010
Cambia	13913-012-03	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc.	13913-012	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	03/10/2016

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Gralise	13913-004-19	300 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Assertio Therapeutics, Inc.	13913-004	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	01/28/2011
Gralise	13913-004-91	300 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Assertio Therapeutics, Inc.	13913-004	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	01/28/2011
Gralise	13913-005-19	600 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Assertio Therapeutics, Inc.	13913-005	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	01/28/2011
Gralise	13913-006-16		KIT		NDA022544	Assertio Therapeutics, Inc.	13913-006	gabapentin		HUMAN PRESCRIPTION DRUG	01/28/2011
Lazanda	13913-009-01	100 ug/1	SPRAY	NASAL	NDA022569	Depomed, Inc.	13913-009	fentanyl citrate	FENTANYL CITRATE	HUMAN PRESCRIPTION DRUG	10/17/2011
Lazanda	13913-010-01	400 ug/1	SPRAY	NASAL	NDA022569	Depomed, Inc.	13913-010	fentanyl citrate	FENTANYL CITRATE	HUMAN PRESCRIPTION DRUG	10/17/2011
Lazanda	13913-013-01	300 ug/1	SPRAY	NASAL	NDA022569	Depomed, Inc.	13913-013	fentanyl citrate	FENTANYL CITRATE	HUMAN PRESCRIPTION DRUG	01/01/2016
ZIPSOR	13913-008-94	25 mg/1	CAPSULE, LIQUID FILLED	ORAL	NDA022202	Assertio Therapeutics, Inc.	13913-008	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	06/16/2009

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
ZIPSOR	13913-008-11	25 mg/1	CAPSULE, LIQUID FILLED	ORAL	NDA022202	Assertio Therapeutics, Inc.	13913-008	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	06/16/2009
ZIPSOR	13913-008-12	25 mg/1	CAPSULE, LIQUID FILLED	ORAL	NDA022202	Assertio Therapeutics, Inc.	13913-008	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	06/16/2009

Showing 1 to 13 of 13 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

ASSERTIO

Ownership Information

AssertioTherapeutics, Inc. is 100% owned by Assertio Holdings, Inc. which is publicly traded on the NASDAQ (ASRT).

Assertio Therapeutics:
100 South Saunders Road, Suite 300, Lake Forest, IL 60045
(224) 419-7106
Tax ID: 94-3229046
Delaware Corporation # 6980073, 7/18/2018

Officers

Todd Smith, President and Chief Executive Officer

Daniel Peisert, Senior Vice President and Chief Financial Officer

Mark Strobeck, EVP & COO, Assertio Holdings, Inc.

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
ASSERTIO THERAPEUTICS INC	Lake Forest, IL 60045	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004722	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	05/13/2019	05/13/2019	12/31/2020	N

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State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.004722

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES
12/31/2022

LICENSED WHOLESALE DRUG DISTRIBUTOR

ASSERTIO THERAPEUTICS INC
STAN BUKOFZER
100 SAUNDERS RD STE 300 RM 06
LAKE FOREST, IL 60045-2508

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15335068

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For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4219046

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSERTIO THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSERTIO THERAPEUTICS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6980073 8300N

SR# 20210258362

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202393635

Date: 01-28-21

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSERTIO THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSERTIO THERAPEUTICS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6980073 8300N

SR# 20206156037

Authentication: 203257245

Date: 07-09-20

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported)
May 22, 2020 (May 19, 2020)

ASSERTIO THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware (State or other jurisdiction of incorporation)	001-13111 (Commission File Number)	94-3229046 (IRS Employer Identification No.)

100 South Sanders Rd.,
Suite 300,
Lake Forest, IL 60045
(Address of principal executive offices, including zip code)

(224) 419-7106
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Securities registered pursuant to Section 12(b) of the Act: none

Title of each class:	Trading Symbol(s):	Name of each exchange on which registered:
Common Stock, $0.0001 par value	ASRT	The NASDAQ Stock Market LLC

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2 below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

MARK STROBECK, PH.D.

Bloomingdale Ave. Unit 8 Wayne, PA 19087
Cell:

PROFESSIONAL EXPERIENCE

ASSERTIO THERAPEUTICS — Lake Forest, IL
Executive Vice President and Chief Operating Officer — ***May 2020 - Present***

- Member of Senior Management Team, Corporate Officer – responsible for all facets of the business; managing $60-65 million annual budget and business generating $+130MM in Net Revenue.
- Board Member of Limited company in DK.
- Oversee Indocin Business Unit, Clinical Development, Project Management, Medical Affairs, Regulatory, Corporate Strategy, Business Development, Quality, Manufacturing, Supply Chain, Intellectual Property, IT and Facilities. Member of Compliance Committee and Safety Committee.
- Responsible for all regulatory filings, supplements, PAS's, CBE-30s and select 2253s.
- Participate in all quarterly earnings conference calls
- Presented to public, private investors and analysts

ZYLA LIFE SCIENCES/EGALET CORPORATION (ACQUIRED by ASSERTIO TX) — Wayne, PA
Executive Vice President and Chief Operating Officer — ***October 2015 – May 2020***
Chief Business Officer — *Jan 2014 – October 2015*

- Member of Senior Management Team, Corporate Officer – responsible for all facets of the business; managing $60-65 million annual budget and business generating $80+MM in Net Revenue.
- Board Member of Limited company in DK. Led Denmark Research Center. Led Clinical Development, Project Management, Medical Affairs, Regulatory, Corporate Strategy, Business Development, Financial Planning and Analysis, Alliance Management, Quality, Manufacturing, Supply Chain, Government Affairs, Patient Advocacy, Communications (IR/PR), and Intellectual Property. Member of Compliance Committee, Safety Committee and oversaw Promotional Review Committee.
- Created multiple new departments within Zyla/Egalet, crafted their strategy, objectives and delivered on these objectives.
- Identified and led due diligence, negotiations, and completed multiple Product Acquisitions, License Collaboration Agreements, Co-promote Partnerships, ANDA Litigation settlements and Patent infringement Settlement.
- Led project team that completed clinical studies, filed NDA, successfully completed Ad Com and secured product approval of ARYMO®. The first product approved from our portfolio.
- Responsible for all research activities, new project identification and initiation, pre-clinical and clinical studies.
- Responsible for all regulatory filings, supplements, PAS's, CBE-30s, 2253s.
- Manufacturing, including establishment of supply agreements, completion of scale-up, validation batches and commercial supply.
- Secured over a dozen patents in the US and ROW.
- Participate in all quarterly earnings conference calls and Investor Days.
- Alongside CEO responsible for bringing company through voluntary Chapter 11 and restructuring process.
- Member of team leading IPO process, investment banker selection, drafted S-1, IPO TTW and Roadshow presentation.
- Presented to public, private investors and analysts Pre- and Post- IPO

CORRIDOR PHARMACEUTICALS Inc (ACQUIRED by ASTRAZENECA) — Towson, MD
President and Chief Executive Officer — *Jan 2012 – Jan 2014*

- Led Senior Management Team, Corporate Officer and Member of Board of Directors – responsible for all facets of the business; managing ~$5 million annual budget, R&D, operations, business development, legal, IP and strategy.
- Led development of new corporate strategy and re-orientation of R&D activities.
- Successfully led the development of the R&D portfolio and delivered the first novel inhibitors of arginase, with preclinical data in idiopathic pulmonary fibrosis and selected a development candidate for IND-enabling studies with back-ups.
- Led Business Development activities, including initial outreach, company presentations and due diligence.
- Successfully secured ~$2MM bridge financing for the company Jan. 2013.
- Successfully sold Corridor Pharmaceuticals to AstraZeneca.

TOPAZ PHARMACEUTICALS Inc (ACQUIRED by SANOFI) — Horsham, PA
Chief Business Officer — *Dec 2010 – Oct. 2011*

- Member of Senior Management Team and Corporate Officer – responsible for all facets of the business; managing $7-10 million annual budget.

- Member of senior leadership team responsible for preparation of NDA file and successful registration of Sklice®, FDA interactions and manufacturing.
- Wrote business plan with senior management team, crafting strategy, critical success factors and operational plan
- Successfully secured Series B financing for Topaz Pharmaceuticals, including three term sheets from leading healthcare venture investors.
- Executed Research and Development Collaborations, IP licenses, Master Service, Consulting Agreements and CDAs.
- Led Business Development activities, including initial outreach, company presentations, due diligence and contract negotiations.
- Successfully sold Topaz Pharmaceuticals to Sanofi producing a return to investors of 4-6x their investment.

TREVENA, Inc (IPO JANUARY 2014) King of Prussia, PA
Chief Business Officer *Jan 2008 – May 2010*

- Member of Senior Management Team, Officer and Secretary – responsible for all facets of the business; managing $12-15 million annual budget, R&D, business development, legal, commercial, IT and strategy.
- Responsible for Business Development, IP, Legal, Finance, Commercial Operations and Investor Relations/Communications.
- Member of senior R&D leadership team responsible for R&D strategy including pre-clinical and clinical R&D activities platform development and selecting programs.
- Employee #3, completed Series A financing of $25 million and Series B financing of $35 million from leading VCs, Alta Partners, Healthcare Ventures, NEA and Polaris Ventures.
- Wrote business plan with senior management team, crafting strategy, critical success factors and operational plan
- Developed 2008, 2009, 2010 corporate strategy and objectives.
- Established Trevena operations payroll, benefits plan, IT infrastructure, negotiated lease of 13,000 square foot R&D facility and corporate office space.
- Crafted Trevena's Investment Policy, established and managed cash management and investment accounts.
- Negotiated and signed $2MM debt facility with Silicon Valley Bank; Duke License for founding base platform technology and IP; Research and Development Collaboration with Ligand Pharmaceuticals.
- Executed Research and Development Collaborations, IP licenses, Master Service and Consulting Agreements and CDAs.
- Member Scientific Advisory Board IndiPharm, Inc.
- Member Business Advisory Board LocustWalk Partners, LLC.

GLAXOSMITHKLINE Upper Merion, PA
Vice President of Business Development *July 2007 – Jan 2008*

Head of Business Development for GSK's Phase II, Phase I, preclinical organizations (11 Centers of Excellence)

- Hired and led Business Development team (five employees and one assistant) – team responsible for in-licensing PhII, PhI, and PC opportunities, out-licensing, IP licenses, technology and platform access collaborations for GSK's R&D organization.
- Member of Drug Discovery (PhII and PhI) Leadership Team – responsible for delivery of GSK R&D portfolio, worked with Chairman of R&D to craft business development strategy and objectives for organization.
- Executed broad Research and Development Collaborations, in-licenses, out-licenses, IP licenses, and M&As.
- Member of GSK Investment Board – one of three GSK governing committees led by Chairman of R&D.
- Member of the GSK World Wide Business Development Executive Committee – accountable for business development deals across all GSK (marketed products, in-licenses, out-licenses, R&D collaborations).
- See deal sheet for in-licenses, out-licenses and R&D collaborations completed.
- Oversaw professional development of business development team.

GLAXOSMITHKLINE Upper Merion, PA
Vice President of Business Development for CEEDD *June 2005 – July 2007*

Head of Business Development for the Center of Excellence for External Drug Discovery (CEEDD):

- Member of founding leadership team of new R&D division within GSK - responsible for setting division strategy, managing inherited and newly established portfolio, existing and newly established alliances, transition of molecules post-Phase II into GSK development, managing £90M budget and group of 31 employees.
- GSK representative on the joint steering committee for the GSK/NiKem collaboration.
- Crafted CEEDD business development strategy, created new deal structure, created and implemented new business development and committee approval process.
- Responsible for all business development activities within the CEEDD, including: finding prospective partners, leading due diligence, deal structuring and negotiating transactions.

- Responsible for presenting CEEDD business development opportunities to senior GSK management committees
- Participated in crafting and leading CEEDD marketing and advertising strategy, including web site creation

Completed nine new transactions (See deal sheet):

- Negotiated and completed GSK's second largest deal post-merger, a $1.4 billion in-license and research collaboration with Chemocentryx, Inc.
- Received top R&D recognition award for deal completion.

Awards:

- Elected by GSK R&D Executive Committee as one of three employees in 2006 who contributed significantly to GSK's R&D objectives and mentioned in CEO's 2006 Year End Report.
- Participated in GSK's CEO Leadership Conference and R&D Chairman's Executive Forum.

SR ONE VENTURE INVESTMENTS West Conshohocken, PA
Principal *July 2003 – June 2005*

Responsible for identifying and leading new investments on behalf of SR One in late stage drug discovery, specialty pharmaceuticals and biopharmaceutical companies

- Led SR One investments and financing transactions in Protein Forest and Novalar Pharmaceuticals
- Served as member of the Protein Forest and Novalar Pharmaceuticals Boards of Directors
- Co-led SR One investments in Santarus, Inc, Conforma Therapeutics, Inc, Morphotek, Inc, and AlgoRx Pharmaceuticals; performed due diligence, completed financial analysis and participated in term sheet negotiations and document review
- Participated in the development of internal operations within SR One including formulating a business plan review process
- Led the re-design and launch of the SR One web site which increased electronic business plan submission by 400%
- Member of the BIO Venture Forum Advisory Board, BIO 2005 Steering Committee and Panelist at the Global Bio-IT Summit, CalBio Summit, BioVenture Forum East, MAVC, BioContact and BioE2E conferences
- Co-Founded the Life Science Venture Investors Group
- Recipient of 2005 Philadelphia Business Journal "40 under 40" award

EUCLIDSR PARTNERS West Conshohocken, PA and New York, NY
Associate *June 2001-July 2003*

Directed the identification and evaluation of opportunities across all aspects of Healthcare and Lifesciences for a $254 million venture capital fund focused on Healthcare/Lifesciences and IT

- Proactively prospected for biotechnology and healthcare investment opportunities, independently evaluated management teams, performed in-depth due diligence, employed industry network to perform scientific/clinical evaluations and to gauge interest in M&A of potential investments, developed financial valuations and analysis and presented investment recommendations to the partnership
- Worked with portfolio companies on wide array of operational projects ranging from creating and performing customer surveys to evaluating competitive technologies
- Actively participated as member of Selection Committee for Mid-Atlantic Venture Conference (MAVC), presenter and lecturer at Biotechnology conferences and academic institutions (MIT, UPenn, U.of Cinn)
- Member of the National Science Foundation SBIR Review Committee

UNIVERSITY OF PENNSYLVANIA, DIVISION OF CARDIOVASCULAR MEDICINE *Philadelphia, PA*
Post-doctoral Fellow *1999-2001*

Directed team of cardiovascular biology scientists to conceptualize and perform research involving the utilization of vascular injury models, the generation of transgenic animals and the use of genetically manipulated embryonic stem cells; reported to the Chief of Cardiology

- Participated in collaboration with Boston Scientific to examine gene and protein delivery on coated stents; utilized a proprietary restenosis model to examine the delivery of therapeutic genes and proteins
- Conceptualized and performed cardiovascular research, designed experimental models, evaluated novel biotechnologies and developed unique experimental systems
- Presented experimental findings at weekly meetings of the Division of Cardiovascular Medicine; also presented scientific data at team meetings of interdisciplinary scientists at the University of Pennsylvania
- Managed and directed professional development of laboratory assistants
- Supervised training of undergraduate scientists, directed laboratory instruction, delivered scientific lectures and facilitated weekly student conferences
- Authored multiple publications and abstracts, culminating in a presentation of experimental results at the American Heart Association meeting in November 2000

NATIONAL INSTITUTE OF PHYSIOLOGICAL SCIENCES Okazaki, Japan
Research Scientist *1996, 1997*

Invited to conduct neuro-pharmacology and molecular biology research at the National Institute of Physiological Sciences

- Utilized proprietary assay system to examine novel calcium channel analogues for Tanabe Pharmaceuticals as part of their lead identification and optimization program
- Developed a unique cell-based assay to analyze specificity of various calcium channel blocking compounds
- Collaborated as part of an international research team, conceptualized and executed scientific research, initiated and generated grant initiatives, coordinated and organized Seriken International Research Symposium
- Invited to present scientific findings at an international scientific symposium
- Published articles and abstracts

EDUCATION

UNIVERSITY OF PENNSYLVANIA Philadelphia, PA
Post-doctoral Fellowship, Division of Cardiovascular Medicine 1999-2001

- **NIH National Research Service Award (2000-2001)**: recipient of National Research Service Award for excellence in scientific research.

UNIVERSITY OF CINCINNATI Cincinnati, OH
Ph.D. Pharmacology and Cell Biophysics 1999

- **Albert J. Ryan Fellowship**: awarded University of Cincinnati's highest academic and scientific honor
- **International Academic Research Award (1996, 1997)**: awarded in two consecutive years for excellence in leadership, critical thinking and scientific achievement
- **Graduate Student Tuition and Research Assistantship Award**: awarded for academic excellence in graduate studies

ST. LAWRENCE UNIVERSITY Canton, NY
B.S. Biology 1993

ADDITIONAL

Professional Affiliations: Board Member Horse Power for Life – Program for Pediatric Cancer Patients
Activities and Interests: Cooking, running, playing golf, WWII and U.S. history enthusiast

Date	Transaction	Estimated Value
May 2020	Assertio Acquisition	~$100MM
February 2019	Iroko Acquisition	~$70MM
January 2018	Orapharma Co-promote	N/A
June 2017	Ascend Co-promote	N/A
May 2016	Purdue Settlement Agreement	N/A
February 2016	Septodont Co-promote	N/A
December 2015	Teva License Agreement	N/A
January 2015	Sprix® Acquisition from Luitpold Pharmaceuticals	$7MM
January 2015	License of Oxaydo® from Acura Pharmaceuticals	$7.5MM
October 2014	Acquisition of Corridor Pharmaceuticals	N/A
November 2013	Collaboration Shionogi Pharmaceuticals	$500MM
October 2011	Acquisition of Topaz Pharmaceuticals	$212MM
February 2009	Collaboration Ligand Pharmaceuticals	N/A
July 2008	Debt Facility with SVB	$2MM
February 2008	License with Duke University	N/A
April 2008	In-License and Collaboration Regulus	$600MM
December 2007	In-License and Collaboration Santaris Pharma	$700MM
December 2007	In-License and Collaboration BioFocus	N/A
December 2007	In-License and Collaboration OncoMed Pharmaceuticals	$1.4 billion
October 2007	In-License and Collaboration Anacor Pharmaceuticals	$1.32 billion
September 2007	Out-License PLD-116	N/A
July 2007	In-License and Collaboration Targacept	$1.5 billion
July 2007	Expansion of Galapagos Collaboration	N/A
March 2007	Out-license of ORL-1 to NiKem	N/A
January 2007	Out-license of Eniluracil to Adherex	N/A

January 2007	Re-negotiation of Ranbaxy Agreement	N/A
January 2007	Praecis Pharmaceuticals Acquisition	$55 million
December 2006	License and Collaboration Epix Pharmaceuticals	$1.2 billion
November 2006	Re-negotiation of NeruoSearch Agreement	N/A
September 2006	In-License and Collaboration Chemocentryx, Inc.	$1.4 billion
May 2006	In-License and Collaboration Galapagos, NV	~$1 billion
April 2006	In-License and Pilot Study Praecis Pharmaceuticals	N/A
March 2006	In-License and Collaboration Pharmacopeia, Inc	$1.25 billion
March 2006	Re-negotiation of Adherex Agreement	N/A

Public Company Financings

Date	Transaction	Financing
July 2017	Egalet Public Offering	$30 million
August 2016	Egalet Senior Secured Debt	$80 million
July 2015	Egalet Public Offering	$86.3 million
April 2015	Egalet Convertible Note	$60 million
February 2014	Egalet IPO	$58.4 million

Venture Capital Fund Raisings

Date	Transaction	Financing	Investors
January 2013	Corridor Pharmaceuticals - Bridge	$2 million	Domain, Quaker, MedImmune
June 2011	Topaz Pharmaceuticals - Series B	$7 million	Aisling Capital Fidelity Biosciences
July 2010	Trevena, Inc – Series B	$35 million	NEA, Polaris, Alta Healthcare Ventures
			NEA, Polaris, Alta

January 2008	Trevena, Inc - Series A	$24 million	Healthcare Ventures

Executed Venture Investments

Date	Transaction	Financing	Outcome/Exit
March 2005	Novalar Pharmaceuticals - Series C	$27 million	Acquired by Septodont
July 2003	Xenogen, Inc – Series AA	$22 million	IPO - July 2004
February 2004	AlgoRx Pharmaceuticals - Series D	$65 million	Acquired by Corgentech
February 2004	Morphotek, Inc - Series C	$26 million	Acquired by Esai
November 2003	Protein Forest, Inc - Series A	$19 million	Acquired by Cell Biosciences
September 2003	Conforma Therapeutics - Series D	$35 million	Acquired by Biogen Idec
May 2003	Santarus. Inc - Series D	$55 million	IPO - April 2004
July 2002	Scion Pharmaceuticals - Series B	$17.5 million	Acquired by Wyeth
March 2002	KuDos Pharmaceuticals - Series C	$45 million	Acquired by AsrtraZeneca
January 2002	Rib-X Pharmaceuticals - Series A	$22 million	Melinta Pharma - MLNT
December 2001	Avalon Pharmaceuticals - Series B	$70 million	IPO - Oct 2005
November 2001	Fluidigm, Corp - Series C	$34 million	IPO – Feb 2011

ASSERTIO

September 28, 2020

Via FedEx

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

In Re: **Assertio Therapeutics and Zyla Life Sciences US, Inc. Complete Merger**

To Whom It May Concern,

On behalf of Assertio Therapeutics, Inc. ("Assertio"), please accept this letter, and attached application and supplemental forms, as a formal notification to your office that Assertio is now 100% owned by Assertio Holdings Inc. who is Publicly Traded on the NASDAQ (ASRT). This ownership change structure happened on May 20, 2020 when Assertio formally merged with Zyla Life Sciences US, Inc. Previously, Assertio was the publicly traded entity on the NASDAQ. Again, Assertio Holdings now resides as the Publicly Traded Company and as the Parent Company to Assertio.

The licensed location of Assertio Therapeutics, Inc. has continued business operations, with no immediate changes to Assertio Therapeutics Inc.'s name, federal tax ID number or operating location.

If you have any questions or concerns regarding this notice, please contact Jordan Spadafora at (614) 578-3827 or via email at jordan.spadafora@twolabs.com, so that we may provide any additional information requested.

Assertio Therapeutics, Inc. is committed to operating in full compliance with all licensing regulations. Thank you in advance for your consideration.

Sincerely,

Jordan Spadafora
Licensing Analyst

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Orphazyme US, Inc.

Physical Address: 180 N LaSalle St, Suite 3475

City: Chicago State: IL Zip Code: 60601

Telephone Number: (773)770-6888 Fax Number: N/A

Toll Free Number: _____

E-mail: usstatelicensing@orphazyme.com Website: www.orphazyme.com

Facility Manager: Timothy Kanter

Professional qualifications and experience of facility manager: See attached resume.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

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

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

Name: N/A
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Molly Painter

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

Molly Painter

Print Name of Authorized Person

8/26/20

Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Orphazyme A/S

Corporation Name: Orphazyme US, Inc.

Mailing Address: 180 N LaSalle St, Suite 3475

City: Chicago State: IL Zip: 60601

Telephone: (773) 770-6888 Fax: N/A

Contact Person: Timothy Kanter

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 06/19/2009

Registration number issued: 32266355

Stock Exchange: ORPH

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.004927

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2022

LICENSED WHOLESALE DRUG DISTRIBUTOR

ORPHAZYME US INC
TODD DEMARB
180N N LA SALLE ST STE 3475
IT ROOM
CHICAGO, IL 60601-3100

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15331088

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4357838

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
ORPHAZYME US INC	Chicago, IL 60601	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004927	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	11/02/2020	11/02/2020	12/31/2022	N

Generated on: 1/3/2021 9:39:30 AM

ORPHAZYME

Description of Operations

Orphazyme US, Inc. is a Virtual Manufacturer. Orphazyme's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies and Specialty Distributors by their Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Patheon France S.A.S.
Address: 40 Boulevard de Champaret CS11006
Bourgoin Jallieu Cedex, France 38307
FDA Establishment Number: 3004468553
Contact: Didier Rumeau
Phone: +33 4 7493 8765
Email: didier.rumeau@thermofisher.com

Patheon France S.A.S. manufactures Orphazyme's product and packages finished product. At no time does Patheon own the product, contract with Orphazyme's customers, invoice, nor sell a Orphazyme product. Orphazyme's products are not Controlled Substances.

Labeler Code:
73477

Third Party Logistic information:
For distribution into the commercial supply channels, a 3PL will act as Orphazyme's Third Party Logistics (3PL) provider to manage the storage and distribution of Orphazyme's product to Specialty Pharmacies and Specialty Distributors throughout the United States

Integrated Commercialization Solutions
420 International Blvd, Suite 500
Brooks, KY 40109
502.955.3652 - Candida Tomlin
Candida.tomlin@absg.com

Orphazyme's hours of operation are 8:00 am – 5:00pm Monday through Friday.

ndc_nhric_labeler_codes_01_20_2021 [Read-Only] - Excel

File | Home | Insert | Page Layout | Formulas | Data | Review | View | Developer | Help | ACROBAT | Tell me what you want to do

J5318

	NDC/NHRIC Labeler	Firm Name
5314	69316	Damiva Inc.
5315	71045	Cipla USA, Inc.
5316	15452	ZHEJIANG TOP MEDICINE CO., LTD
5317	10358	AIRSENSE, INC
5318	0924	ACME United
5319	73128	Paloven, Inc.
5320	65321	Rubbermaid Commercial Products LLC
5321	64680	HomeReach
5322	79701	Viva Products L.L.C.
5323	76999	GDRG2, Inc.
5324	74678	Lena Brewing Company
5325	54513	Economy Medical Rental
5326	75560	Accelerated Speed Dynamics, Inc
5327	69775	Herbal Science International Inc
5328	76318	The General Hospital Corporation
5329	74732	chronicles distilling
5330	72593	Global Products Group, LLC
5331	69189	Avera McKennan Hospital
5332	76433	Revive Bioscience, Inc.
5333	73477	ORPHAZYME US, INC.
5334	68440	Zolberg Corporation
5335	24510	Collegium Pharmaceutical, Inc.
5336	75362	SPFM, L.P.
5337	65584	Higley Industries, Inc.
5338	58411	SHISEIDO AMERICAS CORPORATION
5339	68285	Ridley Inc.
5340	70913	Ladidah Essentials, Llc
5341	76138	Innovation Specialties

Verified 1/21/21 MS

ORPHAZYME

Corporate Information

Orphazyme US, Inc.
180 N. LaSalle St., Suite 3475
Chicago, IL 60601
Phone: (954) 263-8611
Website: www.orphazyme.com
E-mail: usstatelicensing@orphazyme.com

FEIN: 81-4685137
State of Formation: Delaware
Date Incorporated: 02/02/2018
File Number: 6739313

Ownership Information

Orphazyme US, Inc. is 100% owned by Orphazyme A/S who is a Publicly Traded company on the NASDAQ stock exchange under the symbol ORPH.

Orphazyme A/S
Ole Maaløes Vej 3, Copenhagen N, Denmark, DK-2200
+45 39 17 82 72

Officers

Molly Painter, President
Business Address: 180 N LaSalle St., Suite 3475, Chicago, IL 60601
Business Phone: (773) 770-6888
Ownership %: 0

Sulin Shah, General Counsel
Business Address: 180 N LaSalle St., Suite 3475, Chicago, IL 60601
Business Phone: (773) 770-6888
Ownership %: 0

Kevin McCann, VP of Finance
Business Address: 180 N LaSalle St., Suite 3475, Chicago, IL 60601
Business Phone: (773) 770-6888
Ownership %: 0

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORPHAZYME US, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORPHAZYME US, INC." WAS INCORPORATED ON THE SECOND DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6739313 8300

SR# 20208171957

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203990733

Date: 11-02-20

Tim Kanter, MBA

N Burling Street # l, Chicago IL 60614
US: + 1
www.linkedin.com/in/tkanter

Summary

Commercial Leader with a demonstrated track record of accomplishments in and out of the pharmaceutical environment. Successfully initiated and implemented branded and unbranded initiatives in both pre-launch and inline phases of marketing coupled with a strong understanding and ability to develop and execute a brand strategy aligned to corporate objectives. Currently consulting with companies in the preparation and launch of new products within multiple therapeutic areas. Possessing strong written, interpersonal and presentation skills. Functional experience in the areas of Marketing, Sales, Management, Operations and Strategic Planning.

Professional Experience

Orphazyme US, Inc. — Feb 2020 – Present
ORPHAZYME
Vice President Market Access, Trade & Pricing
Chicago, Illinois

- Key member of the leadership team responsible for planning and commercializing Orphazyme's first therapy, arimoclomol, in the US
- Providing strategy and direction for all product distribution mechanisms, pricing/contracting, provider reimbursement activities, and setting and realizing the payer access goals
- Drive the payer, provider and patient reimbursement launch planning initiatives, and responsible for the development, implementation and ongoing assessment of all product and market strategies

T-Minus Consulting — Jun 2016 – Feb 2020
T-MINUS
President
Chicago, Illinois

- Independent consultant partnering with pharmaceutical, healthcare and agency clients in developing and executing growth, launch, and competitive defense strategies with a focus on marketing, sales and business development
- Support in developing investor and strategic commercial partnerships for small healthcare startups
- Therapeutic areas include wound care, vaccines, generic injectables, rheumatoid arthritis, diabetes, oncology patient support, etc

Pivot Design — Jan 2017 – Feb 2020
pivotdesign
Client Engagement and Healthcare Strategy
Chicago, Illinois

- Strategic guidance and operational leadership for 50+ person agency
- New business development and pitch support for pharmaceutical vertical

Razorfish Health (Publicis Agency) — Dec 2018 – June 2019
RFH
Senior Vice President, Strategy
Chicago, Illinois

- Project-based role focused on the strategic development of a launch plan for a blockbuster rheumatoid arthritis brand
- Direct qualitative and quantitative market research to synthesize insights for portfolio positioning and brand planning within a highly competitive market
- Lead brand planning and support the development of creative briefs

Prescient Medicine

Chief Commercial Officer Apr 2017 – Jul 2018
Chicago, Illinois / Hershey, Pennsylvania

- Led pre-launch commercial efforts in preparation for a breakthrough genetic test that identifies an individual's risk for opioid addiction
- Created sales team structure, incentives and priorities in conjunction with marketing and PR initiatives, aligned to corporate and financial goals
- Managed investor communications, partnership discussions and negotiations

Baxalta Inc. (formerly Baxter International)

Baxalta

Global Marketing Director, Hemophilia A Portfolio / ADYNOVATE® Launch May 2014 – May 2016
Chicago, Illinois

- Led global brand team in the development of launch strategy aligned to hemophilia franchise goals and long-term vision of the new company spinoff
- Established brand positioning grounded in insights to maximize value of overall hemophilia A portfolio—while establishing ADYNOVATE in the marketplace
- Led team in development of brand visual identity, internal communications, segmentation, message/creative development, value proposition and launch sequencing
- Cross functional member within matrix team managing BLA submission, including regulatory, manufacturing, supply, finance, clinical operations and medical affairs
- Acknowledged as a best-in-class US/global collaboration by senior leadership

Novo Nordisk A/S

Global Marketing Director, Victoza® (liraglutide) Brand Management Aug 2012 – May 2014
Zurich, Switzerland

- Led high performing global brand team in the management of a high growth driver - exceeding $2 billion global annual sales and becoming the best-selling global pharma product launched from 2010-2015
- Provided stewardship in aligning all strategic brand plans and tactics to brand positioning and vision through strong collaboration and communication flow across all global functions, senior leadership and affiliate partners ensuring consistency of messaging
- Led team of 6 Brand Managers in successful execution of promotional materials, digital strategy, congresses, issues management, external PR and internal communications—winning the In2 Sabre Award, a prestigious award in European communications

Novo Nordisk Inc.

District Business Manager, Midwest Region Jan 2011 – Aug 2012
Southeast Wisconsin / Northeast Illinois

- Led a team of 8 Diabetes Care Specialists responsible for sales growth made up of a portfolio of 4 diabetes injectable brands
- Led initiative with major health systems regarding value of diabetes injectables which led to curtailing the discontinuation of samples and access within health system clinics

Novo Nordisk Inc.

Associate Brand Director, US Victoza (liraglutide) Launch Brand Team Nov 2007 – Jan 2011
Senior Brand Manager (Promoted to Associate Director – Sept 2010)
Princeton, New Jersey

- Led US launch of professional marketing activities for specialty (endocrinology) and primary care with a forecast to hit blockbuster sales within 3 years of launch
- Responsible for the US strategic direction and tactical planning process, including the development and implementation of the 5-year US strategic brand plan aligned to portfolio strategy
- Collaborated closely with global marketing team on development of 1st ever global brand campaign for Novo Nordisk
- Supported United Kingdom as the 1st country to launch Victoza
- Partnered with sales leadership to develop solid training and launch preparation plan for sales force direction on marketing strategies and supporting materials

Novo Nordisk Inc.
Brand Manager, US Market Shaping Insulin Portfolio
Princeton, New Jersey
Nov 2006 – Nov 2007

- Responsible for Diabetes Portfolio (Levemir®, NovoLog®, NovoLog® Mix 70/30) Promotional Speaker programs (~4000 programs annually, 705 speakers and $15 million budget) and Speaker Training
- Led KOL mapping project and various diabetes KOL advisory boards
- Earned Novo Nordisk Marketing Innovation Award (2007) – for developing a strategic platform for personal and non-personal reach to HCPs post live program attendance, to ensure pull-through and continued participation in future programs (RETAIN Initiative)

ALTANA Pharma US
Brand Marketing Associate, Omnaris® (ciclesonide) Brand Team
Florham Park, New Jersey
May 2006 – Nov 2006

- Successfully implemented a market shaping, pre-launch initiative "Allergies in America" (AIA) and the launch of its several tactics, providing a strategic platform for brand launch success
- Increased awareness and recognition among key targeted audiences of Ciclesonide Allergy and ALTANA Pharma through congress activities and KOL development programs
- Assisted in developing and executing various market research projects

ALTANA Pharma US
Professional Sales Representative
Bradenton, Florida
Aug 2002 – Jun 2006

- Successfully launched a new product (XANAX® XR) in the market while growing sales for existing products (Detrol® LA and Zoloft®) - Finished launch sales year in top 10% for XANAX XR and for overall
- Regional Trainer for New Hire Sales Representatives within the Region (2005 -2006)

Staples Direct
Outside Sales Representative
Fort Lauderdale, Florida
Sep 2001 – Aug 2002

PricewaterhouseCoopers LLP
Consultant
Atlanta, Georgia
Nov 2000 – May 2001

EDUCATION

University of South Florida – Tampa, Florida 2003 – 2005
- Master of Business Administration
- Concentrations: Management, Healthcare, and Marketing

University of Florida – Gainesville, Florida 1996 – 2000
- Bachelor of Science in Business Administration
- Major in Decision Information Sciences/Minor in Economics

ACTIVITIES

Bank of America Chicago Marathon 2018

zürichmarathon 2013

IRONMAN Wisconsin madison 2012

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-A

FOR REGISTRATION OF CERTAIN CLASSES OF SECURITIES PURSUANT TO SECTION 12(B) OR (G) OF THE SECURITIES EXCHANGE ACT OF 1934

Orphazyme A/S
(Exact Name of Registrant as Specified in its Charter)

Denmark (State or Other Jurisdiction of Incorporation or Organization)	**N/A** (I.R.S. Employer Identification No.)
Ole Maaløes Vej 3, DK-2200 **Copenhagen N** **Denmark** (Address of principal executive offices)	**N/A** (Zip code)

Securities to be registered pursuant to Section 12(b) of the Act:

Title of each class to be so registered	Name of exchange on which each class is to be registered
American Depositary Shares, each representing 1 Ordinary Share	**The Nasdaq Stock Market LLC**
Ordinary Shares, DKK 1 nominal value per share*	**The Nasdaq Stock Market LLC***

* Not for trading, but only in connection with the listing of the American Depositary Shares on The Nasdaq Stock Market LLC. The American Depositary Shares represent the right to receive the Ordinary Shares and are being registered under the Securities Act of 1933 pursuant to a separate Registration Statement on Form F-6. Accordingly, the American Depositary Shares are exempt from registration under Section 12(a) of the Securities Exchange Act of 1934 pursuant to Rule 12a-8 thereunder.

If this form relates to the registration of a class of securities pursuant to Section 12(b) of the Exchange Act and is effective pursuant to General Instruction A.(c) or (e), check the following box. ☒

If this form relates to the registration of a class of securities pursuant to Section 12(g) of the Exchange Act and is effective pursuant to General Instruction A.(d) or (e), check the following box. ☐

If this form relates to the registration of a class of securities concurrently with a Regulation A offering, check the following box. ☐

Securities Act registration statement or Regulation A offering statement file number to which this form relates:
333-248607

Securities to be registered pursuant to Section 12(g) of the Act:
None

Item 1. Description of Registrant's Securities to be Registered.

The description of the securities of Orphazyme A/S (the "Registrant") being registered is set forth under "Description of Share Capital and Articles of Association" and "Description of American Depositary Shares" in the Registrant's registration statement on Form F-1 (File No. 333-248607), originally filed with the Securities and Exchange Commission (the "Commission") on September 4, 2020, as amended, including any form of prospectus subsequently filed by the Registrant with the Commission pursuant to Rule 424(b) under the Securities Act of 1933, which description and prospectus are incorporated herein by reference.

Item 2. Exhibits.

Pursuant to the Instructions as to Exhibits with respect to Form 8-A, no exhibits are required to be filed because no other securities of the Registrant are registered on The Nasdaq Stock Market LLC and the securities registered hereby are not being registered pursuant to Section 12(g) of the Securities Exchange Act of 1934, as amended.

SIGNATURE

Pursuant to the requirements of Section 12 of the Securities Exchange Act of 1934, the Registrant has duly caused this registration statement to be signed on its behalf by the undersigned, thereunto duly authorized.

Orphazyme A/S

Date: September 22, 2020

By: /s/ Kim Stratton
Name: Kim Stratton
Title: Chief Executive Officer

TwoLabs PHARMA SERVICES

ORPHAZYME

January 3, 2021

Via Fed Ex

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To Whom It May Concern:

On behalf of Orphazyme US, Inc., attached is Orphazyme US, Inc.'s application for Wholesale Distributor.

Orphazyme US, Inc. ("Orphazyme") is a biopharmaceutical company located in Chicago, IL. Orphazyme is a wholly owned subsidiary of Orphazyme A/S who is publicly traded in the US (ORPH). Orphazyme is focused on the development and commercialization of new therapies for patients suffering from rare orphan, protein misfolding diseases, with no or limited treatment options available. Orphazyme's lead drug, Arimoclomol, is used for the treatment of Niemann-Pick disease Type C (NPC). This disease is a rare progressive genetic disorder that mainly affect children. Currently this disease has no known cure and if often fatal.

Orphazyme US, Inc. is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from Orphazyme US, Inc.'s office. Orphazyme US, Inc.'s product is not a controlled substance. (Is = list DEA Registration or Accordingly, Orphazyme US, Inc. is not required to obtain a DEA registration.) At the time of this filing, Orphazyme US, Inc. only holds a license in their home state of Illinois.

I hope this narrative is helpful as you review Orphazyme US, Inc.'s application. If you have a question regarding this application, please contact me at 614-406-3129 or via email at theresa.carey@twolabs.com. Please also address all written communication to me. My address is 4005 S. Section Line Rd. Delaware, OH 43015.

Thank you in advance for your consideration.

Theresa Carey
Licensing Analyst
PharmaLicense

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Amatheon Animal Health, LLC

Physical Address: 1301 NW 84th Ave, Suite 101A

City: Miami State: FL Zip Code: 33126

Telephone Number: 305-668-5888 Fax Number: 305-668-2529

Toll Free Number: _____

E-mail: compliance.amatheon@gmail.com Website: www.amatheon.com

Facility Manager: Alfonso Robleto

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

Types of licensed outlets or authorized persons firm will serve:

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

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: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

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

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

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Christopher Yankana
Print Name of Authorized Person

04-20-2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: N/A

Mailing Address: 1301 NW 84th Ave, Suite 101A

City: Miami State: Florida Zip: 33126

Telephone: 305-668-5888 Fax: 305-668-2529

Contact Person: Alfonso Robleto

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Christopher Yankana — 1301 NW 84th Ave, Suite 101A, Miami, FL 33126
Name — Business Address

b) Steven Schafer — 1301 NW 84th Ave, Suite 101A, Miami, FL 33126
Name — Business Address

c) _____
Name — Business Address

d) _____
Name — Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

POA #: 3459861

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor I. Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Amatheon Animal Health, LLC
Obligee: Nevada State Board of Pharmacy
Amount: $ 100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903029

_____
Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 20th day of April 2020, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

SureTec Insurance Company

2103 CityWest Boulevard, Suite 1300 Houston, TX 77042

CONTINUATION CERTIFICATE

Bond No. 3459861
Principal: Amatheon Animal Health, LLC
Bond Amount: $100,000.00
Bond Description: Pharmaceutical Wholesale Distributor Bond

Obligee: Nevada State Board of Phamacy

You are hereby notified that the above Bond shall be continued in force for a period effective from:

August 1, 2020 until August 1, 2021

unless it is cancelled by the surety or otherwise terminated. All other terms and conditions remain unchanged.

The aggregate liability of the Surety shall not exceed the amount of this Continuation Certificate. The liability of the Surety shall not cumulate by reason of this Certificate, any Continuation Certificate, Change Rider, endorsement, modification, new bond, reinstatement, reissue, renewal, replacement, or substitution issued in the future.

Signed this 20th day of April, 2020

SureTec Insurance Company

By: _____
Davor I. Mimica, Attorney In Fact

Amatheon Animal Health, LLC

By: _____

Alfonso A. Robleto

E-mail: ı – Cell: (3

PROFESSIONAL EXPERIENCE

Amatheon Pharmaceuticals – Miami, Florida August 2017 to present
Purchasing Manager

- Successful contract negotiations resulting in additional profit totaling 500k
- National Accounts Catalog Management including Coupa Implementation.
- Manages Supplier relations including product sourcing/allocations and negotiating extended credit terms.
- Aggressively negotiates product pricing amongst all major manufacturing entities.
- Manages $1.3 million in rolling inventory through 40+ suppliers/manufacturers.
- Manages product pricing – ensures maximum profit through knowledge of manufacturer pipeline, product launches, and competitive data
- Custom report building
- Successful contract negotiations resulting in additional profit totaling 500k
- Negotiated contract pricing with couriers (UPS/FedEx)

Amatheon Pharmaceuticals – Miami, Florida April 2014 to July 2017
Purchasing Clerk

- Issues Purchase orders based on Min/Max reports, reconciles product receipt with AP/ AR
- Forecast monthly inventory purchases.
- Physical Inventory Management including supplier shortages/ customer shortages and overages.
- Cost discrepancy reconciliation
- Manages Product stability studies for extended item excursions.
- Negotiated terms, pricing and deliveries for warehouse materials and supplies.

Amatheon Pharmaceuticals – Miami, Florida December 2012 to March 2014
Warehouse team member

- Leads 5-member team, directs warehouse workflow in a fast-paced, dynamic environment
- Key staff member – expertly manages $500,000 inventory, anticipating and immediately mitigating issues
- Ensures timely processing of shipments through enhanced managerial skills
- Provides rapid improvement recommendations through efficiency and budget allocations data analysis
- Reduced shipping costs 12% totaling 120k using innovative inventory management techniques

Bimini Shipping, LLC – Miami, Florida August 2011 to December 2012
Shipping Agent

- Executed documentation to import/export ships with U.S. Coast Guard Notice of Arrival/Departure System
- Ensured crew and cargo manifests for entry, clearance forms submitted/coordinated to federal agencies

EDUCATION

- Bachelors of Science, Political Science, Florida International University, 2011, Miami, Florida
- Bachelors of Science, Criminal Justice, Florida International University, 2011, Miami, Florida
- Minor Degree, History, Criminal Justice, Florida International University, 2011, Miami, Florida

CERTIFICATIONS

- Florida Certified Designated Representative- Florida Department of Business and Professional Regulation

SKILLS

- Bilingual – fluent in both Spanish and English
- Proficient using Flexible Business Systems, Excel, Crystal reports, Microsoft Dynamics Great Plains

List of top 4;

AmerisourceBergen
HIKMA Pharmaceuticals
Lifeline Pharmaceuticals
Pfizer Inc.

Mark I. Sedar

From: David Yankana <davidyankana@amatheon.com>
Sent: Wednesday, January 27, 2021 10:18 AM
To: Mark I. Sedar
Subject: Re: Amatheon Animal Health License Status
Attachments: Certificate_Good_Standing.pdf

Hello Mark,

Employee List

Thank you for your email. Attached you will find our Certificate of Good Standing with the State of Florida.

The following employees handle drugs daily: David Castellanos (Logistics Manager), Alfonso Robleto (Purchasing Manager & CDR), Andrew Felipe Souza-Guimaraes (Logistics Lead), George Taylor (Logistics Associate).

If I can be of any further assistance, please don't hesitate to contact me directly.

AMATHEON Animal Health
WWW.AMATHEON.COM 1.800.399.VETS

David Yankana, MHA
Director of Operations

(800) 399-8387 x136
davidyankana@amatheon.com
www.amatheon.com

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Date: Wednesday, January 27, 2021 at 11:59 AM
To: David Yankana <davidyankana@amatheon.com>
Subject: RE: Amatheon Animal Health License Status

Hello David,

I am looking to add your application to the Consent Agenda for the March 3rd board meeting. To make that happen I will need the following items.

- Updated Certificate of Good Standing
- List of employees who handle drugs daily

If you can get those items email back to me this week I will add the application to the Consent Agenda.

Best regards,

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Sent: Tuesday, January 26, 2021 10:21 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Fw: Amatheon Animal Health License Status

From: David Yankana <davidyankana@amatheon.com>
Sent: Tuesday, January 26, 2021 8:41:30 AM
To: Pharmacy Board
Subject: Amatheon Animal Health License Status

Good morning,

Is it possible to obtain a status of Amatheon Animal Health's application for wholesale drug distributor in the state of Nevada?

AMATHEON Animal Health
WWW.AMATHEON.COM 1.800.399.VETS

David Yankana, MHA
Director of Operations

(800) 399-8387 x136
davidyankana@amatheon.com
www.amatheon.com

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AMATHEON Animal Health

List of Officers

Steven Schafer (50% of Ownership)
Title / Position: CEO / EVP of Sales
Date of Birth:
Address:) Purdy Avenue Miami Beach, FL 33139
SSN:

Christopher Yankana (50% of Ownership)
Title / Position: President / CFO
Date of Birth:
Address: SW 61st Ct, Miami, FL 33156
SSN:

David Yankana
Title / Position: Director of Operations
Date of Birth:
Address: SW 61st Ct, Miami, FL 33156
SSN:

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS (850) 487-1395
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

AMATHEON ANIMAL HEALTH, LLC
AMATHEON PHARMACEUTICALS
1301 NW 84TH AVE.
SUITE 101A
MIAMI FL 33126

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2220277 ISSUED: 04/12/2020

RX DRUG WHOLESALE DISTRIBUTOR
AMATHEON ANIMAL HEALTH, LLC
AMATHEON PHARMACEUTICALS

HAS REGISTERED under the provisions of Ch 499 FS.
Expiration date APR 30, 2022 L2004120000582

DETACH HERE

RON DESANTIS, GOVERNOR HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
2220277	

The PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: APR 30, 2022

AMATHEON ANIMAL HEALTH, LLC
AMATHEON PHARMACEUTICALS
1301 NW 84TH AVE.
SUITE 101A
MIAMI FL 33126

ISSUED: 04/12/2020 DISPLAY AS REQUIRED BY LAW SEQ # L2004120000582

2 13 49 PM 5/9/2020

Licensee Details

Licensee Information

Name:	**AMATHEON ANIMAL HEALTH, LLC (Primary Name)**
	AMATHEON PHARMACEUTICALS (DBA Name)
Main Address:	**1301 NW 84TH AVE.** **SUITE 101A** **MIAMI Florida 33126**
County:	**DADE**
License Mailing:	
LicenseLocation:	**1301 NW 84TH AVE.** **SUITE 101A** **MIAMI FL 33126**
County:	**DADE**

License Information

License Type:	**Prescription Drug Wholesale Distributor**
Rank:	**Rx Drug Whlslr**
License Number:	**2220277**
Status:	**Current**
Licensure Date:	**04/10/2020**
Expires:	**04/30/2022**

Special Qualifications	**Qualification Effective**
Limited Liability Corporation	

Alternate Names

View Related License Information

View License Complaint

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

State of Florida
Department of State

I certify from the records of this office that AMATHEON ANIMAL HEALTH, LLC is a limited liability company organized under the laws of the State of Florida, filed on March 24, 2016.

The document number of this limited liability company is L16000059701.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on October 16, 2020, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-seventh day of January, 2021

Secretary of State

Tracking Number: 8854254458CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION

Facility Name: Bioverativ U.S. LLC

Physical Address: 1025 Sandhill Rd. Suite A

Mailing Address: 2500 Southpoint Dr. c/o Kamara Hirni Forest Park, GA 30297

City: Reno State: NV Zip Code: 89521

Telephone: 775-325-9300 Fax: 775-325-9305

Toll Free Number: N/A

E-mail: kamara.hirni@sanofi.com Website: www.Sanofi.us

Facility Manager: Mr. Stephen E. DeLong

Professional qualifications and experience of facility manager: More than 15 years in pharmaceutical industry

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

APPLICATION FOR NEVADA WHOLESALER LICENSE

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate.) Please see Attachment A for additional explanation of VAWD certification Yes ☒ No ☐

Licensed as a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration) Yes ☐ No ☒

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

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

1) Please see Attachment B
Name Address
Business

2) _____
Name Address
Business

3) _____
Name Address
Business

4) _____
Name Address
Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Kamara Hirni
Print Name of Authorized Person

21 Aug 2020
Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Sanofi (Paris, France)

Corporation Name: Bioverativ U.S. LLC

Mailing Address: Main Office: 225 Second Ave.

City: Waltham State: MA Zip: 02451

Telephone: 404-675-3685 Fax: 404-675-3615

Contact Person: Kamara Hirni (licensing contact)
2500 Southpoint Dr. Forest Park, GA 30297

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. Sanofi (parent company) %: 100%
2. _____ %: _____
3. _____ %: _____
4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

*Date of Incorporation: _____ Please see attached Form 20-F

*Registration number issued: _____

*Stock Exchange: _____

Include with the application for a publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 20-F

(Mark One)

☐ REGISTRATION STATEMENT PURSUANT TO SECTION 12(b) OR (g) OF THE SECURITIES EXCHANGE ACT OF 1934

Or

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2019

Or

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Or

☐ SHELL COMPANY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Date of event requiring this shell company report

For the transition period from to

Commission File Number: 001-31368

Sanofi

(Exact name of registrant as specified in its charter)

N/A

(Translation of registrant's name into English)

France

(Jurisdiction of incorporation or organization)

54, Rue La Boétie, 75008 Paris, France

(Address of principal executive offices)

Karen Linehan, Executive Vice President Legal Affairs and General Counsel

54, Rue La Boétie, 75008 Paris, France. Fax: 011 + 33 1 53 77 43 03. Tel: 011 + 33 1 53 77 40 00

(Name, Telephone, E-mail and/or Facsimile number and Address of Company Contact Person)

Securities registered or to be registered pursuant to Section 12(b) of the Act:

Title of each class:	Name of each exchange on which registered:
American Depositary Shares, each representing one half of one ordinary share, par value €2 per share	NASDAQ Global Select Market
Ordinary shares, par value €2 per share	NASDAQ Global Select Market*
Contingent Value Rights	NASDAQ Global Market

Securities registered pursuant to Section 12(g) of the Act: None

The number of outstanding shares of each of the issuer's classes of capital or common stock as of December 31, 2019 was:

Ordinary shares: 1,253,826,630

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐.

If this report is an annual or transition report, indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934. Yes ☐ No ☒.

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐.

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐.

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer or an emerging growth company. See definition of "large accelerated filer," "accelerated filer" or "emerging growth company" in Rule 12b-2 of the Exchange Act. ☐

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Emerging growth company ☐

If an emerging growth company that prepares its financial statements in accordance with U.S. GAAP, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards† provided pursuant to Section 13(a) of the Exchange Act. ☐

† The term "new or revised financial accounting standard" refers to any update issued by the Financial Accounting Standards Board to its Accounting Standards Codification after April 5, 2012.

Indicate by check mark which basis of accounting the registrant has used to prepare the financial statements included in this filing:

U.S. GAAP ☐ International Financial Reporting Standards as issued by the International Accounting Standards Board ☒ Other ☐

If "Other" has been checked in response to the previous question, indicate by check mark which financial statement item the registrant has elected to follow. Item 17 ☐ Item 18 ☐

If this is an annual report, indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒.

*Not for trading but only in connection with the registration of American Depositary Shares representing such ordinary shares.

Attachment A

SANOFI

VAWD Certification

The following VAWD certifications are held by the Sanofi facility at:

1025 Sandhill Rd.
Reno, NV 89521

Business Entity	Nevada Permit #	VAWD Expiry Date
Sanofi-Aventis U.S. LLC	WH00263	December 18, 2020
Sanofi Pasteur Inc.	WH00384	December 18, 2020
VaxServe, Inc.	WH01145	December 18, 2020

VAWD certificates for each of the above entities are attached.

Once the Wholesaler License is granted for Bioverativ U.S. LLC, the entity will be incorporated into the facility's existing VAWD certification program.

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Sanofi-Aventis US, LLC

located at

1025 Sandhill Road, Reno, NV 89521

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

December 19, 2017 - December 18, 2020

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | *www.nabp.pharmacy*

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors® Accreditation

to

Sanofi Pasteur, Inc

located at

1025 Sandhill Road, Reno, NV 89521

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

December 19, 2017 - December 18, 2020

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | *www.nabp.pharmacy*

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®

Accreditation

to

VaxServe, Inc, a Sanofi Pasteur Company

located at

1025 Sandhill Road, Reno, NV 89521

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

December 19, 2017 - December 18, 2020

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | *www.nabp.pharmacy*

Attachment B

SANOFI

Manufacturers and Distributor

Drug Manufacturers:

Please see attached listing of drug manufacturing/related sites.

Domestic Distribution:

Business Entity	Address	Nevada Permit #
RxCrossroads 3PL LLC	5101 Jeff Commerce Dr. Louisville, KY 40219	WH00850

Domestic distribution is currently being handled by above 3PL. Distribution activity will be moved from the 3PL into the Sanofi facility at 1025 Sandhill Rd. Reno, NV 89521.

1. MANUFACTURER(S) [EFMOROCTOCOG ALFA, BIOGEN, RTP]

The manufacturers of rFVIIIFc drug substance manufactured via the BIIB031-B process (15,000 L bioreactor scale) are listed in Table 1. Please refer to 3.2.S.2.1 Manufacturers – Cambridge for information on the BIIB031-A process (2,000 L bioreactor scale).

Table 1: Manufacturer Information

Name and Address	Responsibility
Biogen[1] Inc. 5000 Davis Drive Research Triangle Park, NC. 27709 USA	Drug substance manufacturing In-process testing Drug substance QA/QC release and stability testing Cell bank storage
Galbraith Laboratories, Inc. 2323 Sycamore Dr., Knoxville, TN 37921 USA	Calcium Content Testing
Biogen[1] (Denmark) Manufacturing ApS Biogen Allé 1 DK-3400 Hillerød Denmark	In-process testing (unprocessed bulk harvest)
MilliporeSigma BioReliance Biosafety Testing Services 14920 Broschart Rd. Rockville, Maryland 20850-3349 USA	In-process testing (unprocessed bulk harvest)
Biostorage Technologies 2910 Fortune Cir W Ste E Indianapolis, IN 46241 USA	Cell bank storage

[1] Formerly known as Biogen Idec; throughout the submission the company may be referred to as either Biogen or Biogen Idec.

3.2.P.3. Manufacture [efmoroctocog alfa, Powder for Injection]

1. MANUFACTURERS [EFMOROCTOCOG ALFA, POWDER FOR INJECTION]

The manufacturers of rFVIIIFc powder for injection are provided in Table 1.

Table 1: Manufacturers

Name and Address		Responsibility
Vetter Pharma-Fertigung GmbH & Co. KG	Eisenbahnstraße 2-4 88085 Langenargen Germany	Drug Product QA/QC Testing
	Mooswiesen 2 88214 Ravensburg Germany	Drug Product Manufacturing Drug Product QA/QC Testing
	Schützenstraße 87 and 99-101 88212 Ravensburg Germany	Drug Product QA/QC Testing
	Helmut-Vetter-Strasse 10 88213 Ravensburg Germany	
Patheon Italia S.p.A 2° Trav. SX Via Morolense 5 03013 Ferentino, FR Italy		Drug Product Manufacturing Drug Product QA/QC Testing
Biogen[1] Inc. 250 Binney Street Cambridge, MA 02142 USA		Drug Product QC Testing
Biogen[1] (Denmark) Manufacturing ApS Biogen Allé 1 DK-3400 Hillerød Denmark		Drug Product QC Testing
Biogen[1] Inc. 5000 Davis Drive Research Triangle Park, NC 27709 USA		Drug Product QC Testing
Sharp Corporation 7451 Keebler Way Allentown, PA 18106 USA		Drug Product Labeling and Packaging
Sharp Corporation 7384 Penn Drive Allentown, PA 18106 USA		Drug Product Labeling and Packaging

3.2.P.3. Manufacture [efmoroctocog alfa, Powder for Injection]

Table 1: Manufacturers (Continued)

Name and Address	Responsibility
Packaging Coordinators, Inc. (PCI) 3001 Red Lion Road Philadelphia, PA 19114 USA	Drug Product Labeling and Packaging
Galbraith Laboratories, Inc. 2323 Sycamore Dr., Knoxville, TN 37921 USA	Drug Product Excipient Testing
Avista Pharma Solutions, Inc. 104 Gold Street Agawam, MA 01001 USA	Container Closure Integrity Testing
PPD Development, LLC 8551 Research Way, Suite 90 Middleton, WI 53562 USA	Drug Product Excipient Testing
Lancaster Labs 2425 New Holland Pike P.O. Box 12425 Lancaster, PA 17605 USA	Drug Product Excipient Testing
PPD Development Ireland Ltd Building C, Garrycastle Business and Technology Park, Athlone, Co. Westmeath Ireland	Drug Product QC Testing
Eurofins Pharma A/S Ørnebjergvej 1 DK-2600 Glostrup Denmark	Drug Product Excipient Testing
Eurofins Biopharma Product Testing Ireland Ltd Clogherane, Dungarvan, Co. Waterford, Ireland	Drug Product Excipient Testing

[1] Formerly known as Biogen Idec; throughout the submission the company may be referred to as either Biogen or Biogen Idec.

3.2.P.3. Manufacture [eftrenonacog alfa, Powder for Injection]

1. MANUFACTURERS [EFTRENONACOG ALFA, POWDER FOR INJECTION]

The manufacturers of rFIXFc powder for injection are provided in Table 1.

Table 1: Manufacturers

Name and Address		Responsibility
Vetter Pharma-Fertigung GmbH & Co. KG	Eisenbahnstrasse 2-4 88085 Langenargen Germany	Drug product manufacturing In-process testing Visual Inspection Drug product QA/QC testing
	Schuetzenstrasse 87, 99-101 88212 Ravensburg Germany	In-process testing Visual Inspection Drug product QA/QC testing
	Mooswiesen 2 88214 Ravensburg Germany	In-process testing Visual Inspection Drug product QA/QC testing Drug product labeling and packaging
	Helmut-Vetter-Strasse 10 88213 Ravensburg Germany	Warehousing Visual Inspection
Biogen[1] 5000 Davis Drive Research Triangle Park, NC 27709 USA		Drug product QC testing Product warehousing
Biogen[1] 900 Davis Drive Research Triangle Park, NC 27709 USA		Drug product manufacturing
Biogen[1] Denmark Manufacturing ApS Biogen Allé 1 DK-3400 Hillerød Denmark		Drug product QC testing Drug product labeling and packaging Product warehousing
Packaging Coordinators, Inc. (PCI) 3001 Red Lion Road Philadelphia, PA 19114 USA		Drug product labeling and packaging

3.2.P.3. Manufacture [eftrenonacog alfa, Powder for Injection]

Table 1: Manufacturers (Continued)

Name and Address	Responsibility
RxCrossroads National Turnpike Facility 1001 Cheri Way, Suite 100 Louisville, KY 40118 USA *and* RxCrossroads 5101 Jeff Commerce Drive Louisville, KY 40219 USA	Drug Product repackaging/relabeling Sample distribution and warehousing
Sharp Corporation 7451 Keebler Way Allentown, PA 18106 USA	Drug product labeling and packaging
Avista Pharma 104 Gold Street Agawam, MA 01001 USA	Container Closure Integrity Testing
PPD Development, LLC 8551 Research Way, Suite 90 Middleton, WI 53562	Drug Product QC Testing (Mannitol and Sucrose)
PPD Development Ireland Limited Athlone Business and Technology Park, Building C Athlone, Co. Westmeath Ireland	Drug Product QC Testing
Lancaster Labs 2425 New Holland Pike P.o. Box 12425 Lancaster, PA, 17605	Drug Product QC Testing (Mannitol, Sucrose and Histidine)
Eurofins Biopharma Product Testing Ireland Limited IDA Business Park Waterford, Co Dungarvan Ireland	Drug Product QC Testing (Histidine)
Eurofins BioPharma Product Testing Munich GmbH Robert-Koch-Str. 3a 82152 Planegg Munich, Germany	Drug Product QC Testing

[1] Formerly known as Biogen Idec; throughout the submission the company may be referred to as either Biogen or Biogen Idec.

1. MANUFACTURER(S) [EFTRENONACOG ALFA, BIOGEN, RTP]

The manufacturers of rFIXFc drug substance are listed in Table 1.

Table 1: Manufacturer Information

Name and Address	Responsibility
Biogen[1] Inc. 5000 Davis Drive Research Triangle Park, NC 27709 USA	Drug substance manufacturing In-process testing Drug substance QA/QC release and stability testing Raw material QA/QC testing and release[2] Drug substance storage Cell bank storage
BioStorage Technologies, Inc. 2910 Fortune Circle West, Ste E Indianapolis, IN 46241 USA	Secondary cell bank storage site
MilliporeSigma (formerly Bioreliance) 14920 Broschart Rd. Rockville, MD 20850-3349 USA	In-process testing (unprocessed bulk harvest)

[1] Formerly known as Biogen Idec; throughout the submission the company may be referred to as either Biogen or Biogen Idec.

[2] Raw material testing occurs at all Biogen Idec manufacturing sites and at approved contract test laboratories.

Attachment C

SANOFI

List of Officers and Directors

Please see attached listing of Officers and Directors for Bioverativ U.S. LLC

Bioverativ U.S. LLC

Name	Title	Expires On	Term
Apgar, Stacy Ann	Assistant Secretary	12/31/2999	Perpetual
Nestor, Joann	Secretary	12/31/2999	Perpetual
Roehr, Stefan	Vice President, Head of Global Supply Chain	12/31/2999	Perpetual
Sibold, William	President	12/31/2999	Perpetual
Tolpa, Michael J.	Treasurer	12/31/2999	Perpetual
Vernier, Thierry	Vice President and CFO	12/31/2999	Perpetual

Attachment D

SANOFI

Certificate of Corporate Status

Please see attached Certificate of Good Standing for Bioverativ U.S. LLC (Delaware)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOVERATIV U.S. LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

6115340 8300

SR# 20206849059

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203506030

Date: 08-20-20

Attachment F

SANOFI

VAWD Certification

Copy of Bond

RIDER

To be attached to and form part of:

Bond Number 104836272
dated 11/2/2006

issued by the TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
in the amount of $ 100,000.00

on behalf of SANOFI-AVENTIS U.S. LLC
(Principal)

and in favor of NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The principal address shall be amended:

FROM: **750 Vista Blvd**
Sparks, NV 89431

TO: **1025 Sandhill Road**
Reno, NV 89521

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 26th day of December, 2012.

Signed, Sealed & Dated this 26th day of December, 2012.

SANOFI-AVENTIS U.S. LLC

By: _____ 1/3/13
(Principal)

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
(Surety)

By: _____
Wayne G. McVaugh , Attorney-in-Fact

TRAVELERS

POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 225133

Certificate No. 005266143

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Darella White, Richard A. Jacobus, Douglas R. Wheeler, Maureen McNeill, Wayne G. McVaugh, and Elizabeth Marrero

of the City of Philadelphia, State of Pennsylvania, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 13th day of November, 2012.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

WARNING THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

State of Connecticut
City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the 13th day of November, 2012, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2016.

MARIE C. TETREAULT NOTARY PUBLIC CONNECTICUT

Marie C. Tetreault
Marie C. Tetreault, Notary Public

58440-8-12 Printed in U.S.A.

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 26th day of December, 20 12.

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

SANOFI

VAWD Certification

The following VAWD certifications are held by the Sanofi facility at:

1025 Sandhill Rd.
Reno, NV 89521

Business Entity	Nevada Permit #	VAWD Expiry Date
Sanofi-Aventis U.S. LLC	WH00263	December 18, 2020
Sanofi Pasteur Inc.	WH00384	December 18, 2020
VaxServe, Inc.	WH01145	December 18, 2020

VAWD certificates for each of the above entities are attached.

Once the Wholesaler License is granted for Bioverativ U.S. LLC, the entity will be incorporated into the facility's existing VAWD certification program.

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Sanofi-Aventis US, LLC

located at

1025 Sandhill Road, Reno, NV 89521

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

December 19, 2017 - December 18, 2020
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | *www.nabp.pharmacy*

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Sanofi Pasteur, Inc

located at

1025 Sandhill Road, Reno, NV 89521

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

December 19, 2017 - December 18, 2020
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | *www.nabp.pharmacy*

The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors® Accreditation

to

VaxServe, Inc, a Sanofi Pasteur Company

located at

1025 Sandhill Road, Reno, NV 89521

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

December 19, 2017 - December 18, 2020
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | *www.nabp.pharmacy*

SANOFI

December 9, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

Attn: Mr. Mark Sedar

RE: Support for Single Designated Representative and Street Address – Multiple Registrants (Wholesale Distributors)

- Sanofi-Aventis U.S. LLC
- Sanofi Pasteur, Inc.
- VaxServe, Inc.
- Bioverativ U.S. LLC (proposed)

Business Unit (Registrant)	Physical Address	Nevada License #
Sanofi-Aventis U.S. LLC	1025 Sandhill Rd. Reno, NV 89521	WH00263
Sanofi Pasteur, Inc.	1025 Sandhill Rd. Reno, NV 89521	WH00384
VaxServe, Inc.	1025 Sandhill Rd. Reno, NV 89521	WH01145
Bioverativ U.S. LLC	1025 Sandhill Rd. Reno, NV 89521	PENDING
Designated Representative for all entities (single facility): Mr. Steve DeLong		

Sanofi-Aventis U.S. LLC; Sanofi Pasteur, Inc.; and **VaxServe, Inc.** are all existing subsidiaries of Sanofi (www.sanofi.us).

The current application is to add an additional Sanofi entity, Bioverativ U.S. LLC, to the site. Bioverativ U.S. LLC is a wholly owned subsidiary of its parent company, Sanofi.

For legal reasons, these entities require individual licenses. However, all of these business units operate out of the ***same*** physical building; there is only a single location and single building; there are not multiple locations.

Mr. Steve DeLong, Site Head, would serve as the Designated Representative for the entire facility, including all business units listed above.

The business units operate inside the same physical building.
Examples include:

- There is a single management team on site that directs daily operations across the physical site.

- Product from all business units is stored under the same roof.
- A singe inventory system is utilized, with all product having discrete locations.
- Standard Operating Procedures are shared across all business units.
- A single environmental monitoring system is used to monitor the physical storage conditions of product from all business units.
- Dock doors for inbound/outbound freight are shared amongst the business units.
- A single personnel training platform is used for all site employees.
- Administrative support for personnel (human resources, payroll, etc.) is centralized for all site employees.

If there are any questions about the above, or you need additional clarification, please contact me at the below.

Regards,

Kamara HIRNI
Head of U.S. Distribution Quality
Sanofi US
kamara.hirni@sanofi.com
TEL.: 404-675-3685
2500 SOUTHPOINT DRIVE - FOREST PARK, GA 30297

Attachment E

SANOFI

Designated Representative

Please note the following:
This facility is already a licensed wholesaler within the State of Nevada. The facility currently holds the following registrations:

Business Entity	Nevada Permit #	Designated Representative
Sanofi-Aventis U.S. LLC	WH00263	Mr. Steve DeLong
Sanofi Pasteur Inc.	WH00384	Mr. Steve DeLong
VaxServe, Inc.	WH01145	Mr. Steve DeLong

The current application is to add an additional Sanofi entity, **Bioverativ U.S. LLC**, to the site.

The current Designated Representative, **Mr. Steve DeLong**, will remain the same contact across all Sanofi entities.

SANOFI

August 21, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

RE: Wholesaler License Application – NEW APPLICATION
For consideration at the Board's next meeting October 14-15, 2020

Please see attached Application for Wholesale License for the following:
Bioverativ U.S. LLC
1025 Sandhill Rd.
Reno, NV 89521

Enclosed is a check in the amount of $500.00 and all requested supporting documentation.

Please note the following:
This facility is already a licensed wholesaler within the State of Nevada. The facility currently holds the following registrations:

Sanofi Business Entity	Nevada Permit #	Designated Representative
Sanofi-Aventis U.S. LLC	WH00263	Mr. Steve DeLong
Sanofi Pasteur Inc.	WH00384	Mr. Steve DeLong
VaxServe, Inc.	WH01145	Mr. Steve DeLong

The current application is to add an additional Sanofi entity, **Bioverativ U.S. LLC**, to the site. **Bioverativ U.S. LLC** is wholly owned by its parent company, Sanofi.

The current authorized Designated Representative will remain the same contact across all Sanofi entities.

Please also note that the site has been inspected every year for the past several years for all of the above registered entities. I have attached the inspection reports that were conducted in February 2020 as evidence that the site is currently in compliance with all laws and regulations of the State of Nevada Board of Pharmacy (Attachment G).

If there are any questions regarding this application, please contact me directly at the below.

Regards,

Kamara HIRNI

Head of U.S. Distribution Quality
Sanofi US
kamara.hirni@sanofi.com
TEL.: 404-675-3685
2500 SOUTHPOINT DRIVE - FOREST PARK, GA 30297

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ 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. **If LLC use Non Public Corporation or Partnership.

☒ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b

☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ER at S. Las Vegas Blvd

Physical Address: 10770 S. Las Vegas Blvd

City: Las Vegas NV State: Zip Code: 89183 Telephone:

Fax: Toll Free Number:

E-mail:

Website:

Managing Pharmacist: Bruce Thielke License Number: 14061 ✓ 10/31/21

TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☐ ☑ Retail	☐ ☑ Off-site Cognitive Services
☒ ☐ Hospital (# beds 12)	☒ ☐ Parenteral
☐ ☑ Internet	☒ ☐ Parenteral (outpatient)
☐ ☑ Nuclear	☐ ☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	☐ ☑ Mail Service
☐ ☑ Community	☐ ☑ Long Term Care
☒ ☐ Other: ER department of Southern Hills Hospital	☒ ☐ Sterile Compounding (immediate use)
	☐ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding
For the application to be complete	☒ ☐ Other Services: Full service ER (emergency department)

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Bruce Thielke
Print Name of Authorized Person

12-3-2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: HCA Healthcare

Corporation Name: HCA Healthcare, Inc.

Mailing Address: One Park Plaza

City: Nashville State: TN Zip: 37203

Telephone: 615-344-9551 Fax:

Contact Person: Alexis Mussi, CEO at Southern Hills Hospital

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: September 1993

Registration number issued: 333-145054

Stock Exchange: New York Stock Exchange

Hours of Operation for the pharmacy:

Monday thru Friday_____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours X

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20021074287

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Bruce Thielke
Responsible Person of ER at South Las Vegas Blvd
hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Bruce Thielke
Print Name of Authorized Person

12-3-2020
Date

Managing Pharmacist

Pharmacist Name: Bruce Thielke License #: 14061

Pharmacy Name: ER at S. Las Vegas Blvd.

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 12-3-2020

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SOUTHERN HILLS MEDICAL CENTER, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/14/2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/03/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202012031254582
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Bruce Thielke
9300 W Sunset Blvd
Las Vegas, NV 89148, USA

Work Order #: W2020120301093
December 3, 2020
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 267710

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20201080652	12/3/2020 11:50:22 AM	Approved	1	$50.00	$50.00
Total							$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6070250111486346303069	Success	$50.00
Total			$50.00

Bruce Thielke
9300 W Sunset Blvd
Las Vegas, NV 89148, USA

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ 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. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b

☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Lincoln County Hospital District dba Grover C. Dils Medical Center

Physical Address: 700 North Spring Street

City: Caliente, NV State: Zip Code: 89008 Telephone:

775/726-3171 Fax: 775/726-3797 Toll Free Number:

E-mail: missie@gcdmc.org

Website: www.gcdmc.org

Managing Pharmacist: Trent Decker License Number: 15165

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☒	☐ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☐	☒ Mail Service
☐	☒ Community	☒	☐ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding
		☐	☒ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding
For the application to be complete		☐	☐ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Melissa Rowe

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

Melissa Rowe
Print Name of Authorized Person

12/10/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: n/a

Mailing Address: P.O. Box 1010

City: Caliente State: NV Zip: 89008-1010

Telephone: 775/726-3171 Fax: 775/726-3797

Contact Person: Melissa Rowe

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)_____
Name Business Address

b)_____
Name Business Address

c)_____
Name Business Address

d)_____
Name Business Address

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

3) What was the price paid per share? _____

List any physician shareholders and percentage of ownership.

Name:_____%:_____

Name:_____%: _____

Hours of Operation for the pharmacy:

Monday thru Friday_____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Melissa Rowe

Responsible Person of Lincoln County Hospital District dba Grover C. Dils Medical Center hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Melissa Rowe
Print Name of Authorized Person

12/10/2020
Date

Managing Pharmacist

Pharmacist Name: Trent Decker License #: 15165

Pharmacy Name: Lincoln County Hospital District dba Grover C. Dils Medical Center

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☒	☐
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☒	☐
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: UT Date: 06-10-2009 Case #: 2007-224

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 12/10/2020

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

11/23/2020

George E Rowe
Po
Box 93
Caliente, NV 89008, USA

Re:

Dear **George E Rowe,**

Thank you for your recent request. However, the order could not be processed for the following reasons:

- **1 item BL*** Mail to Submitter*** Check 4599 $50** Reject: NT7's do not get good standing certificates, they only get business license,**

This letter must be returned with the requested information or fee indicated above. If you paid for this filing via cash or check, the money is available towards the fees for the replacement filing, another filing or can be refunded upon written request within 1 year of payment pursuant to [NRS 353.115]. Amounts not used or refunded within one year are not available for use or refund. We have processed your check for this filing. Please resubmit your check information when submitting replacement documents.

for Secretary of State use only

Entity name:
Work order number: ***W2020112300227***
processor: ***preyes***

Any request for a refund must be made within 1 year from date of payment pursuant to [NRS353.115]

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recording Division
202 N. Carson Street
Carson City, NV 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

NOTICE OF EXEMPTION
NEVADA STATE BUSINESS LICENSE

MEDICAL CENTER

You have filed a notice citing a statutory exemption "001" pursuant to Nevada Revised Statutes and therefore are not required to maintain a Nevada State Business License.

If your exemption changes or your business is no longer exempt, you must file an amendment reflecting your current business status.

Nevada Business Identification: NV20161442939
Name: GROVER C. DILS MEDICAL CENTER
Expiration Date: 7/31/2020
Exemption Code: 001 A governmental entity

Issued this 10th day of May, 2019.

Please Post in a Conspicuous Location

5

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	$750.00	Counseling CE + $1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	$500.00	$1000.00	Hearing
Ingested with potential harm or adverse outcomes	$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort. No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance. With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from $0.00 to $10,000 for each Cause of Action.

Updated May 2019

ANNUAL DISCIPLINE CASES Reporting Period: January 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RW allowed other individuals to use his credentials to write and authorize prescriptions while he was out of the country.	N/A	CS registration is revoked; the revocation is stayed; CS registration is placed on probation for two years. RW shall pay a $5,000 fine and $2,000 for recoverable attorney's fees and costs.	N/A
DS, JM, and DB surrendered their DEA registrations for cause. Respondents no longer authorized by Federal or State law to prescribe or otherwise dispense a controlled substance.	N/A	Revoked	N/A
JP dispensed dangerous drugs for Nevada patients without a valid dispensing practitioner registration, from May 2017 until March 2020.	N/A	JP complied with a March 2020 cease and desist and citation order including payment of a $5,000 administrative fine. JP shall pay $950.00 for recoverable attorney's costs and fees.	N/A
KM allowed non-practitioner/non-licensed staff to possess, prescribe, obtain, access, and store dangerous drugs and/or administer drugs when he was not on site at the facility, before he examined the patient and before he wrote a patient-specific order; purchased sterile compounded dangerous drugs from an outsourcing facility not licensed with the Board. KM voluntarily placed his license from the NSBME to practice medicine on inactive status; KM's CS registration placed on inactive status.	N/A	KM's CS registration shall remain inactive until he petitions the Board for reinstatement and presents proof that his license to practice medicine from the NSBME is active and in good standing. KM shall pay a $1,500 fine and $1,000 in attorney's fees and costs.	N/A
ES's license to practice dentistry was revoked by the NSBDE for numerous violations of NRS Chapter 631. The NVBOP served ES with notice that the revocation of her NSBDE license operated as an immediate	N/A	Revoked	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
suspension of her Nevada Controlled Substance Certificate of Registration. Respondent is no longer authorized by Federal or State law to prescribe or otherwise dispense a controlled substance.			

5A

FILED
NOV 09 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHARLES FLEISHER, MD,** **Certificate of Registration No. CS08944,** **Respondent.**	**CASE NO. 20-227-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Charles Fleisher, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS08944, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 11, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-11931-1, and placed Respondent's License No. 8351 to practice medicine on inactive status for violation of NRS 630.3062(1)(a)), failure to maintain complete medical records relating to the diagnosis, treatment and care of a patient.

FIRST CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

3. By violating NRS 630.3062(1)(a)) as detailed in the NSBME's order in Case No. 20-11931-1, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

4. By violating NRS 630.3062(1)(a)) as detailed in the NSBME's order in Case No. 20-11931-1, Respondent has committed acts that render his registration inconsistent with the public interest pursuant to NRS 453.231, no longer qualifies for registration under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

THIRD CAUSE OF ACTION

Inactive License to Practice Medicine

5. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f).

6. By the NSBME's placement of Respondent's License No. 8351 to practice medicine on inactive status, Respondent has committed acts that render his registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 9th day of November, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHARLES FLEISHER, MD,** **Certificate of Registration No. CS08944,** **Respondent.**	**CASE NO. 20-227-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 13, 2021, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of November, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of November, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Charles Fleisher, MD
5950 S. Durango Dr., Ste. 105
Las Vegas, NV 89113

SHIRLEY HUNTING

NEVADA STATE BOARD OF PHARMACY
JAN 8 2021
FILED

LEWIS BRISBOIS BISGAARD & SMITH LLP
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Attorneys for Charles Fleisher, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. CHARLES FLEISHER, M.D., Certificate of Registration No. CS08944, Respondent.	CASE NO. 20-227-CS-S **ANSWER AND NOTICE OF DEFENSE**

CHARLES FLEISHER, M.D. ("Dr. Fleisher"), by and through his counsel, LEWIS BRISBOIS BISGAARD & SMITH, LLP, hereby submits his Answer and Notice of Defense to the Notice of Intended Action and Accusations filed by the Nevada Board of Pharmacy as follows:

JURISDICTION

I. Answering Paragraph I, Respondent objects to this paragraph as it calls for a legal conclusion; notwithstanding, Respondent admits that he previously held a Board-issued controlled substance registration, Certificate of Registration No. CS08944.

FACTUAL ALLEGATIONS

II. Answering Paragraph II, Respondent admits that on September 11, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-11931-1, but denies the remainder of the allegations contained therein.

///

FIRST CAUSE OF ACTION

(Unprofessional Conduct -Incompetent, Unskillful or Negligent Performance of Duties)

III. Answering Paragraph III, Respondent denies the allegations contained therein.

SECOND CAUSE OF ACTION

(Commision of Acts that Render Registration Inconsistent with the Public Interest)

IV. Answering Paragraph IV, Respondent objects to the extent that this paragraph calls for a legal conclusion, and denies the remaining allegations contained therein.

THIRD CAUSE OF ACTION

(Inactive License to Practice Medicine)

V. Answering Paragraph V, Respondent objects to this paragraph, as it calls for a legal conclusion. The cited statutes speak for themselves and no further response is indicated.

VI. Answering Paragraph VI, Respondent admits that he no longer qualifies for registration to dispense controlled substances under federal or state law as his registration is expired, but denies the remaining allegations contained therein.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

The allegations of the Notice of Intended Action and Accusation fail to state facts sufficient to state a claim upon which relief may be granted.

SECOND AFFIRMATIVE DEFENSE

The Notice of Intended Action and Accusation, and each cause of action therein, is barred by the doctrine of laches, estoppel, and the doctrine of unclean hands.

THIRD AFFIRMATIVE DEFENSE

Respondent denies each and every allegation of the Notice of Intended Action and Accusation not specifically admitted or otherwise pled to herein.

FOURTH AFFIRMATIVE DEFENSE

Respondent voluntarily surrendered his license to the Board of Medical Examiners prior to entry of the order in Case No. 21-11931-1 and for reasons unrelated to that matter.

FIFTH AFFIRMATIVE DEFENSE

The basis of the Complaint in Case No. 21-11931-1 was Respondent's failure to document in his operative report an interoperative consultation with a general surgeon. The perioperative nursing record and other documents showed that the consultation with the general surgeon did occur and the prior allegation of malpractice was found to be unsubstantiated and was therefore dismissed.

SIXTH AFFIRMATIVE DEFENSE

Respondent's controlled substance registration had already expired prior to the filing of the Notice of Intended Action and Accusation.

WHEREFORE, Respondent prays for judgment as follows:

1. That all charges against him be dismissed;

2. That the Board find that the Notice of Intended Action and Accusation does not support issuance of discipline or fines against Respondent; and

3. For such other and further relief as may be deemed just and proper in these premises.

DATED: January 8, 2021

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: */s/ Jill M. Chase*

JILL M. CHASE, ESQ.
Nevada Bar No. 005256
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Telephone: 702.893.3383
Facsimile: 702.893.3789
Attorneys for Charles Fleisher, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHARLES FLEISHER, MD,** **Certificate of Registration No. CS08944,** **Respondent.**	**CASE NO. 20-227-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Charles Fleisher, MD, Certificate of Registration No. CS08944, by and through counsel, Jill Chase, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 31, 2020, Respondent did not renew Certificate of Registration No. CS08944 and his registration was placed on inactive status.

3. On or about November 9, 2020, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

4. On or about January 8, 2021, Respondent filed an Answer and Notice of Defense to the Accusation.

5. Respondent is fully aware of his right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

6. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

8. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. The Nevada State Board of Medical Examiners has entered an order in Case No. 20-11931-1, and Respondent's License No. 8351 to practice medicine was placed on inactive status; and

B. Respondent is no longer authorized by Federal or state law to prescribe or dispense controlled substances. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f).

9. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210 and NRS 639.255.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Charles Fleisher, MD, Certificate of Registration No. CS08944, stipulate to the following:

A. Certificate of Registration No. CS08944 shall remain inactive until such time as Respondent petitions the Board for reinstatement to active status and presents proof that his License No. 8351 to practice medicine from the NSBME is active and in good standing.

B. Respondent may not prescribe or dispense any controlled substance until he petitions to the Board for reinstatement and the Board reinstates his controlled substance registration pursuant to NRS 453.226.

C. In the event Respondent applies for reinstatement of his certificate of registration to active status, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

D. In the Event Respondent petitions the Board for reinstatement and the Board reinstates his certificate of registration, Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs.

11. Any failure by Respondent to comply with the terms of this Stipulation may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Stipulation by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 3, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding the Stipulation, even if Respondent is not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of March, 2021

_____
CHARLES FLEISHER, MD,
Certificate of Registration No. CS08944

Signed this ___ day of March, 2021

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ____ day of March, 2021

_____
JILL CHASE, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby accepts the foregoing Stipulation as its decision as to Charles Fleisher, MD, Certificate of Registration No. CS08944, in Case No. 20-227-CS-S. The Board hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of March, 2021.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 17-015-N**
Petitioner,	)	**NOTICE OF INTENDED ACTION AND ACCUSATION**
v.	)	
MICHAEL L. GERBER, H.M.D., Certificate of Registration Nos. CS03675 and PD03675,	)	
Respondent.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy ("Pharmacy Board") has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Michael L. Gerber, H.M.D. ("Gerber"), held a Nevada Controlled Substance Registration, Certificate No. CS03675, and a Nevada Dispensing Practitioner Registration, Certificate No. PD03675, both of which were issued by the Pharmacy Board.

FACTUAL ALLEGATIONS

II.

On July 22, and August 23-24, 2017, the State of Nevada, Board of Homeopathic Medical Examiners ("Homeopathic Board") conducted an administrative disciplinary hearing in the matter of *Board of Homeopathic Medical Examiners v. Gerber,* Case No. 17-01.

III.

After hearing the testimony of witnesses and reviewing documentary evidence entered by the Homeopathic Board into the record, the Homeopathic Board made findings of fact. *See*

Board of Homeopathic Medical Examiners v. Gerber, Case No. 17-01 (Order dated October 23, 2017 (the "Order").

IV.

The Homeopathic Board's Findings of Fact, as stated in the Order, include:

a. "On or about December 27, 1984, the [Homeopathic] Board Office received an application for licensure from Respondent [Gerber]." Order, ¶ 1.

b. "In his application, Respondent [Gerber] indicates that he was issued a medical license from Kansas and California." Order, ¶ 1(a).

c. "Respondent [Gerber] attached a copy of his [Kansas] medical license (certificate number 15355) from the State of Kansas which indicated he was licensed on or about July 10, 1973." Order, ¶ 1(b).

d. "Respondent's [Gerber's] California medical license number C35438 was revoked on June 20, 1984." Order, ¶ 1(c).

e. "Respondent's [Gerber's] Kansas medical license was cancelled by the Kansas State Board of Healing Arts on June 30, 1990, due to Respondent's failure to renew." Order, ¶ 1(d).

f. "At a later date, Respondent [Gerber] indicated to the [Homeopathic] Board that he was licensed to practice medicine in the Government of the District of Columbia, Department of Health of Medicine." Order, ¶ 2.

g. "According to a letter dated April 27, 2017, from Counsel to Government of the District of Columbia, Department of Health of Medicine (D.C. Board of Medicine), Suzanne M. Fenzel, states that Respondent [Gerber] 'is not 'currently licensed in good standing to practice medicine in the District of Columbia pursuant to DCMR 17-4600.'"" Order, ¶ 3.

h. "She [Fenzel] further states that 'Mr. Gerber's D.C. license was indefinitely restricted via a Consent Order effective October 8, 1986' which states the Respondent [Gerber]

'will not practice or attempt to practice medicine in the District of Columbia without prior approval of the Board. As of today's date, the Board has given no such approval." Order, ¶ 3.

i. "Consequently, Respondent [Gerber] no longer qualified for licensure by the [Homeopathic] Board as of June 30, 1990." Order, ¶ 4.

j. "Pursuant to NRS 630A.230(2)(d), licensure as a homeopathic physician in the State of Nevada requires that the applicant 'is licensed in good standing to practice allopathic or osteopathic medicine in any state or country, the District of Columbia or a territory or possession of the United States[.]'" Order, ¶ 6.

k. "[Homeopathic] Board practice and procedure requires that the file for each applicant for licensure as a homeopathic physician be reviewed and approved by the Board member[s] pursuant to NAC 630A.050." Order, ¶ 8.

l. "This review is intended to verify the educational and internship requirements, codified in NRS and NAC Chapter 630A, for licensure are met by each applicant prior to licensure." Order, ¶ 9.

m. "The [Homeopathic] Board member who initially approved Respondent's [Gerber's] file for licensure relied on Respondent's Kansas medical license." Order, ¶ 10.

n. "Respondent [Gerber] allowed his Kansas medical license to expire on June 30, 1990." Order, ¶ 11.

o. Respondent [Gerber] was issued [homeopathic] license number 84106 that became invalid on June 30, 1990." Order, ¶ 12.

p. "In NRS 630A.050, the Nevada Legislature declared that a ''homeopathic physician' means a person who has complied with all of the requirements set forth in this chapter and the regulations adopted by the [Homeopathic] Board for the practice of homeopathic medicine.'" Order, ¶ 14 (*citing* NRS 630A.050).

q. "In NRS 630A.144, the Nevada Legislature declared that the [Homeopathic] Board 'shall regulate the practice of homeopathic medicine in this State and any activities that are within the scope of such practice, to protect the public health and safety and general welfare of the people of this State' and 'license or certify those applicants it finds to be qualified.'" Order, ¶ 15 (*citing* NRS 630A.144).

r. "Respondent's [Gerber's] failure to hold a valid medical license from the District of Columbia, Department of Health of Medicine, California or Kansas in good standing prevents him from safely practicing homeopathic medicine in the State of Nevada." Order, ¶ 17.

s. "Further, Respondent's [Gerber's] application became invalid on June 30, 1990, when he allowed his Kansas medical license to expire, thus raising concerns about his 'good moral character,' which is a requirement for licensure pursuant to NRS 630A.230(2)(b)." Order, ¶ 18.

t. "Respondent [Gerber] advertises and/or holds himself out as a medical doctor and homeopathic physician." Order, ¶ 19.

u. "Unless and until Respondent [Gerber] satisfies the requirements of NRS 630A.230(2)(d), he is not eligible for licensure as a homeopathic physician in the State of Nevada." Order, ¶ 20.

V.

The Homeopathic Board also entered Conclusions of Law, concluding that Gerber violated Nevada law (NRS 630A.350) by providing an untrue statement to that Board on each of his renewal applications:

> By falsely indicating that he was licensed in good standing to practice allopathic or osteopathic medicine in any state or county [sic], the District of Columbia or territory or possession of the United States, Respondent [Gerber] provided an untrue statement to the [Homeopathic] Board in his renewal licensure applications in

> violation of NRS 630A.350, and which is grounds for disciplinary action.

Order, pg. 5, ll. 1-6.

VI.

Gerber does not currently hold a license in good standing to practice allopathic or osteopathic medicine in any state or country, the District of Columbia or territory or possession of the United States.

VII.

The Pharmacy Board issued a Nevada Controlled Substance Registration, Certificate No. CS03675, to Gerber in approximately May 1990.

VIII.

The Pharmacy Board issued a Nevada Dispensing Practitioner Registration, Certificate No. PD03675, to Gerber in approximately May 1990.

IX.

Since June 30, 1990, Gerber has not qualified to possess Certificate No. CS03675 because his "[homeopathic] license number 84106 . . . became invalid on June 30, 1990" (Order, ¶ 12) after he ceased to comply with NRS 630A.230(2)(d) and became "[in]eligible for licensure as a homeopathic physician in the State of Nevada." Order, ¶ 20.

X.

Since June 30, 1990, Gerber has not qualified to possess Certificate No. PD03675 because his "[homeopathic] license number 84106 . . . became invalid on June 30, 1990" (Order, ¶ 12) after he ceased to comply with NRS 630A.230(2)(d) and became "[in]eligible for licensure as a homeopathic physician in the State of Nevada." Order, ¶ 20.

XI.

Gerber is not currently eligible to possess Certificate No. CS03675 or Certificate No. PD03675 because he does not currently hold a license in good standing to practice allopathic or

osteopathic medicine in any state or country, the District of Columbia or territory or possession of the United States.

XII.

On June 30, 2016, one of Gerber's patients, K.S., through her physician, W.C., requested that Gerber release K.S.'s medical records from the first date he provided service to her to the last date he provided service to her.

XIII.

On or about July 6, 2016, Gerber, through his Gerber Medical Clinic, provided K.S. a 54-page packet purporting to be K.S.'s complete medical records of Gerber's treatment of K.S.

XIV.

The 54-page packet did not include records associated with several office visits, treatments and injections Gerber provided to K.S. and billed to K.S. or her insurance provider.

XV.

Gerber later provided to Board Staff a 61-page packet of records purporting to be a complete record of K.S's treatment by Gerber.

XVI.

That 61-page packet did not include records of several office visits, treatments and injections Gerber provided to K.S. and for which he billed K.S. and her insurance provider.

XVII.

Gerber and/or his staff at the Gerber Medical Clinic provided to Board Staff all records in their possession and/or control relating to Gerber's treatment of K.S. when the Board's Investigator requested those records.

XVIII.

Neither Gerber nor his staff at the Gerber Medical Clinic have possession or control of records relating to Gerber's treatment of K.S. that have not been provided to Board Staff.

APPLICABLE LAW

XIX.

A person must be a practitioner, as that term is defined at NRS 453.126 and/or NRS 639.0125, to hold a Nevada Controlled Substance Registration. *See* NRS 453.226; NRS 453.231(3); and NRS 453.056.

XX.

A person must be a practitioner, as that term is defined at NRS 453.126 and/or NRS 639.0125, to hold a Nevada Dispensing Practitioner Registration. *See* NAC 639.742 and 639.745.

XXI.

"Practitioner" includes a homeopathic physician who is qualified as such pursuant to NRS Chapter 630A, including 630A.050 and NRS 630A.230(2)(d). *See* NRS 453.126(1); *see also* NRS 0.040 (defining "physician" to include persons who engage in homeopathy).

XXII.

To qualify as a homeopathic physician in Nevada, a person must be "licensed in good standing to practice allopathic or osteopathic medicine in any state or country, the District of Columbia or a territory or possession of the United States." *See* NRS 630A.230(2)(d).

FIRST CAUSE OF ACTION

XXIII.

By failing to qualify for a homeopathic medical license since June 30, 1990, Gerber has failed, since June 30, 1990, to qualify as a practitioner as that term is defined in NRS 453.126 and NRS 639.0125. As a non-practitioner, Gerber has not qualified to hold a Controlled Substance Registration since June 30, 1990. *See* NRS 453.226; NRS 453.056. The Homeopathic Board found Gerber's claim that he is a qualified homeopathic physician false in

its October 23, 2017 Order. Certificate No. CS03675 is therefore subject to cancellation pursuant to NRS 639.281(2).

SECOND CAUSE OF ACTION

XXIV.

By failing to qualify for a homeopathic medical license since June 30, 1990, Gerber has failed, since June 30, 1990, to qualify as a practitioner as that term is defined in NRS 453.126 and NRS 639.0125. As a non-practitioner, Gerber has not qualified to hold a Dispensing Practitioner Registration since June 30, 1990. *See* NAC 639.742 and 639.745. The Homeopathic Board found Gerber's claim that he is a qualified homeopathic physician false in its October 23, 2017 Order. Certificate No. PD03675 is therefore subject to cancellation pursuant to NRS 639.281(2).

THIRD CAUSE OF ACTION

XXV.

By renewing his Controlled Substance Registration, Certificate No. CS03675, biennially since December 30, 1990, Gerber represented falsely to the Pharmacy Board that he qualified to hold and to renewal that registration. In doing so, he violated NRS 453.331(1)(e), NRS 639.281, NRS 639.2813, and NAC 639.945(h). His Controlled Substance Registration, Certificate No. CS03675, is therefore subject to discipline pursuant to NRS 453.331, NRS 453.236(1)(a) and (d), NRS 639.210(4), (10) and (12), and NRS 639.255.

FOURTH CAUSE OF ACTION

XXVI.

By renewing his Dispensing Practitioner Registration, Certificate No. PD03675, biennially since December 30, 1990, Gerber represented falsely to the Pharmacy Board that he qualified to hold and to renewal that registration. In doing so, he violated NRS 453.331(1)(e), NRS 639.281, NRS 639.2813, and/or NAC 639.945(h). His Dispensing Practitioner

Registration, Certificate No. PD03675, is therefore subject to discipline pursuant to NRS 453.331, NRS 453.236(1)(a) and (d), NRS 639.210(4), (10) and (12), NRS 639.255 and NAC 639.7445.

FIFTH CAUSE OF ACTION

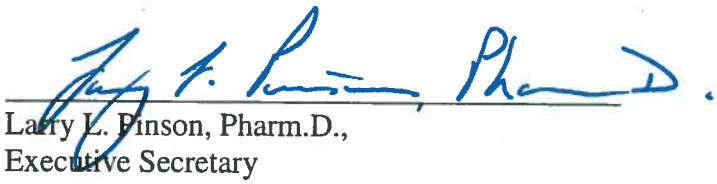
XXVII.

By failing to keep and produce to Board Staff records of office visits, treatments and injections Gerber provided to K.S. and billed to K.S. or her insurance provider, Gerber violated NRS 453.326, NAC 639.745(1) and (3), NAC 639.287, NAC 639.945(h) and (m). As a result, his Certificate Nos. CS03675 and PD03675 are subject to discipline pursuant to NRS 639.210(4), (12) and (17) and/or NRS 639.255, as well as NAC 639.7445.

XXVIII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

DATED this 23 day of January, 2018.



Larry L. Pinson, Pharm.D.,
Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**STATEMENT TO**
	)	**THE RESPONDENT**
Petitioner,	)	**AND NOTICE OF HEARING**
v.	)	
	)	**CASE NO. 17-015-N**
MICHAEL L. GERBER, H.M.D., Certificate of Registration Nos. CS03675 and PD03675,	)	
	)	
Respondent.	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 7, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place Reno-Tahoe, 1790 E. Plumb Ln., Reno, NV 89502 ·

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 23rd day of January, 2018.

Larry L. Pinson, Pharm.D.,
Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**ANSWER AND**
	)	**NOTICE OF DEFENSE**
Petitioner,	)	
v.	)	**CASE NO. 17-015-N**
	)	
MICHAEL L. GERBER, H.M.D., Certificate of Registration Nos. CS03675 and PD03675,	)	
	)	
Respondent.	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none")

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of February, 2018.

_____
Type or print name

_____
Respondent Michael L. Gerber, H.M.D.
Certificate of Registration Nos. CS03675 and PD03675.

FILED
JAN 23 2018
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 17-015-N**
	)	
Petitioner,	)	**NOTICE OF INTENDED ACTION AND ACCUSATION**
v.	)	
	)	
MICHAEL L. GERBER, H.M.D., Certificate of Registration Nos. CS03675 and PD03675,	)	
	)	
	)	
Respondent.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy ("Pharmacy Board") has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Michael L. Gerber, H.M.D. ("Gerber"), held a Nevada Controlled Substance Registration, Certificate No. CS03675, and a Nevada Dispensing Practitioner Registration, Certificate No. PD03675, both of which were issued by the Pharmacy Board.

FACTUAL ALLEGATIONS

II.

On July 22, and August 23-24, 2017, the State of Nevada, Board of Homeopathic Medical Examiners ("Homeopathic Board") conducted an administrative disciplinary hearing in the matter of *Board of Homeopathic Medical Examiners v. Gerber*, Case No. 17-01.

III.

After hearing the testimony of witnesses and reviewing documentary evidence entered by the Homeopathic Board into the record, the Homeopathic Board made findings of fact. *See*

Board of Homeopathic Medical Examiners v. Gerber, Case No. 17-01 (Order dated October 23, 2017 (the "Order").

IV.

The Homeopathic Board's Findings of Fact, as stated in the Order, include:

a. "On or about December 27, 1984, the [Homeopathic] Board Office received an application for licensure from Respondent [Gerber]." Order, ¶ 1.

b. "In his application, Respondent [Gerber] indicates that he was issued a medical license from Kansas and California." Order, ¶ 1(a).

c. "Respondent [Gerber] attached a copy of his [Kansas] medical license (certificate number 15355) from the State of Kansas which indicated he was licensed on or about July 10, 1973." Order, ¶ 1(b).

d. "Respondent's [Gerber's] California medical license number C35438 was revoked on June 20, 1984." Order, ¶ 1(c).

e. "Respondent's [Gerber's] Kansas medical license was cancelled by the Kansas State Board of Healing Arts on June 30, 1990, due to Respondent's failure to renew." Order, ¶ 1(d).

f. "At a later date, Respondent [Gerber] indicated to the [Homeopathic] Board that he was licensed to practice medicine in the Government of the District of Columbia, Department of Health of Medicine." Order, ¶ 2.

g. "According to a letter dated April 27, 2017, from Counsel to Government of the District of Columbia, Department of Health of Medicine (D.C. Board of Medicine), Suzanne M. Fenzel, states that Respondent [Gerber] 'is not 'currently licensed in good standing to practice medicine in the District of Columbia pursuant to DCMR 17-4600.'"" Order, ¶ 3.

h. "She [Fenzel] further states that 'Mr. Gerber's D.C. license was indefinitely restricted via a Consent Order effective October 8, 1986' which states the Respondent [Gerber]

'will not practice or attempt to practice medicine in the District of Columbia without prior approval of the Board. As of today's date, the Board has given no such approval." Order, ¶ 3.

i. "Consequently, Respondent [Gerber] no longer qualified for licensure by the [Homeopathic] Board as of June 30, 1990." Order, ¶ 4.

j. "Pursuant to NRS 630A.230(2)(d), licensure as a homeopathic physician in the State of Nevada requires that the applicant 'is licensed in good standing to practice allopathic or osteopathic medicine in any state or country, the District of Columbia or a territory or possession of the United States[.]'" Order, ¶ 6.

k. "[Homeopathic] Board practice and procedure requires that the file for each applicant for licensure as a homeopathic physician be reviewed and approved by the Board member[s] pursuant to NAC 630A.050." Order, ¶ 8.

l. "This review is intended to verify the educational and internship requirements, codified in NRS and NAC Chapter 630A, for licensure are met by each applicant prior to licensure." Order, ¶ 9.

m. "The [Homeopathic] Board member who initially approved Respondent's [Gerber's] file for licensure relied on Respondent's Kansas medical license." Order, ¶ 10.

n. "Respondent [Gerber] allowed his Kansas medical license to expire on June 30, 1990." Order, ¶ 11.

o. Respondent [Gerber] was issued [homeopathic] license number 84106 that became invalid on June 30, 1990." Order, ¶ 12.

p. "In NRS 630A.050, the Nevada Legislature declared that a ''homeopathic physician' means a person who has complied with all of the requirements set forth in this chapter and the regulations adopted by the [Homeopathic] Board for the practice of homeopathic medicine.'" Order, ¶ 14 (*citing* NRS 630A.050).

q. "In NRS 630A.144, the Nevada Legislature declared that the [Homeopathic] Board 'shall regulate the practice of homeopathic medicine in this State and any activities that are within the scope of such practice, to protect the public health and safety and general welfare of the people of this State' and 'license or certify those applicants it finds to be qualified.'" Order, ¶ 15 (*citing* NRS 630A.144).

r. "Respondent's [Gerber's] failure to hold a valid medical license from the District of Columbia, Department of Health of Medicine, California or Kansas in good standing prevents him from safely practicing homeopathic medicine in the State of Nevada." Order, ¶ 17.

s. "Further, Respondent's [Gerber's] application became invalid on June 30, 1990, when he allowed his Kansas medical license to expire, thus raising concerns about his 'good moral character,' which is a requirement for licensure pursuant to NRS 630A.230(2)(b)." Order, ¶ 18.

t. "Respondent [Gerber] advertises and/or holds himself out as a medical doctor and homeopathic physician." Order, ¶ 19.

u. "Unless and until Respondent [Gerber] satisfies the requirements of NRS 630A.230(2)(d), he is not eligible for licensure as a homeopathic physician in the State of Nevada." Order, ¶ 20.

V.

The Homeopathic Board also entered Conclusions of Law, concluding that Gerber violated Nevada law (NRS 630A.350) by providing an untrue statement to that Board on each of his renewal applications:

> By falsely indicating that he was licensed in good standing to practice allopathic or osteopathic medicine in any state or county [sic], the District of Columbia or territory or possession of the United States, Respondent [Gerber] provided an untrue statement to the [Homeopathic] Board in his renewal licensure applications in

> violation of NRS 630A.350, and which is grounds for disciplinary action.

Order, pg. 5, ll. 1-6.

VI.

Gerber does not currently hold a license in good standing to practice allopathic or osteopathic medicine in any state or country, the District of Columbia or territory or possession of the United States.

VII.

The Pharmacy Board issued a Nevada Controlled Substance Registration, Certificate No. CS03675, to Gerber in approximately May 1990.

VIII.

The Pharmacy Board issued a Nevada Dispensing Practitioner Registration, Certificate No. PD03675, to Gerber in approximately May 1990.

IX.

Since June 30, 1990, Gerber has not qualified to possess Certificate No. CS03675 because his "[homeopathic] license number 84106 . . . became invalid on June 30, 1990" (Order, ¶ 12) after he ceased to comply with NRS 630A.230(2)(d) and became "[in]eligible for licensure as a homeopathic physician in the State of Nevada." Order, ¶ 20.

X.

Since June 30, 1990, Gerber has not qualified to possess Certificate No. PD03675 because his "[homeopathic] license number 84106 . . . became invalid on June 30, 1990" (Order, ¶ 12) after he ceased to comply with NRS 630A.230(2)(d) and became "[in]eligible for licensure as a homeopathic physician in the State of Nevada." Order, ¶ 20.

XI.

Gerber is not currently eligible to possess Certificate No. CS03675 or Certificate No. PD03675 because he does not currently hold a license in good standing to practice allopathic or

osteopathic medicine in any state or country, the District of Columbia or territory or possession of the United States.

XII.

On June 30, 2016, one of Gerber's patients, K.S., through her physician, W.C., requested that Gerber release K.S.'s medical records from the first date he provided service to her to the last date he provided service to her.

XIII.

On or about July 6, 2016, Gerber, through his Gerber Medical Clinic, provided K.S. a 54-page packet purporting to be K.S.'s complete medical records of Gerber's treatment of K.S.

XIV.

The 54-page packet did not include records associated with several office visits, treatments and injections Gerber provided to K.S. and billed to K.S. or her insurance provider.

XV.

Gerber later provided to Board Staff a 61-page packet of records purporting to be a complete record of K.S's treatment by Gerber.

XVI.

That 61-page packet did not include records of several office visits, treatments and injections Gerber provided to K.S. and for which he billed K.S. and her insurance provider.

XVII.

Gerber and/or his staff at the Gerber Medical Clinic provided to Board Staff all records in their possession and/or control relating to Gerber's treatment of K.S. when the Board's Investigator requested those records.

XVIII.

Neither Gerber nor his staff at the Gerber Medical Clinic have possession or control of records relating to Gerber's treatment of K.S. that have not been provided to Board Staff.

APPLICABLE LAW

XIX.

A person must be a practitioner, as that term is defined at NRS 453.126 and/or NRS 639.0125, to hold a Nevada Controlled Substance Registration. *See* NRS 453.226; NRS 453.231(3); and NRS 453.056.

XX.

A person must be a practitioner, as that term is defined at NRS 453.126 and/or NRS 639.0125, to hold a Nevada Dispensing Practitioner Registration. *See* NAC 639.742 and 639.745.

XXI.

"Practitioner" includes a homeopathic physician who is qualified as such pursuant to NRS Chapter 630A, including 630A.050 and NRS 630A.230(2)(d). *See* NRS 453.126(1); *see also* NRS 0.040 (defining "physician" to include persons who engage in homeopathy).

XXII.

To qualify as a homeopathic physician in Nevada, a person must be "licensed in good standing to practice allopathic or osteopathic medicine in any state or country, the District of Columbia or a territory or possession of the United States." *See* NRS 630A.230(2)(d).

FIRST CAUSE OF ACTION

XXIII.

By failing to qualify for a homeopathic medical license since June 30, 1990, Gerber has failed, since June 30, 1990, to qualify as a practitioner as that term is defined in NRS 453.126 and NRS 639.0125. As a non-practitioner, Gerber has not qualified to hold a Controlled Substance Registration since June 30, 1990. *See* NRS 453.226; NRS 453.056. The Homeopathic Board found Gerber's claim that he is a qualified homeopathic physician false in

its October 23, 2017 Order. Certificate No. CS03675 is therefore subject to cancellation pursuant to NRS 639.281(2).

SECOND CAUSE OF ACTION

XXIV.

By failing to qualify for a homeopathic medical license since June 30, 1990, Gerber has failed, since June 30, 1990, to qualify as a practitioner as that term is defined in NRS 453.126 and NRS 639.0125. As a non-practitioner, Gerber has not qualified to hold a Dispensing Practitioner Registration since June 30, 1990. *See* NAC 639.742 and 639.745. The Homeopathic Board found Gerber's claim that he is a qualified homeopathic physician false in its October 23, 2017 Order. Certificate No. PD03675 is therefore subject to cancellation pursuant to NRS 639.281(2).

THIRD CAUSE OF ACTION

XXV.

By renewing his Controlled Substance Registration, Certificate No. CS03675, biennially since December 30, 1990, Gerber represented falsely to the Pharmacy Board that he qualified to hold and to renewal that registration. In doing so, he violated NRS 453.331(1)(e), NRS 639.281, NRS 639.2813, and NAC 639.945(h). His Controlled Substance Registration, Certificate No. CS03675, is therefore subject to discipline pursuant to NRS 453.331, NRS 453.236(1)(a) and (d), NRS 639.210(4), (10) and (12), and NRS 639.255.

FOURTH CAUSE OF ACTION

XXVI.

By renewing his Dispensing Practitioner Registration, Certificate No. PD03675, biennially since December 30, 1990, Gerber represented falsely to the Pharmacy Board that he qualified to hold and to renewal that registration. In doing so, he violated NRS 453.331(1)(e), NRS 639.281, NRS 639.2813, and/or NAC 639.945(h). His Dispensing Practitioner

Registration, Certificate No. PD03675, is therefore subject to discipline pursuant to NRS 453.331, NRS 453.236(1)(a) and (d), NRS 639.210(4), (10) and (12), NRS 639.255 and NAC 639.7445.

FIFTH CAUSE OF ACTION

XXVII.

By failing to keep and produce to Board Staff records of office visits, treatments and injections Gerber provided to K.S. and billed to K.S. or her insurance provider, Gerber violated NRS 453.326, NAC 639.745(1) and (3), NAC 639.287, NAC 639.945(h) and (m). As a result, his Certificate Nos. CS03675 and PD03675 are subject to discipline pursuant to NRS 639.210(4), (12) and (17) and/or NRS 639.255, as well as NAC 639.7445.

XXVIII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

DATED this 23 day of January, 2018.

Larry L. Pinson, Pharm.D.,
Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**STATEMENT TO**
	)	**THE RESPONDENT**
Petitioner,	)	**AND NOTICE OF HEARING**
v.	)	
	)	**CASE NO. 17-015-N**
MICHAEL L. GERBER, H.M.D., Certificate of Registration Nos. CS03675 and PD03675,	)	
	)	
	)	
Respondent.	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 7, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place Reno-Tahoe, 1790 E. Plumb Ln., Reno, NV 89502 ·

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 23rd day of January, 2018.

Larry L. Pinson, Pharm.D.,
Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**ANSWER AND**
	)	**NOTICE OF DEFENSE**
Petitioner,	)	
v.	)	**CASE NO. 17-015-N**
	)	
MICHAEL L. GERBER, H.M.D., Certificate of Registration Nos. CS03675 and PD03675,	)	
	)	
Respondent.	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none")

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of February, 2018.

_____
Type or print name

_____
Respondent Michael L. Gerber, H.M.D.
Certificate of Registration Nos. CS03675 and PD03675.

FILED
FEB 08 2018
NEVADA STATE BOARD OF PHARMACY

JEFFREY A. DICKERSON
BAR NO. 2690
305 W. MOANA LANE, SUITE E
RENO, NV 89509
786-6664

ATTORNEY FOR DR. GERBER

BOARD OF PHARMACY
STATE OF NEVADA

NEVADA STATE BOARD OF PHARMACY,
PETITIONER,
v.

MICHAEL L. GERBER, H.M.D.,
RESPONDENT.
_____/

ANSWER AND NOTICE OF DEFENSE

Pursuant to NRS 639.243(2) and .244, Respondent, by and through his attorney, answers the notice of intended action and accusation and asserts his defense, together with his presentation of evidence and argument at the hearing, as follows.

JURISDICTION

I. Respondent denies the Board has jurisdiction over the first four causes of action because, although the Certificates are Board-issued, the foundation for the proposed action is the findings and conclusions of the Board of Homeopathic Medical Examiners, which Board lacked authority and jurisdiction to address Respondent's license renewal applications as they relate to licensure in foreign jurisdictions as an allopathic or osteopathic physician, as argued before that Board and as presented in Respondent's pending petition for judicial review of that Board's determination. This Board should stay proceedings pending the outcome of that petition for

judicial review, for, if successful, the foundation for causes of action first through fourth in this matter will have dissolved, leaving only the fifth cause of action for consideration.

FACTUAL ALLEGATIONS

II. Admit.

III. Admit.

IV. Admit.

V. Admit.

VI. Admit.

VII. Admit.

VIII. Admit.

IX. Denied.

X. Denied.

XI. Denied.

XII. Denied.

XIII. Admit records were provided and deny the remainder.

XIV. Denied.

XV. Denied.

XVI. Denied.

XVII. Admit.

XVIII. Admit.

APPLICABLE LAW

XIX. Admit any NRS speaks for itself, deny the remainder.

XX. Admit any NRS speaks for itself, deny the remainder.

XXI. Admit any NRS speaks for itself, deny the remainder.

XXII. Deny.

FIRST CAUSE OF ACTION

XXIII. Deny.

SECOND CAUSE OF ACTION

XXIV. Deny.

THIRD CAUSE OF ACTION

XXV. Deny.

FOURTH CAUSE OF ACTION

XXVI. Deny.

FIFTH CAUSE OF ACTION

XXVII. Deny.[1]

AFFIRMATIVE DEFENSES

1. The Complaint fails to state a claim warranting the relief for which it prays.

2. Relief is barred by the doctrine of waiver.

3. Relief is barred by the doctrine of estoppel.

4. The State cannot prove the necessary state of mind to warrant discipline.

5. The statutes and regulations the State seeks to enforce are void for vagueness facially and as applied.

6. The Amended Complaint is barred by the doctrine of laches.

7. The Board must prove its case by a preponderance of the evidence, and should have to prove it by clear and convincing evidence.

---

[1]A violation of NAC 639.287 is alleged. There is no such regulation.

8. The accusation fails to comply with NRS 639.241.

9. NRS 639.2576 is inapplicable to the accusation.

8. Dr. Gerber reserves the right to add any defense warranted by discovery or evidence adduced at the hearing.

Wherefore, Respondent prays that the charges be dismissed, that proceedings be stayed, that a hearing be had when appropriate, that the request for cancellation of certificates be denied, and that the request for discipline be denied.

I declare under penalty of perjury the foregoing admissions, denials, averments and defenses are true and correct to the best of my personal knowledge after diligent investigation. NRS 639.244(2).

Dated February 7, 2018

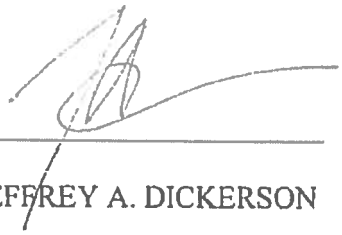
LAW OFFICE OF JEFFREY A. DICKERSON

JEFFREY A. DICKERSON
ATTORNEY FOR RESPONDENT

CERTIFICATE OF SERVICE

I certify that today I deposited the foregoing in first class mail addressed to counsel Edwards for the Board.

Dated February 8, 2018

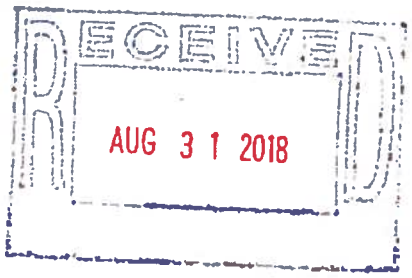


JEFFREY A. DICKERSON

Gerber Medical Clinic

www.gerbermedical.com

August 29, 2018



Mr. Paul Edwards, General Counsel
State of Nevada Board of Pharmacy
431 West Plumb Lane
Reno, Nevada 89509

Dear Mr. Edwards:

Effective March 5, 2018, the following licenses have NOT been on display at Gerber Medical Clinic:

Controlled Substance
Michael L Gerber #CS03675

Practitioner Dispensing
Michael L Gerber #PD03675

Technician Dispensing
Inge Christ Gerber #TD00570

Technician Dispensing In Training
Meghan Lee Gerber #TD01494
Brenda Ann Desmond #TD01495

Please cancel all licenses listed. To that effect, enclosed are those licenses.

Please don't hesitate to contact our attorney Jeffrey Dickerson should you have any questions regarding this cancellation request.

Sincerely,

Inge Gerber

Inge Gerber
Clinic Director

Enclosures

1239

STATE OF NEVADA

STATE BOARD OF PHARMACY

CONTROLLED SUBSTANCE

License Type: CONTROLLED SUBSTANCE

License #: CS03675

DEA #: AG3009431/2,2N,3,3N,

Expires: 10/31/2018

STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

MICHAEL L. GERBER
GERBER MEDICAL CLINIC
1225 WESTFIELD AVE
RENO, NV 89509

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

STATE OF NEVADA

STATE BOARD OF PHARMACY

PRACTITIONER DISPENSING

License Type: PRACTITIONER DISPENSING

License #: PD03675

Expires: 10/31/2018

STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

MICHAEL L. GERBER
GERBER MEDICAL CLINIC
1225 WESTFIELD AVE
RENO, NV 89509

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Gerber Medical Clinic

www.gerbermedical.com

September 11, 2018

Mr. Paul Edwards, General Counsel
State of Nevada Board of Pharmacy
431 West Plumb Lane
Reno, Nevada 89509

Dear Mr. Edwards:

Per our letter to you on August 29, 2018, the following licenses have NOT been on display at Gerber Medical Clinic since March 5, 2018:

Controlled Substance
Michael L Gerber #CS03675

Practitioner Dispensing
Michael L Gerber #PD03675

Technician Dispensing
Inge Christ Gerber #TD00570

Technician Dispensing In Training
Meghan Lee Gerber #TD01494
Brenda Ann Desmond #TD01495

We do not intend to renew these licenses.

Please don't hesitate to contact our attorney Jeffrey Dickerson should you have any questions regarding the non-renewal of these licenses.

Sincerely,

Inge Gerber

Inge Gerber
Clinic Director

Enclosures

BOARD OF PHARMACY
STATE OF NEVADA

NEVADA STATE BOARD OF PHARMACY,
PETITIONER

CASE NO. 17-015-N

v.

MICHAEL L. GERBER, H.M.D.,
RESPONDENT.

_____/

JOINT STIPULATION FOR CONTINUANCE

The Board has scheduled a hearing on the Accusation and on Dr. Gerber's application for a new license to dispense controlled substances. The hearing is set for December 5, 2018.

The parties agree:

The hearing is continued;

Dr. Gerber's pending application for a new controlled substance registration is deferred until such time as the Board of Homeopathic Medical Examiners has entered a final order in Case No. 17-01 and the District Court has entered an order in Case No. CV18-02184.

This joint stipulation thus removes No. 17-015-N from the Board's December 5, 2018 agenda.

Dated November 16, 2018

BRETT KANDT
GENERAL COUNSEL

JEFFREY A. DICKERSON
COUNSEL FOR DR. GERBER

FILED
Electronically
CV18-02184
2019-02-20 12:55:07 PM
Jacqueline Bryant
Clerk of the Court
Transaction # 7126426

Code: 3370

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WASHOE

MICHAEL L. GERBER, H.M.D., an individual, Plaintiff, v. STATE OF NEVADA ex rel. its BOARD OF PHARMACY, a governmental entity, Defendant.	Case No.: CV18-02184 Dept. No.: 9

ORDER GRANTING DEFENDANT'S CROSS-MOTION FOR SUMMARY JUDGMENT; (2) DENYING PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT

This came on for oral argument February 7, 2019. At the time of the hearing, the Court was in receipt of Plaintiff MICHAEL L. GERBER, H.M.D.'s (hereafter "Gerber") *Motion for Summary Judgment* filed January 8, 2019. On January 23, 2019, Defendant STATE OF NEVADA, ex. rel. its BOARD OF PHARMACY (hereafter "the Pharmacy Board") filed its *Opposition to Motion for Summary Judgment and Cross-Motion for Summary Judgment*. Gerber filed his *Reply in Support of Motion for Summary Judgment and Opposition to Cross-Motion for Summary Judgment* on February 4, 2019. The Pharmacy Board filed its *Reply in Support of Cross-Motion for Summary Judgment* on February 5, 2019.

Upon review of the record and oral arguments presented, this Court finds good cause appears to GRANT the Pharmacy Board's *Cross-Motion for Summary Judgment* and to DENY Gerber's *Motion for Summary Judgment*.

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FACTUAL BACKGROUND

The instant motion and cross-motion arise from Gerber's voluntary surrender of his controlled substance and dispensing practitioner registration. Gerber was first issued these registrations by the Pharmacy Board in 1990. On January 23, 2018, the Pharmacy Board initiated disciplinary action against Gerber when it filed and served a Notice of Intended Action and Accusation in Case No. 17-015-N. In response, Gerber filed an Answer and Notice of Defense to the Pharmacy Board on February 8, 2018. On August 29, 2018, Gerber voluntarily surrendered his Nevada Controlled Substance Registration, Certificate No. CSO3675, and his Nevada Dispensing Practitioner Registration, Certificate No. PDO3675 to the Pharmacy Board. The Pharmacy Board subsequently cancelled both certificates in early September. Later, the Pharmacy Board sent a letter dated September 13, 2018 to Gerber's counsel, Jeffrey Dickerson, indicating that Gerber's voluntary surrender of his licenses in a contested case shall be deemed to constitute disciplinary action against him pursuant to NRS 233B.121(6).

STANDARD OF REVIEW

Summary judgment, pursuant to NRCP 56(c), is appropriate when the pleadings, depositions, answers to interrogatories, admissions, and affidavits, if any, that are properly before the court, show that there exists no genuine issue as to any material fact and that the moving party is entitled to judgment as a matter of law. *Butler ex rel. Biller v. Bayer*, 123 Nev. 450, 457-58, 168 P.3d 1055, 1061 (2007) (en banc). A genuine issue of material fact exists if, based on the evidence presented, a reasonable jury could return a verdict for the non-moving party. *Pegasus v. Reno Newspapers, Inc.*, 118 Nev. 706, 713, 57 P.3d 82, 87 (2002). In review of a motion for summary judgment, evidence must be viewed in a light most favorable to the non-moving party, and factual allegations and all reasonable inferences drawn in favor of that party must be accepted as true. *Wood v. Safeway, Inc.*, 121 Nev. 724, 729, 121 P.3d 1026, 1029 (2005) (per curiam); *Pegasus v. Reno Newspapers, Inc.*, 118 Nev. 706, 714, 57 P.3d 82, 87 (2002). While the party moving for summary judgment bears the initial burden of demonstrating the absence of a genuine issue of material fact, the non-moving party may not avoid summary judgment by relying on general allegations or "the gossamer threads of whimsy, speculation, and conjecture." *Pools Constr. Co. v. McClain's Concrete Inc.*, 101 Nev. 557, 559, 706 P.2d 849, 851 (1985) (per curiam); *Pegasus,* 118 Nev. at 713-14. Rather, the non-moving party must, by competent evidence, set forth specific facts

demonstrating the existence of a genuine issue for trial. *Elizabeth E v. ADT Sec. Sys. W., Inc.*, 108 Nev. 889, 892, 839 P.2d 1308, 1310 (1992).

DISCUSSION

Gerber moves for summary judgment asserting that NRS 233B.121(6) is unconstitutional as it violates his due process rights and conflicts with other provisions of Nevada law. Additionally, Gerber requests the Court grant him declaratory relief and order the Pharmacy Board to reinstate his controlled substance registration.[1] The Pharmacy Board opposes the motion and simultaneously moves for summary judgment. The Pharmacy Board asserts it is entitled to summary judgment as there exists no genuine issue of material fact insofar as (1) Gerber voluntary surrendered his certificate in the face of a contested case and (2) NRS 233.B.122(6) is neither unconstitutional nor conflicts with other Nevada law. Here, the Court finds that the Pharmacy Board has met the legal standard for summary judgment.

NRS 233B.121(6) provides, "[t]he voluntary surrender of a license in a contested case shall be deemed to constitute disciplinary action against the licensee." Gerber insists this statute is inconsistent with NRS Chapter 622A, which governs administrative procedure before certain regulatory bodies, including the Pharmacy Board. Specifically, Gerber argues that under the provisions of NRS Chapter 622A, a licensee is afforded a hearing before a license can be adversely affected. However, the Pharmacy Board contends that the provisions of NRS Chapter 622A correspond to the Nevada Administrative Procedure Act, i.e., NRS 233B.121(6). The Court agrees.

The Nevada Supreme Court has stated that "'whenever possible, a court will interpret a rule or statute in harmony with other rules or statutes.'" *Bank of Am., N.A. v. SFR Investments Pool 1, LLC,* 134 Nev. Adv. Op. 72, 427 P.3d 113, 119 (2018) (quoting *Nevada Power Co. v. Haggerty*, 115 Nev. 353, 364, 989 P.2d 870, 877 (1999)). Under NRS 233B.121(1), in a contested case, a party must be afforded an opportunity for hearing after reasonable notice. A contested case is defined as "a proceeding, including . . . licensing, in which the legal rights, duties or privileges of a

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[1] As a result of the pending case before the Pharmacy Board, this Court is limited only to the questions of law related to whether (1) NRS 233B.121(6) conflicts with NRS Chapter 622A and (2) whether it is constitutional. *See Pub. Serv. Comm'n of Nevada v. Eighth Judicial Dist. Court of State of Nev.*, 107 Nev. 680, 684, 818 P.2d 396, 399 (1991)("[C]ourts will not entertain a declaratory judgment action if there is pending, at the time of the commencement of the action for declaratory relief, another action or proceeding to which the same persons are parties and in which the same issues may be adjudicated." (internal citations and quotations omitted)).

party are required by law to be determined by an agency after an opportunity for hearing, or in which an administrative penalty may be imposed." NRS 233B.032. But where a licensee voluntary surrenders his license while a contested case is pending, the act of voluntary surrender is construed as disciplinary action against the licensee. NRS 233B.121(6).

Here, Gerber was provided notice of the contested case when the Pharmacy Board filed its Accusation against him. Moreover, Gerber is still receiving a hearing in that matter where he is entitled to present evidence and challenge the evidence surrounding his voluntary surrender. (Cross-MSJ 7:7 n.2). Finally, it is undisputed that Gerber voluntarily surrendered his registration while the contested case was pending, in effect triggering NRS 233B.121(6). As a result, the Pharmacy Board did not deprive him of his registration. Thus, Gerber's argument that NRS 233B.121(6) deprives a licensee of his license without a hearing, rendering it inconsistent with NRS Chapter 622, is flawed.

Next, Gerber argues that the NRS 233B.121(6) is unconstitutional insofar as it deprives him of due process. In Nevada, "[n]o person shall be deprived of life, liberty, or property, without due process of law." Nev. Const. art. 1, § 8(5). It is true that an individual, such as a health care professional, does have a valuable property interest in his ability to practice his profession. *Potter v. State Bd. of Med. Examiners*, 101 Nev. 369, 371, 705 P.2d 132, 134 (1985) (citations omitted). Such an interest cannot be "arbitrarily abridged or revoked" without due process. *Id.* Here, Gerber voluntarily surrendered his controlled substance registration. As a result, he could not be deprived of something he himself gave up. Thus, due process is not implicated.

Finally, as discussed above, it is undisputed that Gerber voluntarily surrendered his controlled substance registration while facing disciplinary action. The facts here constitute the exact circumstance the Nevada Legislature envisioned when it enacted NRS 233B.121(6). At oral argument and within the moving papers, the Parties addressed the legislative history of NRS 233B.121(6). The legislative history reveals that AB 53, the proposed bill to amend the language of NRS 233B.121(5) initially included the voluntary surrender language in the subsection addressing informal disposition of a contested case. Later, at the request of the Attorney General, the bill was amended to set forth the voluntary surrender language in an independent subsection as cited above. *See* NRS 233B.121(6). The result of the amendment demonstrates the legislative intent to deem the voluntary surrender of one's license during the pendency of a contested case as disciplinary action.

Therefore, the Court is persuaded by Defendant's argument that the Nevada Legislature enacted this specific statute to prevent licensees who are parties to contested cases from surrendering their licenses as a means to avoid disciplinary action. Accordingly, there is no dispute that when a contested case is pending against a licensee and he *later* voluntarily surrenders his license, such an action is deemed to constitute disciplinary action. That is the case here and the Pharmacy Board is entitled to summary judgment as a result.

For the above-stated reasons, the Court finds there is no genuine issue of material fact, thus, the Pharmacy Board is entitled to summary judgment.

THEREFORE, and good cause appearing, the Court HEREBY GRANTS Defendant STATE OF NEVADA, ex. rel. its BOARD OF PHARMACY's *Cross-Motion for Summary Judgment*.

IT IS FURTHER ORDERED Plaintiff MICHAEL L. GERBER, H.M.D.'s *Motion for Summary Judgment* is DENIED.

DATED: this 20 day of February, 2019.

DISTRICT JUDGE

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the Second Judicial District Court of the State of Nevada, County of Washoe; that on this — day of —, 2019, I deposited in the County mailing system for postage and mailing with the United States Postal Service in Reno, Nevada, a true copy of the attached document addressed to:

[NONE]

Further, I certify that on the 20th day of February, 2019, I electronically filed the foregoing with the Clerk of the Court electronic filing system, which will send notice of electronic filing to the following:

BRETT KANDT, ESQ. for STATE OF NEVADA EX REL BOARD OF PHARMACY
S. PAUL EDWARDS, ESQ. for STATE OF NEVADA EX REL BOARD OF PHARMACY
JEFFREY DICKERSON, ESQ. for MICHAEL L. GERBER, M.D., H.M.D.

Brianne Ward,
Judicial Assistant

NEGOTIATED RESOLUTION BETWEEN MICHAEL L. GERBER, H.M.D. AND THE NEVADA BOARD OF HOMEOPATHIC MEDICAL EXAMINERS f/k/a THE NEVADA STATE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS

WHEREAS, on or about May 26, 2017, the Nevada Board of Homeopathic Medical Examiners f/k/a the Nevada State Board of Homeopathic Medical Examiners ("Board") commenced an administrative proceeding against Michael L. Gerber, H.M.D. ("Dr. Gerber"), resulting in Administrative Case No. 17-01. (The Board and Dr. Gerber may be collectively referred to herein as "the Parties".)

WHEREAS, on October 23, 2017, the Board issued its final decision in Administrative Case No. 17-01. The Board ordered that Dr. Gerber would be placed on a restricted license for six (6) months and would be supervised by a Board-approved H.M.D., should Dr. Gerber fail to reinstate his medical license in any state, the District of Columbia, or US territory. The Board also ordered Dr. Gerber to pay all attorneys' fees and costs incurred by the Board in the investigation of the disciplinary proceedings, not to exceed $30,000.00.

WHEREAS, Dr. Gerber subsequently paid to the Board a sum totaling $30,000.00 for attorneys' fees and costs and was placed under supervision.

WHEREAS, on or about November 16, 2017, Dr. Gerber filed a Petition for Judicial Review in the Second Judicial District Court, Washoe County, Nevada, ("District Court") resulting in Case No. CV17-02142, case captioned *Michael L. Gerber, H.D.M., vs. State of Nevada, ex rel. its Board of Homeopathic Medical Examiners.*

WHEREAS, on or about September 18, 2018, the District Court issued its Order After Hearing Granting Petition for Judicial Review ("Remand Order"), and remanded the matter to the Board for further proceedings in accordance with the Court's findings and directions.

WHEREAS, on January 29, 2019, the Board held a meeting in accordance with the District Court's Remand Order. The Board has not issued a final decision in Administrative Case No. 17-01.

WHEREAS, on or about October 16, 2019, Dr. Gerber filed his Second Petition for Judicial Review, which is currently pending before the District Court.

NOW THEREFORE, the Parties do hereby agree as follows:

1. Upon final approval of this Settlement Agreement by the Board, the Board will reinstate an unrestricted license to practice homeopathic medicine in the State of Nevada to Dr. Gerber for the year 2020.

2. Upon final approval of this Settlement Agreement by the Board, the Board will dismiss Administrative Case No. 17-01, currently pending before the Board, with prejudice and will rescind all discipline from Dr. Gerber's record stemming from this matter.

3. Upon final approval of this Settlement Agreement by the Board, the Board will return to Dr. Gerber a total sum of $30,000.00, previously paid to the Board by Dr. Gerber related to the attorneys' fees incurred by the Board in the investigation of the disciplinary proceedings in Administrative Case No. 17-01.

4. Upon final approval of this Settlement Agreement by the Board, the Board will remove any negative reporting to government databases regarding the discipline made in this matter, if any reports were made.

5. In consideration of execution of this Settlement Agreement, Dr. Gerber hereby releases and forever discharges the State of Nevada, the Nevada Board of Homeopathic Medical Examiners f/k/a the Nevada State Board of Homeopathic Medical Examiners, and each of its respective members, agents, employees, and counsel in their individual and representative capacities, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity that Dr. Gerber ever had, now has, may have, or may claim to have, against any and all of the persons and/or entities named in this section, arising out of or by reason of Administrative Case No. 17-01 and/or District Court Case No. CV17-02142, including but not limited to any and all claims to attorneys' fees, costs, interests, and any amounts paid or expensed by Dr. Gerber for supervision by Dr. Devlin or any other board-approved supervisor during the time that Dr. Gerber was on a restricted license.

6. Additionally, in consideration of execution of this Settlement Agreement, Dr. Gerber will withdraw his pending Second Petition for Judicial Review, currently pending with the District Court, Case No. CV17-02142, within fourteen (14) days of final approval of this Settlement Agreement by the Board. Dr.

Gerber further acknowledges and agrees that he will not file, or cause to file, any additional and/or subsequent Petitions for Judicial Review related to this matter.

7. Dr. Gerber and the Board agree that by entering into this Agreement, the Board does not concede any defense or mitigation Dr. Gerber may assert, and that once this Agreement is approved and fully performed, the Board will close its file on this matter.

8. Dr. Gerber understands that this Agreement may be subject to public records laws, and that at the time this Agreement is considered by the Board, whether or not it is approved, it also becomes a public document. It is also understood that the meeting in which the Board considers and accepts or rejects this Settlement Agreement is open to the public and that the minutes of the Board meeting are a public document, available for inspection by any person so requesting.

9. Dr. Gerber agrees and understands that by entering into this Agreement, he is voluntarily waiving the right to contest the charges against him, including the right to a hearing at which Respondent may present evidence in his defense, the right to confront and cross-examine witnesses against him, the right to testify on his own behalf, the right to be represented by counsel of his choice, and the right to judicial review of any adverse decision by the Board.

10. Dr. Gerber acknowledges and understands that the Board members who review this matter for approval of this Settlement Agreement may be the same members who ultimately hear the Complaint if this Settlement Agreement is either not approved by the Board or is not timely performed by Dr. Gerber.

11. **Stipulation is not evidence.** Neither this Settlement Agreement nor any statements made concerning this Agreement may be discussed or introduced into evidence at the hearing of the Complaint, if the Board must ultimately put on a case based on the Complaint filed in this matter.

12. **Approval of Stipulation.** Once executed, this Settlement Agreement will be filed with the Board and will be put on the agenda for approval at its next Board meeting, which by Nevada law is a public meeting. Dr. Gerber and/or his representative may attend the meeting. This Settlement Agreement is one of several matters scheduled at the same time as part of a regular meeting of the Board. When this matter is called, it will be recommended to the Board that the Settlement Agreement be approved. Dr. Gerber acknowledges and agrees that the Board may approve this Settlement Agreement, reject it, or suggest different terms that must be

communicated to Dr. Gerber. Dr. Gerber must accept or reject the suggested different terms before any such amendment shall become effective.

13. **Withdrawal of Agreement**. If the Board rejects this Settlement Agreement or suggests terms unacceptable to Dr. Gerber, Dr. Gerber may withdraw from this Settlement Agreement and the Complaint before the Board may be pursued. Additionally, should the Settlement Agreement be rejected by the Board, it is agreed that presentation to and consideration by the Board of such proposed Settlement Agreement shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, adjudication, or resolution of these proceedings and that no Board member shall be disqualified or challenged for bias.

14. Dr. Gerber acknowledges that this Settlement Agreement shall only become effective upon final approval by the Board.

15. Dr. Gerber hereby agrees to indemnify and hold harmless the State of Nevada, the Nevada Board of Homeopathic Medical Examiners f/k/a the Nevada State Board of Homeopathic Medical Examiners, and each of its members, agents, employees, and counsel in their individual and representative capacities against any and all claims, suits, and actions brought against said persons and/or entities by or on behalf of Dr. Gerber, by reason of the Board's investigation and this disciplinary action, and all other matters relating thereto, and against any and all expenses, damages, and costs, including court costs and attorneys' fees, which may be sustained by the persons and/or entities named in this section as a result of said claims, suits, and actions.

16. The Parties acknowledge, agree, and warrant that the current members of the Nevada Board of Homeopathic Medical Examiners f/k/a the Nevada State Board of Homeopathic Medical Examiners have the authority to vote to approve, reject, and/or modify this Settlement Agreement.

17. This Settlement Agreement constitutes the entire agreement of the Parties, and is intended to be a complete and exclusive statement of the promises, representations, negotiations, and discussions of the Parties. Unless otherwise expressly authorized by its terms, this Settlement Agreement shall be binding upon the Parties unless the same is in writing and signed by the respective parties hereto.

18. The Parties have negotiated this Settlement Agreement at arm's length, and it shall not be more stringently or presumptively construed against any one of the Parties. Any rule of construction that ambiguities are to be construed against the

drafter of a document shall not apply to the interpretation of this Settlement Agreement.

19. The Parties have signed and dated this Agreement only after reading and understanding all terms herein.

IT IS SO STIPULATED.

Dated this 15 day of January, 2020.

Dr. Michael L. Gerber, H.M.D.
Respondent

Approved as to form:

Jeffrey Dickerson, Esq.
305 W. Moana Lane, Suite E
Reno, Nevada 89509

Dated this 14 day of Feburry 2020.

Bruce Fong, DO, H.M.D.
President of the Nevada State Board of
Homeopathic Medical Examiners

Approved as to form:

Justin R. Taruc, Esq.
Deputy Attorney General

IN THE SUPREME COURT OF THE STATE OF NEVADA

MICHAEL L. GERBER, H.M.D.,
Appellant,
vs.
THE STATE OF NEVADA EX REL. ITS BOARD OF PHARMACY, A GOVERNMENTAL ENTITY,
Respondent.

No. 78809

FILED

MAR 18 2020

ELIZABETH A. BROWN
CLERK OF SUPREME COURT
BY S. Young
DEPUTY CLERK

ORDER OF AFFIRMANCE

This is an appeal from a district court order granting summary judgment in a declaratory relief action. Second Judicial District Court, Washoe County; Scott N. Freeman, Judge.[1]

Respondent the State of Nevada Board of Pharmacy (Pharmacy Board) initiated an administrative action against appellant Michael L. Gerber, H.M.D. regarding his pharmaceutical licenses. *See* NRS 639.241 (providing that the Pharmacy Board initiates an action to adjudicate a pharmacist's licenses by filing an "accusation . . . of the charges alleged"). While that case was pending, Gerber surrendered his licenses by mailing them to the Pharmacy Board and asking the Board to cancel them. Based on this, the Pharmacy Board cancelled the licenses and notified Gerber that his surrender constituted disciplinary action pursuant to NRS 233B.121(6) (providing that "[t]he voluntary surrender of a license in a contested case shall be deemed to constitute disciplinary action against the licensee"). The Pharmacy Board later denied Gerber's requests to return or renew the licenses, and Gerber filed an action in district court seeking declaratory and

[1]Pursuant to NRAP 34(f)(1), we have determined that oral argument is not warranted.

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injunctive relief to return his licenses and to bar the Pharmacy Board from applying NRS 233B.121(6) against him. The parties filed competing motions for summary judgment with Gerber arguing that the Pharmacy Board's application of NRS 233B.121(6) deprived him of his due process right to a hearing before imposing discipline. The district court entered judgment in favor of the Pharmacy Board, finding that due process was not implicated because Gerber voluntarily surrendered his licenses. Reviewing de novo, *see Awada v. Shuffle Master, Inc.*, 123 Nev. 613, 618, 173 P.3d 707, 711 (2007), we agree.

The Due Process Clauses of the United States and Nevada Constitutions protect individuals from state actions that deprive them of life, liberty, or property without due process of law. U.S. Const. amend. XIV, § 1; Nev. Const. art. 1, § 8(5). This court has held that an individual is not deprived of due process simply because the Legislature enacted a challenged statute; rather, the state must have "created a right or privilege that caused the deprivation." *Saticoy Bay LLC Series 350 Durango 104 v. Wells Fargo Home Mortg., a Div. of Wells Fargo Bank, N.A.*, 133 Nev. 28, 31, 388 P.970, 973 (2017) (citing *Lugar v. Edmondson Oil Co.*, 457 U.S. 922, 936 (1982)). Here, the statute did not cause Gerber to be deprived of his licenses; he voluntarily surrendered them.[2] The district court therefore did not err in finding that due process was not implicated. To avoid this result,

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[2]And, while Gerber argues he will be deprived of a hearing, the Pharmacy Board has indicated that it will still conduct a hearing regarding the accusation as required by law. *See* NRS 622A.300(4)-(6) (providing for hearings in certain administrative cases when a party contests the agency's allegations); NRS 639.243, .244, .245 (providing the hearing requirements for litigating contested accusations before the Pharmacy Board); NRS 233B.121 (explaining procedures for hearings in a contested case before an administrative agency).

Gerber urges that he did not voluntarily surrender his licenses, but that he did so at the Pharmacy Board's suggestion and for its convenience. To the extent that Gerber asks this court to reverse based on the district court's contrary finding, we decline to do so, as the record provides substantial evidentiary support for the district court's finding. *See Mason-McDuffie Real Estate, Inc. v. Villa Fiore Dev., LLC*, 130 Nev. 834, 838, 335 P.3d 211, 213 (2014) (recognizing that this court will not disturb a district court's factual finding that is supported by substantial evidence).

We also conclude that the district court did not err by finding that NRS 233B.121(6) applied to appellant's situation. *See Wyeth v. Rowatt*, 126 Nev. 446, 460, 244 P.3d 765, 775 (2010) ("Appellate issues involving a purely legal question are reviewed de novo."). The plain text of NRS 233B.121(6) provides that it applies when a licensee voluntarily surrenders a license in a contested case. *See McKay v. Bd. of Supervisors*, 102 Nev. 644, 648, 730 P.2d 438, 441 (1986) ("[W]ords in a statute should be given their plain meaning unless [it] violates the spirit of the act."); *see also* NRS 639.244 (providing how a pharmacist can contest an accusation filed by the Pharmacy Board). That is precisely what occurred here; Gerber had a contested case pending regarding his licenses, and he chose to surrender his licenses rather than submit to ongoing Pharmacy Board inspections during the pendency of that case.[3] And, because Gerber's substantive claims fail,

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[3]We are not persuaded by Gerber's assertion that his surrender was not "in a contested case" because it did not occur in the context of negotiations regarding the pending case against him. And, to the extent he asked the district court to order the Pharmacy Board to return the licenses he voluntarily surrendered, we find no legal authority, and he cites none, to support that request such that the district court did not err in denying it. *See Edwards v. Emperor's Garden Rest.*, 122 Nev. 317, 330 n.38, 130 P.3d

he is necessarily not entitled to injunctive relief. *See State Farm Mut. Auto. Ins. Co. v. Jafbros, Inc.*, 109 Nev. 926, 928, 860 P.2d 176, 178 (1993) (observing that "a court cannot provide a remedy unless it has found a wrong" and that "an injunction will not issue to restrain an act which does not give rise to a cause of action" (internal quotation marks omitted)). Accordingly, we

ORDER the judgment of the district court AFFIRMED.

_____, C.J.
Pickering

_____, J.
Gibbons

_____, J.
Silver

cc: Hon. Scott N. Freeman, District Judge
Robert L. Eisenberg, Settlement Judge
Jeffrey A. Dickerson
S. Paul Edwards
W. Brett Kandt
Washoe District Court Clerk

1280, 1288 n.38 (2006) (noting that a party is responsible for supporting its arguments with relevant authority).

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ERIC MARTIN MATH, MD, Certificate of Registration No. CS04598, Respondent.	CASE NO. 19-083-CS-N FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Eric Martin Math, MD (Math), held a Nevada Controlled Substance Registration, Certificate No. CS04598, issued by the Pharmacy Board.

FACTUAL ALLEGATIONS

2. On June 3, 2019, Math surrendered his DEA Certificate of Registration No. BM4705616 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

3. By executing the DEA Surrender for Cause, Math acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

NEVADA STATE BOARD OF PHARMACY
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4. On or about June 4, 2019, Board staff notified Math that his surrender of DEA Certificate of Registration No. BM4705616 for cause operated as an immediate suspension of his Certificate of Registration No. CS04598 with the Board pursuant to NRS 639.2107.

5. On or about June 27, 2019, Math requested that his License No. 8878 issued by the Nevada State Board of Medical Examiners (NSBME) be placed on inactive status pursuant to NRS 630.255 rather than renewed on the basis that he was not engaged in the practice of medicine in Nevada.

6. On or about July 12, 2019, Board Staff properly served Math with the Notice of Intended Action and Accusation on file in this matter together with the Statement to Respondent and Notice of Hearing.

7. On or about September 3, 2019, Math filed an Answer and Notice of Defense to the original Accusation and requested a stay of administrative proceedings until final disposition of *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026. Pursuant to NAC 639.120(1) this matter was continued.

8. On or about March 2, 2020, Math entered into a plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, wherein he pled guilty to one count of conspiracy to distribute a controlled substance – hydrocodone and oxycodone, in violation of 21 USC § 841(a)(1) and (b)(1)(c) and 21 USC § 846.

FIRST CAUSE OF ACTION
Violation of Federal Law

9. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has been convicted of a felony under a state or federal law relating to a controlled substance. NRS 453.236(1)(b) and NRS 453.241(1).

10. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

11. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

12. By violating the Controlled Substances Act, 21 U.S.C. Chap. 13, as detailed in the plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, Math is subject to discipline and his Certificate of Registration No. CS04598 subject to revocation pursuant to NRS 453.236(1)(b) and NRS 639.210(11) and (12).

SECOND CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

14. By violating the federal Controlled Substances Act, 21 U.S.C. Chap. 13, as detailed in the plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, Math has committed acts that render his registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

15. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. By violating the Controlled Substances Act, 21 U.S.C. Chap. 13, as detailed in the plea agreement in *United States vs. Myron Motley, Eric Math, MD, et al*, Case No. 3:19-cr-00026, Math has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Inactive License to Practice Medicine

17. A practitioner must hold an active license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

18. By placing his NSBME License No. 8878 to practice medicine on inactive status, Math no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

FIFTH CAUSE OF ACTION

Surrender of DEA Registration for Cause and Federal Conviction

19. The surrender of a registration to the Drug Enforcement Administration by a practitioner operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

Conviction of a felony for a violation of federal law concerning drugs operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2121.

20. By surrendering his DEA Certificate of Registration No. BM4705616 for cause and his felony conviction, Math has admitted to violating federal law, is no longer authorized by federal law to dispense controlled substances, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

21. The suspension of Math's Nevada Controlled Substance Registration, Certificate No. CS04598 pursuant to NRS 639.2107 and NRS 639.2121 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 26 day of January, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC MARTIN MATH, MD,** **Certificate of Registration No. CS04598,** **Respondent.**	**CASE NO. 19-083-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 3, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of January, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 19-083-CS-N**
	)	
Petitioner,	)	
v.	)	**ANSWER AND NOTICE OF DEFENSE**
ERIC MARTIN MATH, MD,	)	
Certificate of Registration No. CS04598,	)	
	)	
Respondent.	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2021.

_____

ERIC MARTIN MATH, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of January, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

David R. Houston, Esq.
432 Court Street
Reno, NV 89501

SHIRLEY HUNTING

FILED
FEB 18 2021
NEVADA STATE BOARD OF PHARMACY

Hal Taylor, Esq.
SBN: 4399
1551 W. Lakeridge Shores.
Reno, NV 89519
Tel: (775) 825-2223
Fax: (775) 329-1113
Email: HalTaylorLawyer@gbis.com
Attorney for Eric Martin Math, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY Petitioner, v. ERIC MARTIN MATH, MD Certificate of Registration No. CS04598, Respondent,	Case No.: 19-083-CS-N

Notice of Appearance

Hal Taylor, Esq. hereby enters his appearance on behalf of Respondent Eric Martin Math, M.D. in the above matter.

AFFIRMATION PURSUANT TO NRS 239B.030

By signature below, the undersigned affirms that the preceding document does not contain the social security number of any person.

Dated: February 18, 2021.

HAL TAYLOR, ESQ.
2551 W. Lakeridge Shores
Reno, Nevada 89519
(775) 825-2223

HAL TAYLOR
Attorney for Respondent

HAL TAYLOR, ESQ.
2551 W. Lakeridge Shores
RENO, NV 89519
TEL. (775) 825-2225 - HalTaylorLawyer@gbis.com

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of Hal Taylor, Attorney at Law, and that on this date, I electronically filed the foregoing Notice of Appearance with the Nevada State Board of Pharmacy.

Dated: February 19, 2021

Hal Taylor, Esq.

HAL TAYLOR, ESQ.
2551 W. Lakeridge Shores
RENO, NV 89519
TEL. (775) 825-2225 - HalTaylorLawyer@gbis.com

U. S. Department of Justice - Drug Enforcement Administration

SURRENDER FOR CAUSE OF DEA CERTIFICATE OF REGISTRATION

DEA USE ONLY

File No.

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list I chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

NAME OF REGISTRANT *(Print)*	ADDRESS OF REGISTRANT
Eric Martin Math, M.D.	5538 Longley Ln. Ste B Reno, NV 89511
DEA REGISTRATION NO.	
BM4705616	

SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL	DATE
[signature] MD	6/3/19

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE	TITLE
[signature] 6/3/19	Special Agent
NAME AND DATE	TITLE
[signature] 6/3/19	Special Agent

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C. 821).
PURPOSE: Permit surrender for cause of DEA Certificate of Registration.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.

FORM DEA-104 (07/18) *Previous editions obsolete*

NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL
WRITER'S DIRECT DIAL: (775) 850-1440 • EMAIL: bkandt@pharmacy.nv.gov • FAX: (775) 850-1441

June 4, 2019

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: emath@renown.org

Eric Martin Math, MD
5538 Longley Lane – Suite B
Reno, NV 89511

Re: Suspension of Certificate of Registration No. CS04598

Dear Dr. Math:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Drug Enforcement Administration that you surrendered your DEA Certificate of Registration No. BM4705616 on June 3, 2019 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 your surrender of your DEA registration operates as an immediate suspension of your Certificate of Registration No. CS04598 with the Board. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registrations by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

NICHOLAS A. TRUTANICH
United States Attorney
District of Nevada
Nevada Bar Number 13644
ROBERT A. KNIEF
Assistant United States Attorney
501 Las Vegas Boulevard South, Suite 1100
Las Vegas, Nevada 89101
Telephone: (702) 388-6336
Email: Robert.Knief@usdoj.gov
Counsel for Plaintiff United States

✓ FILED ____ RECEIVED
____ ENTERED ____ SERVED ON
COUNSEL/PARTIES OF RECORD
MAR - 2 2020
CLERK US DISTRICT COURT
DISTRICT OF NEVADA
BY: _____ DEPUTY

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA, Plaintiff, v. ERIC MATH, Defendant.	No. 3:19-cr-0026-LRH-WGC **Plea Agreement Pursuant to Fed. R. Crim. P. 11(c)(1)(A) and (B)**

This plea agreement between Eric Math ("defendant") and the United States Attorney's Office for the District of Nevada (the "USAO") sets forth the parties' agreement regarding the criminal charges referenced herein and the applicable sentences, in the above-captioned case. This agreement binds only defendant and the USAO and does not bind the district court, the U.S. Probation Office, or any other federal, state, local, or foreign prosecuting, enforcement, administrative, or regulatory authorities. This agreement does not prohibit the USAO or any agency or third party from seeking any other civil or administrative remedies, including civil forfeiture *in rem,* directly or indirectly against defendant or defendant's property.

This agreement becomes effective upon signature by defendant, defendant's counsel, and an Assistant United States Attorney

I. DEFENDANT'S OBLIGATIONS

1. Defendant agrees to:

a. At the earliest opportunity requested by the USAO and provided by the district court, appear and plead guilty to Count 1 of the indictment in this case, which charges defendant with conspiracy to distribute a controlled substance – hydrocodone, and oxycodone in violation of 21 U.S.C. §§ 841(a)(1), 841(b)(1)(C), and 846 (Count Two);

b. Stipulate to the facts agreed to in this agreement;

c. Abide by all agreements regarding sentencing contained in this agreement;

d. Not seek to withdraw defendant's guilty plea once it is entered;

e. Appear for all court appearances, surrender as ordered for service of sentence, obey all conditions of any bond, and obey any other ongoing court order in this matter;

f. Not commit any federal, state, or local crime;

g. Be truthful at all times with the U.S. Probation and Pretrial Services Offices and the Court;

II. THE USAO'S OBLIGATIONS

2. The USAO agrees to:

a. Stipulate to facts agreed to in this agreement;

b. Abide by all agreements regarding sentencing contained in this agreement;

c. At sentencing, provided that defendant demonstrates an acceptance of responsibility for the offense up to and including the time of sentencing, recommend a two-level reduction in the applicable sentencing guidelines offense level, pursuant to USSG § 3E1.1, and move for an additional one-level reduction if available under that section;

d. At sentencing, move to dismiss the remaining counts of the indictment as against defendant. Defendant agrees, however, that the district court may consider any dismissed

charges in determining the applicable sentencing guidelines range, the propriety and extent of any departure from that range, and the sentence to be imposed.

III. ELEMENTS OF THE OFFENSE

3. Count One: The elements of conspiracy to distribute a controlled substance – hydrocodone, and oxycodone in violation of 21 U.S.C. §§ 841(a)(1), 841(b)(1)(C), and 846 are as follows:

First: Beginning at a time unknown, but not later than on or about October 21, 2018, and continuing to on or about May 23, 2019, there was an agreement between two or more persons to unlawfully possess with intent to distribute oxycodone, a schedule II controlled substance; and

Second: The defendant joined in the agreement knowing of its purpose and intending to help accomplish that purpose.

Ninth Circuit Model Criminal Jury Instr. 9.19.

IV. CONSEQUENCES OF CONVICTION

4. Maximum Statutory Penalties:

Defendant understands that the statutory maximum sentence the district court can impose for a violation of 21 U.S.C. §§ 841(a)(1), 841(b)(1)(C), and 846 as charged in Count 1, is: 20 years imprisonment; a minimum of five years and up to lifetime supervised release a fine of $250,000 or twice the gross gain or gross loss resulting from the offense, whichever is greatest; and a mandatory special assessment of #$100.

5. Defendant understands that under 21 U.S.C. § 862a, defendant will not be eligible for assistance under state programs funded under the Social Security Act or Federal Food Stamp Act or for federal food stamp program benefits, and that any such benefits or assistance received by defendant's family members will be reduced to reflect defendant's ineligibility.

6. Parole Abolished: Defendant acknowledges that defendant's prison sentence cannot be shortened by early release on parole because parole has been abolished.

7. Supervised Release: Defendant understands that supervised release is a period of time following imprisonment during which defendant will be subject to various restrictions and requirements. Defendant understands that if defendant violates one or more of the conditions of any supervised release imposed, defendant may be returned to prison for all or part of the term of supervised release authorized by statute for the offense that resulted in the term of supervised release.

8. Factors under 18 U.S.C. § 3553: Defendant understands that the district court must consider the factors set forth in 18 U.S.C. § 3553(a) in determining defendant's sentence. However, the statutory maximum sentence limits the district court's discretion in determining defendant's sentence.

9. Potential Collateral Consequences of Conviction: Defendant understands that, by pleading guilty, defendant may be giving up valuable government benefits and valuable civic rights, such as the right to vote, the right to possess a firearm, the right to hold office, and the right to serve on a jury. Defendant understands that once the district court accepts defendant's guilty plea, it will be a federal felony for defendant to possess a firearm or ammunition. Defendant understands that the conviction in this case may also subject defendant to various other collateral consequences, including but not limited to revocation of probation, parole, or supervised release in another case and suspension or revocation of a professional license. Defendant understands that unanticipated collateral consequences will not serve as grounds to withdraw defendant's guilty plea.

10. Potential Removal/Deportation Consequences of Conviction: Defendant understands that, if defendant is not a United States citizen, the felony conviction in this case

may subject defendant to removal, also known as deportation, which may, under some circumstances, be mandatory; denial of citizenship; and denial of admission to the United States in the future. The district court cannot, and defendant's attorney also may not be able to, advise defendant fully regarding the immigration consequences of the felony conviction in this case. Defendant understands that unexpected immigration consequences will not serve as grounds to withdraw defendant's guilty plea.

V. FACTUAL BASIS

11. Defendant admits that defendant is, in fact, guilty of the offense to which defendant is agreeing to plead guilty. Defendant acknowledges that if defendant elected to go to trial instead of pleading guilty, the USAO could prove defendant's guilt beyond a reasonable doubt. Defendant further acknowledges that defendant's admissions and declarations of fact set forth below satisfy every element of the charged offense. Defendant waives any potential future claim that the facts defendant admitted below are insufficient to satisfy the elements of the charged offense. Defendant admits and declares under penalty of perjury that the facts set forth below are true and correct:

Between about October 21, 2018, and continuing to on or about May 23, 2019, I entered into an agreement with Myron Motley, Joe Jeannette, and others. We agreed to distribute controlled substances, specifically oxycodone and hydrocodone. I would write prescriptions to my co-conspirators not for a legitimate medical purpose and not in the usual course of professional practice. They would fill the prescriptions and give some of this pills to Motley for further sales. Sometimes I would be paid in cash for writing the prescriptions and sometimes I would write prescriptions for myself and have the co-conspirator fill the prescription and I would recive the pills.

I joined in the agreement knowing its purpose was unlawful and with the intent to help accomplish that purpose. This actiovity ocurred in the State and Federal District of Nevada.

VI. SENTENCING FACTORS

12. Discretionary Nature of Sentencing Guidelines: Defendant understands that in determining defendant's sentence, the district court is required to calculate the applicable sentencing guidelines range and to consider that range, possible departures under the sentencing guidelines, and the other sentencing factors set forth in 18 U.S.C. § 3553(a). Defendant understands that the sentencing guidelines are advisory only, that defendant cannot have any expectation of receiving a sentence within the calculated sentencing guidelines range, and that after considering the sentencing guidelines and the other § 3553(a) factors, the district court will be free to exercise its discretion to impose any sentence it finds appropriate.

13. Offense Level Calculations: The parties jointly agree and stipulate that, in calculating Defendant's advisory guidelines sentencing range, the Court should use the following base offense level and adjustments; acknowledge that these stipulations do not bind the district court:

Base Offense Level - USSG § 2D1.1(c)(5):	30
Abuse of Trust - USSG § 3B1.3:	+2
Adjusted Offense Level:	32

14. Agreement with Respect to Some Safety Valve Requirements: Defendant and the USAO agree that:

a. Defendant did not use violence or credible threats of violence or possess a firearm or other dangerous weapon (or induce another participant to do so) in connection with the offense charged in count 1;

b. The offense charged in count 1 did not result in death or serious bodily injury to any person; and

c. Defendant was not an organizer, leader, manager, or supervisor of others in the offense charged in count 1 and was not engaged in a continuing criminal enterprise.

d. Defendant and the USAO have made no agreement whether defendant qualifies for safety-valve relief from the statutory minimum sentence, and Defendant agrees that, if the district court determines he does not qualify, that determination will not serve as grounds to withdraw defendant's guilty plea.

15. Reduction for Acceptance of Responsibility: Under USSG § 3E1.1(a), the USAO will recommend that defendant receive a two-level downward adjustment for acceptance of responsibility unless defendant (a) fails to truthfully admit facts establishing a factual basis for the guilty plea when defendant enters the plea; (b) fails to truthfully admit facts establishing the amount of restitution owed when defendant enters the guilty plea; (c) fails to truthfully admit facts establishing the forfeiture allegations when defendant enters the guilty plea; (d) provides false or misleading information to the USAO, the Court, Pretrial Services, or the Probation Office; (e) denies involvement in the offense or provides conflicting statements regarding defendant's involvement or falsely denies or frivolously contests conduct relevant to the offense; (f) attempts to withdraw defendant's guilty plea; (g) commits or attempts to commit any crime; (h) fails to appear in court; or (i) violates the conditions of pretrial release.

Under USSG § 3E1.1(b), if the district court determines that defendant's total offense level before operation of § 3E1.1(a) is 16 or higher, and if the USAO recommends a two-level downward adjustment pursuant to the preceding paragraph, the USAO will move for an additional one-level downward adjustment for acceptance of responsibility before sentencing

because defendant communicated defendant's decision to plead guilty in a timely manner that enabled the USAO to avoid preparing for trial and to efficiently allocate its resources.

16. Criminal History Category. Defendant acknowledges that the district court may base defendant's sentence in part on defendant's criminal record or criminal history. The district court will determine defendant's criminal history category under the sentencing guidelines.

17. Additional Sentencing Information: The stipulated sentencing guidelines calculations are based on information now known to the parties. Defendant understands that both defendant and the USAO are free to (a) supplement the facts in this agreement by supplying relevant information to the U.S. Probation and Pretrial Services Offices and the district court regarding the nature, scope, and extent of defendant's criminal conduct and any aggravating or mitigating facts or circumstances; and (b) correct any and all factual misstatements relating to the district court's sentencing guidelines calculations and determination of sentence. While this paragraph permits both the USAO and defendant to submit full and complete factual information to the U.S. Probation and Pretrial Services Offices and the district court, even if that factual information may be viewed as inconsistent with the facts agreed to in this agreement, this paragraph does not affect defendant's and the USAO's obligations not to contest the facts agreed to in this agreement. Good faith efforts to provide truthful information or to correct factual misstatements shall not be grounds for defendant to withdraw defendant's guilty plea.

Defendant acknowledges that the U.S. Probation Office may calculate the sentencing guidelines differently and may rely on additional information it obtains through its investigation. Defendant also acknowledges that the district court may rely on this and other additional information as it calculates the sentencing guidelines range and makes other sentencing determinations, and the district court's reliance on such information shall not be grounds for defendant to withdraw defendant's guilty plea.

VII. POSITIONS REGARDING SENTENCING

18. The USAO will recommend that the district court sentence defendant at the low end of the advisory guideline range as determined by the district court. Defendant may argue for a downward variance pursuant to 18 U.S.C. § 3553. Defendant acknowledges that the district court does not have to follow the recommendation of either party.

19. Notwithstanding its agreement to recommend a sentence as described above, the USAO reserves its right to defend any lawfully imposed sentence on appeal or in any post-conviction litigation.

20. If defendant commits any act that results in the Court finding that defendant is not entitled to a downward adjustment for acceptance of responsibility, the USAO is entitled to argue for any sentence it deems appropriate under 18 U.S.C. § 3553(a). In any such event, Defendant remains bound by the provisions of this agreement and shall not have the right to withdraw defendant's guilty plea.

VIII. WAIVER OF CONSTITUTIONAL RIGHTS

21. Defendant understands that by pleading guilty, defendant gives up the following rights:

a. The right to persist in a plea of not guilty;

b. The right to a speedy and public trial by jury;

c. The right to be represented by counsel—and if necessary have the court appoint counsel—at trial. Defendant understands, however, that, defendant retains the right to be represented by counsel—and if necessary have the court appoint counsel—at every other stage of the proceeding;

d. The right to be presumed innocent and to have the burden of proof placed on the USAO to prove defendant guilty beyond a reasonable doubt;

e. The right to confront and cross-examine witnesses against defendant;

f. The right to testify and to present evidence in opposition to the charges, including the right to compel the attendance of witnesses to testify;

g. The right not to be compelled to testify, and, if defendant chose not to testify or present evidence, to have that choice not be used against defendant; and

h. The right to pursue any affirmative defenses, Fourth Amendment or Fifth Amendment claims, and any other pretrial motions that have been filed or could be filed.

IX. WAIVER OF APPELLATE RIGHTS

22. Waiver of Appellate Rights. Defendant knowingly and expressly waives: (a) the right to appeal any sentence imposed within or below the applicable Sentencing Guideline range as determined by the district court; (b) the right to appeal the manner in which the district court determined that sentence on the grounds set forth in 18 U.S.C. § 3742.

23. Defendant reserves only the right to appeal any portion of the sentence that is an upward departure or variance from the applicable Sentencing Guideline range as determined by the district court.

24. Waiver of Post-Conviction Rights. Defendant also knowingly and expressly waives all collateral challenges, including any claims under 28 U.S.C. § 2255, to defendant's conviction, sentence, and the procedure by which the district court adjudicated guilt and imposed sentence, except non-waivable claims of ineffective assistance of counsel.

25. Preservation of Evidence: Defendant acknowledges that the USAO and the agencies investigating this case are not obligated or required to preserve any evidence obtained in the investigation of this case.

X. RESULT OF WITHDRAWAL OF GUILTY PLEA OR VACATUR/REVERSAL/SET-ASIDE OF CONVICTIONS

26. Consequence of withdrawal of guilty plea: Defendant agrees that if, after entering a guilty plea pursuant to this agreement, defendant seeks to withdraw and succeeds in withdrawing defendant's guilty plea on any basis other than a claim and finding that entry into this agreement was involuntary, then the USAO will be relieved of all of its obligations under this agreement.

27. Consequence of vacatur, reversal, or set-aside: Defendant agrees that if defendant's conviction is vacated, reversed, or set aside, both the USAO and defendant will be released from all their obligations under this agreement, except that, should the USAO choose to pursue any charge that was either dismissed or not filed as a result of this agreement, then (i) any applicable statute of limitations will be tolled between the date of defendant's signing of this agreement and the filing commencing any such action; and (ii) defendant waives and gives up all defenses based on the statute of limitations, any claim of pre-indictment delay, or any speedy trial claim with respect to any such action, except to the extent that such defenses existed as of the date of defendant's signing this agreement.

XII. BREACH OF AGREEMENT

28. Defendant agrees that if, at any time after this agreement becomes effective, defendant knowingly violates or fails to perform any of defendant's obligations under this agreement ("a breach"), the USAO may declare this agreement breached. All of defendant's obligations are material, a single breach of this agreement is sufficient for the USAO to declare a breach, and defendant shall not be deemed to have cured a breach without the express agreement of the USAO in writing. If the USAO declares this agreement breached, and the district court finds such a breach to have occurred, then: (a) if defendant has previously entered a guilty plea

pursuant to this agreement, defendant will remain bound by the provisions of this agreement and will not be able to withdraw the guilty plea, and (b) the USAO will be relieved of all its obligations under this agreement.

XIII. COURT AND UNITED STATES PROBATION AND PRETRIAL SERVICES OFFICE NOT PARTIES.

29. Defendant understands that the Court and the U.S. Probation and Pretrial Services Office are not parties to this agreement and need not accept any of the USAO's sentencing recommendations or the parties' agreements to facts or sentencing factors.

30. Defendant understands that both defendant and the USAO are free to argue on appeal and collateral review that the district court's sentencing guidelines calculations and the sentence it chooses to impose are not error.

31. Defendant understands that even if the district court ignores any sentencing recommendation, finds facts or reaches conclusions different from those agreed to by the parties, or imposes any sentence up to the maximum established by statute, defendant cannot, for that reason, withdraw defendant's guilty plea, and defendant will remain bound to fulfill all defendant's obligations under this agreement. Defendant understands that no one—not the prosecutor, defendant's attorney, or the Court—can make a binding prediction or promise regarding the sentence defendant will receive, except that it will be within the statutory maximum.

XIV. ADDITIONAL ACKNOWLEDGMENTS

32. The Defendant acknowledges that:

a. Defendant read this agreement and defendant understands its terms and conditions.

b. Defendant had adequate time to discuss this case, the evidence, and this agreement with defendant's attorney.

c. Defendant carefully and thoroughly discussed all terms of this agreement with defendant's attorney.

d. Defendant understands the terms of this agreement and voluntarily agrees to those terms.

e. Defendant has discussed with defendant's attorney the following: the evidence; defendant's rights; possible pretrial motions that might be filed; possible defenses that might be asserted either prior to or at trial; the sentencing factors set forth in 18 U.S.C. 3553(a); the relevant sentencing guidelines provisions; and consequences of entering into this agreement.

f. The representations contained in this agreement are true and correct, including the factual basis for defendant's offense set forth in this agreement.

g. Defendant was not under the influence of any alcohol, drug, or medicine that would impair defendant's ability to understand the agreement when defendant considered signing this agreement and when defendant signed it.

33. Defendant understands that defendant alone decides whether to plead guilty or go to trial, and acknowledges that defendant has decided to enter defendant's guilty plea knowing of the charges brought against defendant, defendant's possible defenses, and the benefits and possible detriments of proceeding to trial.

34. Defendant understands that no promises, understandings, or agreements other than those set forth in this agreement have been made or implied by defendant, defendant's attorney, or the USAO, and no additional promises, agreements, or conditions shall have any force or effect unless set forth in writing and signed by all parties or confirmed on the record before the district court.

35. Defendant acknowledges that defendant decided to plead guilty voluntarily and that no one threatened, coerced, or forced defendant to enter into this agreement.

36. Defendant is satisfied with the representation of defendant's attorney, and defendant is pleading guilty because defendant is guilty of the charges and chooses to take advantage of the promises set forth in this agreement and for no other reason.

XV. PLEA AGREEMENT PART OF THE GUILTY PLEA HEARING

37. The parties agree that this agreement will be considered part of the record of defendant's guilty plea hearing as if the entire agreement had been read into the record of the proceeding.

AGREED AND ACCEPTED

UNITED STATES ATTORNEY'S OFFICE
FOR THE DISTRICT OF NEVADA

NICHOLAS A. TRUTANICH
United States Attorney

/PHW

ROBERT KNIEF
Assistant United States Attorney

3/2/20
Date

ERIC MATH
Defendant

2/12/20
Date

DAVID R. HOUSTON
Attorney for Defendant

2-13-20
Date

5D

FILED
OCT 21 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANIEL NIEL, AKA DANIEL HAYS, RPH, Certificate of Registration No. 19767,** **Respondent.**	**CASE NO. 20-090-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Daniel Niel, aka Daniel Hays, R.Ph., Certificate of Registration 19767, was a pharmacist registered by the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed as a pharmacist by Henderson Hospital at the time of the events alleged herein.

3. On or about February 19, 2020, Evelyn Chu, Director of Pharmacy at Henderson Hospital, and Michele Norton, HR Generalist at Henderson Hospital, commenced an investigation into allegations that Respondent had diverted dangerous drugs from the hospital pharmacy.

4. The subsequent investigation produced evidence that Respondent diverted the following dangerous drugs from the hospital pharmacy:

- 1 tube of metronidazole vaginal gel
- 8 metronidazole 500mg tablets
- 1 bottle of polytrim ophthalmic
- 8 benzonatate 100mg capsules

- 1 cup of lidocaine oral topical liquid
- 80 famotidine 20mg tablets
- 1 tube metronidazole gel topical
- 2 fluconazote 200mg tablets
- 2 doxepin 25mg capsules
- 3 ondansetron tablets
- 1 vial succinyt choline

5. Respondent diverted some of the dangerous drugs for his personal use and furnished some of the diverted dangerous drugs to at least one other person.

6. Henderson Hospital terminated Respondent's employment on February 24, 2020.

7. On or about August 20, 2020, Respondent admitted to diverting dangerous drugs from the hospital pharmacy to Board investigators.

FIRST CAUSE OF ACTION

Unlawful Acquisition of Dangerous Drugs

8. "A person . . . who knowingly or intentionally obtains or attempts to obtain possession of a dangerous drug . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration is guilty of a category E felony." NRS 454.311(1).

9. By diverting dangerous drugs as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.311(1) and is subject to discipline pursuant to NRS 639.210(12).

SECOND CAUSE OF ACTION

Unlawful Possession of Dangerous Drugs

10. "A person who possesses a dangerous drug, except that furnished to the person by a pharmacist pursuant to a legal prescription or by a practitioner, is guilty of a gross misdemeanor." NRS 454.316(1).

11. By diverting dangerous drugs as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.316(1) and is subject to discipline pursuant to NRS 639.210(12).

THIRD CAUSE OF ACTION

Unlawful Furnishing of Dangerous Drugs to Another Person

12. "A person who furnishes any dangerous drug [to another person] except upon the prescription of a practitioner is guilty of a category D felony… unless the dangerous drug was obtained originally by a legal prescription." NRS 454.221(1).

13. By furnishing dangerous drugs to another person as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.221(1) and is subject to discipline pursuant to NRS 639.210(12).

FOURTH CAUSE OF ACTION

Unprofessional Conduct - Diversion

14. "Supplying or diverting drugs . . . which are legally sold in pharmacies . . . so that unqualified persons can circumvent any law pertaining to the legal sale of such articles" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(g). Conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. NRS 639.210(4).

15. By diverting dangerous drugs as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

FIFTH CAUSE OF ACTION

Unprofessional Conduct - Deceitful Practice

16. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h). Conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. NRS 639.210(4).

17. By diverting dangerous drugs as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 21st day of October, 2020.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANIEL NIEL, AKA DANIEL HAYS, RPH,** **Certificate of Registration No. 19767,** **Respondent.**	**CASE NO. 20-090-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, December 2, 2020, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of October, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANIEL NIEL, AKA DANIEL HAYS, RPH, Certificate of Registration No. 19767,** **Respondent.**	**CASE NO. 20-090-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2020.

_____

DANIEL NIEL, AKA DANIEL HAYS, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of October, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Daniel Niel
5447 Montgomery View Lane
Las Vegas, NV 89122

SHIRLEY HUNTING

FILED
FEB 19 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANIEL NIEL, AKA DANIEL HAYS, RPH, Certificate of Registration No. 19767,** **Respondent.**	**CASE NO. 20-090-S** **STIPULATED FINDINGS OF FACT**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Daniel Niel, aka Daniel Hays, R.Ph., Certificate of Registration No. 19767, by and through counsel, Lyn E. Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter since at the time of the events set forth herein, Respondent Daniel Niel, aka Daniel Hays, R.Ph., Certificate of Registration 19767, was a pharmacist registered by the Board

2. Respondent was employed as a pharmacist by Henderson Hospital at the time of the events set forth herein.

3. On or about February 19, 2020, Evelyn Chu, Director of Pharmacy at Henderson Hospital, and Michele Norton, HR Generalist at Henderson Hospital, commenced an investigation into allegations that Respondent had diverted dangerous drugs from the hospital pharmacy.

4. The subsequent investigation produced evidence that Respondent diverted the following dangerous drugs from the hospital pharmacy:

- 1 tube of metronidazole vaginal gel
- 8 metronidazole 500mg tablets
- 1 bottle of polytrim ophthalmic
- 8 benzonatate 100mg capsules
- 1 cup of lidocaine oral topical liquid
- 80 famotidine 20mg tablets
- 1 tube metronidazole gel topical
- 2 fluconazote 200mg tablets
- 2 doxepin 25mg capsules
- 3 ondansetron tablets
- 1 vial succinyt choline

5. Respondent diverted some of the dangerous drugs for his personal use and furnished some of the diverted dangerous drugs to at least one other person.

6. Henderson Hospital terminated Respondent's employment on February 24, 2020.

7. On or about August 20, 2020, Respondent admitted to diverting dangerous drugs from the hospital pharmacy to Board investigators.

8. On September 10, 2020, Respondent's Certificate of Registration No. 19767 was suspended by operation of law pursuant to NRS 639.211. Respondent petitioned for restatement pursuant to NRS 639.212.

9. On October 14, 2020, Respondent appeared before the Board on his petition, provided a physician's note in support of his reinstatement, and gave testimony in closed session at which time he admitted to diverting dangerous drugs from the hospital pharmacy. The Board granted the petition and ordered that Respondent's Certificate of Registration No. 19767 be reinstated effective immediately.

Respondent has fully considered the factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the factual statements set forth herein.

AGREED:

Signed this 18 day of February, 2021

DANIEL NIEL, AKA
DANIEL HAYS, RPH,
Certificate of Registration No. 19767

Signed this 17th day of February, 2021

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this 19th day of February, 2021

LYN E. BEGGS, ESQ.,
Counsel for Respondent

5E

FILED
OCT 02 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VIDUR S. MAHADEVA, MD,** **Certificate of Registration No. CS11174,** **Respondent.**	**CASE NO. 20-111-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Vidur S. Mahadeva, MD, held a Nevada controlled substance registration, Certificate No. CS11174, issued by the Pharmacy Board.

FACTUAL ALLEGATIONS

2. On July 22, 2020, the U.S. Drug Enforcement Administration (DEA) issued an Order to Show Cause and Immediate Suspension of Respondent's DEA Certificate of Registration No. BM7876800 (DEA Suspension for Cause) pursuant to 21 U.S.C. § 824(d).

3. The DEA Suspension for Cause alleged, and pled with particularity facts in support thereof, that Respondent has committed acts that would render registration inconsistent with the public interest, that Respondent regularly prescribed controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), 21 CFR § 1306.04(a) and NRS 453.381, and that Respondent failed to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. § 823(f)(4).

4. On or about August 4, 2020, Board staff notified Respondent that the DEA Suspension for Cause operates as an immediate suspension of his Nevada controlled substance registration, Certificate of Registration No. CS11174, pursuant to NRS 639.2107.

APPLICABLE LAW

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

6. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

7. The suspension of a registration by the Drug Enforcement Administration operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

8. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

FIRST CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

9. By regularly prescribing controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), 21 CFR § 1306.04(a) and NRS 453.381, and failing to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. § 823(f)(4), Respondent has committed an act that would render his Nevada controlled substance registration inconsistent

with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

SECOND CAUSE OF ACTION
Violations of Federal and State Controlled Substances Acts

10. By regularly prescribing controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), 21 CFR § 1306.04(a) and NRS 453.381, and failing to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. § 823(f)(4), Respondent is subject to discipline pursuant to NRS 639.210(11) and/or (12).

THIRD CAUSE OF ACTION
Suspension of DEA Registration

11. The suspension of Respondent's Nevada controlled substance registration, Certificate No. CS11174, pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 2nd day of October, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VIDUR S. MAHADEVA, MD,** **Certificate of Registration No. CS11174,** **Respondent.**	**CASE NO. 20-111-CS-N** **STATEMENT TO** **THE RESPONDENT** **AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, December 2, 2020, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2nd day of October, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of September, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Vidur S. Mahadeva, MD
556 Vine Street
Reno, NV 89503

Vidur S. Mahadeva, MD
1255 S. Wells Ave
Reno, NV 89502

SHIRLEY HUNTING

FILED
OCT 28 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

VIDUR S. MAHADEVA, M.D.,
Certificate of Registration No. CS11174,

Respondent.

Case No. 20-111-CS-N

ANSWER AND NOTICE OF DEFENSE

Respondent above-named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. I intend to defend against the accusation brought by the Board of Pharmacy;

2. I object to the Notice of Intended Action and Accusation on the basis that it does not adequately inform me of the charges in sufficient specificity to defend them. There are no facts given concerning dates, patients or any other particulars. The statement "failing to comply with applicable federal and state laws relating to controlled substances" is vague to the point of being meaningless.

3. To the extent that this is reciprocal discipline under NRS 639.2107, I am vigorously contesting the Drug Enforcement Administration proceedings to revoke my registration. I have obtained an expert opinion to contradict that of the DEA and I firmly

believe that the evidence will exonerate me and show that I practiced above the standard of care in pain management with sound academic principles and was never a danger to the public. Further, I met all of the statutory and regulatory guidelines for the prescription of scheduled substances.

4. The hearing for the DEA administrative proceedings is scheduled for February 8, 2021. Exhibit 1, Order Granting the Respondent's Continuance and Modifying the Prehearing Ruling in the DEA matter. I request that the Board of Pharmacy continue the hearing date until after the decision of the DEA Administrative Law Judge, which may render moot the accusation against me if I prevail.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING ANSWER AND NOTICE OF DEFENSE, AND ALL FACTS THEREIN STATED, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATED this 28th day of October, 2020.

VIDUR S. MAHADEVA, M.D.

CARL M. HEBERT, ESQ.
SBN 250
2215 Stone View Drive
Sparks, NV 89436
775-772-5556
carl@cmhebertlaw.com

Counsel for respondent

CERTIFICATE OF SERVICE

I certify that I am an employee of CARL M. HEBERT, ESQ., and that on October 28, 2020, I

___X___hand-delivered

_____mailed, postage pre-paid U.S. Postal Service in Reno, Nevada

_____e-mailed

_____telefaxed, followed by mailing on the next business day,

_____served through use of the court's electronic filing system pursuant Nevada EFCR 9(c),

a copy of the attached

ANSWER AND NOTICE OF DEFENSE OF RESPONDENT VIDUR MAHADEVA, M.D.

addressed to:

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Ste 206
Reno, NV 89521
775-850-1440

Carl M. Hebert

An employee of Carl M. Hebert, Esq.

EXHIBIT 1

EXHIBIT 1

UNITED STATES DEPARTMENT OF JUSTICE

Drug Enforcement Administration

In the Matter of **Vidur Mahadeva, M.D.**	**Docket No. 20-26**

ORDER GRANTING THE RESPONDENT'S CONTINUANCE AND MODIFYING THE PREHEARING RULING

This is an immediate suspension order case. A status conference was conducted on October 26, 2020, with counsel both parties present via video teleconference (VTC), to notify the parties of certain concerns the tribunal has concerning a potential drafting issue that pervades much of the Order to Show Cause and Immediate Suspension Order (OSC/ISO). This order is issued consistent with the foregoing.

The Controlled Substance Act (CSA) authorizes the Agency to impose a sanction upon a finding that a registrant "has committed such acts as would render his registration under [21 U.S.C. § 823] inconsistent with the public interest as determined under such section." 21 U.S.C. § 824(a)(4). Thus, for the Government to satisfy its *prima facie* burden, it must allege facts that, if sustained, would actually demonstrate that the registrant committed such acts as would render his registration inconsistent with the public interest. *See id.* However, in a subset of allegations in the OSC/ISO, the Government's allegations center on conclusions and/or observations rendered by its purported expert, and which arguably are not actions, conduct, or omissions attributable to the Respondent. The plain language of each of these points not to conduct or omissions made by the Respondent, but rather to the alleged fact that (at some unspecified point in time) the Government's expert concluded that certain matters were true. Thus, even sustaining this subset of allegations would not establish potential actionable conduct within the CSA, but only conclusions or opinions by a Government-contracted physician. This raises potential proof problems for the Government, for the Respondent in seeking to meet those allegations, and ultimately for the Agency and this tribunal. The Administrative Procedure Act

(APA)[1] and the Agency's own regulations[2] require the Agency to provide a respondent with notice of those acts which the Agency intends to rely upon in seeking a sanction so as to provide a full and fair opportunity to challenge the factual and legal basis for the Agency's action. *See CBS Wholesale Distribs.*, 74 Fed. Reg. 36746, 36749 (2009). In light of the tribunal's noticed concerns over this potential legal issue, the Government, to the extent it elects to do so, has until **2:00 p.m. Eastern Time (ET)** on **November 2, 2020** to respond.

Additionally, during the status conference, the Respondent, based on complications associated with the preparation of his purported expert witness, as well as the commencement of state pharmacy board administrative procedures, requested additional time for certain filing deadlines and a continuance for the merits hearing. The Government interposed no specific objection.[3] Having considered the Respondent's requests, in light of his concerns, and, in particular, given that the request is unopposed, the Respondent's unopposed continuance is hereby **GRANTED**.

It is further **ORDERED** that the Prehearing Ruling is modified such that supplemental prehearing statements are due no later than **2:00 p.m. ET** on **November 9, 2020**. Both parties must ensure that the tribunal has two hardcopy versions of all proposed exhibits intended to be offered at the hearing no later than **2:00 p.m. ET** on **November 9, 2020**. To the extent that either party seeks any relief by motion, it must do so no later than **2:00 p.m. ET** on **November 12, 2020**. Any responsive filings to motions must be received no later than **2:00 p.m. ET** on **November 17, 2020**. Finally, the hearing on the merits in this matter will commence at **11:00 a.m. ET** on **February 8, 2021** and continue through **February 12, 2021**,[4] with counsel and their respective witnesses participating via VTC.

Dated: October 27, 2020

John J. Mulrooney, II
JOHN J. MULROONEY, II
Chief Administrative Law Judge

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[1] 5 U.S.C. § 554(b)(3).
[2] 21 C.F.R. § 1301.37(c).
[3] The Government expressed some discomfiture about enlarging the time the Respondent was seeking to prepare his expert witness testimony while adhering to the previously-scheduled hearing commencement date.
[4] Both sides can anticipate that additional delays will not lightly be granted.

CERTIFICATE OF SERVICE

This is to certify that the undersigned, on October 27, 2020, caused a copy of the foregoing to be delivered to the following recipients: (1) Katherine L. Steele, Esq., Counsel for the Government, via email to the DEA Government Mailbox at dea.registration.litigation@usdoj.gov; and (2) Carl M. Hebert, Esq., Counsel for the Respondent, at carl@cmhebertlaw.com.

Chakia Robinson

Chakia Robinson,
Secretary to Chief Judge Mulrooney

U.S. Department of Justice
Drug Enforcement Administration

Office of the Administrator *Springfield, VA 22152*

July 22, 2020

IN THE MATTER OF

Vidur S. Mahadeva, M.D.
556 Vine St.
Reno, Nevada 89503

DEA Certificate of Registration BM7876800

ORDER TO SHOW CAUSE AND
IMMEDIATE SUSPENSION OF REGISTRATION

PURSUANT to Sections 303 and 304 of the Controlled Substances Act, Title 21, United States Code, Sections 823 and 824,

NOTICE is hereby given to inform you of the immediate suspension of Drug Enforcement Administration ("DEA") Certificate of Registration ("COR") BM7876800, pursuant to 21 U.S.C. § 824(d), because your continued registration constitutes "an imminent danger to the public health or safety." Notice is also given to afford you an opportunity to show cause before DEA at the DEA Hearing Facility located at 1550 Crystal Drive, Suite 901, Arlington, VA 22202, on October 27, 2020, or on such a subsequent date designated by the Administrative Law Judge (if you request such a hearing), as to why DEA should not revoke your registration pursuant to 21 U.S.C. § 824(a)(4), and deny any pending applications for renewal or modification of such registration, and deny any applications for additional DEA registrations, because your continued registration is inconsistent with the public interest, as that term is defined in 21 U.S.C. § 823(f).

As detailed below, this order states DEA's basis for this Order to Show Cause and Immediate Suspension of Registration, including a ***non-exhaustive summary*** of facts and law at issue, as well as citations to laws and regulations that you have violated (*see* 21 C.F.R. §§ 1301.36(e) and 1301.37(c), which DEA construes *in pari materia*). In order to preserve your rights in this proceeding, you may appear in these revocation proceedings by filing a notice of appearance or request for hearing in the manner prescribed by regulations within 30 days from the receipt of this Order.

BACKGROUND

1. You are registered with DEA as a practitioner with authority in Schedules II–V pursuant to DEA COR Number BM7876800. Your registered address is 556 Vine Street, Reno, NV 89503. Your registration expires by its own terms on January 31, 2023.

2. You are presently licensed in the State of Nevada as a physician with license number 11257. Your state medical license expires by its own terms on July 1, 2021.

3. Your DEA COR should be revoked and any pending application should be denied because you have committed such acts as would render your registration inconsistent with the public interest, as that term is defined under the Controlled Substances Act. *See* 21 U.S.C. § 823(f); 21 U.S.C. § 824(a)(4). DEA's investigation revealed that you have regularly prescribed controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), and that you have also failed to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. § 823(f)(4).

LEGAL REQUIREMENTS

4. A prescription for a controlled substance is legitimate only if "issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." 21 C.F.R. § 1306.04(a); *see, e.g.*, *MacKay v. DEA*, 664 F.3d 808, 816 (10th Cir. 2011) (applying state law to determine if a prescription complied with 21 C.F.R. § 1306.04(a)); *Marcia L. Sills, M.D.*, 82 Fed. Reg. 36,423-01, 36,443–44 (2017) (discussing 21 C.F.R. § 1306.04(a)). Additionally, "[c]areless or negligent handling of controlled substances creates the opportunity for diversion and [can] justify revocation or denial." *Paul J. Caragine, Jr.*, 63 Fed. Reg. 51,592, 51,601 (1998).

5. In addition to complying with the above-cited federal statutes and regulations, as a Nevada practitioner, you are also required to comply with applicable Nevada state law. Nevada law authorizes a practitioner to prescribe controlled substances "only for a legitimate medical purpose and in the usual course of his or her professional practice." NEV. REV. STAT. § 453.381. Additionally, the Nevada State Board of Medical Examiners has adopted the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* ("Model Policy"), published by the Federation of State Medical Boards of the United States. *See* NEV. ADMIN. CODE § 630.187; *see also* NEV. ADMIN. CODE § 630.185 (stating that section 630.187 is among the statutes that "set forth the standards of practice established by the Board"). The Model Policy explains that a practitioner should do the following before prescribing controlled substances:

   a. Conduct an "initial assessment and evaluation [that] include[s] a systems review and relevant physical examination" and identifies "objective markers of disease or diagnostic markers";

b. "Assess[] . . . the nature and intensity of the [patient's] pain, past and current treatments for the pain, any underlying or co-occurring disorders and conditions, and the effect of the pain on the patient's physical and psychological functioning";

c. "[D]ocument the presence of one or more recognized medical indications and absence of psychosocial contraindications for prescribing an opioid analgesic";

d. "Assess[] . . . the patient's personal and family history of alcohol or drug abuse and relative risk for substance use disorder," as well as "the patient's personal and family history of mental health disorders";

e. Develop a treatment plan that "provide[s] clear-cut, individualized objectives to guide the choice of therapies for both the clinician and the patient," and revisit that plan regularly;

f. Obtain informed consent by discussing the risks and benefits of the treatment plan and counseling the patient "on the potential risks and anticipated benefits" of opioids including but not limited to dependence, substance use disorder, overdose and death"; and

g. "[R]egularly review the patient's progress, including any new information about the etiology of the pain or the patient's overall health and level of function." This includes monitoring the patient's pain and function as well as the patient's compliance with the treatment plan.

IMPROPER PRESCRIBING OF CONTROLLED SUBSTANCES

6. From at least September 15, 2016, to at least March 7, 2020, you issued numerous prescriptions for Schedule II–IV controlled substances to four patients in violation of federal and state law. DEA retained an independent medical expert to review the prescriptions that you issued to these four patients. As discussed in more detail below, DEA's expert concluded that each prescription was issued outside the usual course of professional practice and not for a legitimate medical purpose. Specifically, DEA's expert concluded that you failed to fulfill the basic, minimum requirements pertaining to the prescribing of controlled substances with each patient by failing to do the following: (1) perform appropriate physical examinations; (2) perform appropriate mental status examinations; (3) evaluate your patients' risk factors for the controlled substances prescribed; (4) obtain appropriate medical histories; (5) develop treatment plans; (6) establish opioid exit plans; (7) establish legitimate medical diagnoses to support the controlled substances prescribed; and (8) appropriately monitor your patients' medication compliance.

7. Additionally, DEA's expert concluded that you repeatedly prescribed dangerous combinations of controlled substances to these patients and increased their dosages of controlled substances without a legitimate medical justification. DEA's expert also concluded that your prescribing was dangerous and reckless, and it put your patients at grave risk for adverse health consequences, including respiratory depression, overdose, or

death. As discussed in greater detail below, your prescribing of controlled substances reflects an extreme departure from the minimum standard of care in the State of Nevada.

Patient M.H.

8. On at least four separate occasions between April 27, 2017, and March 7, 2020, you prescribed each of the following controlled substances to Patient M.H.:

   a. 60-90 tablets of alprazolam 2 mg (a Schedule IV benzodiazepine);

   b. 30-60 tablets of methadone 10 mg (a Schedule II opioid); and

   c. 120-150 tablets of oxycodone (a Schedule II opioid), at dosages ranging from 10 mg to 15 mg.

9. Additionally, on at least four separate occasions between May 31, 2017, and November 8, 2019, you prescribed each of the following controlled substances to Patient M.H.:

   a. 60-90 tablets of alprazolam 2 mg (a Schedule IV benzodiazepine);

   b. 60 tablets of methadone 10 mg (a Schedule II opioid);

   c. 120-150 tablets of oxycodone (a Schedule II opioid), at dosages ranging from 10 mg to 20 mg; and

   d. Hydrodocone/chlorpheniramine (a Schedule II opioid).

10. Finally, on at least three separate occasions between December 5, 2019, and February 5, 2020,[1] you prescribed each of the following controlled substances to Patient M.H.:

   a. 90 tablets of alprazolam 2 mg (a Schedule IV benzodiazepine);

   b. 30-60 tablets of methadone 10 mg (a Schedule II opioid);

   c. 150 tablets of oxycodone 10 mg (a Schedule II opioid); and

   d. 10-45 tablets of buprenorphine 8 mg (a Schedule III opioid).

[1] On one of these occasions, February 5, 2020, you prescribed alprazolam five days after you prescribed the other three controlled substances.

11. Based on a review of your electronic medical records for Patient M.H., DEA's expert concluded that each prescription was issued outside the usual course of professional practice in Nevada and not for a legitimate medical purpose. In addition to the concerns outlined above (*see supra* ¶¶ 6-7), DEA's expert noted the following deviations below the standard of care in your treatment of Patient M.H.:

    a. On April 27, 2017, Patient M.H. returned to your office after being incarcerated for approximately 18 months. You prescribed Patient M.H. methadone and oxycodone in dosages that exceeded 100 morphine milligram equivalents ("MMEs"),[2] even though this patient appeared to be opiate naïve, according to urine drug screen results and the Nevada Prescription Monitoring Program. DEA's expert opined that prescribing more than 100 MMEs to an opiate naïve patient was excessive, reckless, and dangerous. Moreover, you prescribed Patient M.H. a Schedule IV benzodiazepine (alprazolam) in addition to two opioids. The Food and Drug Administration ("FDA") requires a black box warning for benzodiazepines, which states: "WARNING: RISKS FROM CONCOMITANT USE WITH OPIOIDS." The warning continues: "Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death." DEA's expert opined that this drug combination was dangerous, and it greatly increased Patient M.H.'s risk of adverse health consequences, such as respiratory depression, overdose, or death.

    b. You frequently increased Patient M.H.'s medication dosage without a legitimate medical justification. For example, on December 27, 2018, you doubled Patient M.H.'s methadone prescription, although your medical records indicate that Patient M.H.'s pain was "controlled," and this patient rated their pain level as a one or two out of ten.

    c. You frequently prescribed multiple opioids to Patient M.H. without explaining why each opioid was indicated. For example, on December 5, 2019, your medical records state that Patient M.H. was "well controlled on current regiment with no increase in pain," yet you prescribed buprenorphine to Patient M.H. because Patient M.H. requested it, even though Patient M.H. was already receiving two opioids (methadone and oxycodone). On the next visit, on January 6, 2020, Patient M.H. requested a higher dosage of buprenorphine. Evidently on this basis alone you increased Patient M.H.'s dosage, while continuing to prescribe Patient M.H. methadone and oxycodone. DEA's expert noted that you did not document a legitimate medical purpose for prescribing this combination of opioids or for the increase in buprenorphine.

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[2] DEA's expert calculated morphine equivalents according to the CDC's guidelines. *See Calculating Total Daily Dosage of Opioids for Safer Dosage, available at* https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf (last visited June 15, 2020).

12. For the foregoing reasons, and in view of the minimal standards that govern the practice of medicine in the State of Nevada, the prescriptions issued to Patient M.H. were not issued "for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." Therefore, these prescriptions violated 21 C.F.R. § 1306.04(a) and NEV. REV. STAT. § 453.381. These prescriptions also violated the standards of practice set forth by the Nevada State Board of Medical Examiners. *See, e.g.*, NEV. ADMIN. CODE § 630.187.

Patient D.S.

13. On at least 14 separate occasions between December 3, 2018, and January 6, 2020, you prescribed each of the following controlled substances to Patient D.S.:

    a. 30 tablets of morphine sulfate extended release 15 mg (a Schedule II opioid);

    b. 150 tablets of oxycodone 10 mg (a Schedule II opioid);

    c. 60 tablets of alprazolam 1 mg (a Schedule IV benzodiazepine); and

    d. 60 tablets of carisoprodol 350 mg (a Schedule IV muscle relaxant).

14. Additionally, on February 5, 2020, and March 5, 2020, you prescribed each of the following controlled substances to Patient D.S.:

    a. 30 tablets of morphine sulfate extended release 15 mg (a Schedule II opioid);

    b. 150 tablets of oxycodone 10 mg (a Schedule II opioid); and

    c. 60 tablets of alprazolam 1 mg (a Schedule IV benzodiazepine).

15. Based on a review of your electronic medical records for Patient D.S., DEA's expert concluded that each prescription was issued outside the usual course of professional practice in Nevada and not for a legitimate medical purpose. In addition to the concerns outlined above (*see supra* ¶ 6), DEA's expert noted the following deviations below the standard of care in your treatment of Patient D.S.:

    a. You prescribed Patient D.S. a highly-addictive drug cocktail, otherwise known as the "Holy Trinity," which is commonly associated with abuse/diversion. This drug cocktail is very dangerous because it consists of three central nervous system depressants: an opioid, a benzodiazepine, and a muscle relaxant. DEA's expert opined that this drug cocktail should rarely, if ever, be prescribed. If it is prescribed, the patient must be closely monitored, and all of the following circumstances must be present in accordance with the standard of care in Nevada: (1) there must be a legitimate medical justification for prescribing each controlled substance; (2) non-controlled alternatives must have been tried; and (3) the physician must have discussed the risks and benefits of prescribing this drug cocktail with the patient, and determined that the benefits outweigh the significant risks. Your medical records do not indicate

that any of these circumstances were present, or that you carefully monitored Patient D.S. while Patient D.S. was taking this dangerous drug cocktail. For example, your medical records do not show that you conducted regular urine drug screens on this patient.

b. Moreover, your medical records do not document a diagnosis that would support prescribing alprazolam to Patient D.S. Your medical records indicate that Patient D.S. suffers from insomnia, but you prescribed alprazolam with instructions that it be taken twice a day, which is inconsistent with an insomnia diagnosis. Your progress note from September 6, 2018 (more than two years after you began prescribing alprazolam to Patient D.S.), records a diagnosis of "GAD [generalized anxiety disorder] F41.1," but there is no support for this diagnosis in your records. Additionally, there is no discussion of whether non-controlled drugs or other therapies were tried for anxiety or insomnia.

c. Your medical records do not document any legitimate medical justification for prescribing carisoprodol, a Schedule IV muscle relaxant.

16. For the foregoing reasons, and in view of the minimal standards that govern the practice of medicine in the State of Nevada, the prescriptions issued to Patient D.S. were not issued "for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." Therefore, these prescriptions violated 21 C.F.R. § 1306.04(a) and NEV. REV. STAT. § 453.381. These prescriptions also violated the standards of practice set forth by the Nevada State Board of Medical Examiners. *See, e.g.*, NEV. ADMIN. CODE § 630.187.

Patient C.L.

17. On at least five separate occasions between September 15, 2016, and December 19, 2017,[3] you prescribed each of the following controlled substances to Patient C.L.:

a. 60-180 tablets of methadone 10 mg (a Schedule II opioid);

b. 90 tablets of oxycodone 20-30 mg (a Schedule II opioid); and

c. 30-60 tablets of alprazolam 1 mg (a Schedule IV benzodiazepine).

18. Additionally, on at least four additional occasions between October 4, 2019, and January 6, 2020, you prescribed each of the following controlled substances to Patient C.L.:

a. 90 tablets of oxycodone 30 mg (a Schedule II opioid), and

b. 60 tablets of alprazolam 2 mg (a Schedule IV benzodiazepine).

[3] On one of these occasions, December 19, 2017, you prescribed alprazolam three days after you prescribed the other three controlled substances.

19. Based on a review of your electronic medical records for Patient C.L., DEA's expert concluded that each prescription was issued outside the usual course of professional practice in Nevada and not for a legitimate medical purpose. In addition to the concerns outlined above (*see supra* ¶¶ 6-7), DEA's expert noted the following deviations below the standard of care in your treatment of Patient C.L.:

    a. On September 15, 2016, you doubled Patient C.L.'s dosage of methadone, in addition to prescribing Patient C.L. a second opioid, oxycodone. DEA's expert noted that there was no justification in your medical records for doubling Patient C.L.'s methadone dosage or for prescribing Patient C.L. two opioids. DEA's expert opined that the practice of prescribing two medications for the same indication without clarifying when each medication should be used is referred to as "therapeutic duplication," and it was especially problematic in this case because you prescribed benzodiazepines to Patient C.L. in addition to two opioids. As discussed in more detail above (*see supra* ¶ 11.a.), the FDA has warned against combining benzodiazepines and opioids. Additionally, DEA's expert opined that this drug combination greatly increased Patient C.L.'s risk of adverse health consequences, such as respiratory depression, overdose, or death.

    b. You increased Patient C.L.'s medication dosages on at least three additional occasions (specifically, on October 14, 2016; December 9, 2016; and February 28, 2017) without documenting a legitimate medical purpose for these increases in your medical records. On two of these occasions, your medical records indicate that Patient C.L. requested these increases. DEA's expert opined that it is a red flag of drug abuse and/or diversion for a patient to request an increase in dosage of controlled substances, and that you failed to address or resolve this red flag.

    c. You regularly noted in your medical records that Patient C.L. had diminished breath sounds and worsening chronic obstructive pulmonary disease. DEA's expert noted that it was dangerous to continue to prescribe Patient C.L. two respiratory depressants—opioids and benzodiazepines—in light of these symptoms. DEA's expert noted that you immediately should have begun to wean Patient C.L. off, or to significantly lower dosages, of both of these controlled substances upon presentation of these symptoms to reduce the risks of overdose and death. Instead, you continued to prescribe this combination of controlled substances to Patient C.L. for years.

    d. You prescribed alprazolam to Patient C.L. approximately monthly for more than three years without developing a diagnosis to support prescribing this medication. Your medical records indicate that Patient C.L. has generalized anxiety disorder and panic disorder, but there is not adequate support for these diagnoses in your medical records. In fact, your records frequently state that Patient C.L. has "[n]o depressed or anxious affect."

20. For the foregoing reasons, and in view of the minimal standards that govern the practice of medicine in the State of Nevada, the prescriptions issued to Patient C.L. were not issued "for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." Therefore, these prescriptions violated 21 C.F.R. § 1306.04(a)

and NEV. REV. STAT. § 453.381. These prescriptions also violated the standards of practice set forth by the Nevada State Board of Medical Examiners. *See, e.g.*, NEV. ADMIN. CODE § 630.187.

Patient C.M.

21. You issued eight prescriptions to Patient C.M., a DEA Special Agent acting in an undercover capacity, on four separate occasions between December 18, 2018, and August 21, 2019. On December 18, 2018, you prescribed each of the following controlled substances to Patient C.M.:

    a. 60 tablets of lorazepam 1 mg (a Schedule IV benzodiazepine); and

    b. 60 tablets of hydrocodone/acetaminophen 10/325 mg (a Schedule II opioid).

22. Additionally, on three separate occasions between January 16, 2019, and August 21, 2019, you prescribed each of the following controlled substances to Patient C.M.:

    a. 60 tablets of alprazolam 1 mg (a Schedule IV benzodiazepine); and

    b. 120 tablets of hydrocodone/acetaminophen 10/325 mg (a Schedule II opioid).

23. All of your office visits with Patient C.M. were recorded. Based on a review of the complete recordings and transcripts of these interactions, DEA's expert concluded that each prescription issued to Patient C.M. was issued outside the usual course of professional practice in Nevada and not for a legitimate medical purpose. In addition to the concerns outlined above (*see supra* ¶ 6-7), DEA's expert noted the following deviations below the standard of care in your treatment of Patient C.M.:

    a. There was no legitimate medical justification for either of the controlled substances that you prescribed to Patient C.M., or for the combination of controlled substances that you prescribed to Patient C.M. You prescribed hydrocodone for back pain, but the cursory physical examinations that you performed on Patient C.M. did not support this diagnosis. Patient C.M. repeatedly reported low pain levels—or no pain at all—during your examinations.

    b. You doubled Patient C.M.'s hydrocodone dosage on the second visit on January 16, 2019,[4] without a legitimate medical justification, and without any indication that Patient C.M.'s pain levels had increased from the previous visit.

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[4] It is not evident upon initial examination that you doubled Patient C.M.'s dosage on January 16, 2019, because both the December 18, 2018 prescription (written as a two-week supply) and the January 16, 2019 prescription (written as a 30-day supply) provide the patient with four tablets per day. However, prior to issuing the December 18, 2018 prescription, you stated that you intended this prescription to provide a 30-day supply, although you were "writing it in such a way that it looks like two weeks for the authorities." Therefore, you clearly intended the December 18, 2018 prescription to supply Patient C.M. with two tablets per day.

c. You never obtained past medical records or ordered X-rays or other imaging to verify Patient C.M.'s subjective pain complaint. Patient C.M. reported having gotten X-rays taken previously, and Patient C.M. informed you that Patient C.M. did not believe the X-rays showed any deformities. You did not follow up on these apparently normal X-rays.

d. You prescribed Schedule IV benzodiazepines to Patient C.M. (lorazepam on the first visit, and alprazolam on the subsequent visits), but you did not adequately explore Patient C.M.'s anxiety complaint, or develop a legitimate diagnosis to support prescribing these controlled substances. Additionally, you prescribed Patient C.M. a large quantity of alprazolam that was disproportionate to Patient C.M.'s complaint. For example, on January 16, 2019, Patient C.M. reported having anxiety "a couple of times a week." However, you prescribed Patient C.M. a thirty-day supply of up to two 1 mg tablets per day.

e. You did not adequately warn Patient C.M. of the dangers of concurrent use of opioids and benzodiazepines, which are both central nervous system depressants. As discussed in more detail above (*see supra* ¶ 11.a.), the FDA has warned against combining benzodiazepines and opioids. Additionally, DEA's expert opined that this drug combination greatly increased Patient C.M.'s risk of adverse health consequences, such as respiratory depression, overdose, or death. Because you did not warn Patient C.M. of the risks of combining benzodiazepines and opioids, you did not obtain informed consent for prescribing these drugs. In fact, during Patient C.M.'s visit on April 30, 2019, you said, "[t]hese medicines the way you're taking them are extremely safe as long as you don't combine them with alcohol." This statement was dangerously misleading, and it directly contradicted the FDA's warning.

f. You obtained little to no information about Patient C.M.'s mental health history and Patient C.M.'s current and past drug and alcohol use. This was especially dangerous because you prescribed Patient C.M. a combination of benzodiazepines and opioids, which are both respiratory depressants that can exacerbate mental health problems, and can be extremely dangerous if combined with alcohol or other drugs.

24. For the foregoing reasons, and in view of the minimal standards that govern the practice of medicine in the State of Nevada, the eight prescriptions issued to Patient C.M. were not issued "for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." Therefore, these prescriptions violated 21 C.F.R. § 1306.04(a) and NEV. REV. STAT. § 453.381. These prescriptions also violated the standards of practice set forth by the Nevada State Board of Medical Examiners. *See, e.g.*, NEV. ADMIN. CODE § 630.187.

IN view of the foregoing, and pursuant to 21 U.S.C. §§ 823(f) and 824(a)(4), it is my preliminary finding that your continued registration is inconsistent with the public interest. It is my preliminary finding that on numerous occasions you issued prescriptions outside the usual course of professional practice and not for a legitimate medical purpose, which is inconsistent with the public interest. It is also my preliminary finding, based on the facts and circumstances described above and in light of the rampant and deadly problem of prescription controlled

substance abuse, that your continued registration during the pendency of these proceedings would constitute "an imminent danger to the public health or safety" because of the substantial likelihood of an imminent threat that death, serious bodily harm or abuse of controlled substances will occur in the absence of this suspension. Under the facts and circumstances described herein, it is my conclusion that your continued registration while these proceedings are pending constitutes "an imminent danger to the public health or safety." *See* 21 U.S.C. § 824(d). Accordingly, pursuant to the provisions of 21 U.S.C. § 824(d) and 21 C.F.R. § 1301.36(e), and the authority granted me under 28 C.F.R. § 0.100, DEA COR BM7876800 is hereby suspended effective immediately. Such suspension shall remain in effect until a final determination is reached in these proceedings.

PURSUANT to 21 U.S.C. § 824(f) and 21 C.F.R. § 1301.36(f), the Special Agents and Diversion Investigators of DEA who serve this Order to Show Cause and Immediate Suspension of Registration are authorized to place under seal or to remove for safekeeping all controlled substances that you possess pursuant to the registration which I have herein suspended. The said Agents and Investigators are also directed to take into their possession your DEA COR BM7876800 and any unused order forms and prescription pads.

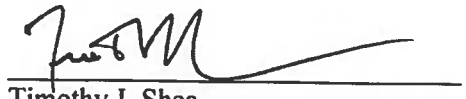
THE following procedures are available to you in this matter:

1. Within 30 days after the date of receipt of this Order to Show Cause and Immediate Suspension of Registration, you may file with DEA a written request for a hearing in the form set forth in 21 C.F.R. § 1316.47. *See* 21 C.F.R. § 1301.43(a). If you fail to file such a request, the hearing shall be cancelled in accordance with paragraph 3, below.

2. Within 30 days after the date of receipt of this Order to Show Cause and Immediate Suspension of Registration, you may file with DEA a waiver of hearing together with a written statement regarding your respective position on the matters of fact and law involved. *See* 21 C.F.R. § 1301.43(c).

3. Should you decline to file a request for a hearing, or should you request a hearing and then fail to appear at the designated hearing, you shall be deemed to have waived the right to a hearing and DEA may cancel such hearing, and I may enter my final order in this matter without a hearing based upon the evidence presented to me. *See* 21 C.F.R. §§ 1301.43(d) and 1301.43(e).

Requests for hearing should be filed by email with the Office of Administrative Law Judges at the following address: ECF-DEA@usdoj.gov, with a copy simultaneously provided to the Government at the following address: DEA.Registration.Litigation@usdoj.gov. Correspondence concerning this matter, including requests referenced in paragraphs 1 and 2 above, should be addressed to the Hearing Clerk, Office of Administrative Law Judges, Drug Enforcement Administration, 8701 Morrissette Drive, Springfield, VA 22152. Matters are deemed filed upon receipt by the Hearing Clerk. *See* 21 C.F.R. § 1316.45. A copy of the same shall also be served separately on Government counsel, Katherine Steele, and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation, 8701 Morrissette Drive, Springfield, VA 22152. Matters are deemed filed upon receipt by the Hearing Clerk. *See* 21 C.F.R. § 1316.45.



Timothy J. Shea
Acting Administrator
Drug Enforcement Administration

cc: Hearing Clerk, Office of Administrative Law Judges
Katherine L. Steele, Counsel for the Government

REQUEST FOR HEARING

Any person desiring a hearing with regard to an Order to Show Cause must, within thirty (30) days from receipt of the Order to Show Cause, file a request for a hearing in the following format:

[DATE]

DEA Headquarters
Office of the Administrative Law Judges
Hearing Clerk
8701 Morrissette Drive
Springfield, Virginia 22152

Dear Madam:

The undersigned, [Name of person], hereby requests a hearing in the matter of [Identification of the proceeding].

(A) [State with particularity the interest of the person in the proceeding.]

(B) [State with particularity of the objections or issues, if any concerning which the person desires to be heard.]

(C) [State briefly the position of the person with regard to the particular objections or issues.]

(D) [Name (either registrant, applicant, or attorney), address (including street address, city, state, and zip code), and telephone number (including area code) of person to whom all subsequent notices or mailings in this proceeding should be sent.]

Respectfully yours,

[Signature of registrant, applicant or attorney]

Note: Pursuant to 21 CFR 1316.47(b), the Administrative Law Judge, upon request and showing of good cause, may grant a reasonable extension of time allowing for response to an Order to Show Cause.

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

August 4, 2020

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: Mahadeva@unr.edu

Vidur S. Mahadeva, MD
556 Vine Street
Reno, NV 89503

Re: Suspension of Certificate of Registration No. CS11174

Dear Dr. Mahadeva:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Department of Justice that your DEA Certificate of Registration No. BM7876800 was suspended for cause on July 22, 2020 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 your DEA suspension operates as an immediate suspension of your Nevada controlled substance registration, Certificate of Registration No. CS11174. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosure

U. S. Department of Justice - Drug Enforcement Administration

SURRENDER FOR CAUSE OF DEA CERTIFICATE OF REGISTRATION

DEA USE ONLY
File No.

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

NAME OF REGISTRANT *(Print)*	ADDRESS OF REGISTRANT
VIDUR MAHADEVA MD	556 VINE STREET RENO, NV 89503
DEA REGISTRATION NO. BM7876800	
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL Vidur Mahadeva MD	DATE 2/9/2021

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE	TITLE
Carl M. Diebert	ATTORNEY 2/9/21
NAME AND DATE	TITLE

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).
PURPOSE: Permit surrender for cause of DEA Certificate of Registration.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.

FORM DEA-104 (07/18) *Previous editions obsolete*

6

6A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: $50.00 – (non-refundable check or credit card only)

Complete Name (**no abbreviations**):

First: Jazmine Middle: - Last Hewitt

Home Address w Cheyenne Ave Apt#: B

City: Las Vegas State: NV Zip Code: 89108

Telephone: Social Security Number:

Date of Birth Place of Birth: Downey, CA Sex: ☒ M or ☒ F (error)

E-mail Address: rthwestcareercollege.edu

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number:

I am requesting registration at the following pharmacy:

Pharmacy: Northwest Career College Store #: n/a

Address: 7398 Smoke Ranch Rd

City: Las Vegas State: NV Zip Code: 89128

Signature of Managing Pharmacist: Lic #: PT 206006 Date: 8/20/20

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☐	☒

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	See paperwork attached

Criminal Action:	State	Date:	Case #:	County	Court
	NV	04/01/2014	N/A	Clark county	N/A

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?.....	☐	☒
IF you marked YES to the question, above are you in compliance with the court order?.....	☐	☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted — Date: 7/10/2020

Board Use Only Date Processed: Amount: 50.00

08/21/2020

To: Nevada State Board of Pharmacy

My name is Jazmine Hewitt and I am currently attending the Pharmacy Technician program at Northwest Career College in Las Vegas, NV. I am writing to provide details about a domestic violence misdemeanor that I was charged with in 2014. Please see the details below.

- Case No: Case #:C1115880A City, State: Las Vegas, NV Violation Date: 04/18/2014

On April 18, 2014, my boyfriend and I got into an argument which unfortunately became physical. During the argument, I realized things were getting heated and did not want to be in his presence. When I attempted to leave our home, he wrapped his arms around me from behind to hold me there. I attempted to break free by flailing my arms and accidentally hit one of our windows, causing it to shatter. Eventually, when I was able to break free of his hold, I got away from him and left immediately. In the time that I left our home, police officers were called by our neighbors and arrived at the apartment. They took photos of the window that I broke while trying to break free of my boyfriend's hold and took a statement from him. After this incident, I decided to separate from my boyfriend and focus on myself. I was unaware that police had, at that point, become involved.

It was not until November of that year that I was informed about a warrant in my name for a domestic violence charge. I was in the passenger seat of my friend's car when she got pulled over and the police officer asked for both of our licenses. When the officer ran my license, he informed me about the warrant and advised me to call the court immediately to get it taken care of. I was grateful he did me this service instead of acting upon it right there.

On January 17th, 2015 I went to the courthouse to take care of my warrant. I was arrested immediately for an unpaid traffic ticket and the domestic violence warrant. I spent 1 week in jail before I could see a judge. When I was able to see her, she formally charged me with the domestic violence charge and ordered me to attend domestic violence classes, pay the court fees, and do community service. I began the classes in March 2015 but soon became pregnant and shortly after found myself homeless. Due to the stress of the situation and some other medical concerns, I was placed on bed rest per my doctor, preventing me from attending my classes and doing community service. I turned in my medical documentation to show why I could no longer attend and believed I had taken the necessary steps for the situation I found myself in.

Sadly, three months later, I suffered the loss of my child and found myself in a debilitating state of grief, sadness, and depression. However, I pushed myself to keep going and make a living for myself and my future family that I so desperately hoped for one day. At this point, court, warrants, and community service were unfortunately the last things on my mind. Since then, I have welcomed a beautiful little girl into this world and take pride in raising my daughter the best way I know how.

It was not until I began pursuing my Pharmacy Technician License that this unfortunate situation even resurfaced back into my life. As my school was assisting me in applying for my license, I disclosed that I was charged many years ago with a misdemeanor, which sparked them to look deeper into it. It was not until they searched for my records online using my social security number that they noticed I had an outstanding warrant for not completing my court requirements. Upon this discovery, I immediately called the courts to find out exactly what I need to do to take care of this as quickly as possible. I now have a plan in place to complete my domestic classes virtually, pay my fines, and close out this chapter of my life once and for all. My pending court date to check on my progress is scheduled for 10/5/2020.

It has been a goal of mine for a while to become a Pharmacy Technician. My interest first formed when a friend invited me to "Bring a Friend to Work Day" at her job, Walgreens. She was working as a Pharmacy Technician and was able to show me a day in the life. I immediately fell in love with the career! I applied for a job but did not get hired as I did not have an education or experience, so I secured a job working in the fast-food industry until I was able to dedicate the time, money, and effort to going back to school. Currently, I am in my 7th and final month of my Pharmacy Technician program at Northwest Career College in the hopes of pursuing my dream of entering the pharmaceutical industry.

Although my domestic violence charge has been a difficult part of my life, this experience has taught me some extremely valuable lessons. I have learned to never allow my anger to control my actions, that violence is never the answer, and that nothing is worth losing my freedom. I have allowed this one event take over and claim much of my life, but I am ready for that to stop here. I am excited to complete my court requirements so that I can close this chapter of my life and move forward, becoming the best mother and Pharmacy Technician I can be. It is my hope that, through this experience, I can still have the opportunity to follow my dreams and teach my daughter that even when you make mistakes, you can always learn, grow, and become a better person.

Thank you for considering me,

Jazmine Hewitt

thwestcareercollege.edu

English | Español

LASVEGASNEVADA.GOV

WELCOME TO THE CITY OF
LAS VEGAS

View: Open Cases | Closed Cases | Scheduled Events | Class Requirements | Payment History

Defendant JAXMINE HEWITT [Log Off]

Open Case List > Case C1115880A Citation C1115880A

Charge:	BATTERY/DOMESTIC VIOLENCE	**Vehicle Information:**	
Plea:	NOLO	**Color:**	
Court Date:	10/5/2020 8:35 AM	**Make:**	
Warrant Status:	None	**Model:**	
Department Number:	3	**Year:**	
Balance Due:	$1,390.00	**License Plate Number:**	
Bail due:	$3,265.00	**License Plate State:**	
	Attorney:	MATSUDA	

Your Next Step: Appear In Court

Court Date:	10/5/2020 8:35 AM
Location:	Department 3 Room 5C 200 Lewis Avenue Las Vegas, NV (Map)

You have confirmed a plea of **NOLO** for this case, and have been ordered to appear in court on **10/5/2020 8:35 AM**.
If you fail to appear in court at the above date and time, you may be subject to the issuance of a warrant and to arrest.

English | Español

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View: Open Cases | Closed Cases | Scheduled Events | Class Requirements | Payment History

Defendant: JAXMINE HEWITT [Log Off]

Scheduled Events for Defendant JAXMINE HEWITT

20 Events Found

Date / Time	Ref. #	Description	Class Description	Location*	Judge
8/25/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 7	ASED, Floor 4	
9/1/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 8	ASED, Floor 4	
9/8/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 9	ASED, Floor 4	
9/15/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 10	ASED, Floor 4	
9/22/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 11	ASED, Floor 4	
9/29/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 12	ASED, Floor 4	
10/5/2020 8:35 AM	Case C1115880A Citation C1115880A	Court Date - STATUS CHECK - BATTERY/DOMESTIC VIOLENCE		SC, Floor 5, Room 5117	CAMPBELL, CARA LEA
10/6/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 13	ASED, Floor 4	
10/13/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 14	ASED, Floor 4	
10/20/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 15	ASED, Floor 4	
10/27/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 16	ASED, Floor 4	
11/3/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 17	ASED, Floor 4	
11/10/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 18	ASED, Floor 4	
11/17/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 19	ASED, Floor 4	
11/24/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 20	ASED, Floor 4	
12/1/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 21	ASED, Floor 4	
12/8/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 22	ASED, Floor 4	
12/15/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 23	ASED, Floor 4	
12/22/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 24	ASED, Floor 4	
12/29/2020 3:00 PM	Case C1115880A Citation C1115880A	Class - BATTERY/DOMESTIC VIOLENCE	DV Online Women 2 25	ASED, Floor 4	

* All court dates take place at the City of Las Vegas Municipal Court at: 200 Lewis Ave., Las Vegas, NV (Map)

Print...

English | Español

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WELCOME TO THE CITY OF LAS VEGAS

View: Open Cases | Closed Cases | Scheduled Events | Class Requirements | Payment History

Defendant: JAXMINE HEWITT [Log Off]

Class Requirements

Las Vegas Municipal Court
At the Regional Justice Center
200 Lewis Ave, P.O. Box 3950
Las Vegas, Nevada 89127

P.O. Box 3970
Las Vegas, NV 89127
www.lasvegasnevada.gov
702-382-6878

8/20/2020 8:45 AM

Program Requirements Schedule

HEWITT, JAXMINE
SIMMONS STREET
LAS VEGAS, NV 89106

Hist No: 100175409
Return to Court: 10/5/2020 8:35 AM
Counselor: NKENNEHAN
Phone: 229-6557

DV Level I
Case No: C1115880A
ASED No: 2015-00270

DV1 CLSS.	Requirement: 26	Completed: 7	Adjusted/Vacated: 0	Due: 19
DV1 CNSL.	Requirement: 1	Completed: 0	Adjusted/Vacated: 0	Due: 1
DV1 INTK.	Requirement: 1	Completed: 1	Adjusted/Vacated: 0	Due: 0
MONEY	Requirement: 1055	Completed: 0	Adjusted/Vacated: -125	Due: 930

Scheduled Appointments (Arrive one hour prior to scheduled intake appointment or evaluation.)

1 Wednesday, March 25, 2015	11:00 AM	DV Level I: Intake	COMPLETED

Class Summary

REQUIRED	26
CANCELED	42
COMPLETED	7
NO SHOW	11
SCHEDULED	19

Class Schedule (Arrive 30 minutes prior to scheduled class start time.)

Date	Time	Session Name	Session #
1 Tuesday, August 25, 2020	3:00 PM	DV Online Women 2	7
2 Tuesday, September 1, 2020	3:00 PM	DV Online Women 2	8
3 Tuesday, September 8, 2020	3:00 PM	DV Online Women 2	9
4 Tuesday, September 15, 2020	3:00 PM	DV Online Women 2	10
5 Tuesday, September 22, 2020	3:00 PM	DV Online Women 2	11
6 Tuesday, September 29, 2020	3:00 PM	DV Online Women 2	12
7 Tuesday, October 6, 2020	3:00 PM	DV Online Women 2	13
8 Tuesday, October 13, 2020	3:00 PM	DV Online Women 2	14
9 Tuesday, October 20, 2020	3:00 PM	DV Online Women 2	15
10 Tuesday, October 27, 2020	3:00 PM	DV Online Women 2	16
11 Tuesday, November 3, 2020	3:00 PM	DV Online Women 2	17
12 Tuesday, November 10, 2020	3:00 PM	DV Online Women 2	18
13 Tuesday, November 17, 2020	3:00 PM	DV Online Women 2	19
14 Tuesday, November 24, 2020	3:00 PM	DV Online Women 2	20
15 Tuesday, December 1, 2020	3:00 PM	DV Online Women 2	21
16 Tuesday, December 8, 2020	3:00 PM	DV Online Women 2	22
17 Tuesday, December 15, 2020	3:00 PM	DV Online Women 2	23
18 Tuesday, December 22, 2020	3:00 PM	DV Online Women 2	24
19 Tuesday, December 29, 2020	3:00 PM	DV Online Women 2	25

Report to the Alternative Sentencing and Education Unit front counter located on the 4th floor to check-in for your scheduled appointment or class. Payment for class is expected at time of check-in.

Late arrivals will not be admitted. You must arrive at least 30 minutes prior to your scheduled class or 1 hour prior to a scheduled Evaluation or Domestic Violence intake appointment to be checked in. Picture identification is required.

There will be additional service charges for failing to show up or for rescheduling. This fee may be required to be paid before a new class or appointment will be scheduled.

FAILURE TO COMPLETE ALL REQUIREMENTS BY THE COURT DATE MAY RESULT IN ADDITIONAL SANCTIONS IMPOSED BY THE COURT.

Gmail Stephanie Nally northwestcareercollege.edu>

Fwd: classes

Deionn Hewitt mail.com> Tue, Aug 11, 2020 at 10:19 AM
To. nwestcareercollege.edu northwestcareercollege.edu>

---------- Forwarded message ---------
From: **Nancy Kennehan** <r svegasnevada.gov>
Date: Thu, Aug 6, 2020 at 1:28 PM
Subject: classes
To mail.com mail.com>

Hi Jaxmine,

Just checking in and making sure that I have your email correct. I do not believe that I introduced myself to you. My name is Nancy Kennehan, and I am the Alternative Sentencing Supervisor, and you were reassigned to my caseload. Your original counselor, Katie, moved out of state several years ago. Just to recap some of what we talked about this morning on the telephone, here is what you have:

- $930 ASED fees and $460 court fees for a total of **$1390 fees.** Payments can be made in person at the fourth floor reception window at the Regional Justice Center, over the telephone (702-382-6878 with credit card payment), or online at the Municipal Court website (at the very least, the court fees). Payments can be cash, your personal check, money order, or credit card payment. If you are paying by check or money order, be sure to include your case number on the document. If paying online, you will need to know your case number.

- **21** remaining **DV classes** to attend – which you will start on 8/11/2020 via virtual "live" learning. You are enrolled in the Tuesday 3:00 PM woman's class. With this schedule, and no missed weeks of classes, you will be done 12/29/2020. REMEMBER, if anything that would be a valid reason why you cannot attend a class, email Robert as soon as you know that you will not be in that virtual class session! Each week, Robert Robinson (instructor) will email an invite to join the class to those who are enrolled. At least 15 minutes prior to the class, you should try logging into the class. You will need a device with audio and visual abilities. It is recommended that you download the Cisco WebEx program from the app store, to have a smooth transition over to WebEx portal.

- One **exit appointment** – that will be scheduled when you are closer to being completed with classes. The second appointment can be completed over the telephone, and can last 15 – 30 minutes.

Robert Robinson's email gasnevada.gov

Your Case Number: C1115880A

If I missed anything, or if you thought of any additional questions, feel free to send me an email. I MIGHT be out of the office for a bit here and there over the next month, but I can always access my emails – but not your computer case file. It was a pleasure talking to you this morning, and I wish you the best on this adventure! I did not know you when you

started classes in 2015, but it sounds like you are getting your life together in a positive manner, and I am very happy for you! Keep working towards your goals!!

Nancy Kennehan, LCSW, LADC

Alternative Sentencing Supervisor

200 Lewis Avenue

Las Vegas, Nevada 89127

This message and any accompanying documents are covered by the electronic Communications Privacy Act, 18 U.S.C. 2510-2521, and may contain confidential information intended for the specified individual(s) only. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or the taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by E-mail, and delete the original message.

6B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name (**no abbreviations**):

First: Joseph Middle: Dakota Last: Repetti

Home Address: Nesting Pine Pl. Apt#:

City: Las Vegas State: NV Zip Code: 89143

Telephone: Social Security Number:

Date of Birth: Place of Birth: Las Vegas, NV Sex: ☒ M or ☐ F

E-mail Address:

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number:

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 12539

Address: 6825 N. Durango dr.

City: Las Vegas State: NV Zip Code: 89149

Signature of Managing Pharmacist: Lic #: 12813 Date: 5-21-19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(**IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION**)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information **& provide an explanation & documentation:**

Board Administrative Action:	State	Date:	Case #:
	NEV	/ /	

Criminal Action: Petit Larceny (x)	State	Date:	Case #:	County	Court
	NV	2010-2013	N/A	Clark	Las Vegas, NV Courts

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted — Date: 5/28/19

Board Use Only Date Processed: Amount: 40.00

October 2019 Meeting

B. Joseph D. Repetti

Melissa Shake recused from participation in this matter due to Mr. Repetti applying to work at Walgreens.

Joseph Repetti appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Repetti disclosed past issues with law enforcement on his application.

Mr. Repetti summarized the facts of the case where he had stolen an item from his ex and pawned the item.

Mr. Repetti stated that he also attended meetings with Narcotics Anonymous for one year and still meets with his sponsor.

The Board questioned Mr. Repetti regarding his addiction, recovery, work history and his relationship with the managing pharmacist at Walgreens.

After discussion, Presiding Officer Desmond offered Mr. Repetti the option to table his application while he provides Board Staff with documentation regarding his conviction and receives an evaluation by PRN-PRN.

The Board tabled Mr. Repetti's application at his request.

Las Vegas Metropolitan Police Department
400 S. Martin L. King Blvd.
Las Vegas, Nevada 89106

FOR OFFICIAL USE ONLY

ID #: 5839670
DATE: 10-17-[illegible]
CLERK: [illegible]

RE: REQUEST FOR RECORDS CHECK

To Whom It May Concern,

I hereby request the Las Vegas Metropolitan Police Department conduct a search of its files for any criminal history record that I may have, based on the information I have given below (identity not verified by fingerprints):

NAME (NOMBRE): Joseph (First (Primer)) Dakota (Middle (Segundo)) Repetti (Last (Apellido))

DATE OF BIRTH (FECHA DE NACIMIENTO): [redacted]

PLACE OF BIRTH (LUGAR DE NACIMIENTO): Las Vegas NV

COLOR OF EYES (COLOR DE OJOS): Blue COLOR OF HAIR (COLOR DE CABELLO): Blonde

HEIGHT (ESTATURA): 5'11 WEIGHT (PESO): 180

SOC. SEC. # (NUMERO DE SEGURO SOCIAL): [redacted]

SCARS/MARKS/TATTOOS (CICATRICES/MARCAS DE ACIMIENTO/TATUAJES): Dallas Cowboys helmet tattoo on Left wrist.

I hereby authorize the Las Vegas Metropolitan Police Department to list any arrests, convictions, or non-conviction information which might be contained in file on me.

I hereby certify that the name appearing above is my true name. I am requesting access to notations of my criminal history records, if any. I fully understand that if I have employed any deception in regard to my true identity, I will be subject to prosecution.

The undersigned does hereby waive, discharge and release the Las Vegas Metropolitan Police Department, County of Clark, State of Nevada, the Sheriff of said City, County and State, and any of his personnel, of any and all actions, claims and demands whatsoever of any kind or nature that now exist or may hereafter accrue against said parties as a result of any information given and/or supplied pursuant to and in accordance with the above request and authorization.

[signature]
Signature (Firma)

LVMPD TSD 43 (REV 4-18)

DISTRIBUTION: WHITE • RECORDS YELLOW • INDIVIDUAL

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

JOSEPH LOMBARDO, Sheriff

Partners with the Community

CERTIFIED RECORDS CHECK

DATE: October 7, 2020

I declare under the penalty of perjury:

I am authorized to conduct a search of the criminal history records of the Las Vegas Metropolitan Police Department (LVMPD). I conducted a name search of LVMPD records for any criminal history record information relating to arrests, misdemeanor or felony convictions for Repetti, Joseph Dakota DOB [redacted] Based on this search conducted on October 7, 2020 LVMPD records reflect the following information:

X The subject has a criminal history record with the LVMPD. See attached 2 page(s).
___ No arrests, misdemeanor or felony convictions with the LVMPD. No attachments.

Please be advised the identity of the above-named person was NOT VERIFIED by fingerprints.

For proper certification, the attached records must remain attached.

I declare under penalty of perjury that the foregoing is true and correct.

JOSEPH LOMBARDO, *Sheriff*

BY (Printed Name): R.Chavez, P#: 16853
FOR: Nicole J. Hart
Director, Records and Fingerprint Bureau

Pursuant to Nevada Revised Statute, the Las Vegas Metropolitan Police Department is only authorized to release criminal history information from its own records. For information concerning other police departments or public agencies, contact the police department or agency directly or for complete state-wide background checks, contact the State of Nevada Central Repository at 775-684-6262.

400 S. Martin L. King Blvd. • Las Vegas, Nevada 89106-4372 • (702) 828-3111
www.lvmpd.com • www.protectthecity.com

SCOPE II - R211 ▸ Dissemination - Citizens

CITIZENS REPORT

SCOPE RESPONSE

PERSON BASE RECORD

ID #: 8339678

NAM: REPETTI, JOSEPH DOB: [redacted]

SEX: M RAC: W HGT: 511 WGT: 180 HAIR: BLU EYE: BLU

ADR: RS
[redacted] TESTING PINE PLACE
LAS VEGAS NV 89143

AKA [2]

NAME	AGY	ENTRY DATE
REPETTI, JOSEPH DAKOTA	LAS VEGAS METRO PD	6/15/2017
REPETTI, JOSEPH	LAS VEGAS METRO PD	12/9/2005

ADDITIONAL DOB [1]

DOB	AGY	ENTRY DATE
[redacted]	LAS VEGAS METRO PD	12/9/2005

CRIMINAL HISTORY ARR [1] CIT [0] SUM [0]

ARREST DATE: 8/7/2013 AGY: LAS VEGAS METRO PD PCN#: BK#: -

RN#: 0002 CHARGE: 1 TYPE: RMD OFF: 56004 GRAND LARCENY, LT $3500 (F) COUNTS: 1 EVT#: 110616-2019
CCN: 11F13345X LAS VEGAS JUSTICE COURT CREATED: 8/7/2013 UPDATED: JUV/CERT/ADULT: ADULT

FINAL DISPO DATE: FINAL OFF: DISPO:

1/9/2014 56895 PETIT LARCENY (M) FOUND GUILTY
CCN: 11F13345X UPDATED:

FINE EXCUSE RESTITUTION COUNSELING
$ $ $ YES

MIN YRS MOS DAYS HRS MIN YRS MOS DAYS HRS
TERM OF SENTENCE COMMUNITY SERVICE
CREDIT TIME SERVED NO PROBATION
LEGACY DISPO: AMD MISD

RN#: 0003 CHARGE: 2 TYPE: RMD OFF: 56057 BUY/POSS/RCV STOLEN PROP, $650 - $3500 (F) COUNTS: 1 EVT#: 110616-2019
CCN: 11F13345X LAS VEGAS JUSTICE COURT CREATED: 8/7/2013 UPDATED: JUV/CERT/ADULT: ADULT

FINAL DISPO DATE: FINAL OFF: DISPO:

1/9/2014 56900 BUY/POSS/RCV STOLEN PROP, LT $650 (M) FOUND GUILTY
CCN: 11F13345X UPDATED:

FINE EXCUSE RESTITUTION
$ $ $340.00

MIN YRS MOS DAYS HRS MIN YRS MOS DAYS HRS
TERM OF SENTENCE COMMUNITY SERVICE
CREDIT TIME SERVED NO PROBATION
LEGACY DISPO: AMD MISD

RN#: 0004 CHARGE: 3 TYPE: RMD OFF: 50424 BURGLARY, (1ST) (F) COUNTS: 4 EVT#: 110616-2019
CCN: 11F13345X LAS VEGAS JUSTICE COURT CREATED: 8/7/2013 UPDATED: JUV/CERT/ADULT: ADULT

FINAL DISPO DATE: FINAL OFF: DISPO:

1/9/2014 50424 BURGLARY, (1ST) (F) DISMISSED
CCN: 11F13345X UPDATED:

FINE EXCUSE RESTITUTION
$ $ $

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY – OR – FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

THE USE AND DISSEMINATION OF THIS RECORD IS REGULATED BY LAW. SECONDARY DISSEMINATION OF ANY KIND IS PROHIBITED AND COULD SUBJECT THE OFFENDER TO CRIMINAL AND CIVIL LIABILITY.
LAS VEGAS METRO PD RANDY CHAVEZ/R16326C 10/07/2020 13:21:33

RELEASE TO: JOSEPH DAKOTA REPETTI

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED						PROBATION					

NO

WORK CARD/BUSINESS LICENSE - ACTIVE [1]

TYPE:	DESCRIPTION:	JURISDICTION:
WORKCARD		CITY
STATUS:	ISSUE DATE:	EXPIRATION DATE:
APPROVED	6/13/2017	6/13/2022

EMPLOYER INFORMATION [1]

EMPLOYER:	POSITION:	NOTIFIED:
7-ELEVEN	ON PREMISE EMPLOYEE	

COMMENTS:

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY – OR – FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

THE USE AND DISSEMINATION OF THIS RECORD IS REGULATED BY LAW, SECONDARY DISSEMINATION OF ANY KIND IS PROHIBITED AND COULD SUBJECT THE OFFENDER TO CRIMINAL AND CIVIL LIABILITY.
LAS VEGAS METRO PD RANDY CHAVEZ/R16326C 10/07/2020 13:21:33

RELEASE TO: JOESPH DAKOTA REPETTI

7

7A

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card only. Credit Cards are charged a 5% processing fee)

Complete Name (no abbreviations):

First: Leslie Middle: M Last: Constanza

Home Address: S Main St Apt#: 116

City: Yerington State: NV Zip Code: 89447

Telephone: SS# or ITIN:

Date of Birth: Place of Birth: LA, CA Sex: ☐ M or ☒ F

E-mail Address:

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

☒ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.

☐ Copy of a certificate from an ASHP approved pharmacy technician school.

☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: _____

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (**3-5**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	CA	7/8/2019	DOW8DN109071-01	LA	Downey Courthouse

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked YES to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

1/19/21
Date

Board Use Only: Date Processed: _____ Amount: _____

CA.GOV

dca SEARCH

BOARD OF PHARMACY

ISSUANCE DATE

JANUARY 25, 2016

EXPIRATION DATE

OCTOBER 31, 2021

CURRENT DATE / TIME

JANUARY 20, 2021
4:13:49 PM

LICENSING DETAILS FOR: TCH 153034

NAME: CONSTANZA, LESLIE YESSENIA

LICENSE TYPE: PHARMACY TECHNICIAN

LICENSE STATUS: CLEAR

ADDRESS NOT DISCLOSED

January 20, 2021

Dear Nevada Board of Pharmacy,

I am writing to explain the extenuating circumstances in applying for my pharmacy technician license. On October 28, 2018 I received a DUI violation. This occured during a difficult time in my life when I was moving between homes, working multiple jobs, and seeking to establish my daughter in a school. I am a single mother and I was transitioning from Nevada to California. Since this time, I have established a secure home for my daughter and me, and stable, full-time employment as a pharmacy technician. I have abided by all the requirements of the court; completed a DUI program, a MADD intervention and community service for this violation. Currently, I am awaiting a court date set for February 18, 2021 for fine payment.

Furthermore, I have come to understand the gravity of my mistake. As someone who works in the healthcare field, the thought of briging harm to another person is strongly bothersome to me. I take my job very seriously and my patients' care is of the utmost importance to me. I love my job and am looking forward to a long, rewarding career in pharmacy. I have no other transgressions that would adversely affect my candidacy for a technician license. Considering all this, please grant me clemency in re-applying for my Nevada license.

Sincerely,

Leslie Constanza

Case Number: DOW8DN10907-01

Defendant Name: CONSTANZA, LESLIE YESSENIA

Violation Date: October 28, 2018

Filing Date: December 21, 2018

Courthouse: Downey Courthouse

CASE INFORMATION

Count	Charge Section	Charge Statute	Plea	Disposition	Disposition Date
01	23152(A)	Vehicle Code	Not Guilty	Dismissed or Not Prosecuted	07/08/2019
02	23152(B)	Vehicle Code	Nolo Contendere	Guilty/Convicted	07/08/2019

EVENTS

Upcoming Scheduled Events

Date	Time	Location	Dept/Room Number	
February 18, 2021	04:30 PM	Downey Courthouse	REU	987.8 - ATTORNEY FEES PAYMENT

Past Events

Date	Time	Location	Dept/Room Number	Events
January 2, 2019	08:30 AM	Downey Courthouse	006	ARRAIGNMENT
March 7, 2019	08:30 AM	Downey Courthouse	006	PRETRIAL HEARING

April 29, 2019	08:30 AM	Downey Courthouse	006	PRETRIAL HEARING
July 8, 2019	08:30 AM	Downey Courthouse	006	PRETRIAL HEARING
August 19, 2019	08:30 AM	Downey Courthouse	CLK	DOCKET LINE ENTRY
August 19, 2019	10:00 AM	Downey Courthouse	CLK	DOCKET LINE ENTRY
August 19, 2019	11:00 AM	Downey Courthouse	CLK	DOCKET LINE ENTRY
October 21, 2019	08:30 AM	Downey Courthouse	006	FURTHER PROCEEDINGS
November 12, 2019	08:30 AM	Downey Courthouse	006	FURTHER PROCEEDINGS
November 12, 2019	09:00 AM	Downey Courthouse	CLK	DOCKET LINE ENTRY
March 6, 2020	11:00 AM	Downey Courthouse	CLK	DOCKET LINE ENTRY
November 18, 2020	09:00 AM	Downey Courthouse	CLK	DOCKET LINE ENTRY

BAIL

No Information Found

SENTENCING INFORMATION

THE INFORMATION PROVIDED ON THIS WEBSITE CONTAINS ONLY AN EXTRACTION FROM THE COURT RECORD. IT IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND IS NOT A FULL AND COMPLETE RECORD OF COURT PROCEEDINGS.

Sentencing Information			
SENTENCING DATE:	July 8, 2019		
For Count(s):	02	PROBATION/MANDATORY SUPERVISION:	SUMMARY PROBATION 36 MONTH(S)

JAIL TERM:		JAIL TERM:	
BASE FINE/TOTAL FINE:	$0.00	BASE FINE/TOTAL FINE:	$390.00
(OR) Jail term instead of fine:		(OR) Jail term instead of fine:	

Additional Terms

PROGRAM:	COMMUNITY LABOR 2 DAY(S)	completed
PROGRAM INSTEAD OF FINE:	FINE	

ALCOHOL PROGRAM:

THE DEFENDANT SHALL ENROLL AND PARTICIPATE IN AND SUCCESSFULLY COMPLETE A 3-MONTH LICENSED FIRST-OFFENDER ALCOHOL AND OTHER DRUG EDUCATION AND COUNSELING PROGRAM. completed

LICENSE RESTRICTION/SUSPENSION:

7B

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card only. Credit Cards are charged a 5% processing fee)

Complete Name (no abbreviations):

First: Kishan Middle: Milind Last: Desai

Home Address: Chestnut Street Apt#: N/A

City: Henderson State: Nevada Zip Code: 89011

Telephone: SS# or ITIN:

Date of Birth: Place of Birth: Greenbrae, California, USA Sex: × M or F

E-mail Address: gmail.com

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

☒ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.

☐ Copy of a certificate from an ASHP approved pharmacy technician school.

☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: N/A

1. Are you 18 years of age or older? Yes × No
2. Are you a high school graduate or the equivalent? Yes × No

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?		×
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	×	
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	×	
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	×	

If you marked **YES** to any of the numbered questions (**3-5**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
	CA	04/08/2017	N/A

Criminal Action:	State	Date:	Case #:	County	Court
	CA	01/05/2017	2016-87611	Mendocino	Superior Court of Mendocino County

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked YES to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Kishan Desai

Original Signature, no copies or stamps accepted

8/11/2020

Date

Board Use Only: Date Processed: Amount: 50.00

August 11, 2020

To whom it may concern:

Here is the explanation requested in regard to questions (3-5). I was convicted of a misdemeanor in 2017 for drinking and driving. The California Board of Pharmacy cited me for violation of pharmacy law. I am sorry but I no longer have the documents because I lost them in the Mendocino Complex fire in 2018. I deeply regret making these mistakes. I have paid all of the fines and I have finished all of the classes. I have learned my lesson. Please accept my Pharmaceutical Technician Application.

Sincerely,

Kishan Desai 8/11/2020

Kishan Desai Date

DESAI, KISHAN

LICENSE NUMBER: TCH 155369

LICENSE TYPE: PHARMACY TECHNICIAN

LICENSE STATUS: CLEAR

EXPIRATION DATE: JUNE 30, 2022

SECONDARY STATUS: N/A

CITY: VISALIA

STATE: CALIFORNIA

COUNTY: TULARE

ZIP: 93277

MORE DETAIL

7C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name (**no abbreviations**):

First: Athiena Middle: Starr Last Stafford

Home Address: Terrace St Apt#: —

City: Carson City State: NV Zip Code: 89703

Telephone: SS# or ITIN:

Date of Birth: Place of Birth: Houston, TX Sex: ☐ M or ☒ F

E-mail Address:

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number:

I am requesting registration at the following pharmacy:

Pharmacy: CVS Pharmacy Store #: 09981

Address: 3240 US Hwy 50 E

City: Carson City State: NV Zip Code: 8970

Signature of Managing Pharmacist: Lic #: 20062 Date: 11/28/20

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:	
		/ /		

Criminal Action:	State	Date:	Case #:	County	Court
	CA	10/22/2018	RIM1812247	Riverside	Riverside Municipal

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused neglected, to report the abuse neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted Date 12-2-20

Board Use Only Date Processed: Amount: 50.00

Charged with a DUI in 2018.
All required classes have been
completed all fines have been paid
in full. No future court dates.

Athiena Starr Stafford
Riverside County Superior Court
case # RIM1812247

Thank You.

Athiena S. Stafford

1-2-20

Re: Training License for CVS

Athena stafford <athenastafford@outlook.com>

Fri 1/8/2021 4:22 PM

To Pharmacy Board <pharmacy@pharmacy.nv.gov>;

Okay here is the documentation I have for you. Can my license go thru now?

Thank you
Athiena

9:19 LTE 79%

Case RIM1812247 - STAFFORD, ATHIENA STARR - Charges

Arrest Charges						
Count	*Charge*	*Severity*	*Description*	*Violation Date*	*Plea*	*Status*
1	VC 23152(G)	M	Driving under the influence of Alcohol and Drug	08/14/2018	N/A	
Filed Charges						
Count	*Charge*	*Severity*	*Description*	*Violation Date*	*Plea*	*Status*
1	VC 23152(G)	M	Driving under the influence of Alcohol and Drug	08/14/2018	GUILTY	CONVICTEI

Case RIM1812247 - STAFFORD, ATHIENA STARR - Probation

Probation Type: SUMMARY *Granted:* 10/26/2018 *Expire:* 10/25/2021

SUMMARY PROBATION GRANTED FOR A PERIOD OF 36 MONTHS ON THE FOLLOWING TERMS AND CONDITIONS

1) OBEY ALL LAWS, ORDINANCES, AND COURT ORDERS.
2) BE COMMITTED TO THE CUSTODY OF THE RIVERSIDE COUNTY SHERIFF FOR 30 DAYS;
3) 29 DAYS TO BE SERVED IN THE WORK RELEASE PROGRAM. REPORT ON OR BEFORE 11/16/2018.
4) BE COMMITTED TO THE CUSTODY OF THE RIVERSIDE COUNTY SHERIFF FOR ONE DAY FOR BOOKIN(PURPOSES ONLY. REPORT TO NEAREST RIVERSIDE COUNTY JAIL BY 11/30/2018
5) PAY A FINE AND PENALTY ASSESSMENT OF $1703.00.
6) PAY VICTIM RESTITUTION. AMOUNT TO BE DETERMINED BY THE PROBATION DEPARTMENT (PC 1203.1(A)(3)). ANY DISPUTES AS TO RESTITUTION AMOUNT TO BE RESOLVED IN A COURT HEARING
7) DO NOT DRIVE WITH ANY MEASURABLE AMOUNT OF ALCOHOL OR DRUGS IN YOUR BLOOD, OR WITHIN 6 HOURS OF CONSUMING ANY ALCOHOL OR DRUGS.
8) IF ARRESTED FOR DRIVING UNDER THE INFLUENCE OF INTOXICANTS, SUBMIT TO ANY BLOOD, BREATH, OR URINE TEST AS REQUESTED BY THE ARRESTING OFFICER.
9) DO NOT DRIVE UNLESS PROPERLY LICENSED NOR WITHOUT INSURANCE OR VALID REGISTRATION.
10) ATTEND AND SATISFACTORILY COMPLETE FIRST OFFENDER DUI PROGRAM FOR 3 MONTHS. (AB541 < .20BAC).
11) DO NOT KNOWINGLY USE NOR POSSESS ANY CONTROLLED SUBSTANCES, UNLESS LAWFULLY PRESCRIBED FOR YOU.
12) ENROLL IN AND COMPLETE THE MADD VICTIM IMPACT PANEL SESSION AND COMPLY WITH PROGRAM DIRECTIVES. PROOF OF COMPLETION TO BE FILED BY 04/26/2019. IF PROOF FILED, APPEARANCE IS WAIVED.

Case RIM1812247 - STAFFORD, ATHIENA STARR - Related Cases On Calendar

9:19 LTE 79%

Case RIM1812247 - STAFFORD, ATHIENA STARR - Related Cases On Calendar

Related Cases On Calendar
This Defendant Does Not Have Any Other Cases With Future Hearings Scheduled.

Case RIM1812247 - STAFFORD, ATHIENA STARR - All of Defendant's Other Cases

Case Number	Filed Date	Charges	Next Hearing	Jurisdiction	Status
This Defendant Does Not Have Any Other Reportable Cases.					

Case RIM1812247 - STAFFORD, ATHIENA STARR - Actions & Minutes

Action Date	Action Text	Disposition	Hearing Type
02/24/2020	REFERENCE NUMBER		
Minutes	Print Minute Order		
FROM	200224-0936- REFERENCE NUMBER 6477		
02/24/2020	PAYMENT OF $2447.58 RECEIVED		
Minutes	Print Minute Order		
FROM	200224-0938-V CFS/ 40.00 001		
FROM	200224-0938-V INM/ 30.00 002		
FROM	200224-0938 V FBT/ 50.00 EMA/ 4.00 003		

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FRCM   200224-0938-V VRC/ 370.00 CJC/ 78.00 003
FRCM   200224-0938-V CCF/ 93.60 FLF/ 3.90 003
FRCM   200224-0938-V AFF/ 19.50 EMF/ 78.00 003
FRCM   200224-0938-V SGF/ 390.00 APF/ 50.00 003
FRCM   200224-0938-V SCC/ 101.40 DIF/ 39.00 003
FRCM   200224-0938-V DSP/ 39.00 EMS/ 78.00 003
FRCM   200224-0938-V INC/ 93.00 DSI/ 78.00 003
FRCM   200224-0938-V DPI/ 39.00 VIF/ 20.00 003
FRCM   200224-0938-V SSC/ 28.00 003
FRCM   200224-0938-V HRC/ 514.58 004
FRCM   200224-0938-V HFS/ 150.00 005
```

From: Athena stafford <athenastafford@outlook.com>
Sent: Friday, January 8, 2021 9:12:33 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Re: Training License for CVS

Did you return it to me again in the mail or can I email you the documentation?

Get Outlook for Android

From: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Sent: Wednesday, January 6, 2021 2:10:43 PM
To: Athena stafford <athenastafford@outlook.com>
Subject: Re: Training License for CVS

Hello,

Court documentation to support your explanation.

Nevada State Board of Pharmacy

From: Athena stafford <athenastafford@outlook.com>
Sent: Wednesday, January 6, 2021 7:45:15 AM
To: Pharmacy Board
Subject: Re: Training License for CVS

What documentation do you need exactly? Is it something I can email to you?

Get Outlook for Android

8

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

CONTROLLED SUBSTANCE APPLICATION Registration Fee: $200.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

(This application cannot be used by PA's or APRN's)

First: Ryan Middle: Mitchell Last: Doucette

Practice Name (if any): _____

Nevada Address: 3100 N Tenaya Way Suite #: _____

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Las Vegas State: NV Zip Code: 89128

PO Box: _____ SS# or ITIN _____

E-mail address: [illegible]@gmail.com

Work Telephone: _____ Personal Phone: _____

Fax: _____ Degree: Doctor of Osteopathic Medicine

Date of Birth: _____ Sex: ☑ M or ☐ F

Practitioner License Number: DO2811 Specialty: Emergency Medicine

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in any state? ...	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☐	☒

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & **provide an explanation and documentation:**

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	WA	04/06/07 07/21/10	C0673349 CB69967	Clark Whatcom	Clark County District Court Bellingham Municipal Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

_____ 12/15/2020

Original Signature, no copies or stamps accepted. Date

Board Use Only: Date Processed: _____ Amount: 200.00

I was convicted in 2007 of driving under the influence of alcohol and I completed all required community service and paid all applicable fines to satisfy that charge. In 2010 I was again arrested for driving under the influence of alcohol and I realized that I had a problem with drinking. I entered into a deferred prosecution program which allowed me to undergo intensive outpatient substance abuse treatment for my alcohol abuse. After completing the 2 years of intensive outpatient treatment and an additional 3 years of random drug and alcohol screenings, with no further incidents, the charges were dismissed with prejudice (cannot be reopened again) in 2016. I deeply regret that my poor choices put myself and others in danger. I am thankful, however, that these situations caused me to realize my problem and get help for my alcohol abuse. I learned a tremendous amount about myself through this process and think that it has made me a better man and now husband than I could have ever been before and I believe it will make me a more compassionate and competent physician in the future.

I was evaluated by Larry Espadero, counselor who works with NV State board of Osteopathic medicine, who recommended to the Board no further treatment or interventions. I have been granted a full practice license in the state of NV by the osteopathic medical board with no restrictions. I've attached the evaluation by Mr Espadero as well as copies of my NV state License. I've also provided legal documentation from previously cited incidents.

515 Lakeway Drive
Bellingham, Washington 98225-5233
Telephone (360) 676-2187
FAX (360) 676-2162

2610 Wetmore Avenue
Everett, Washington 98201-2927
Telephone (425) 258-5270
FAX (425) 258-5275

1227 - 2nd Street
Marysville, Washington 98270-4906
Telephone (360) 651-2366
FAX (360) 653-3119

Re: Ryan Doucette

Mr. Doucette was a client at CCS Recovery Center in Bellingham Washington from 9/22/10 to 9/26/12. He successfully completed the program and was completed in good standing.

Lex Rivers CDP, LMHC, MSW

NW Regional Manager

CCS Recovery Center

D0031I End of Docket DD1000PU
D1174W Case is closed DD1000PU 12/04/15 08:48:15
DD1000MU Case Docket Update (CDK) BELLINGHAM MUNICIPAL KCC
____ Case: CB0069967 BLP CT Csh: Pty: ___ _____ StID: _ _____ __
Name: _____ NmCd: __ ___ _____
Name: DOUCETTE, RYAN MITCHELL Cln Sts:
DUI
Note: _____
Case: CB0069967 BLP CT Criminal Traffic Print: N (Y/N)

_	11	30	2015	MAIL RETURNED UNDELIVERABLE.	TRB
_	12	03	2015	$200 PAYMENT TO NCOURT	KCC
S	__	__	____	DPC REV on 12/03/2015 09:45 AM in Room 2 Canceled	KCC
_	__	__	____	$1070 PAYMENT TO NCOURT	KCC
S	__	__	____	15337100284 Time Payment Received 200.00	SDN
S	__	__	____	15337100301 Time Payment Received 1,070.00	SDN
S	__	__	____	Case Paid in Full and Removed from Time Pay	SDN
S	12	04	2015	Charge 1 Dismissed W/Prejudice : Defrd Pros Compl	KAC
S	__	__	____	Defendant Complied with Probation	KAC
S	__	__	____	Defendant Complied with Ignition Interlock License Req	KAC
S	__	__	____	Case Disposition of CL Entered	KAC
_	__	__	____	_____	
_	__	__	____	_____	
_	__	__	____	_____	

CB 69967

IN THE [ ] DISTRICT [X] MUNICIPAL COURT OF BELLINGHAM , WASHINGTON

[ ] STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT
[ ] COUNTY OF WHATCOM
[X] CITY/TOWN OF BELLINGHAM

L.E.A. ORI #: WA 0370100 | COURT ORI #: [ ] WA 037013J [X] WA 037011J

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. | STATE A | EXPIRES | PHOTO I.D. MATCHED [X] YES [ ] NO

NAME: LAST [illegible] FIRST RYAN MIDDLE [illegible] | CDL [ ] YES [ ] NO

ADDRESS RIDGEWAY DR | [ ] IF NEW ADDRESS

CITY BELLINGHAM | STATE A | ZIP CODE [illegible] | EMPLOYER | ~~LOCATION~~

DATE OF BIRTH | RACE | SEX M | HEIGHT 6 3 | WEIGHT 130 | EYES HAZ | HAIR BRN

RESIDENTIAL PHONE NO. ( ) | CELL/PAGER NO. | WORK PHONE NO. ( )

VIOLATION DATE ON OR ABOUT | MONTH 1 | DAY 21 | YEAR 10 | TIME 24 HOUR 0118 | [ ] ~~INTERPRETER NEEDED~~ ~~LANG.~~

AT LOCATION 1100 BLK ELLIS ST | M.P. | CITY/COUNTY OF BELLINGHAM / WHATCOM

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO. | STATE [illegible] | EXPIRES [illegible] | VEH. YR [illegible] | MAKE [illegible] | MODEL [illegible] | STYLE | COLOR [illegible]

TRAILER #1 LICENSE NO. | STATE | EXPIRES | TR. YR. | TRAILER #2 LICENSE NO. | STATE | EXPIRES | TR. YR.

OWNER/COMPANY IF OTHER THAN DRIVER NOAH DOUCETTE

ADDRESS RIDGEWAY DR, CITY BELLINGHAM | STATE [illegible] | ZIP CODE [illegible]

ACCIDENT NO NR R I F | BAC 213 READING 213 | CMV [ ] YES [X] NO | 16 + [ ] YES PASS [ ] NO | HAZMAT [ ] YES [X] NO | EXEMPT VEHICLE [ ] FARM [ ] R.V. [X] FIRE [ ] OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

#1 VIOLATION/STATUTE CODE RCW 46.61.502 [ ] DV

DUI

READ THE BACK

#2 VIOLATION/STATUTE CODE [ ] DV

[X] MANDATORY COURT APPEARANCE OR [ ] BAIL FORFEITURE IN U.S. $

APPEARANCE DATE | MO | DY. | YR | TIME | A.M. P.M. | RELATED # 27301 | DATE ISSUED 1-21-10

[X] Served on Violator
[ ] Sent to Court for Mailing
[ ] Referred to Prosecutor

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S)

OFFICER McKissick # 242

OFFICER #

YOU MUST RESPOND TO THE COURT BELOW ACCORDING TO THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS NOTICE

[ ] DISTRICT COURT, COUNTY OF WHATCOM
311 GRAND AVENUE
(360) 676-6770
BELLINGHAM, WA 98225

[X] MUNICIPAL COURT, CITY OF BELLINGHAM
2014 C STREET
(360) 778-8150
BELLINGHAM, WA 98225

CB 69967

BELLINGHAM MUNICIPAL COURT
2014 C Street • Bellingham, WA 98225

Court: 676-6978
Probation: 676-6708

Defendant: Doucette, Ryan	Citation#: CB 69967
Charge 1. DUI	Violation Date: 7-21-10
2.	Defendant's Atty: BB / Pros Atty: S.B.
3.	☐ Waived ☐ Review ☐ Court Appointed ☐ Private

CRG	Plea	Finding	Penalty/Fine	Suspended	Sub-Total
1	G NG	G NG D DF			
2	G NG	G NG D DF			
3	G NG	G NG D DF			

Judgment Date			
To Serve	1	2	3 Days in Jail
With			Days Susp
DOB / /	☐ With Jail Approval	Work EHD	School Alt Custody

Warrant	$
Atty Fees	$
Conviction Fee	$ 43
Traffic Conv. Fee	$
Book/Jail/Tour	$
Total	$

☐ See J&S
☐ Lev
☐ Smiley
☐ _____
☒ CFTS

☐ Restitution
☐ Active Probation
☐ 1 Yr ☐ 2 Yrs

Fees $ _____ month

The Defendant is required to report to the Probation Department immediately after sentencing or, if in custody, immediately upon release from jail, and as requested. The Probation Department is responsible for setting specific conditions of probation. The Defendant may request a hearing to review these conditions. The Defendant is responsible for any evaluation, education and treatment fees. These fees are not included in the court costs.

☐ Time Pay $_____/mo.
☒ Sentence Conditional on Record Check
☒ Future Good Behavior
☐ Alcohol/Drug Evaluation w/ Compliance
☐ ADIS/WWU ADCAS Within 60 Days
☐ Mental Health Evaluation w/ Compliance
☐ Domestic/Anger Evaluation w/ Compliance
☐ Jail Tour at Defendant's Expense
☐ Deferred Sentence–Dismissal ☐ 1 Yr ☐ 2 Yrs
☐ Comm Service _____ Hours w/in 60/90 Days

Probable Cause ☐ Yes ☐ No

Readiness Date ___/___/___ @ 1:30PM
Trial Date ___/___/___ @ : AM PM

☐ JTR ☐ NJT
☐ Rights Advised ☐ Jury Waived

Compliance Review Ordered: ___/___/___ @ : AM PM

Date	
10 19-10	D.P. entered & w/out
	objection
	Bail exonerated

jss002 crim 10/05

COURT OF WASHINGTON FOR CLARK COUNTY	
STATE OF WASHINGTON, Plaintiff vs. RYAN M. DOUCETTE, Defendant.	NO. C 0673349 STATEMENT OF DEFENDANT ON PLEA OF GUILTY [ ] Count 1: Driving Under the Influence of Intoxicants

1. My true name is Ryan Mitchell Doucette.
2. My age is 22 years.
3. I went through the 12th grade.
4. *I HAVE BEEN INFORMED AND FULLY UNDERSTAND THAT:*
   (a) I have the right to representation by a lawyer and that if I cannot afford to pay for a lawyer, one will be provided at no expense to me.
   (b) I am charged with: Driving Under the Influence of Intoxicants.

   The elements are: A person drives a vehicle within the State of Washington while that person is under the influence of or affected by intoxicating liquor or any drug.
5. *I UNDERSTAND THAT I HAVE THE FOLLOWING IMPORTANT RIGHTS, AND I GIVE THEM ALL UP BY PLEADING GUILTY:*
   (a) The right to a speedy and public trial by an impartial jury in the county where the crime is alleged to have been committed;
   (b) The right to remain silent before and during trial, and the right to refuse to testify against myself;
   (c) The right at trial to hear and question the witnesses who testify against me;

DAVID T. McDONALD, P.C.
Attorney at Law
510 S.W. Third Avenue, Suite #400
Portland, Oregon 97204
(503) 226-0188

(d) The right at trial to testify and to have witnesses testify for me. These witnesses can be made to appear at no expense to me;

(e) I am presumed innocent unless the charge is proven beyond a reasonable doubt or I enter a plea of guilty;

(f) The right to appeal a finding of guilt after a trial.

6. *IN CONSIDERING THE CONSEQUENCES OF MY GUILTY PLEA, I UNDERSTAND THAT:*

(a) The crime with which I am charged carries a maximum sentence of 365 days in jail and a $5,000.00 fine.

(b) The prosecuting authority will make the following recommendation to the judge: See the attached Pretrial Agreement _____

(c) The judge does not have to follow anyone's recommendation as to sentence. The judge can give me any sentence up to the maximum authorized by law no matter what the prosecuting authority or anyone else recommends.

(d) The judge may place me on probation for up to five years if I am sentenced under RCW 46.61.5055 or up to two years for all other offenses and impose conditions of probation. If the court orders me to appear at a hearing regarding my compliance with probation and I fail to attend the hearing, the term of probation will be tolled until I appear before the court on the record.

(e) The judge may require me to pay costs, fees and assessments authorized by law. The judge may also order me to make restitution to any victims who lost money or property as a result of crimes I committed. The maximum amount of restitution is double the amount of the loss of all victims or double the amount of my gain.

(f) If I am not a citizen of the United States, a plea of guilty to an offense punishable as a crime under state law is grounds for deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.

Notification Relating To Specific Crimes: If Any Of The Following Paragraphs Apply, The Box Should Be Checked And The Paragraph Initialed By The Defendant.

[ ]g The crime of _____ has a mandatory minimum sentence of _____ days in jail and $_____ fine plus costs and assessments. The law does not allow any reduction of this sentence.

[ ]h If this crime involves a sexual offense, prostitution, or a drug offense associated with hypodermic needles, I will be required to undergo testing for the human immunodeficiency (AIDS) virus.

DAVID T. McDONALD, P.C.
Attorney at Law
510 S.W. Third Avenue, Suite #400
Portland, Oregon 97204
(503) 225-0158

[X]i This plea of guilty will result in suspension or revocation of my driving license or privilege by the Department of Licensing for a period of 1 year. This period may not include suspension or revocation based on other matters.

[ ]j I understand that I may not possess, own, or have under my control any firearm unless my right to do so is restored by a court of record and that I must immediately surrender any concealed pistol license. RCW 9.41.040.

[ ]k If this crime involves a drug offense, my eligibility for state and federal education benefits will be affected. 20 U.S.C. § 1091(r).

[✓]l If this case involves driving while under the influence of alcohol and/or being in actual physical control of a vehicle while under the influence of alcohol and/or drugs, I have been informed and understand that I will be subject to
[✓] the penalties described in the "DUI" Attachment.
OR
[ ] these penalties: The mandatory minimum sentence of _____ days in jail, _____ days of electronic home monitoring and $_____ monetary penalty. I will also be required to drive only motor vehicles equipped with an ignition interlock device for _____ years. My driving privilege will be suspended or revoked by the Department of Licensing for the period of time stated in paragraph 6(i). In lieu of the minimum jail term, the judge may order me to serve _____ days in electronic home monitoring. If I do not have a dwelling, telephone service, or any other necessity to operate electronic home monitoring; if I live out of state; or if the judge determines I would violate the terms of electronic home monitoring, the judge may waive electronic home monitoring and impose an alternative sentence which may include additional jail time, work crew or work camp.

[ ]m I understand that if this crime involves sexual misconduct with a minor in the second degree, communication with a minor for immoral purposes, or attempt, solicitation or conspiracy to commit a sex offense, or a kidnapping offense involving a minor, as defined in RCW 9A.44.130, I will be required to register with the county sheriff as described in the "Offender Registration" Attachment.

[ ]n If this crime involves stalking, harassment or communication with a minor for immoral purposes, I will be required to have a biological sample collected for purposes of DNA identification analysis. RCW 43.43.754.

[ ] (o) *Travel Restrictions:* I understand that I will be required to contact my probation officer, the probation director or designee, or the court if there is no probation department, to request permission to travel or transfer to another state if I am placed on probation for one year or more and this crime involves: (i) an offense in which a person has incurred direct or threatened physical or psychological harm; (ii) an offense that involves the use or possession of a firearm; (iii) a second or subsequent misdemeanor offense of driving while impaired by drugs or alcohol; (iv) a sexual offense that requires the offender to register as a sex offender in the sending state. I understand that I will be required to pay an application fee with my travel or transfer request.

DAVID T. McDONALD, P.C.
Attorney at Law
510 S.W. Third Avenue, Suite #400
Portland, Oregon 97204
(503) 226-0188

7. I plead guilty to the crime of Driving Under the Influence of Intoxicants as charged in the complaint(s) or citation(s) and notice. I have received a copy of that complaint or citation and notice.

8. I make this plea freely and voluntarily.

9. No one has threatened harm of any kind to me or to any other person to cause me to make this plea.

10. No person has made promises of any kind to cause me to enter this plea except as set forth in this statement.

11. The judge has asked me to state in my own words what I did that makes me guilty of this crime. This is my statement:
On April 6, 2007, in the State of Washington, I drove a vehicle while under the influence of intoxicating liquor.
[ ] Instead of making a statement, I agree that the court may review the police reports and/or a statement of probable cause supplied by the prosecution to establish a factual basis for the plea.

12. My lawyer has explained to me, and we have fully discussed, all of the above paragraphs. I understand them all. I have been given a copy of this "Statement of Defendant on Plea of Guilty." I have no further questions to ask the judge.

Date: 1/10/08

Defendant

I have read and discussed this statement with the defendant and believe that the defendant is competent and fully understands the statement.

3896

Prosecuting Authority and Bar #

Defendant's Lawyer and Bar #18446

John Pelton

Print Name

David T. McDonald

Print name

The foregoing statement was signed by the defendant in open court in the presence of the defendant's lawyer and the undersigned judge. The defendant asserted that (check the appropriate box):

[X] (a) The defendant had previously read; or
[ ] (b) The defendant's lawyer had previously read to him or her; or
[ ] (c) An interpreter had previously read to the defendant the entire statement above and that the defendant understood it in full.

I find the defendant's plea of guilty to be knowingly, intelligently and voluntarily made. Defendant understands the charges and the consequences of the plea. There is a factual basis for the plea. The defendant is guilty as charged.

DATED: Jan. 10, 2008

Judge

DAVID T. McDONALD, P.C.
Attorney at Law
510 S.W. Third Avenue, Suite #400
Portland, Oregon 97204
(503) 226-0188

CRIMINAL ☒ TRAFFIC ☐ NON-TRAFFIC C 0673349

IN THE ☒ DISTRICT ☐ MUNICIPAL COURT OF CLARK, WASHINGTON

☒ STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT
☐ COUNTY OF
☐ CITY/TOWN OF

L.E.A. ORI #: WAWSP 0503 00 COURT ORI #: WA0060235

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO: | STATE: WA | EXPIRES: 11 | PHOTO I.D. MATCHED: ☒ YES ☐ NO

NAME: LAST DOUCETTE FIRST RYAN MIDDLE M | COL ☐ YES ☒ NO

ADDRESS: NE 151ST WAY ☐ IF NEW ADDRESS

CITY VANCOUVER STATE WA ZIP CODE 98686 | EMPLOYER | LOCATION

DATE OF BIRTH | RACE W | SEX M | HEIGHT 6-03 | WEIGHT 180 | EYES HAZ | HAIR BRN

RESIDENTIAL PHONE NO. ( ) | WORK PHONE NO. ( )

VIOLATION DATE ON OR ABOUT MONTH 4 DAY 6 YEAR 07 TIME 24 HOUR 0211 | ☐ INTERPRETER NEEDED LANG:

AT LOCATION NE 50th AVE AT NE 139th ST M.P. CITY/COUNTY/ CLARK

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO. L | STATE WA | EXPIRES 11-07 | VEH. YR. 00 | MAKE CHEV | MODEL S-10 | STYLE PU | COLOR WHT

TRAILER #1 LICENSE NO. | STATE | EXPIRES | TR. YR. | TRAILER #2 LICENSE NO. | STATE | EXPIRES | TR. YR.

OWNER/COMPANY IF OTHER THAN DRIVER SAME

ADDRESS And NO Test | CITY | STATE | ZIP CODE

ACCIDENT NO NR (R) I F | BAC Refused READING | COMMERCIAL ☐ YES VEHICLE ☐ NO | HAZMAT ☐ YES ☐ NO | EXTENT ☐ FARM ☐ FIRE VEHICLE ☐ R.V. ☐ OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

#1 VIOLATION/STATUTE CODE RCW 46.61.502 ☐ DV

DRIVING UNDER THE INFLUENCE
And to DUI, NO test

#2 VIOLATION/STATUTE CODE RCW ☐ DV JPS

☒ MANDATORY COURT APPEARANCE OR ☐ BAIL FORFEITURE IN U.S. $

APPEARANCE DATE MO 4 DY 11 YR 07 TIME 8:30 AM | RELATED # | DATE ISSUED 4-6-07

☒ Served on Violator
☐ Sent to Court for Mailing
☐ Referred to Prosecutor

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND MY REPORT ATTACHED TO THIS DOCUMENT IS TRUE AND CORRECT.

OFFICER RW TANNER 1223
OFFICER

COMPLAINT / CITATION

ABSTRACT OF JUDGMENT

CRG	PLEA	CNG	FINDINGS	FINE	SUSPENDED	SUB-TOTAL	
1	G (R)		(G) NG D SF	$ 5000	$ 4150	$ 850	FIND/JUDG DATE 1/10/08
2	G NG		G NG D SF	$	$	$	ABS. MLD TO OLY
					OTHER COSTS $ 470.50		TO SERVE 2
							WITH 363 DAYS SUP.
RECOMMENDED NONEXPIRATION OF SUSPENSION ☐				LICENSE SURRENDER DATE		TOTAL COSTS $ 1320.50	CREDIT / TIME SVD

C0673349

(PD7/06) WASHINGTON UNIFORM COURT DOCKET - COURT COPY June 2006

OFFICER REPORT

TRAFFIC	WEATHER	STREET	LIGHT
LT MED HV	CL RN FG SN	D W I S	D DWN DBK DK

WITNESS NAME (LAST, FIRST, M.I.)			PHONE
ADDRESS	CITY	STATE	ZIP
WITNESS NAME (LAST, FIRST, M.I.)			PHONE
ADDRESS	CITY	STATE	ZIP

INCIDENT NUMBER	RELATED CITATION/INFRACTION NUMBERS	APPROVING OFFICER/NO.

Nevada State
BOARD OF OSTEOPATHIC MEDICINE

Licensee Information

Nevada State - Board of Osteopathic Medicine Verification as of February, 02 2021

Licensee Information

Name: Ryan Mitchell Doucette
Address: Mountain View Hospital
3100 N. Tenaya
Las Vegas, NV 89128
Phone: (702) 962-5000
Fax:
School: Touro University College of Osteopathic Medicine Nevada
Residency: Mountain View Hospital (Residency) (2018-07-01 to 2021-06-30)
Specialty: Emergency Medicine

License Details

License Type: D.O. License
License Number: DO2811
License Status: Active
Effective: 10/13/2020
Expires: 12/31/2021

License History

License	License Number	License Date	Status
D.O. License	DO2811	10/13/2020 to 12/31/2021	Active
SL License	SL1321	07/01/2018 to 11/02/2020	Expired

Disciplinary Action

Licensee has no Disciplinary Actions

Other State Disciplinary Actions

Licensee has no Disciplinary Actions Outside of Nevada

Malpractice Claims

Court Case #	Date	Status	Loss Location
A-20-808888-C	02/06/2020	Open	Clark County, NV
A-19-805039-C	11/23/2019	Dismissed	Clark County, NV

This is a Primary Source Verification.

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred.

For further questions regarding discipline or malpractice information, please contact us at: 702-732-2147

DISCLAIMER: The Nevada State Board of Osteopathic Medicine presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct. Based thereon, the Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the public. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Print

9

9A

RECEIVED 10/1/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ 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. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☑ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Atlas Pharmacy And Medical Supply

Physical Address: 3585 S MaryLand Parkway, Suite J

City: Las Vegas, State: NV Zip Code: 89169 Telephone: (702) 489-4198

Fax: (702) 483-4612 Toll Free Number:_____

E-mail: dikenRay1@Cox.net

Website: _____

Managing Pharmacist: Dr. Obidike Iheanacho License Number: 15427 OK exp 10/31/21

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☐	☑ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding
		☐	☑ Non Sterile Compounding
		☐	☑ Mail Service Sterile Compounding
		☐	☑ Other Services: _____

All boxes must be checked
For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Ob R the

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

Obidike R Iheanacho — 9/26/20

Print Name of Authorized Person — Date

Board Use Only	Date Processed: _____	Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Neveda

Parent Company if any: _____

Mailing Address: 3585 S MaryLand ParKway, Suite J

City: Las Vegas State: NV Zip: 89169

Telephone: (702) 489-4198 Fax: (702) 483-4612

Contact Person: Dr. Obidike R Iheanacho

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Obidike R. Iheanacho 3585 S MaryLank Pkwy #J, Las Vegas, NV. 89169
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

* 2) Provide the number of shares issued by the corporation. 100%

* 3) What was the price paid per share? 0

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 09:00 am 6 pm Saturday 09:00 am 1 pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Obidike R Iheanacho

* Responsible Person of Atlas Pharmacy & Medical Supply

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Ob - R Ihe

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

Obidike R Iheanacho

Print Name of Authorized Person

9/26/20

Date

Managing Pharmacist

Pharmacist Name: Obidike R Iheanacho License #: 15427

Pharmacy Name: Atlas Pharmacy And Medical Supply

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 9/26/20

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 9/28/20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Pharmacy
Nature of Pharmacy or Wholesaler

Atlas Pharmacy And Medical Supply,3585 S Maryland Parkway,Suite J, Las Vegas, NV. 89169
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Iheanacho	Obidike	Ray

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
Adobe Villa Avenue	Las Vegas	NV 89142

Present Business Address	Dates	City	State/Zip
3585 S Maryland Pkwy,Suite J	9/2020	Las Vegas	NV. 89169

Present Position with the Pharmacy or Wholesaler	Dates	Phone:
President	9/2020	Residence
		Business 702-489-4198

Date of Birth	Place of Birth (City, County, State)
60yrs	Umuahia, Abia

Age	Social Security Number or ITIN	Sex
60yrs		Male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	Dark	180	Medium	5ft 8inches

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated (Divorced) Widowed Engaged

Applicant's initial OBI

A. **Current Marriage** N/A
Date City, County and State N/A

Spouse's full name (Maiden) N/A SS# or ITIN

Date of Birth N/A Place of Birth N/A

Resident address N/A
Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
Street City State Zip

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Joy J Ibrahim	4/6/2015	7/14/2013	Final	Las Vegas,Clark,NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Joy J Ibrahim	Adobe Villa Avenue, Las Vegas,		NV	89142	

3. FAMILY INFORMATION:

A. **Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Obidike A Iheanacho		Portland, Or	NW Wallula Ave. Gresham, OR 97030
Brandon Iheanacho		Portland,Or	Adobe Villa Ave, Las Vegas, NV. 89142

B. **Child Support Information:**

Please mark the appropriate response:

- (x) I am not subject to a court order for the support of child.
- ( ) I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ( ) I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial OBI

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Fred N Iheanacho		Umegwu Afugiri, Umuahia, Abia State, Nigeria	Transportation
Mother	Rose Iheanacho		Umuegwu Afugiri, Umuahia, Abia State, Nigeria	Homemaker
Father-in-Law	N/A			
Mother-in-Law	N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Charles Iheanacho		NI 1 Ave, Vancouver, WA.98661	Engineer
Spouse	Adindu Iheanacho		NE St, Portland, OR. 97201	Social Worker
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes ☐ No ☐
High School	Williams Memorial Secondary School	Umuahia, Abia State	1974 thru 1979	Yes ☐ No ☐
College University	University of Florida	Gainesville, FL	2016 thru 2019	Yes ☐ No ☐
Other	Oregon State University	Corvallis, OR	1988 thru 1992	Yes ☐ No ☐

Type of degree obtained, if any BSc. Pharm. And Pharm.D

College or university where obtained University of Florida and Oregon State University

Applicant's initial OBI

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes → (No) →

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes → (No) → If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes → (No) →

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes → (No) → If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes → (No) → If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes → (No) →

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes → (No) →

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes → (No) →

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes → (No) →
If yes, when? N/A city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes → (No) →
If yes when? N/A city, county and state N/A

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes → (No) →
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial OBI

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → (No) → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → (No) → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
Adobe Villa Avenue	Present	Las Vegas	NV 89142
7221 Grand Palace Avenue	2004-2010	Las Vegas	NV 89030
2601 Redrock Street	2001-2001	Las Vegas	NV 89146
6216 N Amherst Street	1982-1992	Portland	OR 97203
7070 N Wellesley Avenue	1994-2001	Portland	OR 97203
4021 N Attu Street	1992-1994	Portland	OR 97203

Applicant's initial OBI

March 11, 202(

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2006	Horizon Specialty Hospitial 640 MLK JR Blvd, Las Vegas, NV 89106 (CPS Pharmacy)	131,400
Title	**Description of Duties**	**Name of Supervisor**
Clinical Pharmacist	Pharmaceutical Care Services	Karina Rios

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2006	State of Nevada 1650 Community College Dr., Las Vegas, NV 89146	131,400
Title	**Description of Duties**	**Name of Supervisor**
Clinical Pharmacist	Pharmaceutical Care Services	Trung Tran

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
5/2005	Walmart Inc 3615 S Rainbow Blvd, Las Vegas, NV 89103	96,360
Title	**Description of Duties**	**Name of Supervisor**
Staff Pharmacist	Pharmaceutical Care Services	Michael Johnson

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial OBI

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Emmanuel Ebo	Home	Bahama Bay Crt, Las Vegas, NV 89147				25
Employer Dignity Health	Business	Pharmacy				
Name Frederick Kuforiji	Home	Blue Barrel St, Henderson, NV.89011				15
Employer Southwest Airlines	Business	Aviation				
Name Fidelis Madu	Home	Caddy Ridge St, North Las Vegas, NV. 89031				20
Employer State of Nevada	Business	Pharmacy				
Name Paris Stewart	Home	N Walnut R	Las Vegas, NV. 89115			20
Employer State of Nevada	Business	Administration				
Name Cyril Uba	Home	Grand Palace Ave, Las Vegas, NV. 89030				15
Employer Yellow Cab	Business	Transportion				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☚ No ☚

If yes, state type, where and years held

Pharmacist License, State of Oregon, 28yrs

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☚ No ☚
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☚ No ☚

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☚ No ☚

If yes to the above, state where, when and for what reason:

N/A

N/A

Applicant's initial OBI

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No

Date of photograph_____

Applicant's initial OBI

STATE OF NV

ss.

COUNTY OF Clark

I, Obidike Iheanacho, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 30 day of Sept, 2020

Notary Public

ALPESH PATEL
Notary Public, State of Nevada
No. 12-6510-1
My Appt. Exp. Dec. 7, 2023

(seal)

Applicant's initial OBI

March 11, 2020

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 9/28/20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Pharmacy
Nature of License

Atlas Pharmacy And Medical Supply
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Ineanacho — Last Name
Ubidike — First Name
Ray — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Adobe Villa Avenue — Present Residence Address-Street or RFD
Las Vegas — City
NV 89142 — State/Zip

3585 S Maryland Pkwy #J — Present Business Address
Dates 9/20
Las Vegas — City
NV 89169 — State/Zip

Pharmacist — Occupation
Dates 11/92 to Present

Phone Residen
Business (702) 489-4198

Date of Birth
Umuahia, Abia state — Place of Birth (City, County, State)

60 yrs — Age
Social Security Number or ITIN
Male — Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BROWN	Black	DARK	180	Medium	5' 8"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated (Divorced) Widowed Engaged

Applicant's initial OBI

A. Current Marriage N/A
Date — City, County and State

Spouse's full name (Maiden) _____ SS# or ITIN _____

Date of Birth N/A Place of Birth N/A

Resident address N/A
Street — City — State — Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
Street — City — State — Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Joy J Ibrahim	4/6/2015	7/14/2013	Final	Las Vegas, Clark, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Joy J Ibrahim	Adobe Villa Ave	Las Vegas	NV	89142	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Obidike A Iheanacho		Portland, OR	NW Wallula Ave, Gresham, OR 97031
Brandon Iheanacho		Portland, OR	Adobe Villa Ave, Las Vegas, NV. 89142

B. Child Support Information:

Please mark the appropriate response:

- (circled) I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial OBI

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Fred N Iheanacho		Umegum Afugiri, Umuahia, Abia State	Transportation
Mother	Rose Iheanana		Umuegum Afugiri, Umuahia, Abia State	Homemaker
Father-in-Law	N/A			
Mother-in-Law	N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	Charles Iheanacho		NR Ave, Vancouver, WA. 98661	Engineer
Spouse	Adindu Iheanacho		St, Portland, OR. 97201	Social Worker
Spouse	N/A			
Spouse	N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes No
High School	Williams Memorial Secondary school	Umuahia	1974 thru 1979	Yes No
College University	University of Florida	Gainesville, FL	2016 thru 2019	Yes No
Other	Oregon State University	Corvallis, OR	1988 thru 1992	Yes No

Type of degree obtained, if any B.Sc Pharm, Pharm. D

College or university where obtained University of Florida & Oregon state University

Applicant's initial DPI

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes → (No) →

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes → (No) → If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes → (No) →

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes → (No) → If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes → (No) → If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes → (No) →

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes → (No) →

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes → (No) →

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes → (No) →
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes → (No) →
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes → (No) →
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial OBI

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → (No) → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → (No) → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2010 to Resent	Adobe Villa Ave,	Las Vegas	NV. 89142
004-2010	7221 Grand Palace Ave,	Las Vegas	NV 89030
001-2004	2601 Redrock street	Las Vegas	NV 89146
182-1992	6216 N. Amherst street	Portland,	OR 97203
994-2001	7070 N. Wellesley Avenue	Portand	OR 97203
992-1994	4021 N. Atlu Street	Portland	OR 97203

Applicant's initial DBI

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

10/2006 Horizon Specialty Hosp/CPS Pharmacy/640 MLK Blvd, LV. NV. 89106 still Employed

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Clinal Pharmacist	Pharmaceutical Care Services	Karina Rios
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2006-	State of Nevada 1650 Community College DR Lv. NV 89146	Mutual Separation
Title	Description of Duties	Name of Supervisor
Clinal Pharmacist	Pharmaceutical Care Services	Trung Tran

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2006	Walmart Inc 3615 S Rainbow Blvd, Las Vegas NV. 89103	Went back to School
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Pharmaceutical Care Services	Michael Johnson

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial DBI

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Emmanuel Ebo	Home	Bahama Bay ct, Las Vegas. NV. 89147				25
Employer Dignity Health	Business	Pharmacy				
Name Frederick Kyforiji	Hon	Blue Barrel St, Henderson, NV 89011				15
Employer SW Airlines	Business	Aviation				
Name Fidelis Madu	Ho	Caddy Ridge St, N. Las Vegas, NV. 89031				87-20
Employer State of Nevada	Business	Pharmacy				
Name Paris Stewart	Hon	Walnut Rc, Las Vegas NV 89115				20
Employer State of Nevada	Business	Administration				
Name Cyril Uba	Home	Grand Palace Ave, Las Vegas, NV. 89030				15
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes No
If yes, state type, where and years held

Phaemacust License, State of Oregon 28yrs

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

Applicant's initial OBI

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

Date of photograph 9/30/20

Applicant's initial OB/

STATE OF NV

ss.

COUNTY OF Clark

I, Obidike Iheanacho, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 30 day of Sept 2020

Notary Public

ALPESH PATEL
Notary Public, State of Nevada
No. 12-6510-1
My Appt. Exp. Dec. 7, 2023

(seal)

Applicant's initial DBI

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

atlas healthcare

Nevada Business Identification # NV20201897357
Expiration Date: 09/30/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/21/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202009211090699
You may verify this certificate online at http://www.nvsos.gov

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☑ Ownership Change (Provide current license number if making changes: PH C02312
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: OP Pharmacy LLC dba OnePoint Patient Care.

Physical Address: 444 Warm Springs Rd. STE 112

City: Las Vegas NV State: Zip Code: 89119 Telephone:

702-777-4900 Fax: 702-776-4902 Toll Free Number:

E-mail: compliance@pharmerica.com

Website: www.pharmerica.com

Managing Pharmacist: Kimberely Johnson License Number: 17121

TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☒ ☐ Retail	☐ ☑ Off-site Cognitive Services
☐ ☑ Hospital (# beds_____)	☐ ☑ Parenteral
☐ ☑ Internet	☐ ☑ Parenteral (outpatient)
☐ ☑ Nuclear	☐ ☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	☒ ☐ Mail Service
☐ ☑ Community	☐ ☑ Long Term Care
☐ ☑ Other: _____	☐ ☑ Sterile Compounding
	☐ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding
For the application to be complete	☐ ☑ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Allison Brown
Print Name of Authorized Person

9/3/20
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION Enity is an LLC

State of Incorporation: Delaware

Parent Company if any: Pharmacy Corporation of America

Mailing Address: 805 No. Whittington PKY STE 400

City: Louisville State: KY Zip: 40222

Telephone: 502-627-7100 Fax: 855-217-7498

Contact Person: Susan Reinach

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) No shares issued. Entity is an LLC
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

3) What was the price paid per share? _____

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 7 pm Saturday 10 am 6 pm

Sunday 10 am 6 pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: E8064122020-8

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Allison Brown

Responsible Person of OP Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Allison Brown
Print Name of Authorized Person

9/3/20
Date

Managing Pharmacist

Pharmacist Name: Kimberely Johson License #: 17121

Pharmacy Name: OnePoint Patient Care

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Kimberly A Johnson
Signature

9/2/2020
Date

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "OP PHARMACY, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF JULY, A.D. 2020, AT 11 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

3263717 8100
SR# 20206278655

Authentication: 203300837
Date: 07-17-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:00 AM 07/17/2020
FILED 11:00 AM 07/17/2020
SR 20206278655 - File Number 3263717

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OP PHARMACY, LLC

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Act of the State of Delaware, hereby certifies as follows:

Article I
Name

The name of the limited liability company (the "Company") is **OP Pharmacy, LLC**.

Article II
Registered Office; Registered Agent

The Registered Office of the Company in the State of Delaware is located at 251 Little Falls Drive, Wilmington, Delaware 19808. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Corporation Service Company.

Article III
Management

The Company is to be managed by a board of manager(s).

In Witness Whereof, this Certificate of Formation has been duly executed on the 16th day of July, 2020, for the purpose of forming a limited liability company under the Delaware Limited Liability Act.

By: _____
Steven S. Reed
Corporate Secretary

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF REGISTRATION
FOREIGN LIMITED-LIABILITY COMPANY

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **OP Pharmacy, LLC** did on 07/24/2020 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/24/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200724950080
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

07/24/2020

Work Order Item Number:	W2020072400957-719662
Filing Number:	20200806451
Filing Type:	Registration – Foreign LLC
Filing Date/Time:	7/24/2020 9:26:00 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E8064522020-8

Entity Name: OP Pharmacy, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
CORPORATION SERVICE COMPANY
112 NORTH CURRY STREET, Carson City, NV 89703, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Filed in the Office of	Business Number
Barbara K. Cegavske	E8064522020-8
	Filing Number 20200806451
Secretary of State State Of Nevada	Filed On 7/24/2020 9:26:00 AM
	Number of Pages 2

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

ABOVE SPACE IS FOR OFFICE USE ONLY

Formation - Limited-Liability Company

☐ NRS 86 - Articles of Organization Limited-Liability Company
☒ NRS 86.544 - Registration of Foreign Limited-Liability Company
☐ NRS 89 - Articles of Organization Professional Limited-Liability Company
☐ NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name Being Registered in Nevada: (See Instructions)
OP Pharmacy, LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: Delaware
3b) Date formed: 07/17/2020
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☒

4. Registered Agent for Service of Process*: (Check only one box)
☒ Commercial Registered Agent:(name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (title and address below)

Corporation Service Company
Name of Registered Agent OR Title of Office or Position with Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.
x By: Corporation Service Company Brittany Auglt — 07/24/2020
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☒ Manager(s) OR ☐ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)

Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)

IMPORTANT: A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) Robert Dries — Country
805 N. Whittington Pkwy, Ste400 | Louisville | KY | 40222
Street Address | City | State | Zip/Postal Code

2) Jennifer Yowler — Country
805 N. Whittington Pkwy, Ste400 | Louisville | KY | 40222
Street Address | City | State | Zip/Postal Code

3) Name — Country
Street Address | City | State | Zip/Postal Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)	
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company ☐ Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐
10 Records Office: (Foreign Limited-Liability Companies)	805 N. Whittington Pkwy, Ste 400 (Address) Louisville (City) KY (State) 40222 (Zip Code) Country: United States
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	805 N. Whittington Pkwy, Ste 400 (Address) Louisville (City) KY (State) 40222 (Zip Code) Country: United States
12. Name, Address and Signature of the Organizer: (NRS 86, NRS 89 -Each Organizer must be a licensed professional)	*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.
Name and Signature of Manager or Member: (NRS 86.544 only) See instructions	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. Steven S. Reed (Name) United States (Country) 805 N. Whittington Pkwy, Ste 400 (Address) Louisville (City) KY (State) 40222 (Zip/Postal Code) X [signature] (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

07/24/2020

Work Order Item Number:	W2020072400957-719663
Filing Number:	20200806466
Filing Type:	Initial List
Filing Date/Time:	7/24/2020 9:26:00 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E8064522020-8 **Entity Name:** OP Pharmacy, LLC

Entity Status: Active **Expiration Date:** None

Commercial Registered Agent
CORPORATION SERVICE COMPANY
112 NORTH CURRY STREET, Carson City, NV 89703, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

OP Pharmacy, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

Filed in the Office of	Business Number
Barbara K. Cegavske	E8064522020-8
	Filing Number 20200806466
Secretary of State State Of Nevada	Filed On 7/24/2020 9:26:00 AM
	Number of Pages 2

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☒ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (If formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS Chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box
Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No – no additional form is required

☐ Yes – the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A.210 - the "Exemption From Charitable Solicitation Registration Statement" is required

**** Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT, OR EQUIVALENT OF: Title:

Name | Country

Address | City | State | Zip/Postal Code

CORPORATION, INDICATE THE SECRETARY, OR EQUIVALENT OF: Title: Secretary

Name: Allison Brown | Country: USA

Address: 805 N. Whittington Parkway, Suite 400 | City: Louisville | State: KY | Zip/Postal Code: 40222

CORPORATION, INDICATE THE TREASURER, OR EQUIVALENT OF: Title:

Name | Country

Address | City | State | Zip/Postal Code

CORPORATION, INDICATE THE DIRECTOR:

Name | Country

Address | City | State | Zip/Postal Code

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title: Secretary

Date: 07/23/2020

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

OP Pharmacy, LLC

Nevada Business Identification # NV20201848774
Expiration Date: 07/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

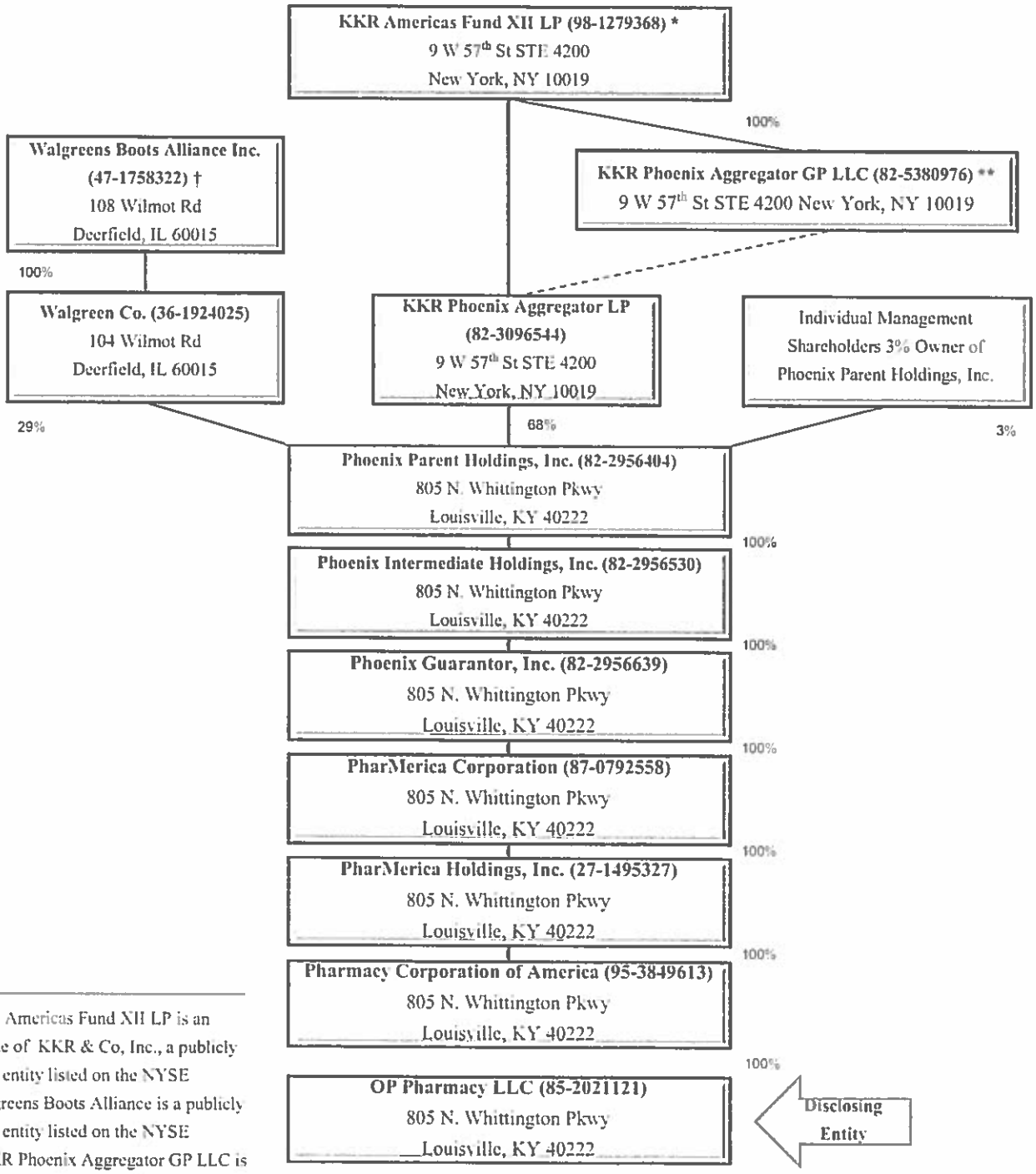
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/24/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200724950092
You may verify this certificate online at http://www.nvsos.gov

OP Pharmacy LLC Organizational Chart



*KKR Americas Fund XII LP is an affiliate of KKR & Co, Inc., a publicly traded entity listed on the NYSE

†Walgreens Boots Alliance is a publicly traded entity listed on the NYSE

** KKR Phoenix Aggregator GP LLC is the general partner of KKR Phoenix Aggregator LP, but it does not have an ownership interest in KKR Phoenix Aggregator LP. KKR Phoenix Aggregator GP LLC is 100% owned by KKR Americas Fund XII LP.

OP Pharmacy LLC d/b/a OnePoint Patient Care

Officers/Managing Members

NAME	TITLE	DOB	SS#	HOME ADDRESS
Robert E. Dries	President/Managing Member			Farm Springs Court Prospect, KY 40059
Jennifer M. Yowler	CFO/Managing Member			Carmelle Woods Dr. Mason, OH 45040
Allison L. Brown	Secretary/Managing Member			Alfresco Place Louisville, KY 40205

9C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ■ Ownership Change (Provide current license number if making changes: PH 02731

Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
■ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Optum Frontier Therapies II, LLC

Physical Address: 6425 Santa Margarita St., Unit 110

City: Las Vegas, NV State: Zip Code: 89118 Telephone: (702) 954-8666

Fax: (702) 634-5502 Toll Free Number: 855-768-972

E-mail: orxpharmlic@optum.com

Website: https://envoyhealth.diplomat.is/ (change pending)

Managing Pharmacist: Dominic Ortega License Number: 16810

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☑	☐ Retail	☐	■ Off-site Cognitive Services
☐	■ Hospital (# beds_____)	☐	■ Parenteral
☐	■ Internet	☐	■ Parenteral (outpatient)
☐	■ Nuclear	☐	■ Outpatient/Discharge
☐	■ Ambulatory Surgery Center	☑	☐ Mail Service
☐	■ Community	☐	■ Long Term Care
☑	☐ Other: Specialty Pharmacy	☐	■ Sterile Compounding
		☐	■ Non Sterile Compounding
		☐	■ Mail Service Sterile Compounding
		☐	■ Other Services: _____

All boxes must be checked
For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Karen Peterson

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

Karen Peterson

Print Name of Authorized Person

09/14/2020

Date

Board Use Only	Date Processed: _____	Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada (state of organization for Optum Frontier Therapies II, LLC)

Parent Company if any: Optum Frontier Therapies Holdings, LLC (sole member)

Mailing Address: 11000 Optum Circle (mailing address, phone, fax and contact person for Optum Frontier Therapies II, LLC)

City: Eden Prairie State: MN Zip: 55344

Telephone: 224-231-1514 Fax: 844-623-0424

Contact Person: Aileen Warren

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - No individual owners
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A - LLC

3) What was the price paid per share? N/A - LLC

List any physician shareholders and percentage of ownership.

Name: N/A - None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm Saturday On call 24/7 am _____ pm

Sunday On call 24/7 am _____ pm 24 Hours On call 24/7

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV Business ID: NV20111363300 Entity Number: E0308272011-9

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Karen Peterson

Responsible Person of Optum Frontier Therapies II, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Karen Peterson

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

Karen Peterson
Print Name of Authorized Person

09/14/2020
Date

Managing Pharmacist

Pharmacist Name: Dominic Ortega License #: 16810 (PIC)

Pharmacy Name: Optum Frontier Therapies II, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 10/18/2020

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 10/17/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Specialty Distribution
Nature of Pharmacy or Wholesaler

Optum Frontier Therapies II, LLC 6425 Santa Margarita St. Unit 110, Las Vegas NV 89118
Name and Address of Business for Which Designated Representative Is Requested

Optum Pharmacy 703, LLC
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Ortega	Dominic	Robert

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	Dates	City	State/Zip
Bighorn Bellows Ave.	09/18/2017 - 10/29/2020	Las Vegas	Nevada 89166

Present Business Address	City	State/Zip
8350 Briova Dr.	Las Vegas	Nevada 89113

Present Position with the Pharmacy or Wholesaler: Pharmacist in Charge — Dates effective 10/29/2020

Phone: Residence . Business 702-954-8666

Date of Birth: Place of Birth (City, County, State): Gallup, McKinley, New Mexico

Age: 43 — Social Security Number or ITIN: — Sex: m

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	Tan	180	Medium	5'11"

Scars, tattoos or distinguishing marks and/or characteristics Tattoo on left upper back

Are you a citizen of the United States? [Yes] No If alien, registration No_____

If naturalized, certificate No_____ Date_____

Place_____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [Married] Separated Divorced Widowed Engaged

Applicant's initial D.O.

A. **Current Marriage** 02/17/2012 (Date) Las Vegas, Clark, (City, County and State)

Spouse's full name (Maiden) Erica Anne Stanciu SS# or ITIN__

Date of Birth_____ Place of Birth Pennsylvania

Resident address Bighorn Bellows (Street) Las Vegas (City) NV (State) 89166 (Zip)

Telephone: Residence_ _____ Business .....

Spouse's employer Self-employed Occupation Author

Address of employer Bighorn Bellows Ave (Street) Las Vegas (City) NV (State) 89166 (Zip)

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. **FAMILY INFORMATION:**

A. **Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Jonathan Ortega		LV, NV	Bighorn Bellows ave
Noah Ortega		LV, NV	same as above
Jacob Ortega	Alexandra Ortega	LV, NV	same as above

B. **Child Support Information:**

Please mark the appropriate response:

- [x] I am not subject to a court order for the support of child.
- [ ] I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- [ ] I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial D.O.

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Robert Ortega		Brookfield Bay ave Laughlin, NV 89029	Sanitation Engineer
Mother	Patricia Sarmiento		Fry st. Unit B Bell Gardens, CA 90201	Youth Counselor
Father-in-Law	Virgil Stanciu		Deer flats st. LV, NV 89129	Unemployed
Mother-in-Law	Doina Stanciu (Muncan)		Deer Flats st LV, NV 89129	Business Owner

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	Robert Sarmiento		Macaroon way LV, NV 89031	Forrestry Technician
Spouse	Chelsea Sarmiento		Macaroon Way LV, NV 89031	Metro Dispatcher
Spouse	Beth Fitch (Ortega)		Kona Peaks ct LV, NV 89149	Hospital Administrator
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Juan De Onate	Gallup, NM	1985-1988	Yes No
High School	Gallup Highschool	Gallup, NM	1991-1995	Yes No
College University	University of New Mexico	Albuquerque, NM	1995-2000	Yes No
Other	University of New Mexico College of Pharmacy	Albuquerque, NM	2001-2005	Yes No

Type of degree obtained, if any Bachelors of Science and Doctor of Pharmacy

College or university where obtained University of New Mexico

Applicant's initial D.O.

A. Have you ever served in any armed forces? Yes No

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County_____ State_____ Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
Robert Ortega	Father	Armed Robbery	New York	1994

Applicant's initial D.O.

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes No (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1/2007 to 10/2017	8232 Spring Arts ave	Las Vegas	Nevada
03/2018 to current	Bighorn Bellows ave	Las Vegas	Nevada
2006 to 2007	3300 N. Tenaya Way #2112	Las Vegas	Nevada
2005 to 2006	5592 World Series Ct.	Las Vegas	Nevada
2002 to 2005	8223 Meadowbrook Ave NW	Albuquerque	Nm
2001 to 2002	4242 Eubank Blvd NE #1	Albuquerque	NM
2000 to 2001	11904 Leah Ct. NE	Albuquerque	NM
1999 to 2000	7600 Montgomery Blvd. NE	Albuquerque	NM
1998 to 1999	4209 San Pedro Dr. NE	Albuquerque	NM
1995 to 1998	202 W. Princeton Ave	Gallup	NM

Applicant's initial D.O.

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

06/2005	5888 W. Sunset Rd. Las Vegas, NV 89118	18,720
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Verify RX for accuracy and safety	Matt Forster
Title	Description of Duties	Name of Supervisor
01/2014	5888 W. Sunset Rd. Las Vegas, NV 89118	6,240
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager	See Page 10	Holy Prievo
Title	Description of Duties	Name of Supervisor
09/2017	8350 Briova Dr. Las Vegas, NV 89113	6,240
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Fullfilment Pharmacist	Verify RX for accuracy and Safety	Jaclyn Latteri
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial DO

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Nazida Zebari	Home	Las Vegas NV				8
Employer Walgreens	Business					
Name Dale Hawkins	Home	Las Vegas NV				15
Employer VA Hospital	Business					
Name Lei Hawkins	Home	Las Vegas NV				15
Employer Self	Business					
Name Grant Harvey	Home	Albuquerque, NM				23
Employer RPM Mortgage	Business					
Name Shane Woolf	Home	Albuquerque, NM				19
Employer Walgreens	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but notlimited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes No

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

.....

If yes to the above, state where, when and for what reason:

.....

.....

Applicant's initial _____

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No

Date of photograph 10/18/2020

Applicant's initial D.O.

STATE OF _____ NEVADA _____ ss.

COUNTY OF Clark

I, Dominic Ortega, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 18th day of October 2020

Notary Public

(seal)

MILENA DORSEY
Notary Public, State of Nevada
Appointment No. 20-9648-01
My Appt. Expires Aug 15, 2024

Applicant's initial D.O.

Pharmacy manager responsibilities continued:

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use

3. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy

4. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence

5. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription).

6. Maintain invoice records separated as required for 2 years

6(H) Additional Information

Robert Ortega: Convicted of Class B Felony
Robbery 1st degree
County of Crime: Bronx, New York
Date Received: 12/04/1996
Released on Parole: 06/07/2002
Unconditional Parole Release: 06/07/2005

Applicant's initial

Optum Frontier Therapies II, LLC

Officer, Manager and Ownership Information

Officers & Managers:

Name	Title
Michael Zeglinski	CEO, President, Manager
Jeffrey Grosklags	Executive Vice President, Manager
Peter Gill	Treasurer
Karen Peterson	Secretary
Timothy Langdon	Assistant Secretary
Heather Lang	Assistant Secretary
David Oberg	Assistant Secretary

The facility is wholly owned by:
Optum Frontier Therapies II, LLC
FEIN: 45-2532834
11000 Optum Circle
Eden Prairie, MN 55344

The sole member of Optum Frontier Therapies II, LLC is:
Optum Frontier Therapies Holdings, LLC
FEIN: 85-2786455
11000 Optum Circle
Eden Prairie, MN 55344

Disciplinary History

Optum Frontier Therapies II, LLC (fka Optum Pharmacy 703, LLC)

Louisiana, 2016. Louisiana Board of Pharmacy offered a Consent Agreement to BriovaRx of Nevada for dispensing 13 prescriptions between 2012 and 2015 without holding a Louisiana non-resident pharmacy permit.

Please note, although the California Board of Pharmacy does not consider a citation disciplinary action, we are disclosing the citations out of an abundance of caution.

California, 2020. California Board of Pharmacy issued a letter of admonishment to Optum Pharmacy 703, LLC pharmacy in Las Vegas, NV for delay in therapy related to a 2019 refill request.

California, 2020. California Board of Pharmacy issued a fine to BriovaRx in Las Vegas, NV for unauthorized disclosure of prescriptions and medical information as a result of a prescription being delivered to an incorrect address and opened.

California, 2017. California Board of Pharmacy issued a citation and fine to the BriovaRx Las Vegas pharmacy for variation from prescription.

California, 2017. California Board of Pharmacy issued a citation and fine to the BriovaRx Nevada pharmacy for erroneously shipping an order for one member to another member thereby disclosing the member's information without authorization.

North Carolina, 2015. North Carolina Board of Pharmacy issued an informal Cease and Desist Order to the BriovaRx Pharmacy in Las Vegas, NV for shipping into the state of North Carolina without being registered with the NC Board of Pharmacy. The Board filed a complaint in State court to formalize the Order, and on March 1, 2017, a Final Consent Order was entered which permanently enjoined BriovaRx of Nevada, LLC from shipping a legend drug into North Carolina, or from aiding others in doing so, until they secure a registration from North Carolina. Optum Frontier Therapies II, LLC will be reapplying for a North Carolina license with this new business model.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Optum Pharmacy 703, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/31/2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/24/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202009241098542
You may verify this certificate online at http://www.nvsos.gov

Intracompany Transfer

Before

Optum, Inc.
30-0580620
100%

OptumRx Group Holdings, Inc.
47-4734235
100%

OptumRx Holdings I, LLC
80-0870454
100%

OptumRx Administrative Services, LLC
75-2578509
100%

OptumRx PBM of Illinois, Inc.
11-2581812
100%

Optum Pharmacy 703, LLC
45-2532834

After

Optum, Inc.
30-0580620
100%

Optum Frontier Therapies Holdings, LLC
85-2786455
100%

Optum Frontier Therapies II, LLC
45-2532834

9D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐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. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Silver State Drug

Physical Address: 820 N. Spring St. Suite B

City: Caliente, NV State: Zip Code: 89008 Telephone: (435)590-3636

Fax: Toll Free Number:

E-mail:

Website:

Managing Pharmacist: Andrew Bleak License Number: ~~18623~~ 18263 AZ

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☒	☐ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☒	☐ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding
		☐	☒ Non Sterile Compounding
		☐	☒ Mail Service Sterile Compounding
		☐	☒ Other Services: _____

All boxes must be checked
For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☒ No ☐

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Andrew Bleak

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

Andrew Bleak

Print Name of Authorized Person

8/19/20

Date

Board Use Only	Date Processed:_____	Amount: 600.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Andrew Bleak

Business Name: Silver State Drug

Current Business Address: 820 N. Spring St. Suite B

City: Caliente State: NV Zip Code: 89008

Telephone: (435) 590-3636 Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Andrew Bleak

Responsible Person of Silver State Drug

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Andrew Bleak

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

Andrew Bleak
Print Name of Authorized Person

8/19/20
Date

Managing Pharmacist

Pharmacist Name: Andrew Bleak License #: 18263

Pharmacy Name: Silver State Drug

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 8/19/20

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 8-19-20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of Pharmacy or Wholesaler

Silver State Drug 820 N. Spring St. Suite B Caliente, NV 89008
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Bleak — Last Name
Andrew — First Name
W. — Middle Name

N/A — Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

South 4th St. — Present Residence Address-Street or RFD
Panaca — City
NV 89042 — State/Zip

Present Business Address — Dates — City — State/Zip

Pharmacist — Present Position with the Pharmacy or Wholesaler — Dates

Phone: Residence ( )
Business

Date of Birth
Cedar City, Iron, Utah — Place of Birth (City, County, State)

39 — Age
Social Security Number or ITIN
Male — Sex

Green — Color of Eyes
Brown — Color of Hair
White — Complexion
180 lb. — Weight
Slender — Build
5'10 — Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AB

A. **Current Marriage** March 6, 2004 (Date) Salt Lake City, Salt Lake, Utah (City, County and State)

Spouse's full name (Maiden) Jenny Lynn Peterson S.S. No.

Date of Birth Place of Birth Cedar City, UT

Resident address 3 South 4th St. (Street) Panaca (City) NV (State) 89042 (Zip)

Telephone: Residence Business

Spouse's employer N/A Occupation Homemaker

Address of employer (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Tanner Bleak		Cedar City, UT	3 S. 4th St. Panaca
Benson Bleak		Omaha, NE	1 S. 4th St. Panaca

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial AJB

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Nelson Lorell Bleak	1	3 Heaps St. Panaca, NV	Retired
Mother	Terry Wadsworth	0	3 Heaps St. Panaca, NV	Retired
Father-in-Law	Clifford Pete Peterson	0	N. 6th St. Panaca, NV	Elem. Principal
Mother-in-Law	Beverly Roe		1 N. 6th St. Panaca, NV	School Teacher

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Eric Lorell Bleak	17	Larkspur Rd. St. George, UT	School teacher
Spouse	Kahey Beckel		" "	Massage therapist
	Sylvia Lark Bleak		Barnwood St. Colfax, NC	School coordinator
Spouse	William Greene		" "	Sales rep.
	Jared Bleak	0	N. 1300 W. #36 St. George, UT	Education Consultant
Spouse	N/A			
	James Gordon Bleak		Oak Wells Rd. Panaca, NV	Construction
Spouse	Kodi Ann Michaelson		" "	Dental Hygienist

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Panaca Elementary	Panaca, NV	1986-1995	Yes ☒ No ☐
High School	Lincoln County High School	Panaca, NV	1995-1999	Yes ☒ No ☐
College University	Southern Utah University	Cedar City, UT	1999-2006	Yes ☒ No ☐
Other	Creighton University	Omaha, NE	2007-2011	Yes ☒ No ☐

Type of degree obtained, if any Bachelor of Science / Pharm D

College or university where obtained SUU / Creighton University

Applicant's initial AB

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Lincoln State Nevada Date registered 1999

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
James Bleak	Brother	Class C Felony	Panaca, NV	2006

Applicant's initial AB

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
3/1981-6/2000	1023 Heaps St.	Panaca	Nevada
6/2000-6/2002	1331 Airport Fwy. #305	Euless	Texas
6/2002-3/2004	12 N. 900 W.	Cedar City	Utah
3/2004-5/2006	155 W. 200 S. #7	Cedar City	Utah
5/2006-9/2006	1023 Heaps St.	Panaca	Nevada
9/2006-4/2007	1518 Bench Rd. #C11	Pocatello	Idaho
5/2007-7/2007	1023 Heaps St.	Panaca	Nevada
8/2007-5/2008	150 Arbor Ct.	Omaha	Nebraska
6/2008-5/2011	224 Arbor Ct.	Omaha	Nebraska
5/2011-12/2011	461 W. Center	Snowflake	Arizona

Applicant's initial AB

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/17 - Current	Jolly's Drug P.O. Box 1011 Caliente, NV 89008	8190
Title	**Description of Duties**	**Name of Supervisor**
Manager	Dispensing/Record Keeping	
Month and Year	**Name/Mailing Address of Employer/Business**	**Number of Employed Hours**
12/2013-12/2017	Meadow Valley Pharmacy	8000
Title	**Description of Duties**	**Name of Supervisor**
Pharmicist	Dispensing/Record Keeping	Adam Katschke
Month and Year	**Name/Mailing Address of Employer/Business**	**Number of Employed Hours**
8/2013-12/2013	Enterprise Pharmacy 700 E. Main Enterprise	540
Title	**Description of Duties**	**Name of Supervisor**
Pharmacy Manager	Dispensing/Record Keeping	Adam Katschke
Month and Year	**Name/Mailing Address of Employer/Business**	**Number of Employed Hours**
5/2011-7/2013	Safeway 702 W. Hopi Dr. Holbrook, AZ	5200
Title	**Description of Duties**	**Name of Supervisor**
Pharmacy Manager	Dispensing/Record Keeping	Dave Carrington
Month and Year	**Name/Mailing Address of Employer/Business**	**Number of Employed Hours**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Number of Employed Hours**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Number of Employed Hours**
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Month and Year	**Name/Mailing Address of Employer/Business**	**Number of Employed Hours**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Number of Employed Hours**
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial AB

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Ashel Young	Home 1 S. 2000 W. Delta, UT 84624					10 years
Employer Valley Agronomics	Business				(435)218-4335	
Name Dirk Bigelow	Home 1 Olathe St. Commerce City, CO 80022 (402)					3 13 years
Employer Safeway	Business 26600 N. Federal Blvd. Denver, CO 80211 (303)					
Name Mitchell Evers	Home Eldon Way Sandy, UT 84093 (801)					13 years
Employer Ebay	Business 583 West Ebay Way Draper, UT 84020 (801) 545-2276					
Name Kyson Burden	Home S. 6½ W. Snowflake, AZ 85937 (928)					9 years
Employer Self employed	Business					
Name Jared Brackenbury	Home Ox Rd. Caliente, NV 89008 (775)					21 years 8/1999 - Present
Employer Self employed	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Pharmacist Arizona 9 years

Pharmacist Nevada 8 years

Pharmacist Utah 7 years

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Nevada Board of Pharmacy to obtain a pharmacy license 10/2016

Applicant's initial AB

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☒ No ☐

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☒ No ☐

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes ☒ No ☐

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☒ No ☐

Tyler Heaton - brother-in-law

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐

Date of photograph 8/18/20

Applicant's initial AB

STATE OF Nevada

ss.

COUNTY OF Lincoln

I, Andrew Bleak, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 20th day of August, 2020

Notary Public

TERI LEE
Notary Public-State of Nevada
APPT. NO. 16-2920-11
My Appt. Expires 03-04-2024

(seal)

Applicant's initial AB

See attached papers

Applicant's initial AB

Pharmacy Application Continuance

3. A. Kenlsey Bleak 0 Omaha, NE South 4th St. Panaca, NV

Joel Bleak Show Low, AZ South 4th St. Panaca, NV

Jane Bleak St. George, UT South 4th St. Panaca, NV

Ivy Bleak St. George, UT South 4th St. Panaca, NV

Eve Bleak St. George, UT South 4th St. Panaca, NV

3. D.

Aaron Bleak W. S. Riverton, UT Architect

Elizabeth Reber Homemaker

Jason Bleak Blue Ridge Rd. Battlemountain, NV Hospital Admin.

Judy Leavitt Homemaker

Robin Bleak J. 2nd St. Panaca, NV Homemaker

Tyler Heaton High School Teacher/Phamacy co-owner

Nelson Collin Bleak 1 Lilith Ave Pioche, NV Highway Patrol Officer

Ina Marie Edgar Elementary School Parapro

Jeffrey Bleak Snapdragon Ladera Ranch, CA Construction

Nathan Bleak Devens Dr. Brentwood, TN Healthcare Admin.

Zoe Clement Advertising

6. C.

I was questioned regarding a bombing that was a block away from my house by state investigators.

I was questioned by pharmacy investigators regarding Meadow Valley Pharmacy fraud.

A3

7.

12/2011-8/2013	163 N. 2nd W. Snowflake, AZ 85937
8/2013-10/2013	14 S. 275 W. Enterprise, UT 84937
10/2013-7/2014	135 S. 4th St. Panaca, NV 89042
7/2014- Present	South 4th St. Panaca, NV 89042

15-17.

Meadow Valley Pharmacy's license was surrendered and the owner, Adam Katschke, plead guilty to charges dealing with fraudulent billing.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 8-19-20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License

Silver State Drug 820 N. Spring St. Suite B Caliente, NV 89008
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Bleak — Last Name
Andrew — First Name
W. — Middle Name

N/A — Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

South 4th St. — Present Residence Address-Street or RFD
Panaca — City
NV 89042 — State/Zip

Present Business Address — Dates — City — State/Zip

Pharmacist — Occupation — Dates

Phone: Residence [redacted]
Business

Date of Birth — Cedar City, Iron, UT — Place of Birth (City, County, State)

39 — Age
Social Security Number or ITIN
Male — Sex

Green — Color of Eyes
Brown — Color of Hair
White — Complexion
180 lb. — Weight
Slender — Build
5'10 — Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AZ

A. **Current Marriage** March 6, 2004 (Date) Salt Lake City, Salt Lake, UT (City, County and State)

Spouse's full name (Maiden) Jenny Lynn Peterson SS# or ITIN _____

Date of Birth [illegible] Place of Birth Cedar City, UT

Resident address South 4th St. (Street) Pahaca (City) NV (State) 89042 (Zip)

Telephone: Residence [illegible] Business _____

Spouse's employer N/A Occupation Homemaker

Address of employer _____ (Street) _____ (City) _____ (State) _____ (Zip)

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Tanner Bleak		Cedar City, UT	South 4th St.
Benson Bleak		Omaha, NE	South 4th St.

B. **Child Support Information:**

Please mark the appropriate response:

- [X] I am not subject to a court order for the support of child.
- [ ] I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- [ ] I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial AB

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Nelson Lorell Bleak		Heaps St. Panaca, NV	Retired
Mother	Terry Wadsworth		Heaps St. Panaca, NV	Retired
Father-in-Law	Clifford Pete Peterson		N. 6th St. Panaca, NV	Elem. Principal
Mother-in-Law	Beverly Roe		N. 6th St. Panaca, NV	Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Eric Lorell Bleak		Larkspur Rd. St. George, UT	School teacher
Spouse	Karey Beckel		" "	Massage therapist
	Sylvia Lark Bleak		Barnwood Ct. Colfax, NC	School Coordinator
Spouse	William Greene		" "	Sales Rep.
	Jared Bleak		N. 1300 W. #36 St. George, UT	Education Consultan
Spouse	N/A			
	James Gordon Bleak		Oak Wells Rd. Panaca, NV	Construction
Spouse	Kodi Ann Michaelson		" "	Dental Hygenist

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Panaca Elementary	Panaca, NV	1986-1995	(Yes) No
High School	Lincoln County High School	Panaca, NV	1995-1999	(Yes) No
College University	Southern Utah University	Cedar City, UT	1999-2006	(Yes) No
Other	Creighton University	Omaha, NE	2007-2011	(Yes) No

Type of degree obtained, if any Bachelor of Science / Pharm D

College or university where obtained SUU / Creighton University

Applicant's initial AB

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☚ (No) ☚

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☚ No ☚ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? (Yes) ☚ No ☚

County Lincoln State Nevada Date registered 1999

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☚ (No) ☚ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☚ (No) ☚ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? (Yes) ☚ No ☚

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☚ (No) ☚

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☚ (No) ☚

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☚ (No) ☚
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☚ (No) ☚
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? (Yes) ☚ No ☚
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
James Bleak	Brother	Class C Felony	Panaca, NV	2006

Applicant's initial AB

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☚ No ☚ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☚ No ☚ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
3/1981-6/2000	1023 Heaps St.	Panaca	Nevada
6/2000-6/2002	1331 Airport Fwy #305	Euless	Texas
6/2002-3/2004	12 N. 900 W.	Cedar City	Utah
3/2004-5/2006	155 W. 200 S. #7	Cedar City	Utah
5/2006-9/2006	1023 Heaps St.	Panaca	Nevada
9/2006-4/2007	1518 Bench Rd. #C11	Pocatello	Idaho
5/2007-7/2007	1023 Heaps St.	Panaca	Nevada
8/2007-5/2008	150 Arbor Ct.	Omaha	Omaha
6/2008-5/2011	224 Arbor Ct.	Omaha	Nebraska
5/2011-12/2011	461 W. Center	Snowflake	Arizona

Applicant's initial NB

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2017 - Current	Jolly's Drug P.O. Box 1010 Caliente, NV 89008	
Title	**Description of Duties**	**Name of Supervisor**
Pharmacy Manager	Dispensing/Record Keeping	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2013-12/2017	Meadow Valley Pharmacy 800 N. Spring St. Caliente.	Ownership change
Title	**Description of Duties**	**Name of Supervisor**
Pharmacist	Dispensing/Record Keeping	Adam Katschke

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2013 - 12/2013	Enterprise Pharmacy 700 E. Main	Closed
Title	**Description of Duties**	**Name of Supervisor**
Pharmacy Manager	Dispensing/Record Keeping	Andrew Bleak

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/2011 - 7/2013	Safeway 702 W. Hopi Dr. Holbrook, AZ	New job
Title	**Description of Duties**	**Name of Supervisor**
Pharmacist	Dispensing/Record Keeping	Dave Carrington

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2007 - 5/2011	Ed's Rexall 2701 S. 10th St. Omaha, NE 68108	Graduated School
Title	**Description of Duties**	**Name of Supervisor**
Student Pharmacist	Fill prescriptions	Rob Albers

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2006 - 4/2007	Merlin's Insulation 1040 S. Main Pocatello, ID 83204	School
Title	**Description of Duties**	**Name of Supervisor**
Worker	Install insulation	Brian Blad

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/2006	Meadow Valley Pharmacy 800 N. Spring St. Caliente, NV	Moved
Title	**Description of Duties**	**Name of Supervisor**
Pharmacy tech	Fill prescriptions	Adam Katschke

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/2003 - 9/2005	Spring Valley State Park HC 74 Box 201 Pioche, NV	School
Title	**Description of Duties**	**Name of Supervisor**
Park aide	Assist Rangers/Collect fees	Pete Gill

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial AB

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Ashel Young	Home	S. 2000 W. Delta, UT 84624				10 years
Employer Valley Agronomics	Business				(435)218-4335	
Name Dirk Bigelow	Home	Olathe St. Commerce City, CO (402)				13 years
Employer Safeway	Business	2660 N. Federal Blvd. Denver, CO (303)477-1470				
Name Mitchell Evers	Home	Eldon Way Sandy, UT 84093 (801)				13 years
Employer Ebay	Business	583 West Ebay Way Draper, UT (801)545-2276				
Name Kyson Burden	Home	S. 6 1/2 W. Snowflake, AZ (928)				9 years
Employer Self Employed	Business					
Name Jared Brackenbury	Home	Ox Rd. Caliente, NV 89008 (775)				21 years
Employer Self Employed	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☚ (No) ☚
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

(Yes) ☚ No ☚

If yes, state type, where and years held

Pharmacist Arizona 9 years

Pharmacist Nevada 8 years

Pharmacist Utah 7 years

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☚ (No) ☚
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial AB

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☚ No ☚

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☚ No ☚

If yes to the above, state where, when and for what reason:
Nevada Board of Pharmacy to obtain a pharmacy license 10/2016

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? ☚ Yes ☚ No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? ☚ Yes ☚ No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☚ No ☚

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☚ No ☚

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? ☚ Yes ☚ No

Tyler Heaton - brother-in-law

Date of photograph 8/18/20

Applicant's initial AB

STATE OF Nevada

ss.

COUNTY OF Lincoln

I, Andrew Bleak, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 20 day of August, 2020

Teri Lee
Notary Public

TERI LEE
Notary Public-State of Nevada
APPT. NO. 16-2920-11
My Appt. Expires 03-04-2024

(seal)

Applicant's initial AB

See attached papers

Applicant's initial AB

Pharmacy Application Continuance

3. A. Kenlsey Bleak Omaha, NE South 4th St. Panaca, NV

Joel Bleak Show Low, AZ South 4th St. Panaca, NV

Jane Bleak St. George, UT South 4th St. Panaca, NV

Ivy Bleak St. George, UT South 4th St. Panaca, NV

Eve Bleak St. George, UT South 4th St. Panaca, NV

3. D.

Aaron Bleak W. 1220 S. Riverton, UT Architect

Elizabeth Reber Homemaker

Jason Bleak Blue Ridge Rd. Battlemountain, NV Hospital Admin.

Judy Leavitt Homemaker

Robin Bleak N. 2nd St. Panaca, NV Homemaker

Tyler Heaton High School Teacher/Phamacy co-owner

Nelson Collin Bleak Lilith Ave Pioche, NV Highway Patrol Officer

Ina Marie Edgar Elementary School Parapro

Jeffrey Bleak Snapdragon Ladera Ranch, CA Construction

Nathan Bleak Devens Dr. Brentwood, TN Healthcare Admin.

Zoe Clement Advertising

6. C.

I was questioned regarding a bombing that was a block away from my house by state investigators.

I was questioned by pharmacy investigators regarding Meadow Valley Pharmacy fraud.

AB

7.

12/2011-8/2013	163 N. 2nd W. Snowflake, AZ 85937
8/2013-10/2013	14 S. 275 W. Enterprise, UT 84937
10/2013-7/2014	135 S. 4th St. Panaca, NV 89042
7/2014- Present	South 4th St. Panaca, NV 89042

8.	6/2000- 6/2002 Missionary	Mission for church Service and proselyting	Euless, TX

16-18.

Meadow Valley Pharmacy's license was surrendered and the owner, Adam Katschke, plead guilty to charges dealing with fraudulent billing.

A3

NEVADA STATE BOARD OF PHARMACY

OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

December 15, 2016

VIA U.S. CERTIFIED MAIL
Silver State Drug
Attn: Andrew Bleak
P.O. Box 565
Panaca, NV 89042

Re: Notice of Denial of Application for Nevada Pharmacy License

Dear Mr. Bleak:

On December 7, 2016, the Nevada State Board of Pharmacy (Board) considered and denied Silver State Drug's application for a Nevada Pharmacy License. The Board made that determination during its December 2016 meeting, at which you were present.

As you know, the Board discussed at the hearing a number of the Board Members' concerns. There is concern that you were employed as a full time employee at Meadow Valley Pharmacy at a time when the pharmacy was engaged in the activities that caused the Board to revoke its license.

Board Members also expressed a concern that your proposed business model did not fully comply with the Board's Orders, which require Mr. Kastchke to divest himself of all interest in the pharmacy. The Board Members felt that by carrying a note for the purchase of the business, Mr. Katschke would retain a financial interest in the pharmacy, which is not consistent with the Board's Orders.

Based on those and other similar concerns discussed at the hearing, the Board found grounds under NRS 639.210 to deny your application. In particular, the evidence and testimony presented during the hearing deprived the Board Members of confidence that granting Silver State Drug a pharmacy license was in the best interest of the public health and safety. You may request a copy of the audio recording if you wish to review it.

You have the right under NRS 639.139 to petition the Board for reconsideration of your application if you feel you could present additional evidence that would result in a different outcome. The statute provides in relevant part:

NRS 639.139 Denial of application: Procedure for reconsideration.

1. At any time within **30 days after receipt of the notice of denial** of an application, the applicant **may petition the Board for reconsideration** of the application. The petition must set forth a denial, in whole or in part, of the violations alleged and a statement that the applicant is prepared to submit evidence in support of the denial of the allegations.

. . . .

(Emphasis added.)

If you opt to exercise your right to petition the Board for reconsideration, please submit that petition and all supporting evidence you wish to present to the Board's offices at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of receipt of this notice.

Additionally, please feel free to contact me if you have questions.

Best regards,

S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

8/19/20

Cc: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy

9E

W23

PH04299

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ 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. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b

☒ Non Publicly Traded ~~Corporation~~ LLC – Pages 1,2,4,10,11a&b

☐ Partnership - Pages 1,2,6,10,11a&b

☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Value Rx LLC DBA Value Pharmacy

Physical Address: 3880 W. Ann Rd. Suite 110

City: North Las Vegas NV State: Zip Code: 89031 Telephone: Pending

Fax: Pending Toll Free Number: pending

E-mail: Valuepharmacycare@gmail.com

Website: _____

Managing Pharmacist: Kristy Tran License Number: 16201

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☒	☐ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☐	☒ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding
		☐	☒ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding
For the application to be complete		☐	☒ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Thanh Ngo
Print Name of Authorized Person

11-15-20
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: 3880 W. Ann Rd. Suite 110

City: North Las Vegas State: NV Zip: 89031

Telephone: 702-885-1830 Fax: pending

Contact Person: Thanh Ngo

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Thanh Ngo 100% owner of Value Rx LLC 3880 W. Ann Rd Suite 110 N. Las Vegas, NV. 89031
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: # NV20201914480

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Thanh Ngo

Responsible Person of Value Rx LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Thanh Ngo
Print Name of Authorized Person

11-15-20
Date

Managing Pharmacist

Pharmacist Name: Kristy Tran License #: 16201

Pharmacy Name: Value Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 11-15-20

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

VALUE RX LLC

Nevada Business Identification # NV20201914480
Expiration Date: 10/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/09/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202010091136838
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **VALUE RX LLC** did, on 10/09/2020, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/09/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202010091136837
You may verify this certificate online at http://www.nvsos.gov

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 11-15-20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Pharmacy
Nature of Pharmacy or Wholesaler

Value Rx LLC 3880 W. Ann Rd Suite 110 North Las Vegas NV. 89031
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Tran — Kristy
Last Name — First Name — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Cactus Desert Ct. — N. Las Vegas — NV 89084
Present Residence Address-Street or RFD — City — State/Zip

3880 W. Ann Rd Suite 110 — Dates — N. Las Vegas — NV 89031
Present Business Address — City — State/Zip

Pharmacist in charge — Dates pending board approval
Present Position with the Pharmacy or Wholesaler

Phone:
Residence
Business pending

Date of Birth — Viet Nam
Place of Birth (City, County, State)

42
Age — Social Security Number or ITIN — Female
Sex

brown — black — fair — 118 lbs — small — 5'2
Color of Eyes — Color of Hair — Complexion — Weight — Build — Height

Scars, tattoos or distinguishing marks and/or characteristics small scar on right thigh

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date 6-7-2001

Place Allentown, Pennsylvania (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial KT

MARITAL INFORMATION-Continued

A. **Current Marriage** 11-2006 to present
Date

Spouse's full name (Maiden) Thanh N. NGO City County and State SS# or ITIN

Date of Birth Place of Birth Viet Nam

Resident address Cactus Desert ct N. Las Vegas NV. 89084
Street City State Zip

Telephone: Residence Business 702-641-8868

Spouse's employer Neighborhood dental Occupation Dentist

Address of employer 5061 E Sahara Las Vegas NV. 89142
Street City State Zip

B **Previous Marriages** If ever legally separated divorced or annulled, indicate below

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses.

Name	Street	City	State	Zip	Telephone
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Lauren Jana NGO		Las Vegas	Cactus Desert NV, NV. 89084
Katie NGO		Las Vegas	Cactus Desert NV., NV 89084

B. **Child Support Information:**

Please mark the appropriate response

X I am not subject to a court order for the support of child

- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order: or

- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order

Applicant's initial IG

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Tieng N. Tran		Cactus Desert NW, NV. 89034	retired
Mother	Anh N.T. Nguyen		Hanover ave Allentown PA.	deceased
Father-in-Law	Trieu Ngo		Sycamore ln. Garden Grove CA	deceased
Mother-in-Law	Chau Le		Sycamore ln. Garden Grove, CA	retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	MiMi Tran		Beverly Rd. Newark DE 19711	nurse
Spouse	Thanh Nguyen		Beverly Rd Newark DE 19711	Doctor
	Kevin Tran		Tournamont ct. Center Valley PA	X-Ray Tech.
Spouse	N/A.			
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Summit View	Waynesboro PA	1990 - 1993	Yes No
High School	Louis E Dieruff	Allentown PA	1993 - 1997	Yes No
College University	Temple university	Philadelphia PA	1997 - 2003	Yes No
Other				Yes No

Type of degree obtained, if any Pharm.D.

College or university where obtained Temple University school of pharmacy

Applicant's initial lt

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch N/A Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A.				

Applicant's initial H

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☚ (No) ☚ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☚ No ☚ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
6/1990 - 8/1995	120 N Church st.	Waynesboro	PA.
8/1995 - 9/1997	1027 Hanover Ave.	Allentown	PA.
9/1997 - 6/2003	3315 Broad St.	Philadelphia	PA.
6/2003 - 11/2004	4067 Tournament ct.	Center valley	PA
11/2004 - 8/2011	2321 Mistle Thrush Dr. N.LV.		NV.
8/2011 - present	2 Cactus Desert ct. N.LV.		NV.

Applicant's initial ____

3. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year: 1/2005 - 8/2007 | Name/Mailing Address of Employer/Business: Wal-mart pharmacy 5545 Simmons St. NLV NV 89031 | Number of Employed Hours: 3,840 hrs.
Title: Pharmacist | Description of Duties: Verifying and dispensing medications, pt counseling | Name of Supervisor: Jack Dalton

Month and Year: 8/2007 - 4/2018 | Name/Mailing Address of Employer/Business: Wal-mart 5940 Losee Rd. NLV NV. 89081 | Number of Employed Hours: 19,500 hrs.
Title: Pharmacy manager | Description of Duties: Managed techs. Verifying Rx, counseling, IMZ. | Name of Supervisor: Jack Dalton

Month and Year: 10/2018 - 8/2019 | Name/Mailing Address of Employer/Business: West Valley Rx. 6125 W. Sahara Lv. NV. 89146 | Number of Employed Hours: 1,280 hrs.
Title: Pharmacist | Description of Duties: Verifying & dispensing meds, patient counseling | Name of Supervisor: Louis Nguyen

Month and Year: 7/2020 - 8/2020 | Name/Mailing Address of Employer/Business: All city pharmacy | Number of Employed Hours: 200 hrs.
Title: Pharmacist/manager | Description of Duties: Verifying & dispensing, patient counseling | Name of Supervisor: Garen Garakhanyan
821 N. Lamb Blvd. Las Vegas NV. 89110

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours
Title | Description of Duties | Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial 16

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Esther Lucibello	Home Banjo St.	LV	NV	89107		14 yrs.
Employer Self	Business Sahara	Lv.	NV	89118		
Name Pauline Yabut	Home Casa Antigua	LV.	NV.	89081		13 yrs.
Employer Wal-mart	Business Tropical pkwy	LV	NV	89149	702-515-7211	
Name Denise Farro	Home Forte Apache	LV.	NV.	89149		12 yrs.
Employer Summerlin hospital	Business N town center	LV.	NV.	89144	702-209-3903	
Name Hai Mai	Home Allen St.	N.LV.	NV.	89031		14 yrs.
Employer Walmart	Business Losee Rd	NW.	NV.	89081	702-639-9002	
Name Yong Lai	Home Camden Ave	Chino Hills	CA	91709		15 yrs.
Employer Western Dental	Business 12th St.	Riverside	CA	92501	951-243-7058	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes — (No) —

If yes, state type, where and years held

N/A

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes — (No) —
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes — (No) —

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes — (No) —

If yes to the above, state where, when and for what reason:

Applicant's initial LH

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?
Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry?
Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?
Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler
Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?
Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?
Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler?
Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?
Yes No

Date of photograph 11-15-20

Applicant's initial IG

STATE OF Nevada

ss.

COUNTY OF Clark

I, Kristy Tan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 16th day of November, 2020

Notary Public

CECILIA RENTERIA
Notary Public - State of Nevada
County of Clark
APPT. NO. 20-3542-01
My App. Expires April 8, 2024

Applicant's initial KT

ADDITIONAL INFORMATION

Applicant's initial_____

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11-15-20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Pharmacy
Nature of License

Value Rx LLC 3880 W. Ann Rd. Suite 110 N. Las Vegas NV. 89031
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Ngo — Last Name
Thanh — First Name
N. — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Cactus Desert Ct. — Present Residence Address-Street or RFD
North Las Vegas — City
NV. 89084 — State/Zip

5061 E. Sahara — Present Business Address
Dates 10-2010
Las Vegas — City
NV. 89142 — State/Zip

Dentist — Occupation
Dates 10-2002

Phone:
Residence
Business 702-641-8868

Date of Birth
Vietnam — Place of Birth (City, County, State)

45 — Age
Social Security Number or ITIN
Male — Sex

Brown — Color of Eyes
Black — Color of Hair
fair — Complexion
170 lbs — Weight
Average — Build
5'9 — Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date 2-17-1995

Place Los Angeles California (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial TN

A. Current Marriage 11-2006 to present (Date) Las Vegas Clark Nevada (City, County and State)

Spouse's full name (Maiden) Kristy Tran SS# or ITIN

Date of Birth Place of Birth Viet Nam

Resident address 1 Cactus Desert ct. (Street) N. Las Vegas (City) NV (State) 89084 (Zip)

Telephone: Residence Business Pending

Spouse's employer Value Rx LLC Occupation Pharmacist

Address of employer 3880 W. Ann Rd. Suite 110 (Street) N.LV (City) NV. (State) 89084 (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below: N/A

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Lauren Jana Ngo		Las Vegas	2 Cactus Desert ct NW. NV. 89084
Katie Ngo		1 Las Vegas	2 Cactus Desert ct. NW. NV 89084

B. Child Support Information:

Please mark the appropriate response:

- [x] I am not subject to a court order for the support of child.
- [ ] I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- [ ] I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial TN

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father				
Mother	Trieu NGO		Sycamore ln. Garden Grove CA.	Deceased
Father-in-Law	Chau Le		Sycamore ln. Garden Grove CA.	retired
Mother-in-Law	Tieng Tran		Cactus Desert Mv, NV.	retired
	Anh Nguyen		Hanover ave. Allentown, PA	Deceased

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	Jennifer NGO		Sycamore ln.	Bank auditor
	N/A		Garden Grove, CA 92843	
Spouse	Tri NGO		Sycamore ln.	optometrist
	N/A		Garden Grove, CA 92843	
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Susan B. Anthony	Santa Ana, CA	1981 - 1987	Yes No
High School	LaQuinta	Santa Ana, CA	1990-1994	Yes No
College University	UCLA	LA, CA	1994- 1998	Yes No
Other	Temple Univ. School of Dentistry	Philadelphia, PA	1998-2004	Yes No

Type of degree obtained, if any DMD

College or university where obtained Temple University School of Dentistry

Applicant's initial TN

MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch N/A Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial JN

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes — No — (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes — No — If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
12/1981 - 9/1994	5636 W barbette av.	Santa Ana	CA.
9/1994 - 6/1998	200 De Neve Dr.	Los Angeles	CA.
9/1998 - 6/2002	7901 W. Henry Ave.	philadelphia	PA.
6/2002 - 7/2004	12053 Sycamore ln.	Garden Grove	CA.
7/2004 - 11/2011	2331 Mistle Thrush Dr.	N. Las Vegas	NV.
11/2011 - present	Cactus Desert ct.	N. Las vegas	NV

Applicant's initial JN

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2002 - 6/2003	Western Dental in Santa Ana	re-location
Title	**Description of Duties**	**Name of Supervisor**
Dentist	fillings, root canals, removed teeth	Dr. Akai
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
7/2003 - 8/2004	Reedley Family Dental	re-location
Title	**Description of Duties**	**Name of Supervisor**
Dentist	fillings, removed teeth, root canals	Dr. Anarta
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
9/2004 - 6/2006	Gentle Dental	new employment opportunity
Title	**Description of Duties**	**Name of Supervisor**
Dentist	fillings, removed teeth, Denture, root canals	Mark Hunt
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
8/2006 - 10/2010	NuSmile Dental	office closed
Title	**Description of Duties**	**Name of Supervisor**
Dentist	fillings, removed teeth, denture, root canals	Dr. T. Ngo
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
10/2010 - present	Neighborhood Dental	Currently employed
Title	**Description of Duties**	**Name of Supervisor**
Dentist	fillings, remove teeth, denture, root canals	Dr. Do Phan
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial TN

CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Yong Lai	Home Camden Ave.	Chino Hills	CA	91709		26yrs
Employer Western Dental	Business 12th st.	Riverside	CA	92501	951-243-7058	
Name Rick Chen	Home Winter Cottage pl	Las vegas	NV	89135		10yrs.
Employer Self	Business N. Buffalo	Las vegas	NV	89128	702-795-0808	
Name Esther Lucibello	Home Banjo st.	Las vegas	NV	89107		17yrs
Employer Self	Business W. Sahara	Las vegas	NV	89117		
Name Steve Roe	Home Sweet Leilani ave.	las vegas	NV	89131		10yrs.
Employer Neighborhood Dental	Business E Sahara,	Las Vegas	NV	89142	702-641-8868	
Name Cindi Walker	Home S. Promontory	Vista	Las Vegas	NV	89142	7yrs.
Employer Paradise Smiles	Business E. Tropicana	Las Vegas	NV	89121	702-964-3626	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☛ (No) ☛
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor, Doctor, Accountant, Lawyer, Contractor, Pilot, Race horse/race dog owner, Real estate broker or salesman, Sports promoter, Securities dealer, Barber/Cosmetologist, Trainer or manager, Insurance, Gaming, Educator

Yes ☛ (No) ☛

If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☛ (No) ☛
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A.

Applicant's initial TN

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

Date of photograph 11-7-20

Applicant's initial TN

STATE OF Nevada

ss.

COUNTY OF Clark

I, Thanh Ngo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 14 day of November 2020

Notary Public

KARLI CARTER
Notary Public - State of Nevada
County of Clark
APPT. NO. 19-6836-01
My App. Expires Aug. 9, 2023

(seal)

Applicant's initial TN.

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*** 03262

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☒ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AlleReach Pharmacy

Physical Address: 7920 Elmbrook Drive Suite 108, Dallas, TX 75247

Mailing Address: 70 NE Loop Suite 600

City: San Antonio State: TX Zip Code: 78216

Telephone: 972-457-1500 Fax: 972-457-1490

Toll Free Number: 888-277-7002 (Required per NAC 639.708)

E-mail: compliance@allereach.com Website: AlleReach.com

Managing Pharmacist: Erica Noelle Leger License Number: 50813

TYPE OF PHARMACY		AND	SERVICES PROVIDED	
Yes/No			Yes/No	
☐	☐	Retail	☐	☒ Off-site Cognitive Services
☐	☐	Hospital (# beds_____)	☐	☒ Parenteral **
☐	☐	Internet	☐	☒ Parenteral (outpatient)
☐	☐	Nuclear	☐	☒ Outpatient/Discharge
☐	☐	Ambulatory Surgery Center	☐	☒ Mail Service
☐	☐	Community	☐	☒ Long Term Care
☒	☐	Other: Sterile Compounding	☒	☐ Sterile Compounding **
			☐	☒ Non Sterile Compounding
All boxes must be checked			☐	☒ Mail Service Sterile Compounding **
For the application to be complete			☐	☒ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

David S. Boone, CEO
Print Name of Authorized Person

10/8/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited X

Partnership Name: Total Vein Pharmacy, LLC

Mailing Address: 70 NE Loop 410 Suite 600

City: San Antonio State: TX Zip Code: 78216

Telephone Number: 210-265-3187 Fax Number: _____

Contact Person: David Cheetham, General Manager-Pharmacy

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
AlleReach Pharmacy Services, LLC	L	100%

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, David S. Boone

Responsible Person of AlleReach Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

David S. Boone, Chief Executive Officer
Print Name of Authorized Person

10/8/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Bexar COUNTY)

I, David S. Boone, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer for AlleReach Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, David S. Boone, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
8 day of October, 2020

NOTARY PUBLIC

STACY JEAN SIMPSON
Notary Public, State of Texas
Comm. Expires 07-17-2024
Notary ID 132573507

TEXAS STATE BOARD OF PHARMACY

Re:	Allereach Pharmacy
Address:	7920 Elmbrook Drive, Suite 108 Dallas, Texas 75247
License No.:	29292
Date Issued:	June 4, 2014
Licensure Status:	Active
Expiration Date:	June 30, 2022
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Allereach Pharmacy (Texas Pharmacy License #29292) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway
Deputy General Counsel
Texas State Board of Pharmacy

July 13, 2020
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **29292** Expiration Date: **6/30/2022**

Balances: **0**

ALLEREACH PHARMACY
7920 ELMBROOK DRIVE STE 108
DALLAS TX 75247

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TOTAL VEIN PHARMACY, LLC (file number 801879397), a Domestic Limited Liability Company (LLC), was filed in this office on November 06, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 21, 2020.

Ruth R. Hughs
Secretary of State

Certificate of Cleanroom Certification

is presented to

ALLREACH PHARMACY

7920 ELMBROOK, SUITE 108

DALLAS, TX 75247

PHARMACY

IV CLEAN ROOM

ISO CLASS 7 CLEAN ROOM

THIS ROOM IS IN COMPLIANCE
WITH ISO 14644-1:2015 / CETA CAG-003-2006 v13
USP < 797 > / TSBP 291.133 FOR AN
ISO CLASS 7 CLEAN ROOM

AirScan Technologies
PO Box 1539
Springtown, TX 76082
800-800-5108

SERVICED BY: ETHAN BRINKMAN

Post Certificate at Entry to Cleanroom

ISO 14644-1:2016
APRIL 14, 2020
CERTIFICATION

AirScan Technologies

1000

Certificate of Cleanroom Certification

is presented to

ALLREACH PHARMACY

7920 ELMBROOK, SUITE 108

DALLAS, TX 75247

PHARMACY

ANTE ROOM

ISO CLASS 8 CLEAN ROOM

THIS ROOM IS IN COMPLIANCE
WITH ISO 14644-1:2015 / CETA CAG-003-2006 v13
USP < 797 > / TSBP 291.133 FOR AN
ISO CLASS 8 CLEAN ROOM

AirScan Technologies

PO Box 1539
Springtown, TX 76082
800-800-5108

SERVICED BY: ETHAN BRINKMAN

ISO 14644-1:2015
APRIL 14, 2020
CERTIFICATION

Post Certificate at Entry to Cleanroom

AirScan Technologies

AlleReach Pharmacy Services, LLC/Total Vein Pharmacy
Corporate Officers

Corporate Address:
70 NE Loop 410 Suite 600
San Antonio, TX 78216

Pharmacy Address:
7920 Elmbrook Drive, Suite 108
Dallas, 75247

David Boone, Chief Executive Officer

DOB:

SSN:

Residential Address:

Purdue Ave, Dallas, TX 75225

10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Partnership - Pages 1,2,5,7*
☒ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Carolina Infusion

Physical Address: 95 Bees Creek rd Ridgeland, SC 29936

Mailing Address: 95 Bees Creek rd

City: Ridgeland State: SC Zip Code: 29936

Telephone: 843-547-1188 Fax: 843-547-1189

Toll Free Number: 888-274-3563 (Required per NAC 639.708)

E-mail: _____ Website: carolinainfusion.com

Managing Pharmacist: Romeo Abangan License Number: 13439

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐ ☒	Retail	☐ ☒	Off-site Cognitive Services
☐ ☒	Hospital (# beds_____)	☐ ☒	Parenteral **
☐ ☒	Internet	☐ ☒	Parenteral (outpatient)
☐ ☒	Nuclear	☐ ☒	Outpatient/Discharge
☐ ☒	Ambulatory Surgery Center	☒ ☐	Mail Service
☐ ☒	Community	☐ ☒	Long Term Care
☒ ☐	Other: Compounding	☒ ☐	Sterile Compounding **
		☒ ☐	Non Sterile Compounding
		☒ ☐	Mail Service Sterile Compounding **
		☐ ☒	Other Services: _____

All boxes must be checked
For the application to be complete

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Melissa Etheridge
Print Name of Authorized Person

2/26/20
Date

Board Use Only Date Processed: 4-6-2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Melissa Etheridge

Business Name: Carolina Infusion

Current Business Address: 95 Bees Creek rd

City: Ridgeland State: SC Zip Code: 29936

Telephone: 843.547.1188 Fax: 843.547.1189

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Melissa Etheridge

Responsible Person of Carolina Infusion

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Melissa Etheridge
Print Name of Authorized Person

2/26/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF SC)
) ss.
Jasper COUNTY)

I, Melissa Etheridge, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner for Carolina Infusion (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Melissa Etheridge, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Troy M Lowther
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
27 day of February, 2020.

NOTARY PUBLIC

Print this page

South Carolina Board of Pharmacy

CAROLINA INFUSION
95 BEES CREEK RD
RIDGELAND, SC 29936

License number: 13447
License type: Pharmacy
Status: Active
First Issue Date: 08/21/2011
Expiration: 06/30/2020

Supervised By
Romeo Saclolo Abangan Jr - (PH)

Supervises
AMBER LYNN LANGLEY - (PHT)
STEVIE RAE ETHINGTON - (PHT)
LACY DANAE WOOD - (PHT)
Melissa Jennifer Etheridge - (PH)

File a Complaint against this licensee

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

Board Public Action History:
View Orders View Other License for this Person
No Orders Found

10C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☑ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: EASY Rx PAD, LLC dba DRAGONFLY INFUSION SERVICES

Physical Address: 100 MAIN STREET

Mailing Address: 100 MAIN STREET

City: WINTERSVILLE State: OH Zip Code: 43953-3734

Telephone: 614 406 6313 Fax: 855-315-7432

Toll Free Number: 855-200-8934 (Required per NAC 639.708)

E-mail: MARY.MIHALYO@DELTACARERX.com Website: DELTACARERX.com

Managing Pharmacist: MARY MIHALYO, PharmD License Number: 03114626-OH

TYPE OF PHARMACY		AND SERVICES PROVIDED	
Yes/No		Yes/No	
☐	☑ Retail	☑	☐ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☑	☐ Parenteral **
☐	☑ Internet	☑	☐ Parenteral (outpatient)
☐	☑ Nuclear	☑	☐ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☑ Other: MAIL ORDER	☑	☐ Sterile Compounding **
		☐	☑ Non Sterile Compounding
All boxes must be checked		☑	☐ Mail Service Sterile Compounding **
For the application to be complete		☐	☑ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

M Michaly

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

MARY MIHALYO

Print Name of Authorized Person

07/07/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: OHIO

Parent Company if any: EARY RX PAD LLC

Mailing Address: 100 MAIN STREET

City: WINTERSVILLE State: OH Zip: 43953

Telephone: 614-406-6313 Fax: 855-315-7432

Contact Person: MARY MIHALYO

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) MARY MIHALYO (Name) WHITEHALL PLACE STEUBENVILLE, OH 43952 (Address) 25%

b) DREW MIHALYO (Name) WHITEHALL PLACE STEUBENVILLE, OH 43952 (Address) 57%

c) ANDREW MIHALYO (Name) WHITEHALL PLACE STEUBENVILLE, OH 43952 (Address) 24%

d) ✓ (Name) (Address)

2) Provide the number of shares issued by the corporation. 51%/24%/25%

3) What was the price paid per share? $0 exchanged

4) What date did the corporation actually receive the cash assets? 03/31/2019 (Dragonfly Infusion Series)

5) Provide a copy of the corporation's stock register evidencing the above information (articles of incorporation attached)

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday as needed am pm

Saturday as needed am pm

Sunday as needed am pm

24 Hours ✓

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: ✓

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, MARY MIHALYO

Responsible Person of EASY RX PAD, LLC dbA DRAGONFLY INFUSION SERVICES

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

M Mihaly

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

MARY MIHALYO

Print Name of Authorized Person

02/07/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Ohio)
) ss.
Jefferson COUNTY)

I, Mary Mihalyo, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist/Manager for Dragonfly Infusion Pharmacy Services (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Mary Mihalyo, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

MARY Mihalyo
mjmihalyo
Name

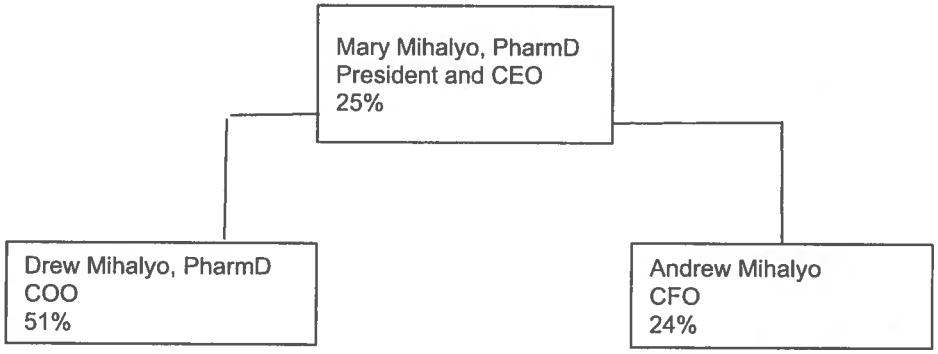
SUBSCRIBED AND SWORN TO
before me, a notary public this
9 day of July, 2020.

Kelli Shook
NOTARY PUBLIC

NOTARIAL SEAL STATE OF OHIO

Kelli Shook
Notary Public, State of Ohio
My Commission Expires
January 12, 2022

Dragonfly Infusion Organizational Chart



Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. (see attached)

List of officers and directors

MARY MIHALYO - CEO 25%
ANDREW M. MIHALYO - CFO 24%
ANDREW J. MIHALYO - COO 51%

STATE OF OHIO
BOARD OF PHARMACY

VERIFICATION OF LICENSURE

BUSINESS NAME:	Dragonfly Infusion Services
LOCATION:	100 Main St Wintersville, OH 43953-3734
LICENSE NUMBER:	0232000113
TYPE OF LICENSE:	Terminal - Pharmacy - Category 3
ORIGINAL LICENSURE DATE:	July 29, 2019
EXPIRATION DATE:	March 31, 2021
CURRENT LICENSE STATUS:	Active
CURRENT LICENSE SUB STATUS:	N/A
BOARD ACTION:	No (If Board Action is "Yes", you may find more information at elicense.ohio.gov)
DATE OF VERIFICATION:	7/21/2020

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/26/2008	200827000542	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

WILLIAM F BLAKE JR
4110 SUNSET BLVD
STEUBENVILLE, OH 43952

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1808622

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

EASY RX PAD, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.	**200827000542**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of September, A.D. 2008.

Jennifer Brunner

Ohio Secretary of State

Form 533A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

O Expedite — PO Box 1390, Columbus, OH 43216
*** Requires an additional fee of $100 ***

◉ Non Expedite — PO Box 670, Columbus, OH 43216

ARTICLES OF ORGANIZATION FOR A DOMESTIC LIMITED LIABILITY COMPANY

Filing Fee: $125.00

(CHECK ONLY ONE (1) BOX)

(1) ☑ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA) ORC 1705	(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA) ORC 1705

Name of limited liability company

EASY RX PAD, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," "or "ltd"

Effective Date (Optional) _____ mm/dd/yyyy (The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for (Optional) perpetual
Period of Existence

Purpose (Optional) The limited liability company is formed for the purpose of engaging in any lawful activity for which limited liability companies may be formed under §1705 of the Ohio Revised Code as now in effect or hereafter amended.

☐ *Check here if additional provisions are attached*

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

EASY RX PAD, LLC
Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

William F. Blake, Jr.
Name of Agent

' Sunset Boulevard
Mailing Address

Steubenville	Ohio	43952
City	State	Zip Code

☐ **If the agent is an individual and using a P.O. Box, check this box to certify the agent is an Ohio resident.**

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

EASY RX PAD, LLC
Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

William F. Blake, Jr. Agent's Signature

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document on behalf of the limited liability company identified above.

REQUIRED
Articles and original appointment of agent must be authenticated **(signed)** by a member, manager or other representative.

Signature — Date: 9/23/08

Print Name: William F. Blake, Jr.

Signature — Date

Print Name

Signature — Date

Print Name

(See Instructions Below)

Ohio eLicense Ohio Professional Licensure

License Look Up

6/24/2020 10:45 AM

MARY GRACE MIHALYO RPH

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Pharmacist
License Number	03114626
License Issue Date	09/14/1982
License Expiration Date	09/15/2021
License Effective Date	09/16/2019
City	STEUBENVILLE
State	OH
Country	United States
Board Action	No

Current date & time: **6/24/2020 10:45 AM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2021.

Dragonfly Infusion Services

100 Main St
Wintersville, OH 43953-3734

License Number: 0232000113
Terminal - Pharmacy - Category 3

Expiration Date: March 31, 2021

CLASS: Terminal - Pharmacy - Category 3
BUSINESS TYPE: FL – Fluid Therapy

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
MARY MIHALYO RPH	MgMihalyo

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

DRAGONFLY INFUSION SVCS
100 MAIN STREET WINTERSVILLE, OH 43953
(855)200-8934
FD8871115

Rx #29 06/23/20 Dr. [redacted]
BT0550233
[redacted]
DISRX:MAIN:

INFUSE INTRAVENOUSLY: 0.2MG/HR (2ML) AND 0.1MG (1ML) EVERY 1 HOUR AS NEEDED FOR PAIN

Rx# 29 Ro# DT29
[redacted]
HYDROMORP/NACL 0.1MG/ML 150ML

Qty:2 of 2

HYDROMORP/NACL 0.1MG/ML 150ML

MJM

CAUTION FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED

06/23/20

Rx# 29 Ro# DT29
[redacted]
HYDROMORP/NACL 0.1MG/ML 150ML
Dr TAMBURRO (BT0550233)

Part # 156297-435 RRDW2 EXP 10/20

10D

RECEIVED
8-3-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8*
☒ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MEDS IN MOTION

Physical Address: 12101 SOUTH STATE STREET SUITE 101A

Mailing Address: SAME

City: DRAPER State: UT Zip Code: 84020

Telephone: 801-506-6999 Fax: 801-590-7003

Toll Free Number: 855-506-6999 (Required per NAC 639.708)

E-mail: REGULATORY@MEDSINMOTION.COM Website: MEDSINMOTION.COM

Managing Pharmacist: Tufan Nasir License Number: 7267057-1701

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☒	☐ Other: MAIL SERVICE	☒	☐ Sterile Compounding **
		☒	☐ Non Sterile Compounding
All boxes must be checked		☒	☐ Mail Service Sterile Compounding **
For the application to be complete		☐	☒ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

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

DANIEL RICHARDS
Print Name of Authorized Person

7/22/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited X

Partnership Name: MEDS IN MOTION LLC

Mailing Address: 12101 SOUTH STATE STREET SUITE 101A

City: DRAPER State: UT Zip Code: 84020

Telephone Number: 801-506-6999 Fax Number: 801-590-7003

Contact Person: MANDI-JOHNSON

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
DANIEL RICHARDS	G	60
LOREN DALTON	G	40

List names of 4 largest partners and percentage of ownership:

Name: DANIEL RICHARDS %: 60

Name: LOREN DALTON %: 40

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday — am — pm

Sunday — am — pm 24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, DANIEL RICHARDS

Responsible Person of MEDS IN MOTION

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

DANIEL RICHARDS
Print Name of Authorized Person

7/22/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
) ss.
Salt Lake COUNTY)

I, DANIEL RICHARDS, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO for MEDS IN MOTION (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, DANIEL RICHARDS do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name DANIEL RICHARDS

SUBSCRIBED AND SWORN TO
before me, a notary public this
23 day of July, 2020.

Denise Cassidy
NOTARY PUBLIC

DENISE CASSIDY
NOTARY PUBLIC • STATE OF UTAH
My Commission Expires July 10, 2021
COMMISSION NUMBER 695340

GARY R. HERBERT
Governor
SPENCER J. COX
Lieutenant Governor

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

CHRIS PARKER
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 07/17/2020

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Meds in Motion, LLC

Classification of License Issued: Pharmacy - Class A

License Number: 11140027-1703

Obtained By: Application

Current Status: Active

Original Date of Licensure: 02/01/2019

Expiration Date: 09/30/2021

Agency and Disciplinary Action: NO

Docket Number: N/A

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • PO Box 146741 • Salt Lake City • UT 84114-6741
phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Meds in Motion, LLC

EFFECTIVE
01/02/2020

EXPIRATION
09/30/2021

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11140027-1703	Pharmacy - Class A
11140027-8913	Dispensing Controlled Substance License

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

MEDS IN MOTION, LLC
12101 S STATE ST #101A
DRAPER UT 84020

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: 01/02/2020

EXPIRATION DATE: 09/30/2021

ISSUED TO: Meds in Motion, LLC
12101 S State St #101a
Draper UT 84020

THE GREAT SEAL OF THE STATE OF UTAH 1896

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11140027-1703	Pharmacy - Class A
11140027-8913	Dispensing Controlled Substance License

DBAs: None Associated

GARY R. HERBERT
Governor
SPENCER J. COX
Lieutenant Governor

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

CHRIS PARKER
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 07/28/2020

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Tufan Said Nasir

Classification of License Issued: Pharmacist Controlled Substance

License Number: 7267057-8911

Obtained By: Application

Current Status: Active

Original Date of Licensure: 12/30/2014

Expiration Date: 09/30/2021

Agency and Disciplinary Action: NO

Docket Number: N/A

Education:

SCHOOL NAME	MAJOR	GRADUATION DATE	DEGREE	HOURS
Savon/Albertsons 395				0
University of Utah College of Pharmacy	Pharmacy	08/01/2014	Pharm D	0

EXAM SCORES:

EXAM BATTERY	EXAM TYPE	STATE	RESULTS	SCORE	DATES
1	NAPLEX	UT	Pass	12/23/2014	12/23/2014
1	MPJE	UT	Pass	86	10/30/2014

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • PO Box 146741 • Salt Lake City • UT 84114-6741
phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

Certificate of License Renewal

Your license has been renewed and this temporary Certificate of License Renewal allows you to practice. In approximately 15 to 30 working days you will receive your wallet card and wall certificate in the mail. If you do not receive it within this time, please contact DOPL immediately at (801) 530-6628 or (866) 275-3675 (toll-free in Utah only).

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

Certificate of License Renewal

Control Number: 7267057-1701-20190923

RENEWAL DATE: 09/23/2019

EXPIRATION DATE: Thu Sep 30 2021

ISSUED TO: Tufan Said Nasir

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAILS(S)

7267057-1701	Pharmacist
7267057-8911	Pharmacist Controlled Substance

Please note that DOPL reserves the right to initiate action at any time against a licensee who did not meet the renewal/reinstatement requirements at the time this license was issued.

License Record Renewal Fee Summary

Date of Transaction:	09/23/2019 09:15
Primary License Renewal Fee:	63.00
Secondary License Renewal Fee:	78.00
Late Renewal Fee:	0.00
Total Fee:	141.00 PAID

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, S.M. Box 146705
Salt Lake City, UT 84114-6705
Phone: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

Registration Number: 8434698-0160
Business Name: MEDS IN MOTION, LLC
Registered Date: SEPTEMBER 11, 2012

July 8, 2020

CERTIFICATE OF FACT

THE UTAH DIVISION OF CORPORATIONS AND COMMERCIAL CODE ("DIVISION") HEREBY CERTIFIES THAT THE FOLLOWING ARE PRINCIPALS CURRENTLY ON FILE WITH THE ABOVE NAMED BUSINESS, HAVING MET ALL REQUIREMENTS FOR REGISTRATION IN THE STATE OF UTAH.

DANIEL RICHARDS	MANAGER
LOREN DALTON	MEMBER
PH CORPORATE SERVICES, LLC	REGISTERED AGENT

Jason Sterzer
Director
Division of Corporations and Commercial Code

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

07/21/2020
8434698-016007212020-3543262

CERTIFICATE OF EXISTENCE

Registration Number:	8434698-0160
Business Name:	MEDS IN MOTION, LLC
Registered Date:	September 11, 2012
Entity Type:	LLC - Domestic
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.

Jason Sterzer
Director
Division of Corporations and Commercial Code

GARY R. HERBERT
Governor
SPENCER J. COX
Lieutenant Governor

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

CHRIS PARKER
Executive Director
MARK B. STEINAGEL
Division Director

July 9, 2020

Meds in Motion, LLC
12101 S State Street Ste 101
Draper, Utah 84120

Dear Dan Richards,

The purpose of this letter is to memorialize our conversation on July 9, 2020 at 11:30 am. During our conversation we spoke of the inspection that was conducted by Division of Occupational and Professional Licensing inspectors at the Meds in Motion Facility located at 1201 S. State Street Ste 101, Draper, Utah 84120 on June 16 and 17, 2020.
The following items were found out of compliance.

1. The pharmacy's sterile compounding SOPs did not address when sterile compounded preparations (CSPs) are shipped. More specifically, how maintaining the physical integrity, sterility, and stability of CSPs during transit, the packaging, insulation used, and written instructions which are given to patients on how to open containers of packed CSPs safely.

   During our conversation, Dan Richards addressed how Meds in Motion satisfies packaging and transporting CSP's. This meets the criteria in USP <797> [USP 42-NF37, official May, 1, 2018], Packing CSPS for Transit. The facility has also received URAC accreditation which encompasses packing and shipping standards.

2. The pharmacy was not conducting gloved fingertip sampling after completing media-fills semiannually for high risk level compounding.

   During our conversation, Dan Richards addressed how Meds in Motion corrected the error and has implemented semi-annual gloved fingertip sampling and media fill testing. This will be compliant with USP <797> [USP 42-NF37, official May 1, 2018] Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures.

3. The pharmacy is not keeping a daily accuracy log for the use of its repeater pumps which is an automated compounding device and reviewing such log weekly.

   During our conversation, Dan Richards addressed how Meds in Motion has taken corrective measures and implemented daily record keeping of the ACD and will do a review at least weekly to avoid potentially clinically significant cumulative errors over time. This will be compliant with USP <797> [USP 42-NF37, official May 1, 2018] Precision.

4. When sterilizing CSP with filtration, the pharmacy was using multiple filters not completing filtration with one filter. A review of compounding records noted three bubble point tests documented for one preparation. Pharmacist Jeppson stated that they generally use three filters for a preparation as it is 300 ml being prepared and the filters the pharmacy uses only filters 100 ml. Meds in Motion stated they were looking into getting larger volume filters during the inspection.

   During our conversation, Dan Richards stated Meds in Motion has ordered larger filters. This will be compliant with USP <797> [USP 42-NF37 official May 1, 2018] Sterilization of High Risk Level CSPS By Filtration.

5. MSDS sheets were papers stored in binders. They were not complete with checked API's on stock shelves.

   During our conversation, Dan Richards stated they will be utilizing a computer system for the MSDS sheets at the inspector's suggestion. This will be compliant with USP<795> [USP42-NF37, official May 1, 2018] Material Safety Data Sheets File.

6. API bulk stock transferred to a different container lacked transfer date on container as required.

   During our conversation, Dan Richards stated Meds in Motion will label containers with the transfer date on the container. This will be compliant with USP<795> [USP42-NF37, official May 1, 2018] Component Selection, Handling, and Storage.

7. Training for the six compounding employees was not complete and inconsistent with USP 795 requirements.

   During our conversation, Dan Richards stated that Meds in Motion will train and document personnel training to ensure they are capable and qualified to perform their assigned duties. Employees will read and become familiar with USP <795>. This will be compliant with USP<795> [USP42-NF37, official May 1, 2018] General Principals of compounding and Training.

The corrections made from the most recent inspection demonstrate your pharmacy facility can safely engage in the practice of pharmacy. The Division will issue you a renewable pharmacy license that will expire on September 30 of every odd year. The license will be emailed to Meds in Motion.

Sincerely,

Jennifer Falkenrath

Jennifer Falkenrath
Bureau Manager

11

11A

RECEIVED
6/24/00

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☒ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Nextcare Pharmacy L.L.C. dba Nextcare Pharmacy

Physical Address: 10021 South Main St., Ste B-2A, Houston, TX 77025

Mailing Address: 10021 S. Main St., Suite B-2A

City: Houston State: TX Zip Code: 77025

Telephone: 713 492 2088 Fax: 7135540425

Toll Free Number: N/A (Required per NAC 639.708)

E-mail: patientcare@nextcarepharmacy.com Website: N/A

Managing Pharmacist: Hamilton, Michael License Number: NV 11056 TX 36578

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding **
For the application to be complete		☐	☒ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐ Date: April 07, 2020 (No pharmacist for 3 months) Attached.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Michael D. Hamilton
Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael D. Hamilton
Print Name of Authorized Person

April 15, 2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: N/A

Mailing Address: Nextcare Pharmacy, 10021 S. Main St, ste B-2A

City: Houston State: TX Zip: 77025

Telephone: 713 492 2088 Fax: 7135540425

Contact Person: Hamilton, Michael Dwayne

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A (No shares issued)
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: Karim, Azim %: 100

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 2:00 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. (Included, dated March 26, 2020)

List of officers and directors

Karim, Azim (sole, L.L.C.)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for NextCare Pharmacy LLC (file number 802570037), a Domestic Limited Liability Company (LLC), was filed in this office on October 25, 2016.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate AZIM KARIM as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

10021 SOUTH MAIN STREET
SUITE B-2A
HOUSTON, TX - 77025 77025 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 26, 2020.

Ruth R. Hughs
Secretary of State

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Karim, Azim

Business Name: Nextcare Pharmacy LLC (dba Nextcare Pharmacy)

Current Business Address: 10021 South Main St., Ste B-2A

City: Houston State: TX Zip Code: 77025

Telephone: 713 492 2088 Fax: 713 5540425

List any physician shareholders and percentage of ownership.

Name: Karim, Azim, MD %: 100

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 2:00 pm Saturday closed am pm

Sunday closed am pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael Dwayne Hamilton

Responsible Person of Nextcare Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Michael D. Hamilton

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

Michael D. Hamilton

Print Name of Authorized Person

April 15, 2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Harris COUNTY)

I, Michael D. Hamilton, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge for Nextcare Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Michael Hamilton, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Michael Hamilton
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 11th day of June, 2020.

Debbie A. Anzaldua
NOTARY PUBLIC

NOTARY PUBLIC STATE OF TEXAS
DEBBIE ANN ANZALDUA
Notary Public, State of Texas
Comm. Expires 11-09-2020
Notary ID 130895806

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **31218** Expiration Date: **1/31/2021**

Balances: **2**

NEXTCARE PHARMACY
10021 S. MAIN ST STE B-2A
HOUSTON TX 77025

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Pharmacist-in-Charge Attestation:

I hereby attest the following statements are true and accurate (*initial each statement below*):

MH I am the Pharmacist-in-Charge (PIC) of _____, pharmacy license
(Name of Pharmacy)
number _____ and I ☒ was / ☐ was not present during a Compliance
(Pharmacy License Number)
Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on
_____;
(Date of Inspection)

MH I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector;

MH I reviewed the document titled *Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF* (on the reverse side of this attestation);

MH If applicable, the Warning Notice issued contains 7 deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice;

MH I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St., Suite 3-500
Austin, Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: Michael Hamilton **Date:** 10-28-19
(Signature of PIC)

Printed Name: _____ **License No.:** 36578

AGREED BOARD ORDER #2020-01141

RE: IN THE MATTER OF
NEXTCARE PHARMACY
(PHARMACY LICENSE #31218)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 31218 issued to Nextcare Pharmacy (Respondent), 10021 South Main Street, Suite B-2A, Houston, Texas 77025.

By letter dated April 7, 2020, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 551.003(29); and 565.002(a)(3) and (7) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and

Sections 291.5(a), (b), (c) and (e); 291.11(a)(2) and (b); 291.31(34); 291.32(a)(1)(A); and 291.32(a)(2)(H) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

COUNTS

(1) On or about September 28, 2017, through on or about December 7, 2017, Nextcare Pharmacy, 10021 South Main Street, Suite B-2A, Houston, Texas 77025, was engaged in the operation of a pharmacy in violation of Texas State Board of Pharmacy Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge.

(2) On or about September 9, 2017, through on or about January 7, 2018, Nextcare Pharmacy, 10021 South Main Street, Suite B-2A, Houston, Texas 77025, failed to legally operate, in that the pharmacy ceased to engage in the business of pharmacy for a period of thirty days or longer. Specifically, records obtained during an inspection by a Board inspector on October 28, 2019, indicate that no prescriptions were dispensed from September 9, 2017, to January 7, 2018, and that the pharmacy resumed dispensing on or about January 8, 2018.

By letter dated April 7, 2020, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Azim Karim, Managing Officer, Nextcare Pharmacy, LLC, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives

the right to an informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of four thousand dollars ($4,000) due one hundred twenty (120) days after the entry of this Order.

(2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2019), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2020).

Agreed Board Order #2020-01141
Nextcare Pharmacy
Page 3

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 5th day of May, 2020.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Azim Karim, Managing Officer, Nextcare Pharmacy, LLC
On behalf of Nextcare Pharmacy

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Michael D. Hamilton

Date: 04/09/2020
Amount:
License #: 11056

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2021

Michael D. Hamilton

License #
11056
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 11056

Expires: 10/31/2021
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Michael D. Hamilton

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Attachment

Concerning the pharmacy not having a pharmacist during the immediate time after the previous pharmacist-in-charge leaving, Someone might have failed to Notify the pharmacy board or possibly there was a belief that any day there would be a new hire. I know I was available.

Here is the TSBP information.

Thank you.

Sincerely,

Michael D. Hamilton April 15, 2020

(Michael D. Hamilton)

TEXAS STATE BOARD OF PHARMACY

April 7, 2020

VIA U.S. FIRST CLASS MAIL

Nextcare Pharmacy, LLC
c/o Azim Karim
Managing Officer
5523 Barleycorn Lane
Katy, Texas 77494

RE: Nextcare Pharmacy, Pharmacy License #31218
PRELIMINARY NOTICE LETTER

Dear Mr. Karim:

This letter is notice to Nextcare Pharmacy that the Texas State Board of Pharmacy (Board) is instituting disciplinary action against the pharmacy. Enclosed is a Preliminary Notice Letter Packet that includes a Statement of Allegations alleging one or more violations of the following laws and rules governing the practice of pharmacy:

> Sections 551.003(29); and 565.002(a)(3) and (7) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and
>
> Sections 291.5(a), (b), (c) and (e); 291.11(a)(2) and (b); 291.31(34); 291.32(a)(1)(A); and 291.32(a)(2)(H) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

The laws and rules listed above are incorporated by reference as part of this letter, as though fully set forth herein, and can be located on the Board's website at http://www.pharmacy.texas.gov/rules/. A copy of the cited laws and rules is also included in the enclosed packet.

ALTERNATIVES FOR RESOLUTION

The following four alternatives are available to you to settle this matter:

(1) you may sign the enclosed proposed Agreed Board Order and waive the scheduling of an Informal Conference or public hearing, as described below;

(2) you may schedule an Informal Conference to discuss the matter, as described below;

(3) you may respond to the enclosed allegations in writing, as specified in Section 281.22 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN CODE (2020); or

(4) you may request to present your case at a public contested case hearing at the State Office of Administrative Hearings if such request is made in writing in response to this Preliminary Notice Letter.

You may employ an attorney to represent the pharmacy in this matter. Enclosed in your packet is an explanation of the Board's disciplinary procedures including a description of the Informal Conference. Additionally, procedural laws and rules that may affect this matter, including Section 565.051 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2019), and Section 281.65(2)(AA) of the Texas Pharmacy Board Rules, can be located at http://www.pharmacy.texas.gov/rules/.

SETTLEMENT WITH PROPOSED AGREED BOARD ORDER

If you desire to settle this matter immediately without the scheduling of an Informal Conference or a public hearing, you may do so by signing the enclosed proposed Agreed Board Order. You should understand that by signing the proposed Agreed Board Order, you are waiving your right to an Informal Conference and to a public hearing. If you select this alternative, the proposed Agreed Board Order must be returned to the Board's office by May 7, 2020. **Please note that you should only sign (not date) the Order.**

The proposed Agreed Board Order will be subsequently presented to the Board or, if previously authorized by the Board, to the Executive Director for approval or rejection. If the proposed Agreed Board Order is rejected, you can choose to schedule an Informal Conference, or the matter will be scheduled for a public hearing. If the proposed Agreed Board Order is approved, the matter is settled.

The enclosed proposed Agreed Board Order includes an administrative penalty. Please note that **a check should not be submitted for the administrative penalty when the enclosed Order is returned.** Rather, you should wait to submit the payment until after you have received written notification that the Board has approved the Order.

OPPORTUNITY TO RESPOND AT INFORMAL CONFERENCE

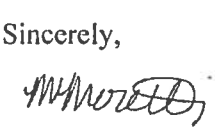
If you do not want to settle this matter immediately you have the opportunity to respond to the matters set forth in this letter and the attached allegations in person through an Informal Conference. The Informal Conference will afford you the opportunity to show compliance with all requirements of the laws and rules governing the practice of pharmacy.

To schedule an Informal Conference, you or your attorney must contact the Board's office at (512) 305-8060 no later than May 7, 2020.

PROCEDURE

The enclosed allegations are being furnished to you so that you will be aware of the specific matters to be discussed at an Informal Conference or presented at a public contested case hearing at the State Office of Administrative Hearings, if it is necessary to schedule such a public hearing.

Sincerely,



Mary Moretti
Staff Attorney
mary.moretti@pharmacy.texas.gov

MPM/cap

Enclosures

cc: Nextcare Pharmacy
c/o Michael Dwayne Hamilton
Pharmacist-in-Charge
10021 South Main Street, Suite B-2A
Houston, Texas 77025

TEXAS STATE BOARD OF PHARMACY

Re: Nextcare Pharmacy License #31218

INDEX TO PRELIMINARY NOTICE LETTER PACKET

1. Explanation of Disciplinary Process
2. Statement of Allegations
3. Applicable Statutes and Rules
4. Exhibits

Page 1	License Summary for Nextcare Pharmacy
Page 2	Change of Pharmacist-in-Charge form submitted September 28, 2017
Page 3	Change of Pharmacist-in-Charge form submitted December 8, 2017
Page 4	Texas State Board of Pharmacy Notice of Inspection dated October 28, 2019

5. Proposed Agreed Board Order #2020-01141
6. Map

1

TEXAS STATE BOARD OF PHARMACY

EXPLANATION OF INFORMAL CONFERENCE PROCEDURES

I. Informal Conference

The Informal Conference is conducted as follows:

(A) You and/or your attorney will meet with a Board panel, which may include up to two (2) Board Members and the Executive Director. The General Counsel will serve as the Board panel's legal counsel.

(B) The General Counsel will explain the procedures of the Informal Conference.

(C) The Board's attorney (i.e. the attorney who sent the Preliminary Notice Letter) will:
- (1) present the allegations set forth in the Preliminary Notice Letter and the supporting documentary evidence that would be introduced in a public hearing, if scheduling a hearing is necessary; and
- (2) answer any questions that the Board panel may have regarding the allegations against you and/or the supporting documentary evidence.

(D) Any complainant who chooses to attend the Informal Conference will be given an opportunity to speak to the Board panel.

(E) You and/or your attorney will be given the opportunity to discuss any matter relating to the case and to show your compliance with the law. In this regard, the following is applicable:
- (1) if compliance with the law is shown, no further action is taken by the Board concerning this matter and the case is dismissed; or
- (2) if compliance is not shown, you are presented an opportunity to discuss informal settlement.

(F) The Board panel will deliberate to make a recommendation for resolution of the case, in accordance with the discipline authorized by the Texas Pharmacy Act, such as denial of licensure, reprimand, administrative penalty, restriction, probation, suspension, revocation, or retirement.

II. Informal Settlement - Proposed Agreed Board Order

At the conclusion of the Informal Conference, you will be notified of the panel's recommendation for resolution. You may either accept or reject the panel's recommendation for informal settlement.

(A) If you reject the recommendation of the Board panel, the matter will be scheduled for a public hearing.

(B) If you accept the recommendation of the Board panel, the following is applicable:

(1) A proposed Agreed Board Order (ABO) will be drafted and mailed to you and/or your attorney for review and approval. If you sign and return the proposed ABO, Board staff will present the proposed ABO to the Board (for approval or rejection) at its next scheduled meeting.

(2) If the proposed ABO is approved by the Board, the matter is settled.

(3) If the proposed ABO is rejected by the Board, the matter will be scheduled for a public hearing

All proposed ABOs are considered by the Board in open meetings, except ABOs concerning pharmacists who are impaired by chemical abuse or mental or physical illness and certain ABOs involving applications for pharmacy and pharmacist licensure. (The Board considers ABOs relating to impaired pharmacists in a non-public Executive Session under the confidentiality provisions in the Texas Pharmacy Act. The Executive Director has authority to approve certain applicant ABOs according to guidelines set by the Board).

III. General Considerations

You should understand that:

(1) It is your choice to attend an Informal Conference.

(2) It is your choice to accept or reject the recommendation of the Board panel at the Informal Conference.

(3) It is the decision of the Board itself whether to accept or reject any proposed resolution.

(4) The Board panel has the authority only to recommend a proposed resolution; the panel may not enter an Order resolving the case.

(5) You have the right to terminate the Informal Conference at any time and the right to appear in a public hearing.

The results of any informal disposition (Agreed Board Order or default Order) or formal disposition (Board Order entered as a result of a public hearing) is public information. Results of informal or formal disposition will appear in the Board's newsletter and website. The only exception is an Order concerning a pharmacist impaired by chemical abuse or mental or physical illness.

(6) A default Order, based upon the allegations set out in the Preliminary Notice Letter, will be entered by the Board if you do not respond to this letter either by your attendance at the Informal Conference or in writing.

(7) The case will be scheduled for a public hearing if one of the following occurs:

- you inform the Board in writing that you decline to schedule an Informal Conference;
- you reject the recommendation of the Board panel after the Informal Conference; or
- the proposed ABO is rejected by the Board.

2

TEXAS STATE BOARD OF PHARMACY

Re: Nextcare Pharmacy License #31218

STATEMENT OF ALLEGATIONS

COUNTS

(1) On or about September 28, 2017, through on or about December 7, 2017, Nextcare Pharmacy, 10021 South Main Street, Suite B-2A, Houston, Texas 77025, was engaged in the operation of a pharmacy in violation of Texas State Board of Pharmacy Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge.

(2) On or about September 9, 2017, through on or about January 7, 2018, Nextcare Pharmacy, 10021 South Main Street, Suite B-2A, Houston, Texas 77025, failed to legally operate, in that the pharmacy ceased to engage in the business of pharmacy for a period of thirty days or longer. Specifically, records obtained during an inspection by a Board inspector on October 28, 2019, indicate that no prescriptions were dispensed from September 9, 2017, to January 7, 2018, and that the pharmacy resumed dispensing on or about January 8, 2018.

3

TEXAS STATE BOARD OF PHARMACY

Re: Nextcare Pharmacy License #31218

APPLICABLE STATUTES AND RULES

A. ALLEGED VIOLATIONS

The allegations summarized in the enclosed counts provide evidence of violations of the following laws and rules relating to the practice of pharmacy:

Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017):

Section 551.003. Definitions.

In Chapters 551-566:

• • •

(29) "Pharmacist-in-charge" means the pharmacist designated on a pharmacy license as the pharmacist who has the authority or responsibility for the pharmacy's compliance with statutes and rules relating to the practice of pharmacy.

• • •

Section 565.002. Applicant for or Holder of Pharmacy License.

(a) The board may discipline an applicant for or the holder of a pharmacy license, including a Class E pharmacy license subject to Section 565.003(b), if the board finds that the applicant or license holder has:

• • •

(3) violated any provision of this subtitle or any rule adopted under this subtitle or that an owner or employee of a pharmacy has violated any provision of this subtitle or any rule adopted under this subtitle;

• • •

(7) failed to engage in or ceased to engage in the business described in the application for a license;

• • •

Nextcare Pharmacy License #31218

Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017):

Section 291.5. Closing a Pharmacy.

(a) Prior to closing. At least 14 days prior to the closing of a pharmacy the pharmacist-in-charge shall comply with the following.
- (1) If the pharmacy is registered to possess controlled substances, send a written notification to the appropriate divisional office of the Drug Enforcement Administration (DEA) containing the following information:
  - (A) the name, address, and DEA registration number of the pharmacy;
  - (B) the anticipated date of closing;
  - (C) the name, address, and DEA registration number of the pharmacy acquiring the controlled substances; and
  - (D) the date on which the transfer of controlled substances will occur.
- (2) If the pharmacy dispenses prescription drug orders, post a closing notice sign in a conspicuous place in the front of the prescription department and at all public entrance doors to the pharmacy. Such closing notice sign shall contain the following information:
  - (A) the date of closing; and
  - (B) the name, address, and telephone number of the pharmacy acquiring the prescription drug orders, including refill information and patient medication records of the pharmacy.

(b) Closing day. On the date of closing, the pharmacist-in-charge shall comply with the following:
- (1) take an inventory as specified in §291.17 of this title (relating to Inventory Requirements);
- (2) remove all prescription drugs from the pharmacy by one or a combination of the following methods:
  - (A) return prescription drugs to manufacturer or supplier (for credit/disposal);
  - (B) transfer (sell or give away) prescription drugs to a person who is legally entitled to possess drugs, such as a hospital, or another pharmacy; and
  - (C) destroy the prescription drugs following procedures specified in §303.2 of this title (relating to Disposal of Stock Prescription Drugs);
- (3) if the pharmacy dispenses prescription drug orders:
  - (A) transfer the prescription drug order files, including refill information, and patient medication records to a licensed pharmacy within a reasonable distance of the closing pharmacy; and
  - (B) move all signs or notify the landlord or owner of the property that it is unlawful to use the word "pharmacy" either in English or any other language, or any other word or combination of words of the same or similar meaning, or any graphic representation that would mislead or tend to mislead the public that a pharmacy is located at the address.

(c) After closing.

(1) Within ten days after the closing of the pharmacy, the pharmacist-in-charge shall forward to the board a written notice of the closing which includes the following information:

(A) the actual date of closing;

(B) the license issued to the pharmacy;

(C) a statement attesting:

(i) that an inventory as specified in §291.17 of this title (relating to Inventory Requirements) has been conducted; and

(ii) the manner by which the dangerous drugs and controlled substances possessed by the pharmacy were transferred or disposed; and

(D) if the pharmacy dispenses prescription drug orders, the name and address of the pharmacy to which the prescription drug orders, including refill information, and patient medication records were transferred.

(2) If the pharmacy is registered to possess controlled substances, send a letter to the:

(A) appropriate DEA divisional office explaining that the pharmacy has closed. Include the following items with the letter:

(i) DEA registration certificate;

(ii) all unused DEA order forms (222) with the word VOID written on the face of each order form; and

(iii) copy 2 of any DEA order forms (222) used to transfer Schedule II controlled from the closed pharmacy;

(B) the Texas Department of Public Safety (DPS) explaining that the pharmacy has closed and include the DPS registration certificate.

(3) Once the pharmacy has notified the board that the pharmacy is closed, the license may not be renewed. The pharmacy may apply for a new license as specified in §291.1 of this title (relating to Pharmacy License Application).

• • •

(e) Joint responsibility. If the pharmacist-in-charge is not available to comply with the requirements of this section, the owner shall be responsible for compliance with the provisions of this section.

Section 291.11. Operation of a Pharmacy.

(a) For the purposes of §565.002(7) of the Texas Pharmacy Act, the following words and terms shall be defined as follows.

• • •

(2) "Ceased to engage in the business described in the application for a license" means the holder of a pharmacy license, once it has been in operation, discontinues operating the pharmacy for a period of 30 days or longer unless the pharmacy experiences a fire or disaster, in which case the pharmacy must comply with §291.3(f) of this title (relating to Notifications).

(b) For the purposes of this section, the term "operating the pharmacy" means the pharmacy shall demonstrate observable pharmacy business activity on a regular, routine basis, including a sufficient number of transactions of receiving, processing, or dispensing prescription drug orders or medication drug orders.

• • •

Section 291.31. Definitions.

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

• • •

(34) Pharmacist-in-charge—The pharmacist designated on a pharmacy license as the pharmacist who has the authority or responsibility for a pharmacy's compliance with laws and rules pertaining to the practice of pharmacy.

• • •

Section 291.32. Personnel.

(a) Pharmacist-in-charge.

(1) General.

(A) Each Class A pharmacy shall have one pharmacist-in-charge who is employed on a full-time basis, who may be the pharmacist-in-charge for only one such pharmacy; provided, however, such pharmacist-in-charge may be the pharmacist-in-charge of:

(i) more than one Class A pharmacy, if the additional Class A pharmacies are not open to provide pharmacy services simultaneously; or

(ii) during an emergency, up to two Class A pharmacies open simultaneously if the pharmacist-in-charge works at least 10 hours per week in each pharmacy for no more than a period of 30 consecutive days.

• • •

(2) Responsibilities. The pharmacist-in-charge shall have responsibility for the practice of pharmacy at the pharmacy for which he or she is the pharmacist-in-charge. The pharmacist-in-charge may advise the owner on administrative or operational concerns. The pharmacist-in-charge shall have responsibility for, at a minimum, the following:

• • •

(H) legally operating the pharmacy, including meeting all inspection and other requirements of all state and federal laws or sections governing the practice of pharmacy; and

• • •

B. PROCEDURAL

If the Texas State Board of Pharmacy finds that grounds exist for discipline, the Board may assess penalties pursuant to Section 565.051 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2019), and Section 281.65(2)(AA) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2020).

Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2019):

Section 565.051. Discipline Authorized.

On a determination that a ground for discipline exists under Subchapter A, or that a violation of this subtitle or a rule adopted under this subtitle has been committed by a license holder or applicant for a license or renewal of a license, the board may:

(1) suspend the person's license;
(2) revoke the person's license;
(3) restrict the person's license to prohibit the person from performing certain acts or from practicing pharmacy or operating a pharmacy in a particular manner for a term and under conditions determined by the board;
(4) impose an administrative penalty under Chapter 566;
(5) refuse to issue or renew the person's license;
(6) place the offender's license on probation and supervision by the board for a period determined by the board and impose a requirement that the license holder:
    (A) report regularly to the board on matters that are the basis of the probation;
    (B) limit practice to the areas prescribed by the board;
    (C) continue or review professional education until the license holder attains a degree of skill satisfactory to the board in each area that is the basis of the probation; or
    (D) pay the board a probation fee to defray the costs of monitoring the license holder during the period of probation;
(7) reprimand the person;
(8) retire the person's license as provided by board rule; or
(9) impose more than one of the sanctions listed in this subsection.

• • •

Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2020):

Section 281.65. Schedule of Administrative Penalties.

The board has determined that the assessment of an administrative penalty promotes the intent of 551.002 of the Act. In disciplinary matters, the board may assess an administrative penalty in addition to any other disciplinary action in the circumstances and amounts as follows:

• • •

(2) The following violations by a pharmacy may be appropriate for disposition with an administrative penalty with or without additional sanctions or restrictions:

• • •

(AA) failing to operate a pharmacy as specified in §291.11 of this title: $3,000; and

• • •

(4) Any of the violations listed in this section may be appropriate for disposition by the administrative penalties in this section in conjunction with any other penalties in §281.61 of this chapter.

(5) Each day a violation continues or occurs is a separate violation for purposes of imposing a penalty or fine.

(6) The amount, to the extent possible, shall be based on:

(A) the seriousness of the violation, including the nature, circumstances, extent, and gravity of any prohibited act, and the hazard or potential hazard created to the health, safety, or economic welfare of the public;

(B) the aggravating and mitigating factors in §281.62 of this title (relating to Aggravating and Mitigating Factors);

(C) the amount necessary to deter a future violation; and

(D) and other matter that justice may require.

4

TEXAS STATE BOARD OF PHARMACY

LICENSE SUMMARY

NAME:	Nextcare Pharmacy
ADDRESS:	10021 South Main Street Suite B-2A Houston, Texas 77025
TYPE:	Community Pharmacy
LICENSE #:	31218
STATUS:	Active
ISSUED:	01/26/2017
EXPIRATION:	01/31/2021
CURRENT PHARMACIST-IN-CHARGE:	Michael Dwayne Hamilton
LICENSE #:	36578
DESIGNATED:	12/08/2017
FORMER PHARMACIST-IN-CHARGE:	Syed Habib Ur Rehman Zaidi
LICENSE #:	56094
DESIGNATED:	01/26/2017
DEPARTED:	09/28/2017

CHANGE OF PHARMACIST-IN-CHARGE (PIC)

Pharmacy Name: NEXTCARE PHARMACY Pharmacy Lic. #: 31218

Street: 10021 S. MAIN STREET STE. B-2A

City: HOUSTON State: TX Zip Code: 77025

An Inventory, as specified in §291.17, has been taken on 9/28/17

By my signature, I acknowledge that I am the pharmacist-in-charge of this pharmacy, and the required change of PIC inventory has been taken. I further attest that I have read and understand the laws and rules relating to this class of pharmacy.

INCOMING PHARMACIST IN CHARGE

Printed Name: **Texas Rph License Number:

*Signature: New PIC unavailable. Date:

DEPARTING PHARMACIST IN CHARGE

Printed Name: SYED HABIB UR REHMAN ZAIDI Rph License Number: 56094

*Signature: Date: 9/28/17

Will you remain on staff? ☐ YES ☒ NO

**Note. If the departing and the incoming pharmacists-in-charge are unable to conduct the inventory together, see requirements in Rule 291.17(g). If either is unavailable, please indicate the reason on the signature line.*

This form is for the purpose of change in PIC only -- all other employment changes should be submitted online at http://www.pharmacy.texas.gov/changeaddress.asp

Please complete and mail or fax to:

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE STREET SUITE 3-500
AUSTIN TX 78701
(512) 305-8000 Voice
(512) 305-8075 FAX

DATA ENTERED
SEP 29 2017
MARCIE TAPIA

**Non-Resident Pharmacist-in-Charge must have a Texas Pharmacist License, see Rule §291.103

KEEP A COPY OF THIS NOTIFICATION AT THE PHARMACY

Chg_PIC (06/17)

CHANGE OF PHARMACIST-IN-CHARGE (PIC)

Pharmacy Name: NEXTCARE PHARMACY Pharmacy Lic.#: 31218

Street: 10021 S. MAIN STREET STE. B-2A

City: HOUSTON State: TX Zip Code: 77025

An inventory, as specified in §291.17, has been taken on: 9/28/17

By my signature, I acknowledge that I am the pharmacist-in-charge of this pharmacy, and the required change of PIC inventory has been taken. I further attest that I have read and understand the laws and rules relating to this class of pharmacy.

INCOMING PHARMACIST IN CHARGE

Printed Name: HAMILTON, Michael Hamilton **Texas Rph License Number: 36578

*Signature: New PIC unavailable. Michael Hamilton Date: Dec. 08, 2017

DEPARTING PHARMACIST IN CHARGE

Printed Name: SYED HABIB UR REHMAN ZAIDI Rph License Number: 56094

*Signature: [signature] Date: 9/28/17

Will you remain on staff? ☐ YES ☒ NO

*Note: If the departing and the incoming pharmacists-in-charge are unable to conduct the inventory together, see requirements in Rule 291.17(g). If either is unavailable, please indicate the reason on the signature line.

This form is for the purpose of change in PIC only -- all other employment changes should be submitted online at http://www.pharmacy.texas.gov/changeaddress.asp

Please complete and mail or fax to:

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE STREET SUITE 3-500
AUSTIN TX 78701
(512) 305-8000 Voice
(512) 305-8075 FAX

DATA ENTERED
DEC 12 2017
MARCIE TAPIA

**Non-Resident Pharmacist-in-Charge must have a Texas Pharmacist License, see Rule§291.103

KEEP A COPY OF THIS NOTIFICATION AT THE PHARMACY

Chg_PIC (06/17)

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *NEXTCARE PHARMACY*

License Number: *31218*

Address: *10021 S. MAIN ST STE B-2A, HOUSTON, TX 77025*

Phone: *(713) 492-2088*

Email:

Class of License: *A*

License Expiration: *01/31/2021*

DEA #: *FN7521481*

DEA Expiration: *10/31/2020*

Inspection Information

Type: *Compliance*

Purpose: *Routine*

Date: *10/28/2019*

Entry Time: *9:05 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Michael Dwayne Hamilton

Witnesses

Kathy A. Salinas

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AGREED BOARD ORDER #2020-01141

RE: IN THE MATTER OF
NEXTCARE PHARMACY
(PHARMACY LICENSE #31218)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 31218 issued to Nextcare Pharmacy (Respondent), 10021 South Main Street, Suite B-2A, Houston, Texas 77025.

By letter dated April 7, 2020, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 551.003(29); and 565.002(a)(3) and (7) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and

Sections 291.5(a), (b), (c) and (e); 291.11(a)(2) and (b); 291.31(34); 291.32(a)(1)(A); and 291.32(a)(2)(H) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

COUNTS

(1) On or about September 28, 2017, through on or about December 7, 2017, Nextcare Pharmacy, 10021 South Main Street, Suite B-2A, Houston, Texas 77025, was engaged in the operation of a pharmacy in violation of Texas State Board of Pharmacy Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge.

(2) On or about September 9, 2017, through on or about January 7, 2018, Nextcare Pharmacy, 10021 South Main Street, Suite B-2A, Houston, Texas 77025, failed to legally operate, in that the pharmacy ceased to engage in the business of pharmacy for a period of thirty days or longer. Specifically, records obtained during an inspection by a Board inspector on October 28, 2019, indicate that no prescriptions were dispensed from September 9, 2017, to January 7, 2018, and that the pharmacy resumed dispensing on or about January 8, 2018.

By letter dated April 7, 2020, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Azim Karim, Managing Officer, Nextcare Pharmacy, LLC, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives

the right to an informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of four thousand dollars ($4,000) due one hundred twenty (120) days after the entry of this Order.

(2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2019), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2020).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS _____ day of _____, _____.

_____
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

_____
Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

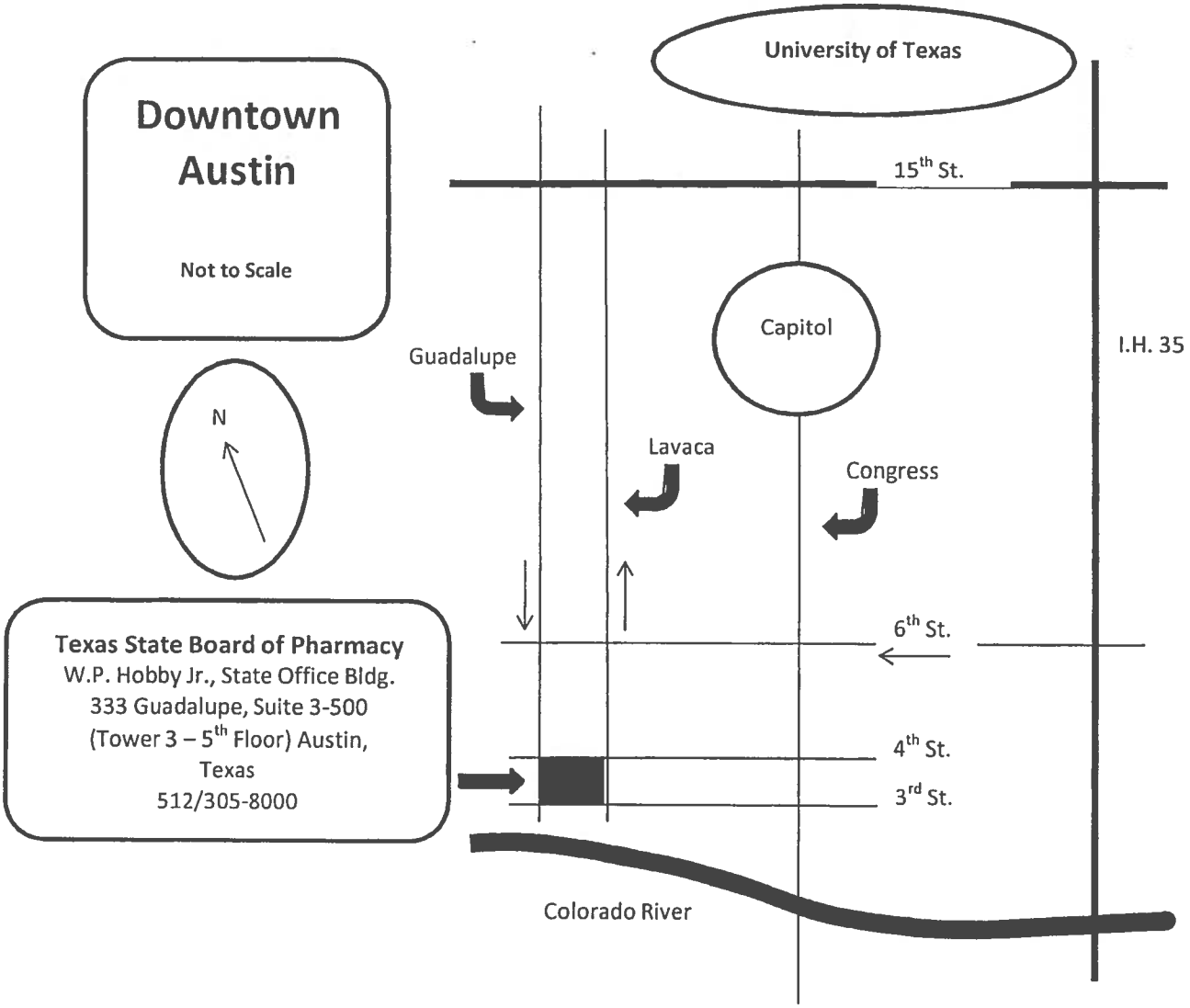
APPROVED AS TO FORM AND AGREED TO:

_____
Azim Karim, Managing Officer, Nextcare Pharmacy, LLC
On behalf of Nextcare Pharmacy

APPROVED AS TO FORM:

_____
Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

6



W.P. Hobby Jr., State Office Building: The entrance to the W.P. Hobby Jr. State Office Building is on Guadalupe between 3rd and 4th Street.

Security Procedures All visitors to the William P. Hobby Building will be required check in at the Security Guard Station to sign a log and receive a visitor's pass. Any individual attending an Informal Conference will need to inform the building's security officer that he/she will be attending an Informal Conference with the Texas State Board of Pharmacy, and provide the officer with a government-issued photo ID. Please allow additional time to go through the security process. Failure to provide a government-issued photo ID may result in delaying an individual's arrival to the Informal Conference.

Parking: Please note, the Board does not reimburse or validate parking. All parking costs are the responsibility of the Respondent. Plan to allow adequate time to find parking. There is limited parking available to the general public at several pay-as-you-park lots and metered parking spaces around and within two blocks of the W.P. Hobby Jr. State Office Building.

11B

RECEIVED
6

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*** 02968
Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TheraCom, LLC dba: TheraCom

Physical Address: 345 International Blvd, STE 200, Brooks, KY 40109

Mailing Address: 5025 Plano Parkway

City: Carrollton State: TX Zip Code: 75010

Telephone: 877-654-7812 Fax: 877-654-7813

Toll Free Number: 877-654-7812 (Required per NAC 639.708)

E-mail: Jchicoli@amerisourcebergen.com Website: N/A

Managing Pharmacist: Jack McGuire License Number: 015606

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☑ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☑	☐ Other: Out of State	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
All boxes must be checked		☐	☑ Mail Service Sterile Compounding **
For the application to be complete		☐	☑ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

John A. Chon

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

John G. Chon

Print Name of Authorized Person

6/25/20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Ohio

Parent Company if any: AmerisourceBergen Corporation

Corporation Name: AmerisourceBergen Consulting Services, LLC

Mailing Address: 1300 Morris Drive, Suite 100

City: Chesterbrook State: PA Zip: 19087

Telephone: 610-727-7000 Fax: 469-365-8274

Contact Person: John Chicoli: 636-541-2307 : Jchicoli@amerisourcebergen.com

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: March 16, 2001

Registration number issued: 333-68278

Stock Exchange: ABC

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 8 pm

Saturday On-call am 24/7 pm

Sunday On-call am 24/7 pm

24 Hours On-call

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, John G. Chou

Responsible Person of TheraCom, L.L.C.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

John G. Chou

Print Name of Authorized Person

6/25/20

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
~~County~~ Denton COUNTY)

I, John G. Chou, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the SVP & General Counsel for TheraCom, L.L.C. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, John G. Chou, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

John G. Chou
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
25 day of June, 2020.

John Chou
NOTARY PUBLIC

JOHN CHICOLI
Notary Public, State of Texas
Comm. Expires 01-31-2023
Notary ID 131876488

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THERACOM, L.L.C., an Ohio Limited Liability Company, Registration Number 934236, was organized within the State of Ohio on March 6, 1996, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of June, A.D. 2020.

Ohio Secretary of State

Validation Number: 202015604092

Kentucky Board of Pharmacy

License Verification Details

Detail for License Number P07549

THERACOM LLC

dba THERACOM
345 INTERNATIONAL BLVD
STE 200
BROOKS, KY 40109

Kentucky Board of Pharmacy

State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601

License Information

Expiration Date	6/30/2021
Effective Date	2/5/2013
Status of Permit	Active
Board Action	Yes
Case Number(s)	18-0386

The Kentucky Board of Pharmacy website is considered primary source verification and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Resident Pharmacy

EFFECTIVE DATE: 02/05/2013

NUMBER: P07549

EXPIRATION DATE: 06/30/2021

PIC: JACK MICHAEL MCGUIRE

Issued to:
THERACOM LLC
dba THERACOM

345 INTERNATIONAL BLVD
STE 200
BROOKS, KY 40109

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address. and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

5025 Plano Parkway
Carrollton, TX 75010

jchicoli@amerisourcebergen.com

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of June, A.D. 2020.

Ohio Secretary of State

Validation Number:
202015604256

OHIO SECRETARY OF STATE
PROCESSING STATEMENT
07/08/96

CHARTER NUMBER: 034236
ROLL AND FRAME: 5554-0566

CORPORATION:	DOCUMENT NUMBER	CODE	FEE
THERACOM, INC. FORMERLY D-L INTEGRATED HEALTH, INC.	9606105230 1	AMD	35.00
	9606105230 1	TIC	5.00
		CHN	NO FEE

05554-0566

001331

RETURN TO: BERICK, PEARLMAN & MILLS
ATTN R J OMERZA
1111 SUPERIOR AVE #1350
CLEVELAND OH 44114-2560

TOTAL : 40.00

0279

The State of Ohio

Bob Taft

Secretary of State

05554-0567

934236

Certificate

It is hereby certified that the Secretary of State of Ohio has custody of the Records of Incorporation and Miscellaneous Filings; that said records show the filing and recording of: AMD TIC CHN

of:

THERACOM, INC. FORMERLY D-L INTEGRATED HEALTH, INC.

United States of America
State of Ohio
Office of the Secretary of State

Recorded on Roll 5554 at Frame 0568 of the Records of Incorporation and Miscellaneous Filings.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio, this 10TH day of JUNE .

A.D. 19 96 .

Bob Taft

Bob Taft
Secretary of State

05554-0008

734236
APPROVED
By RB
Date 10/10/96
Amount 35.00
9606105.2301

CERTIFICATE OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
D-L INTEGRATED HEALTH, INC.

The undersigned officers of D-L INTEGRATED HEALTH, INC., an Ohio corporation (the "Corporation"), do hereby certify that in a writing signed by all of the Shareholders of the Corporation as permitted by Section 1701.54 of the Ohio Revised Code, the following amendment to the Articles of Incorporation was adopted as of May 20th, 1996:

RESOLVED, that Article First of the Articles of Incorporation of the Corporation shall be amended in its entirety to read as follows:

FIRST: The name of the Corporation shall be THERACOM, INC. (the "Corporation").

IN WITNESS WHEREOF, the undersigned officers of the Corporation have hereunto set their hands as of the 21st day of May, 1996.

Robert K. Dresing,
Chairman of the Board

Gary S. Desberg, Secretary

RECEIVED
JUL 16 '96
SECRETARY OF STATE

05554-0569

BERICK, PEARLMAN & MILLS

A LEGAL PROFESSIONAL ASSOCIATION
1350 EATON CENTER
1111 SUPERIOR AVENUE
CLEVELAND, OHIO 44114-2580
(216) 861-4900
FAX (216) 861-4920

JAMES H. BERICK
SAMUEL G. PEARLMAN
OSBORNE MILLS III
WILLIAM M. MILLS
PAUL J. SINGERMAN
GARY S. DESBERG
DANIEL G. BRICK

JOSEPH G. BERICK
JOAN M. GROSS
CHRISTINE A. MURPHY
EDMUND G. KAUNITZ
LAURA D. NEMETH
LOREN E. BENDALL
RAPHAEL J. OMERZA

June 6, 1996

NR6114410
4/15/96
5488 1034

VIA FEDERAL EXPRESS

Ohio Secretary of State
Filings of Articles
30 East Broad Street
Columbus, Ohio 43266-0418

CORRESPONDENCE

Re: D-L Integrated Health, Inc.

Dear Sir/Madam:

Enclosed for filing on behalf of the above-captioned corporation, please find one (1) Certificate of Amendment to Articles of Incorporation. Please see that this document is properly filed, time-stamped and returned to me in the enclosed self-addressed, stamped envelope. Our firm check payable to the Ohio Secretary of State in the amount of $35.00 is enclosed to cover the cost of this filing.

~~After filing~~ the above-referenced document, please forward a Certificate of Good Standing for the above-captioned, newly-named, corporation to me in the second enclosed self-addressed, stamped envelope. A second firm check payable to the Ohio Secretary of State in the amount of $5.00 is enclosed to cover the cost of this request.

If you have any questions or concerns regarding the foregoing, please do not hesitate to call me COLLECT.

Thank you for your assistance.

Very truly yours,

Raphael J. Omerza

RECEIVED
JUN 10 1996
SECRETARY OF STATE

RJO:j

Enclosures

cc: Gary S. Desberg Esq.

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of June, A.D. 2020.

Ohio Secretary of State

Validation Number:
202015604256

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/07/2001	200103602634	MERGER/DOMESTIC (MER)	50.00	10.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

C.T. CORPORATION SYSTEM
17 S. HIGH STREET
LAURA CAUDILL
COLUMBUS, OH 43215

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

934236

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THERACOM, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
MERGER/DOMESTIC	**200103602634**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of January, A.D. 2001.

J. Kenneth Blackwell

Ohio Secretary of State

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/07/2001	200103602634	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

C.T. CORPORATION SYSTEM
17 S. HIGH STREET
LAURA CAUDILL
COLUMBUS, OH 43215

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

917780

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

D-L BIOMEDICAL, INC.

and, that said business records show the filing and recording of:

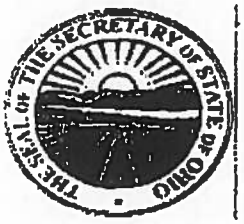
Document(s)	Document No(s):
MERGED OUT OF EXISTENCE	**200103602634**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of January, A.D. 2001.

J. Kenneth Blackwell

Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the **Forms Inventory List** (using the 3 digit form # located at the bottom of this form). To obtain the **Forms Inventory List** or for assistance, please call Customer Service:
Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form
☒ Yes

CERTIFICATE OF MERGER

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

I. **SURVIVING ENTITY**

A. The name of the entity surviving the merger is:
THERACOM, INC.

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: **(Please check the appropriate box and fill in the appropriate blanks)**

☒ Domestic (Ohio) for-profit corporation, charter number 934236

☐ Domestic (Ohio) non-profit corporation, charter number _____

☐ Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of _____ and licensed to transact business in the State of Ohio under license number _____

☐ Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of _____ and NOT licensed to transact business in the state of Ohio,

☐ Domestic (Ohio) limited liability company, with registration number _____

☐ Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____ and registered to do business in the State of Ohio under registration number _____

☐ Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____ and NOT registered to do business in the State of Ohio.

☐ Domestic (Ohio) limited partnership, with registration number _____

☐ Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____

☐ Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____ and NOT registered to do business in the state of Ohio.

☐ Domestic (Ohio) partnership having limited liability, with the registration number _____

J. Kenneth Blackwell

Secretary of State

☐ Foreign (Non-Ohio) partnership having limited liability organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____

☐ Foreign (Non-Ohio) non-profit incorporation under the laws of the state/county of _____ and licensed to transact business in the state of Ohio under license number _____

☐ Foreign (Non-Ohio) non-profit incorporation under the laws of the state/county of _____ and not licensed to transact business in the state of Ohio.

II. MERGING ENTITY

The name, charter/license/registration number, type of entity, state/country of incorporation or organization, respectively, of which is a party to the merger are as follows: **(If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the merging entities)**

Name	State/Country of Organization	Type of Entity
D-L BIOMEDICAL, INC.	Ohio-Charter No. 917780	Corp. for Profit

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

TheraCom, Inc. (name) — 6931 Arlington Road, Suite 301 (street and number)

Bethesda (city, village or township) — Maryland (state) — 20814 (zip code)

IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on: _____ (if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing, if no date is specified, the date of filing will be the effective date of the merger).

V. MERGER AUTHORIZED

The laws of the state or country under which each constituent entity exists, permits this merger.

This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

VI. STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

Andrew Service Corporation (name) — 4900 Key Tower, 127 Public Square (street and number)

Cleveland (city, village or township), Ohio — 44114 (zip code)

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

J. Kenneth Blackwell

Secretary of State

ANDREW SERVICE CORPORATION

Signature of Agent By: George R. Barry Vice President
Vice President
George R. Barry

(The acceptance of agent must be completed by domestic surviving entities if through this merger the statutory agent for the surviving entity has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

IX. AMENDMENTS – NO CHANGE

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended. Please see attached "Exhibit A." (Please note, if there will be no change please state "no change")

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

_____ (name) _____ (street and number)

_____ (city, village or township), Ohio _____ (zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's, or partnership having limited liability's license or registration to do business in Ohio expires or is canceled.

B. The qualifying entity also states as follows: (Complete only if applicable)

1. **Foreign Notice Under Section 1703.031**
   (If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)
   (a.) The name of the Foreign Nationally/Federally chartered bank, savings bank, or savings and loan association is _____
   (b.) The name(s) of any Trade Name(s) under which the corporation will conduct business:
   _____
   _____
   _____
   (c.) The location of the main office (non-Ohio) shall be:
   _____ (street address)
   _____ (city, township, or village) _____ (county) _____ (state) _____ (zip code)

J. Kenneth Blackwell
Secretary of State

(d.) The principal office location in the state of Ohio shall be:

_____
(street address)

_____ _____ _____ _____
(city, township, or village) (county) (state) (zip code)

(Please note, if there will not be an office in the state of Ohio, please list none.)

(c.) The corporation will exercise the following purpose(s) in the state of Ohio:
(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)

_____

_____

2. **Foreign Qualifying Limited Liability Company**
(If the qualifying entity is a foreign limited liability company, the following information must be completed.)
(a.) The name of the limited liability company in its state of organization/registration is

_____

(b.) The name under which the limited liability company desires to transact business in Ohio is

_____

(c.) The limited liability company was organized or registered on _____
under the laws of the state/country of _____
(d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

_____
(street address)

_____ _____ _____
(city, township, or village) (state) (zip code)

3. **Foreign Qualifying Limited Partnership**
(If the qualifying entity is a foreign limited partnership, the following information must be completed) .
(a.) The name of the limited partnership is

_____

(b). The limited partnership was formed on _____

(c.) The address of the office of the limited partnership in its state/country of organization is:

_____
(street address)

_____ _____ _____ _____
(city, township, or village) (county) (state) (zip code)

(d.) The limited partnership's principal office address is:

_____
(street address)

_____ _____ _____ _____
(city, township, or village) (county) (state) (zip code)

(e.) The names and business or residence addresses of the General partners of the partnership are as follows:

Name	Address

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

J. Kenneth Blackwell
Secretary of State

(f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

_____
(street address)

_____ _____ _____ _____
(city, township, or village) (county) (state) (zip code)

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

4. **Foreign Qualifying Partnership Having Limited Liability**

(a.) The name of the partnership shall be

_____

(b.) Please complete the following appropriate section (either item b(1) or b(2)):

(1.) The address of the partnership's principal office in Ohio is:

_____
(street name and number)

_____, Ohio _____
(city, village or township) (zip code)

(If the partnership does not have a principal office in Ohio, then items b2 and item c must be completed)

(2.) The address of the partnership's principal office (Non-Ohio):

_____
(street address)

_____ _____ _____
(city, township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

_____
(name) (street and number)

_____, Ohio _____
(city, village or township) (zip code)

(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

_____

(e.) The business which the partnership engages in is:

_____

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

THERACOM, INC.
(Exact name of entity)

By: [signature]
Its: Chairman and Chief Executive Officer ~~Robert K. Dresing~~
Date: December 18, 2000

D-L BIOMEDICAL, INC.
(Exact name of entity)

By: [signature]
Its: Chairman and Chief Executive Officer ~~Robert K. Dresing~~
Date: December 18, 2000

J. Kenneth Blackwell
Secretary of State

THERACOM, INC.
(Exact name of entity)
By: [signature]
Its: Secretary Gary S. Desberg
Date: December 18, 2000

D-L BIOMEDICAL, INC.
(Exact name of entity)
By: [signature]
Its: Secretary Gary S. Desberg
Date: December 18, 2000

(Exact name of entity)
By:
Its:
Date:

(Exact name of entity)
By:
Its:
Date:

(Exact name of entity)
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Its:
Date:

(Exact name of entity)
By:
Its:
Date:

(Exact name of entity)
By:
Its:
Date:

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of June, A.D. 2020.

Ohio Secretary of State

Validation Number:
202015604256

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/02/2001	200103300472	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	210.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

SINGERMAN MILLS DESBERG & KAUNTZ
GARY S DESBERG
30000 CHAGRIN BLVD #200
PEPPER PIKE, OH 44124

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

934236

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THERACOM, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
DOMESTIC/AMENDMENT TO ARTICLES	**200103300472**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of January, A.D. 2001.

J. Kenneth Blackwell

Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the **Forms Inventory List** (using the 3 digit form # located at the bottom of this form). To obtain the **Forms Inventory List** or for assistance, please call Customer Service:
Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form
☑ Yes

CERTIFICATE OF AMENDMENT BY SHAREHOLDERS TO ARTICLES OF

THERACOM, INC.
(Name of Corporation)

934236
(charter number)

Gary S. Desberg, who is the Secretary
(name) (title)

of the above named Ohio corporation organized for profit, does hereby certify that: (Please check the appropriate box and complete the appropriate statements.)

☐ a meeting of the shareholders was duly called and held on _____, at which meeting a quorum the shareholders was present in person or by proxy, and that by the affirmative vote of the holders of shares entitling them to exercise _____% of the voting power of the corporation,

☑ in a writing signed by all the shareholders who would be entitled to notice of a meeting held for that purpose, the following resolution to amend the articles was adopted:

NOW, THEREFORE, BE IT RESOLVED, that Article Fourth of the Articles of Incorporation of the Corporation shall be amended and restated in its entirety as follows:

(A) The aggregate number of shares of capital stock which the corporation shall be authorized to have outstanding is Four Thousand (4,000), divided into (i) Three Hundred (300) Common Shares without par value (the "Common Shares"), and (ii) Three Thousand Seven Hundred (3,700) Class B Common Shares without par value (the "Class B Common Shares");

(B) The Common Shares and the Class B Common Shares shall be identical in all respects except that the holders of Class B Common Shares shall have no voting power for any purpose except as required by law, and the holders of the Common Shares shall have one (1) vote per share for each Common Shares for all purposes;

IN WITNESS WHEREOF, the above named officer, acting for and on behalf of the corporation, has hereunto subscribed his (his/her) name on January 18, 2001 (date)

Signature: [signature]

Title: Secretary

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of June, A.D. 2020.

Ohio Secretary of State

Validation Number:
202015604256

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/06/2004	200428000916	MERGER/DOMESTIC (MER)	125.00	100.00	.00	.00	5.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

934236

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THERACOM, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
MERGER/DOMESTIC	**200428000916**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of October, A.D. 2004.

J. Kenneth Blackwell

Ohio Secretary of State

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/06/2004	200428000916	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

876206

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

DRESSING-LIERMAN, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
MERGED OUT OF EXISTENCE	**200428000916**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of October, A.D. 2004.

J. Kenneth Blackwell

Ohio Secretary of State

Prescribed by J. Kenneth Blackwell
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)	
O Yes	PO Box 1390 Columbus, OH 43216 — Requires an additional fee of $100 —
O No	PO Box 1329 Columbus, OH 43216

...ohio.oh.us/sos
...@sos.state.oh.us

CERTIFICATE OF MERGER

(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee $125.00

(154-MER)

...the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, ... companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, ...the following facts:

I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

TheraCom, Inc.

...me Change: As a result of this merger, the name of the surviving entity has been changed to the following:

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)

X ...(Ohio) For-Profit Corporation, charter number 934236

☐ Domestic (Ohio) Non-Profit Corporation, charter number

☐ Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of and licensed to transact business in the State of Ohio under license number

☐ Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of and NOT licensed to transact business in the state of Ohio.

☐ Domestic (Ohio) Limited Liability Company, with registration number

☐ Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of and registered to do business in the State of Ohio under registration number

☐ Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of and NOT registered to do business in the State of Ohio.

☐ Domestic (Ohio) Limited Partnership, with registration number

☐ Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of and registered to do business in the state of Ohio under registration number

☐ Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of _____ and NOT registered to do business in the state of Ohio.

☐ Domestic (Ohio) Partnership having limited liability, with the registration number _____

☐ Foreign (Non-Ohio) Partnership having limited liability organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____

☐ Foreign (Non-Ohio) Non-Profit incorporation under the laws of the state/county of _____ and licensed to transact business in the state of Ohio under license number _____

☐ Foreign (Non-Ohio) Non-Profit incorporation under the laws of the state/county of _____ and not licensed to transact business in the state of Ohio.

☐ General partnership not registered with the state of Ohio

MERGING ENTITY

Name, charter/license/registration number, type of entity, state/country of incorporation or organization, which is the entities merging out of existence are as follows: (If this is insufficient space to reflect this, please attach a separate sheet listing the merging entities)

Name / charter, license or registration number	State/Country of Organization	Type of Entity
Dressing-Lierman, Inc. 876206	Ohio	Corporation For Profit

AGREEMENT ON FILE

Name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

Denise Sommer (name)

211 Commerce Street, Suite 800 (street) NOTE: P.O. Box Addresses are NOT acceptable.

Nashville (city or township) TN (state) 37201 (zip code)

V. EFFECTIVE DATE OF MERGER

This merger is to be effective on: upon filing (If a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing, if no date is specified, date of filing will be the effective date of the merger).

MERGER AUTHORIZED

The laws of the state or country under which each constituent entity exists, permits this merger.
This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

STATUTORY AGENT

Name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is: CSC-Lawyers Incorporating Service (Corporation Service Company) 50 West Broad Street, Suite 1800

(name) (street) NOTE: P.O. Box Addresses are NOT acceptable.

COLUMBUS, Ohio 43215

(city, village or township) (zip code)

(To be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent _____

(The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. STATEMENT OF MERGER

Effective upon such later date as specified herein, the merging entity/entities listed herein shall merge into the surviving entity.

IX. AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.

☐ Attachments are provided ☒ No Changes

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent

_____ _____

(name) (street) NOTE: P.O. Box Addresses are NOT acceptable.

_____, Ohio _____

(city, village or township) (zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent can not be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business in Ohio expires or is canceled.

2. The qualifying entity also states as follows: (Complete only if applicable)
Foreign Notice Under Section 1703.031
(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)

(a.) The name of the Foreign Nationalh/Federally chartered bank, savings bank, or savings and loan association is

_____

(b.) The name(s) of any Trade Name(s) under which the corporation will conduct business:

_____

_____

_____

(c.) The location of the main office (non-Ohio) shall be:

_____
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

_____ _____ _____ _____
(city, township, or village) (county) (state) (zip code)

(d.) The principal office location in the state of Ohio shall be:

_____
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

_____ _____ Ohio _____
(city, township, or village) (county) (state) (zip code)

(Please note, if there will not be an office in the state of Ohio, please list none.)

(e.) The corporation will exercise the following purpose(s) in the state of Ohio:
(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)

_____

_____

2. Foreign Qualifying Limited Liability Company
(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

(a.) The name of the limited liability company in its state of organization/registration is

_____

(b.) The name under which the limited liability company desires to transact business in Ohio is

_____

(c.) The limited liability company was organized or registered on _____
under the laws of the state/country of _____

(d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

(city, township, or village) (state) (zip code)

3. Foreign Qualifying Limited Partnership

(If the qualifying entity is a foreign limited partnership, the following information must be completed).

(a.) The name of the limited partnership is

(b.) The limited partnership was formed on

(c.) The address of the office of the limited partnership in its state/country of organization is:

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

(city, township, or village) (county) (state) (zip code)

The limited partnership's principal office address is:

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

(city, township, or village) (county) (state) (zip code)

(e.) The names and business or residence addresses of the General partners of the partnership are as follows:

Name	Address

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

(f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

(city, township, or village) (county) (state) (zip code)

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

4. Foreign Qualifying Partnership Having Limited Liability

(a.) The name of the partnership shall be

_____

(b.) Please complete the following appropriate section (either item b(1) or b(2)):

The address of the partnership's principal office in Ohio is:

_____
(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

_____, Ohio _____
(city, village or township) (zip code)

(If the partnership does not have a principal office in Ohio, then items b2 must be completed)

(2.) The address of the partnership's principal office (Non-Ohio):

_____
(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

_____ _____ _____
(city, township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

_____
(name)

_____
(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

_____, Ohio _____
(city, village or township) (zip code)

Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

_____

(e.) The business which the partnership engages in is:

_____

_____

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

TheraCom, Inc.	Dresing-Lierman, Inc.
(Exact name of entity)	(Exact name of entity)
By: Denise Sommer	By: Denise Sommer
Its: Assistant Corporate Secretary	Its: Assistant Corporate Secretary
Date: October 4, 2004	Date: October 4, 2004
(Exact name of entity)	(Exact name of entity)
By:	By:
Its:	Its:
Date:	Date:
(Exact name of entity)	(Exact name of entity)
By:	By:
Its:	Its:
Date:	Date:
(Exact name of entity)	(Exact name of entity)
By:	By:
Its:	Its:
Date:	Date:
(Exact name of entity)	(Exact name of entity)
By:	By:
Its:	Its:
Date:	Date:
(Exact name of entity)	(Exact name of entity)
By:	By:
Its:	Its:
Date:	Date:

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of June, A.D. 2020.

Ohio Secretary of State

Validation Number:
202015604256

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/01/2007	200712101432	CONVERSION WITHIN SOS RECORDS (CVS)	125 00	100.00	.00	.00	00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
ATTN LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

934236

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THERACOM, L.L.C.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
CONVERSION WITHIN SOS RECORDS (CHANGE BUSINESS TYPE DOM. LIMITED LIABILITY CO)	**200712101432**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of April, A.D. 2007.

Jennifer Brunner

Ohio Secretary of State

Prescribed by
Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

☒ Expedite	P.O. Box 1390 Columbus, OH 43216 *** Requires an additional $100.00 fee ***
☐ Non Expedite	P.O. Box 1329 Columbus, OH 43216

CERTIFICATE OF CONVERSION
FOR ENTITIES CONVERTING WITHIN OR OFF THE RECORDS OF THE OHIO SECRETARY OF STATE
Filing Fee $125.00

Pursuant to: 1701.811, 1705.381, 1775.55, and 1782.4310 of the Revised Code for the State of Ohio, (as applicable), the undersigned converting business entity does hereby submit these Articles of Conversion for the purpose of converting to a different business entity.

Box 1	Box 2
☒ *Converting Within The Records of the Ohio Secretary of State*	☐ *Converting Off The Records of the Ohio Secretary of State*

Complete the information in this section if Box 1 or Box 2 is checked above

The name of the converting business entity is TheraCom, Inc.

existing under the laws of the state or country of Ohio.

The converting business entity is *(Check One)*

- ☒ Domestic Corporation
- ☐ Domestic Partnerships
- ☐ Foreign Corporation
- ☐ Foreign Limited Liability Co.
- ☐ Foreign Limited Liability Partnership
- ☐ Domestic Limited Liability Co.
- ☐ Domestic Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Partnership
- ☐ Business Trust

The converting entity hereby states they have complied with all laws under the state in which it exists. Furthermore, said law permits for said conversion.

The resulting business entity is *(Check One)*

- ☐ Domestic Corporation
- ☐ Domestic Partnerships
- ☐ Foreign Corporation
- ☐ Foreign Limited Liability Co.
- ☐ Foreign Limited Liability Partnership
- ☒ Domestic Limited Liability Co.
- ☐ Domestic Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Partnership
- ☐ Business Trust

The name of the resulting business entity is TheraCom, L.L.C.

existing under the laws of state or country of Ohio.

The effective date of conversion will be upon filing, unless a date is specified (See Instructions) 11:55pm 04/30/07
Date

The name and address of the person or entity that will provide a copy of the declaration of conversion upon written request:

Sara J. Finley, 211 Commerce Street, Suite 800
Name & Address

Nashville, Tennessee, 37201
City *State* *Zip Code*

Required Information that must accompanying conversion certificate if Box 1 is checked.

If the conversion creates a new domestic corporation, limited liability company, limited partnership or a partnership having limited liability ,attach the form prescribed by the secretary of state for the *specific entity type* to the certificate of conversion. ***(See instructions)***

Required Information that must accompanying conversion certificate if Box 2 is checked.

If the converting entity is a domestic or foreign entity that will not be licensed in this state, provide the name and address of the statutory agent upon whom any process, notice or demand may be served:

Name of Statutory Agent

_____, *Ohio* _____

Street Address *City* *Zip Code*

If the converting entity is a domestic or foreign corporation licensed to transact business in Ohio, and converting off the records, the certificate of conversion must be accompanied by the affidavits herein attached. ***(See instructions)***

IN WITNESS WHEREOF, the declaration of conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Must be signed by:
An authorized representative(s)

Sara J. Finley

Authorized Representative

Sara J. Finley, VP and Secretary

Title

Authorized Representative

Title

Authorized Representative

Title

Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
[redacted]	
● Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
○ No	PO Box 670 Columbus, OH 43216

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)

Filing Fee $125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) ☐ Application for Registration of Foreign Limited Liability Company (108-LFA) ORC 1705 (Date of Formation) (State)

Complete the general information in this section for the box checked above.

Name TheraCom, L.L.C.

☐ ***Check here if additional provisions are attached***

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.Ltd., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) 11:55pm 04/30/2007 *(mm/dd/yyyy)* ***Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.***

This limited liability company shall exist for *(Optional)* _____ (Period of existence)

Purpose *(Optional)* _____

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Optional)

(Name)

(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(City) *(State)* *(Zip Code)*

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

TheraCom, L.L.C.
(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

CSC-Lawyers Incorporating Service (Corporation Service Company)
(Name of Agent)

50 West Broad Street, Suite 1800
(Street) *NOTE: P.O. Box Addresses are NOT acceptable*

Columbus *(City)* Ohio *(State)* 43215 *(Zip Code)*

Must be authenticated by an authorized representative

Sara J. F. — 4/30/07
Authorized Representative — Date
Sara J. Finley, Vice President and Secretary

Authorized Representative — Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

TheraCom, L.L.C.
(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

CSC-Lawyers Incorporating Service (Corporation Service Company)

By: Ann R. Shilling
(Agent's signature)

Ann R. Shilling, Asst. VP

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name)

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) (State) (Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name)

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) Ohio (State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

a. the agent cannot be found, or
b. the limited liability company fails to designate another agent when required to do so, or
c. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED
Must be authenticated (signed) by an authorized representative
(See Instructions)

Sara J. Pinley — 4/30/07

Authorized Representative — Date

Sara J. Pinley, Vice President and Secretary

(Print Name)

Authorized Representative — Date

(Print Name)

Transfer of Ownership
Non-Sale Transfer

AGREEMENT TO SUBLEASE REAL PROPERTY

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC., a California limited liability corporation (formerly Integrated Commercialization Solutions, Inc.) with an address at 5025 Plano Parkway, Carrollton, TX 75010 ("Tenant"), and **PROLOGIS NA2 KENTUCKY V GP**, a Delaware general partnership ("Landlord"), entered into a Lease dated September 27, 2004, as amended by a First Amendment to Lease dated February 2007, a Second Amendment to Lease dated January 13, 2010, and a Third Amendment to Lease dated December 11, 2014 (as amended, the "Lease"), for approximately 123,326 rentable square feet of space in the building located at 345 International Blvd., Brooks, KY known as "Building # 1" (the "Premises"); and

WHEREAS, Tenant and **I.H.S. Acquisition XXX dba: Theracom**, a Delaware corporation with an address at 309 Henderson Drive, Sharon Hill, PA 19079 ("Sublessee") intend to enter into this Agreement to Sublease Real Property (the "Sublease") for the approximately 15,925 rentable square feet of space in the Premises shown on the attached **Exhibit A** (the "Subleased Space"), in "as is" condition and with no representation or warranty as to the condition of the Subleased Space; and

WHEREAS, Sublessee and Tenant are corporate affiliates, commonly owned and controlled by AmerisourceBergen Corporation; and

WHEREAS, the Term of the Lease ends May 31, 2025.

NOW, THEREFORE, TENANT AND SUBLESSEE AGREE AS FOLLOWS:

1. Tenant sublets to Sublessee and Sublessee hires from Tenant the Subleased Space to be used for office and a specialty "closed-door" pharmacy, including but not limited to dispensing and shipping prescription medications to patients in their homes or to physicians as permitted by law and for no other purpose without the written consent of Tenant. Sublessee shall, at Sublessee's expense, comply promptly with all applicable statutes, ordinances, rules, regulations, orders, restrictions of record and requirements in effect during the term of this Sublease or any part of the term hereof regulating the use by Sublessee of the Subleased Space. Sublessee shall not use or permit the use of the Subleased Space in any manner that will tend to create waste or a nuisance or disturb the operations of Tenant. Tenant makes no representations or warranties with respect to the zoning of the Subleased Space for Sublessee's intended use, and Sublessee shall be responsible for obtaining any required zoning or use approvals and permits.

2. The Commencement Date of this Sublease shall be December 1, 2017, and the term of this Sublease shall end on May 31, 2025, unless the Lease is terminated under the terms of the Lease, in which case this Sublease shall terminate on the termination date of the Lease. Sublessee shall have no right to extend the term of this Sublease, except as provided herein. Tenant hereby grants unto Sublessee an option (the "Option") to extend the term of the Sublease for two (2) additional terms of one (1) year each (each, an "Option Term"). The Option shall apply to all space then under the Sublease at the time the Option Term would commence, and shall be on the following terms and conditions:

a. Written notice of Sublessee's exercise of the Option shall be given to Tenant no later than sixty (60) days prior to the end of the current Sublease term.

b. The Option granted hereunder shall be upon the terms and conditions contained in the Sublease and the monthly rent to be paid by Sublessee to Tenant during the Option Term shall be negotiated by the parties.

c. Unless Tenant is timely notified by Sublessee in accordance with subparagraph a. above, it shall conclusively be deemed that Sublessee does not desire to exercise the Option, and the Sublease shall expire in accordance with its terms, at the end of the Term. Sublessee's right to exercise its Option shall be conditioned on: (i) Sublessee not being in material default under the Sublease at the time of exercise of the Option; (ii) the extension of the Term of the Lease by Tenant.

d. After exercise of the Options described above, there shall be no further rights on the part of Sublessee to extend the term of the Sublease.

3. Sublessee shall pay rent to Tenant as follows during the term of this Sublease: (i) base rent in the amount of $5,046.16 per month beginning on the Commencement Date and on the first day of each month thereafter; and (ii) 13% of Operating Expense Payments payable by Tenant to Landlord under Section 6 of the Lease during the term of this Sublease as invoiced by Tenant to Sublessee. All rents due to Tenant and any other moneys due to Tenant under the terms of this Sublease shall be paid to Tenant at the address set forth above, or such other place as Tenant shall designate in writing.

4. This Sublease is expressly made subject to the terms and conditions of the Lease. Sublessee shall use the Subleased Space in accordance with the terms of the Lease and not do or omit to do anything which will breach any of its terms. Sublessee shall assume all the obligations and responsibilities of Tenant under the Lease attached hereto and incorporated herein by reference with respect to the Subleased Premises, except as specifically set forth in this Sublease. Notwithstanding anything to the contrary contained herein, Sublessee shall not be required to make Operating Expense or utility payments to Landlord. Sublessee shall provide an insurance certificate to Landlord pursuant to Section 9 of the Lease. Sublessee shall not assign this Sublease or sublet all or any part of the Subleased Premises.

5. Sublessee agrees to make its own arrangements for and to pay all charges for telephone and other communication services used in and about the Subleased Space directly to the providers. Sublessee shall maintain at its expense the HVAC system serving the Subleased Space pursuant to maintenance contracts in compliance, with respect to the Subleased Space, with Section 11 of the Lease. Sublessee shall provide janitorial services for the Subleased Premises. Sublessee shall reimburse Tenant for costs incurred by Tenant for utilities provided to the Subleased Premises as invoiced by Tenant to Sublessee. Tenant shall have no liability to Sublessee for any interruption in utility services. Tenant shall install and make available to Sublessee a card access system for ingress to the Subleased Premises, at Tenant's cost.

6. Any notices to be sent hereunder shall be addressed to the parties at the addresses set forth on the first page of this Sublease and shall be sent as required by Section 37(a) of the Lease.

7. Sublessee agrees it will grant the same rights, remedies and releases and make the same promises to Tenant that Tenant has granted to Landlord in the Lease, except as otherwise set forth herein.

This Sublease constitutes the entire agreement between the parties with respect to the subject matter set forth herein, and supersedes and replaces all other agreements or understandings of the parties, whether oral or written, with respect thereto.

Signed as of May 15, 2020, but effective December 1, 2017.

TENANT

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC

jack quinn (May 15, 2020)

By: _____
Name: J.F. Quinn
Title: Senior Vice President and Corporate Treasurer

SUBLESSEE

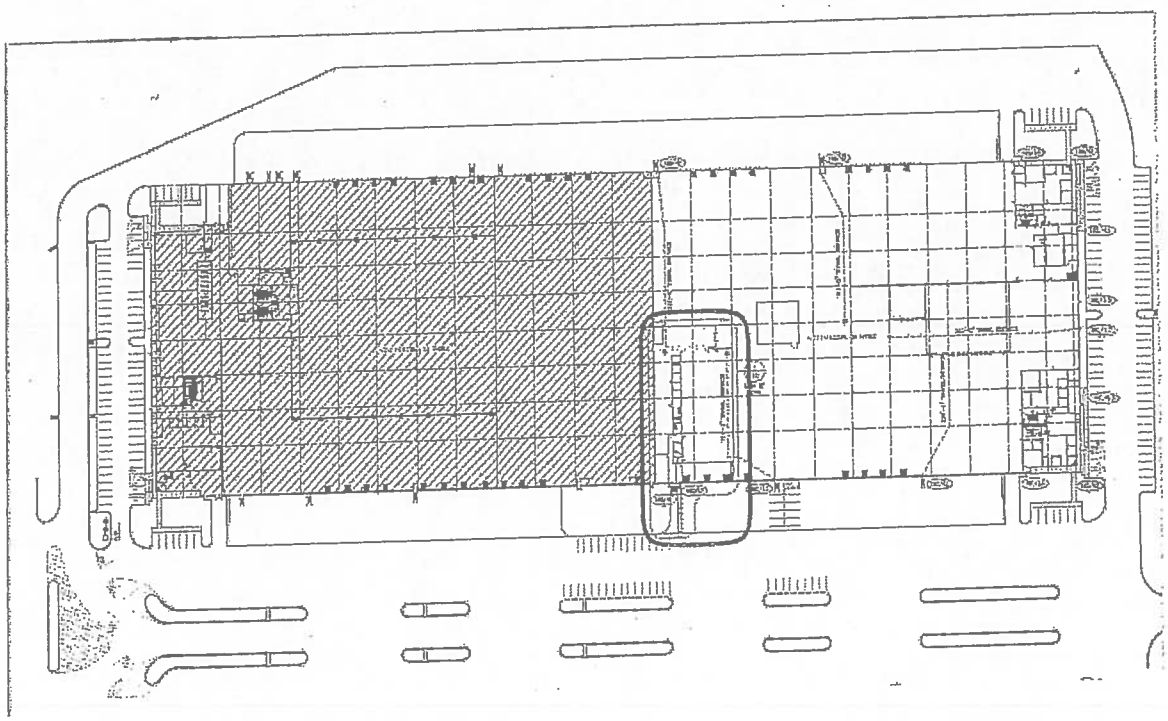
I.H.S. ACQUISITION XXX
DBA THERACOM

Angela Ward
Angela Ward (May 15, 2020)

By: _____
Name: Angela Ward
Title: President

EXHIBIT A

SUBLEASED PREMISES



SUBLEASE ASSIGNMENT AND TENANT CONSENT

For valuable consideration, the receipt and adequacy of which are expressly acknowledged, each of the undersigned parties agree to the following terms of this Sublease Assignment and Tenant Consent (the "Agreement") to the extent attributed to such party:

1. Definitions. The parties agree and stipulate that in this assignment the following terms have the meanings given to them.

(a) Assignor: I.H.S. Acquisition XXX dba: Theracom, a Delaware corporation, with an address at 309 Henderson Drive, Sharon Hill, PA 19079

(b) Assignee: TheraCom, L.L.C., an Ohio limited liability company, with an address at 9717 Key West Avenue, Rockville, MD 20850.

(c) Tenant: Integrated Commercialization Solutions, LLC, a California limited liability company, with an address at 5025 Plano Parkway, Carrollton, TX 75010.

(d) Prime Lease: Lease Agreement dated September 27, 2004, as amended by a First Amendment to Lease dated February 2007, a Second Amendment to Lease dated January 13, 2010, and a Third Amendment to Lease dated December 11, 2014, between Prologis NA2 Kentucky V GP, as landlord, and Tenant for 123,326 rentable square feet of space in the building located at 345 International Blvd., Brooks, KY known as "Building # 1" (the "Premises")

(e) Sublease: Agreement to Sublease Real Property dated May 15, 2020, but effective as of December 1, 2017, a copy of which is attached hereto as Exhibit A, for the approximately 15,925 rentable square feet of space in the Premises identified in the Sublease (the "Subleased Premises")

(f) Effective Date: July 1, 2020

2. Assignment and Delivery of the Subleased Premises. As of the Effective Date, Assignor assigns to Assignee all of Assignor's right, title, and interest as the Sublessee under the Sublease, subject to the terms of this Agreement.

3. Assumption and Acceptance of the Subleased Premises. As of the Effective Date, Assignee assumes and agrees to perform each and every obligation of Assignor under the Sublease, subject to the terms of this Agreement. Assignee will accept the Subleased Premises in the condition as of said date.

4. Assignor's Warranties. Assignor warrants to Assignee that (a) the Sublease is in full force and effect and unmodified, (b) Assignor's interest in the Sublease is free and clear of any liens, encumbrances, or adverse interests of third parties, (c) Assignor has full and lawful authority to assign its interest in the Sublease subject to Tenant's approval, (d) there is no default under the Sublease or any circumstances which by lapse of time or after notice would be a default under the Sublease, and (e) the Sublease attached to this Agreement is a true and complete copy of the Sublease. The warranties contained in this paragraph will be true as of the effective date of this Agreement and shall survive same.

5. Mutual Indemnification. Assignor will indemnify Assignee against and hold Assignee harmless from any and all loss, liability, and expense (including reasonable attorney's fees and court costs) arising out of any breach by Assignor of its warranties contained in this Agreement, and Assignee will indemnify Assignor against and will hold Assignor harmless from any loss, liability, and expense (including reasonable attorney's fees and court costs) arising out of any breach by Assignee of its agreements contained in this Agreement.

6. Consent of Tenant. Tenant consents to the foregoing assignment of the Sublease to Assignee and releases from its obligations as Tenant under the Lease. This consent shall also not in any way be deemed to be a consent to any further assignment.

7. Tenant Confirmations. Tenant confirms that the Lease is in full force and effect in accordance with its terms and is a binding obligation of Tenant.

8. Notice. Any notices to be sent hereunder shall be addressed to the parties at the addresses set forth above and shall be sent as required by Section 37(a) of the Lease, with copies to:

AmerisourceBergen Corporation
1300 Morris Drive
Chesterbrook, PA 19087
Attention: Vice President of Real Estate

with copies to:

AmerisourceBergen Corporation
227 Washington Street (3rd Floor)
Conshohocken, PA 19428
Attention: General Counsel

9. Entire Agreement. This Agreement embodies the entire agreement of Assignor, Assignee, and Tenant, with respect to the subject matter of this Assignment, and it supersedes any prior agreements, whether written or oral, with respect to the subject matter of this Assignment. There are no agreements or understandings which are not set forth in this Agreement. This Agreement may be modified only by a written instrument duly executed by Assignor and Assignee.

10. Binding Effect. The terms and provisions of this Agreement will inure to the benefit of, and will be binding upon, the successors and assigns of Assignor, Assignee, and Tenant.

11. Controlling Law. The terms and provisions of this Agreement shall be construed in accordance with and governed by the laws of the State of Kentucky.

12. Partial Invalidity. If any term, provision or condition contained in this Agreement shall, to any extent, be invalid or unenforceable, the remainder of this Agreement, or the application of such term, provision or condition to persons or circumstances other than with respect to which it is invalid or unenforceable, shall not be affected thereby, and each and every other term, provision and condition of this Agreement shall be valid and enforceable to the fullest extent possible permitted by law.

13. Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be an original, but all of which when taken together shall constitute but one and the same Agreement.

[SIGNATURES ON FOLLOWING PAGE]

The parties have executed this Agreement as of Jun 30, 2020.

ASSIGNOR:

I.H.S. ACQUISITION XXX

By: Angela Ward
Angela Ward (Jun 30, 2020 16:15 CDT)
Name: Angela Ward
Title: President

ASSIGNEE:

THERACOM, L.L.C.

By: John G. Chou
John G. Chou (Jun 30, 2020 11:50 EDT)
Name: John Chou
Title: Executive Vice President and General Counsel

TENANT:

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC

By:
jack quinn (Jun 30, 2020 14:47 EDT)
Name: J.F. Quinn
Title: Senior Vice President and Corporate Treasurer

EXHIBIT A

SUBLEASE

John Chicoli
AmerisourceBergen
Contract Analyst – Licensing Specialist
TheraCom Pharmacy

345 International Blvd., Ste 200
Brooks, KY 40109

Work: 877.654.7812 ext.7776
Fax: 502.955.1344
Mobile: 636.541.2307

July 8, 2020

Esteemed Board,

Please see attached the following discipline from the last 5 years, regarding pharmacists and pharmacies that fall under our ultimate parent company, AmerisourceBergen Corporation.

Regards,

John Chicoli

AmerisourceBergen
CSRA Contract Analyst – Licensing

5025 Plano Parkway, E1.4W.1116
Carrollton, TX 75010

Work Cell: 636-541-2307: Please call this number first.
Work: +1 (469) 365-8244 x141-8244

Fax: 469.365.8274

JChicoli@amerisourcebergen.com

www.amerisourcebergen.com

NOTARY PUBLIC STATE OF TEXAS
JOHN CHICOLI
Notary Public, State of Texas
Comm. Expires 01-31-2023
Notary ID 131876488

Discipline History

Mail-Order Pharmacy License
IHS Acquisition XXX, Inc. dba: US Bioservices
Lic # PDO 37-19
Board Issued Letter of Admonition
August 31, 2016
Colorado State Board of Pharmacy

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

August 31, 2016

US Bioservices
Attn: Donna Boardman
501 W. 44th Ave, Ste A
Denver, CO 80216

Also sent via email: donna.boardman@usbioservices.com

RE: US Bioservices, PDO 37-19 and Case 2015-5067

Dear Ms. Boardman:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective August 31, 2016.

Please note that pursuant to section 7 - Letter of Admonition - This Final Agency Order shall constitue a Letter of Admonition.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2015-5067

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG PHARMACY REGISTRATION IN THE STATE OF COLORADO OF US BIOSERVICES, REGISTRATION NO. PDO 37-19,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and US Bioservices ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2015-5067, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about September 30, 2003, being issued registration number PDO 37-19, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 501 W. 44th Ave, Ste. A, Denver, CO 80216.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. Upon a routine inspection of Respondent Pharmacy on December 18, 2015, a non-licensed employee was found in the compounding/dispensing area without a pharmacist present in the same building.

6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes a violation of §12-42.5-123(1)(c)(I)-(III) and (k), C.R.S., and Rule 5.01.50(a), and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet.

DISPOSITION

7. **Letter of Admonition.** This Final Agency Order shall constitute a Letter of Admonition as set forth in §12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Pharmacy for the acts and omissions described in paragraphs 5-6 above.

8. **Waiver of Right to Contest.** By entering into this Final Agency Order, Respondent Pharmacy agrees to waive the right provided by §12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.

9. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

   a. promptly pay all its own fees and costs associated with this Final Agency Order;

   b. comply fully with this Final Agency Order; and

   c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

10. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

   a. To have a formal notice of hearing and charges served upon it;

   b. To respond to said formal notice of charges;

   c. To have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

16. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board; or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Kelly Ratliff Dated: 8/18/16

Authorized Representative Title

Subscribed and sworn to before me in the County of Collin, State of Texas, this 18th day of August, 2016, by Kelly Ratliff, in his/her capacity as an authorized agent of US Bioservices.

ROBIN WINKLER
Notary Public, State of Texas
Comm. Expires 03-26-2020
Notary ID 12030892-8

Robin Winkler
Notary Public

My commission expires: 3/26/20

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 31st day of August, 2016.

State Board of Pharmacy

BY: _____
Andrea Faley
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 31 day of August 2016, addressed as follows:

By electronic mail to Respondent:
US Bioservices
Attn: Donna Boardman
501 W. 44th Ave, Ste. A
Denver, CO 80216
Email: donna.boardman@usbioservices.com

Agent of the Board

Karlin, Tom

From:	Patel, Amish
Sent:	Thursday, January 21, 2016 8:25 AM
To:	jean.rowcliffe@state.co.us
Cc:	Karlin, Tom; Patel, Amish
Subject:	CO BOP Response - Case 2015-5067
Attachments:	CO BOP Letter Response Case 2015-5067 .pdf

Hello,

I am submitting the attached letter in response to case 2015-5067. Please let me know if there are any questions or additional information I can provide. I appreciate your time and consideration.

Thank you,

Amish Patel, Pharm.D, CSP
AmerisourceBergen
Sr. Director, Pharmacy Services
US Bioservices

5100 East Hunter Ave., Suite 101
Anaheim, CA, 92807

Work: 800.801.1140 x8874
Fax: 714.779.4184
Mobile: 714.334.1475

www.usbioservices.com

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501 W. 44th Avenue, Suite
Denver, CO 80216

Phone 800-809-0647
Fax 303-706-0959
www.usbioservices.com

US Bioservices
AmerisourceBergen

January 20, 2016

Colorado State Board of Pharmacy
1560 Broadway, Suite 1300
Denver, CO 80202-5146

Attention: Jean Rowcliffe, Complaint Analyst

Re: Case 2015-5067 concerning US Bioservices, PDO 37-19

This letter is in response to the Special Report filed by Susan S. Martin on 12/21/15 following her inspection of the US Bioservices pharmacy located at 501 W. 44th Avenue, Suite A, Denver, CO 80216 on 12/18/15 regarding a violation of 5.01.50 of the State of Colorado Board of Pharmacy Rules.

Inspector Martin's report accurately states that upon arriving at our facility on 12/18/15 Pharmacy Technician, Lisa Graves was alone in the pharmacy while Pharmacist in Charge, Tom Karlin, stepped into the adjacent parking lot to deposit computer equipment in his car. That action violated 5.01.50 of the Board of Pharmacy Rules by which we are held accountable.

Notwithstanding the foregoing, US Bioservices respectfully request your consideration of the following mitigating circumstances:

- Mr. Karlin was gone approximately five minutes, as confirmed by Lisa Graves, CPhT and Bill Wilson, RN, Director of Nursing.
- US Bioservices is a small, mail order pharmacy and does not have customers or patients on the premise.
- During that five minute time span, no patients or customers entered the building.
- During that short five minute span, no prescriptions were dispensed or shipped to patients.
- A complete inventory was completed on that day with no discrepancies.
- Subsequent counts have never revealed any inventory discrepancies.
- The facility is secure and the parking area is gated and monitored.

US Bioservices has discussed the issue with Mr. Karlin, and he understands the seriousness of this report and investigation and takes full responsibility for his actions. Mr. Karlin has been a practicing pharmacist for thirty years, and has never received any complaint or disciplinary action from a Board of Pharmacy. He has always served US Bioservices with honor and integrity.

US Bioservices is committed to providing quality, professional and proficient care to patients. As Inspector Martin's report shows, her review of all records, licenses, invoices and documents was completed successfully without further findings. Due to the above circumstances, US Bioservices respectfully requests that no further action be taken.

If you have any questions about the foregoing, please feel free to contact me.

Respectfully,

Amish Patel, Pharm.D, CSP
AmerisourceBergen
Sr. Director, Pharmacy Services
US Bioservices
Work: 469.365.8084
Mobile: 714.394.1475
Amish.Patel@usbioservices.com

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

December 22, 2015

US Bioservices
Attn: Tom D. Karlin, RPh
501 W. 44th Ave, Ste A
Denver, CO 80216

RE: Case 2015-5067 concerning US Bioservices, PDO 37-19

Dear Mr. Karlin:

The Colorado State Board of Pharmacy ("Board") has initiated the attached complaint against the registration of the aforementioned prescription drug outlet pursuant to Board policy. The Board is investigating this complaint. It is being sent to you as the pharmacist manager of the above listed prescription drug outlet. The first step in the process is to obtain your response to the allegations raised in the complaint. At this point, no assumption has been made about the truth or validity of any information provided to the Board.

Please send a written response within thirty (30) days of the date of this letter as indicated above. An earlier response may expedite the Board's review of this matter. To facilitate an efficient and timely review, please type your response. If this is not possible, please legibly print your response.

We encourage you to respond electronically. If you do, please submit the response to jean.rowcliffe@state.co.us. Please scan and attach any relevant documents. Address all correspondence to the Board.

Also, please be sure that any copies submitted with your response are legible. Be sure to include the case number listed above on all correspondences and address your response to my attention.

It is the policy of the Division of Professions and Occupations to copy your attorney (if you are represented) on all correspondences in order to assure that your attorney is aware of the developments in your case. If you are represented by an attorney in this matter, please provide the Board in writing with your attorney's contact information. If the Board already has your attorney's contact information, your attorney name

should be identified below as a carbon copy of "cc," indicating that a copy of this letter was sent to that attorney. If at any time it appears that the Board does not have the correct information regarding your legal representation, please update the Board and provide your attorney with a copy of all correspondences from the Board.

We strongly encourage you to begin preparing your response to the complaint as soon as possible, as extensions to the thirty day response time will not be granted except in very limited circumstances. Additionally, if you choose to be represented by an attorney, please contact him or her immediately. A delay in doing so will not be grounds for an extension.

Following receipt of your response, the Board will review the complaint and your response thereto. The Board will then determine what further action, if any, is warranted. Please note you will be advised in writing of the Board's disposition of this complaint.

Thank you for your cooperation and prompt attention to this matter. If you have any questions, please contact me at jean.rowcliffe@state.co.us or (303) 894-7897.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint Analyst

Enclosures: Q&A Brochure
Complaint

THE COLORADO STATE BOARD OF PHARMACY
Special Report

Date: 21 December 2015

Inspector: Susan S. Martin

Subject: US Bioservices, PDO 37-19 - Security

Background:

On 12/18/15, I conducted a routine inspection of US Bioservices, 501 W 44th Ave, Ste A, Denver, CO 80216. When I arrived at the pharmacy, I was informed that the pharmacist was not in the building. I walked back to the pharmacy at 2:34 p.m., and observed a technician, Lisa Graves, working alone in the licensed compounding/dispensing area. I informed her that she could not be in the licensed compounding/dispensing area unless the pharmacist was in the building. She exited and the door was secured. The pharmacist manager, Tom Karlin (PHA 18289), arrived several minutes later and explained that he had been to his car. Board Rule 5.01.50(a) states:

5.01.50 Security. In every prescription drug outlet, all compounding/dispensing areas shall comply with this regulation.
a. When any compounding/dispensing area of a prescription drug outlet is occupied by any employee, a pharmacist must be physically present within the same building of the prescription drug outlet.

US Bioservices
501 WEST 44TH AVE, STE A DENVER, CO 80216-2804
PHONE: (800)809-0647 REFILL: (800)809-0647

Page 1 of 2

THE COLORADO STATE BOARD OF PHARMACY

1560 Broadway, Suite 1300, Denver, CO 80202-5146
303-894-7800 FAX 303-894-7692 V/TDD 303-894-7880

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

Date of Inspection: 12/18/15 Time: 01:30-3:15

PDO Name: US Bioservices Registration No. 37-19 Expiration Date: 10/16

Address: 501 W 44th Ave Ste A City: Denver Zip Code: 80216

Pharmacist Manager: Tom Karlin Lic No. 18289 RPH on Duty: _____ Lic No. _____

Physical/Postings

- [V] 5.01.31b&c: Clean, sanitary, adequate space
- [V] 5.01.31d,f&g: Hot & cold water, frig & freezer
- [V] 5.01.50: Pharmacy security
- [V] CRS 12-42.5-119:RPH/tech ratio 1:1 nametags
- [V] CRS 12-42.5-116: Licenses and registrations posted
- [V] 11.08.00, 7.00.30b: Employee list, tech posting
- [V] 5.01.31i: Prior inspection 1 # deficiencies
- [V] 3.00.51: Initial interpretation and final evaluation
- [V] 23.00.60: PDMP notice, 20.00.70: GPP notice
- [ ] 5.01.31h: Professional reference library

Recordkeeping

NIC 2/1

- [V] 11.03.00: CS inventory date 12/18/15 3/26/15 close 12/18/15 open
- [V] 11.06.00: CII, CIII-V, RX drug receipts dated
- [V] 11.06.05: Receipts from registered sources
- [V] 11.07.20: Casual Sale records
- [N] 11.07.10: Floor stock distribution
- [V] 11.04.20: Daily printouts
- [N] 3.00.90b: RTS records — all mailed out — no return
- [N] 25.00.16: SPDO: CS inv., distribution, use records
- [N] 27.00.30: HSP: CS inv., records of distribution

Dispensing

- [V] 11.04.10: Hardcopy of order filed appropriately
- [V] CII orders reviewed: N/A
- [V] CIII-V orders reviewed: 7001499-7001300
- [V] RX orders reviewed: 2021003-2020573
- [N] 2.01.53: Required order transfer information
- [V] 2.01.10: Information to appear on each order
- [N] 3.00.55: Prescription flavoring
- [V] Dispensing errors/valid prescription orders

Immunizations

- [N] 19.01.10: Authorization, ACPE training, CPR
- [N] 19.01.40: Administration records
- [N] 19.01.50: Off-site administration

Non-Sterile Compounding

- [N] 21.10.10: P&P Manual annual review _____
- [ ] 21.10.20: Training of personnel
- [ ] 21.10.60: Components-expiration dating
- [ ] 21.10.90: Formulation records
- [ ] 21.11.00: Compounding records/labeling
- [V] 21.10.80: Beyond use dating, studies on site

Central Prescription Processing/Remote Pharmacy Practice

- [N] 20.01.20 &26.00.20: Policy and procedure manual, written agreements _____
- [ ] 20.00.90: Records of receipt/delivery
- [N] 3.00.90e: Return to stock records

Prepackaging/Labeling/Return Drug

- [N] 3.01.20: Prepack labeling and records
- [ ] 3.01.22: Automated passette labeling & records
- [ ] 3.03.00: Customized medication packages
- [ ] 3.00.80: Return for dispensing or donation
- [ ] 21.00.20: Casual sale of compounded products

Drug Therapy Management

- [N] 3.00.40: General authorization plan/protocols
- [ ] 6.00.30: Pharmacist qualifications
- [N] 3.00.60: Recordkeeping

E-kits

- [N] 10.00.40: Labeling & contents of kit
- [N] 10.00.71: Removal and replacement of med

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

PDO Name: US Bio Services Pharmacist Manager: Tom Karlin

Dwhen I arrived at the pharmacy at 2:34 pm Lisa Graves, technician, was alone in the pharmacy - the pharmacist had left the building. Per Reg 5.01.50a when any compounding/dispensing area of a PDO is occupied by any employee, a pharmacist must be physically present within the same building of the PDO.

Comment - no sterile compounding since July 2015.

Tier 1 Tier 2 ✓

Pursuant to CRS 12-42.5-106, the Colorado State Board of Pharmacy has the authority to inspect all registered outlets and investigate violations of the Board's Rules and Regulations, CRS Title 12, 42.5 of the Pharmacists, Pharmacy Business, and Pharmaceuticals Act; and the CRS Title 18, Article 18 of the Uniform Controlled Substance Act of 1992.

I ACKNOWLEDGE THAT THE CONTENTS OF THIS INSPECTION REPORT HAVE BEEN EXPLAINED TO ME.

12/18/15

PHARMACIST'S SIGNATURE DATE

INSPECTOR'S SIGNATURE

OTHER INSPECTORS PRESENT:

Discipline History

Pharmacist License

Joseph Max Eiler

Kentucky RPh Lic # 015903

Fine

December 14, 2016

Kentucky Board of Pharmacy

RECD KYBOP OCT31'16

PAID
1000/Cashier
CK

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 16-0099B

IN RE: PHARMACIST LICENSE NO. 015903 HELD BY JOSEPH MAX EILER

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Joseph Max Eiler ("Respondent"), and the parties having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacist licensed by the Commonwealth of Kentucky, having been assigned license no. 015903.

(3) (a) On or about February 25, 2016, Board staff conducted a non-sterile compounding inspection at Commons Community Pharmacy in Prospect, Kentucky where Respondent is employed as the pharmacist-in-charge.
(b) The Board's investigation revealed that the pharmacy was in the midst of construction for an expansion. Legend drugs and prepared prescription medications were in the newly expanded pharmacy space which had not been approved by the Board, in violation of 201 KAR 2:205, Section 2(3)(b).
(c) Respondent is subject to discipline pursuant to KRS 315.121.

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $1,000.00, payable on or before November 4, 2016. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process; the Respondent fully understands those rights; and the Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Scott Greenwell, President
Kentucky Board of Pharmacy

12-14-2016
Date

Joseph Max Eiler
Respondent

10-24-2016
Date

Jeff Hiatt, Respondent's Attorney

10-24-16
Date

Discipline History

Pharmacist License

Jack M. McGuire

IHS Acquisition XXX, Inc. d/b/a TheraCom

Oregon RPh Lic # RPH-0015085

Fine – Continuing Education

October 26, 2015

Oregon Board of Pharmacy

TheraCom Pharmacy®
AmerisourceBergen

IHS ACQUISITION XXX, INC. d/b/a TheraCom
345 International Blvd. Suite 200, Brooks KY 40109
KY BOP License Number P07549 (("TheraCom Pharmacy"))

November 17, 2016

Re: SUMMARY OF BOARD OF PHARMACY ACTION
Consent Order between State of Oregon Board of Pharmacy and Jack M. McGuire
Case No. 2015-0419, *In the Matter of the Pharmacist License of Jack M. McGuire*

On October 26, 2015, the State of Oregon Board of Pharmacy ("OR BOP") entered into a Consent Order with Jack M. McGuire to settle a notice of proposed license denial by the Oregon BOP ("Notice of Proposed License Denial") in response to Mr. McGuire's May 13, 2014 National Association of Board of Pharmacy Official Application for Transfer of Pharmacist License to the State of Oregon ("NABP Application") and his April 2, 2015 OR BOP Pharmacist License Application (OR Pharmacist License Application").

The Notice of Proposed License Denial concerned allegations that Mr. made fraudulent statements or misrepresented facts in connection with the requirement of both applications that Mr. McGuire answer the question whether he had ever been charged or convicted of a felony or misdemeanor. With respect to the NABP Application, though Mr. McGuire disclosed a 2005 DUI charge, the Oregon BOP alleged that Mr. McGuire failed to disclose a 2002 DWI arrest in Kentucky and a 2004 DWI arrest in New York. Regarding the OR Pharmacist License Application, according to the OR BOP, Mr. McGuire disclosed the 2002 and 2005 DW/DUI arrests, but did not disclose the 2004 DWI arrest. The OR BOP charged that Mr. McGuire's failure to respond fully and truthfully to questions stated in the applications, though he had certified that he had done so, was unprofessional conduct in violation of Oregon laws and was grounds for discipline.

Mr. McGuire waived his right to hearing with the assistance of counsel and right to judicial review. He admitted the facts alleged by the OR BOP in the Notice of Proposed License Denial. The OR BOP granted Mr. McGuire a license with the following conditions. Mr. McGuire was to pay a civil penalty of $1,000, with $850 stayed pending compliance with the Consent Order and no further violations for three years and $150 payable within ten days of the date of the Consent Order. Mr. McGuire agreed to under and submit certificates for three hours of continuing education hours within ten days of the date of the Consent Order.

STATUS OF CONSENT DECREE AS OF 11/17/2016: Mr. McGuire paid the initial $150 civil penalty and completed his continuing education and provided certification to the OR BOP in the time allotted. He has not had a further violation since the date of the Consent Order.

ADDITIONAL INFORMATION:

Background facts: Mr. McGuire has represented that the DUI/DWI arrests in 2002, 2004 and 2005 occurred prior to his enrollment in pharmacy school, and were fully disclosed in his application to pharmacy school. He has addressed his problems related to alcohol use and has not had a recurrence of alcohol abuse since he began his professional education and practice.

RECEIVED
OCT 26 2015
OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License of JACK M MCGUIRE Applicant	)	Case No. 2015-0419 CONSENT ORDER

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed License Denial; Answer Required ("Notice"), hereby incorporated by reference, regarding the applicant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the applicant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the applicant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the applicant admits that the facts alleged in the above-noted Notice are true, that the applicant's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for refusal to issue a pharmacist license by the Board; and

WHEREAS, the Board is authorized to settle matters pursuant to ORS 183.417(3) and the Board and applicant agree to the terms set forth in this Consent Order;

The Board finds that the allegations in the Notice are true and hereby grants applicant's license with conditions.

1. Licensee shall pay a civil penalty in the amount of $1,000 with $850 stayed pending compliance with the terms of this Consent Order and no further violation for three (3) years. The $150 civil penalty shall be paid within ten days from the date this Consent Order becomes final.

2. Licensee shall earn and submit continuing education (CE) certificates for three (3) hours of CE in the area of pharmacy law or ethics within 10 days from the date this Consent Order becomes final. The continuing education hours earned in regards to this case are in addition to the CE required by pharmacists for renewal and are not eligible for renewal purposes.

Licensee shall submit certificates of completion to the Board office by certified mail (or other method approved by the Board in writing) and retain receipt of verification of delivery to the Board office.

3. Failure of the licensee to comply with all the requirements of the final order in this matter constitutes failure to cooperate with the Board and is grounds for revocation or any other form of discipline or sanction authorized by law.

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

10-22-15

Jack M McGuire, Applicant — Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

10/22/15

Gary Miner, R.Ph. — Date
Compliance Director

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License of JACK M MCGUIRE Applicant	)	Case No. 2015-0419 NOTICE OF PROPOSED LICENSE DENIAL; ANSWER REQUIRED

The Oregon Board of Pharmacy proposes to deny your pharmacist license, and impose a civil penalty, pursuant to ORS 689.445, ORS 689.832, and ORS 689.405 because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as follows:

On or about 5/13/2014, you made fraudulent statements or misrepresented the facts when completing your National Association of Board of Pharmacy (NABP) Official Application For Transfer of Pharmacist License to the state or Oregon. You answered "yes" to question #4, "Have you ever been charged or convicted (including a nolo contender pleas of guilty plea) of a felony or misdemeanor..? and provided an explanation of "charged with DUI in February of 2005" but failed to report 2 other arrests.

You failed to disclose your 2002 arrest in Indian Hill, Kentucky for Driving While Intoxicated.

You failed to disclose your 08/08/2004 arrest in Malone, New York for Driving While Intoxicated, Operating Motor Vehicle BAC.08 of 1%.

On or about 4/2/2015, you made fraudulent statements or misrepresented the facts submitted on your Oregon Board of Pharmacy Pharmacist License Application. The Board of Pharmacy license application you completed requires that you respond fully and truthfully to questions. A question asked whether you have ever been cited, arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed, to which you responded Yes. You were required to explain the circumstances in detail to any affirmative responses. You signed the application certifying that you read the application and all information provided was true and correct and were aware that providing false information or withholding information is grounds for denial of a license. You stated that you had a DUI in 2002 and 2005 and thought that they were expunged because they were over 10 years old.

You failed to disclose your 08/08/2004 arrest in Malone, New York for Driving While Intoxicated, Operating Motor Vehicle BAC.08 of 1%.

The above conduct is unprofessional conduct as defined by OAR 855-006-0005(28)(j) and (k) and in violation of and grounds for discipline pursuant to OAR 855-019-0310(1) and (7), OAR 855-019-0205(1) and (2), OAR 855-001-0035, ORS 162.085, and ORS 689.405(1)(a),

(e)(B) and (f).

Based on these alleged violations, the Board proposes to deny your pharmacist license and impose a $1,000 civil penalty per violation.

HEARING RIGHTS

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 60 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax (971) 673-0002

If a request for hearing is not received within this 60-day period, your right to a hearing shall be considered waived.

If you request a hearing, you will be notified of the time and place of the hearing. Before the commencement of the hearing, you will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing. You may be represented by legal counsel.

If you do not request a hearing within 60 days, or if you withdraw a hearing request, notify the Board or Administrative Law Judge that you will not appear, or fail to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

Notice to Active Duty Servicemembers: Active duty servicemembers have a right to stay these proceedings under the federal Servicemembers Civil Relief Act. For more information contact the Oregon State Bar at 1-800-452-8260, the Oregon Military Department at 1-800-452-7500 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 60 days from the date this document was served, a written answer to the allegations set forth in this document. Your written answer must include an admission or denial of each factual mater alleged in the notice. Except for good cause, factual matters alleged in this document and not denied in your answer will be presumed admitted.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2). Except for good cause;

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

_____ Date 10/14/15

Gary Miner, R.Ph.,
Compliance Director

DATE OF MAILING 10/14/2015

CERTIFICATE OF DISPOSITION.

MALONE TOWN COURT
CRIMINAL PART

STATE OF NEW YORK
FRANKLIN COUNTY

PEOPLE OF THE STATE OF NEW YORK:

VS.

JACK M. MCGUIRE; Defendant

CASE NO: 04085088

Date of Birth: 04/16/1980
Date of Arrest: 08/08/2004
Disposition Date: 09/14/2004

Section Charged	Section Disposed	Ticket No & Description	Disposition	Fine	Civil-Fee	Surchg
VTL 1192 03	VTL 1192 01	LS239324 1 OP VEH IMP ALC	CD/FINE/SCH	500.00	0.00	80.00
VTL 1192 02	VTL 1192 02	LS239325 2 OP MV .08 OF 1%	Dismissed	0.00	0.00	0.00
VTL 1128 0A	VTL 1128 0A	LS239326 3 LANE VIOLATION	Dismissed	0.00	0.00	0.00

Upon a proper request for an official statement of disposition, I certify that the above named defendant having appeared before this court was charged as shown above. Each of the charges was disposed of as indicated.

Dated: The 2nd day of June 2015

For M. L. Lamitie SA
Hon. MICHAEL L. LAMITIE

NOTE: A copy of the request will be filed with this certificate in the case records.

CAUTION: This information must not be divulged if the case is sealed or where the defendant has been adjudicated a youthful offender.

JEFFERSON COUNTY

Traffic Court (Room 102) 09:00 AM

Judge: NOT ASSIGNED

09/03/2002 102 OH JO / 09/03/2002
Def Present(ATTY SIMS CO COUNSEL); PaIOU Present; Continue Cs 102 Traffic Court (Room 102) 09:00 am 10/16/2002

10/16/2002: Subpoena CW WYNNE, NOEL P (ST) P-601-2730

10/16/2002 102 PC JO / 10/16/2002
Def Present(SIMS); PaIOU Present(MTR ON CASE # 06FE-[illegible]); Continue Cs 102 Traffic Court (Room 102) 09:00 am 12/[illegible]

1 04/20/2002 2D70[illegible]-1 0021080 189A0105a Op MV w/full Alc/Drug DS 1st DW1
Bt Level = .091

2 04/28/2002 2D70[illegible]-2 0004140 186170 NO KY REG PLATES c VVV

104 DI 02-T-367766 COMMONWEALTH VS. MCGUIRE, JACK MICHAEL
MCGUIRE, JACK MICHAEL
04/16/1980 M W 405317613 M/6885731
Complaining Witness
Complaining Witness
Burke, Jay OFC, BA TECH 8-314-0867
SHROUT, CHRIS 8-232-4411

11/14/2002 102 ARR JO / 11/09/2002 Counter
Cash Bond $500.00 Betty Delahunty, Hon. Seat R:

11/09/2002 Counter
Bond Posted 11/09/2002 (BOND POSTED); Chg Sch Event 11/13/2002 09:00 AM 102 Traffic Court (Room 102) 09:00am 11/13/2002
Arraignment

11/14/2002 Subpoena CW SHROUT, CHRIS P-232-4411

11/14/2002 Subpoena CW Burke, Jay OFC, BA TECH P-314-0867

11/14/2002
DC DIU: 2 DRIVING ON WRONG SIDE OF ROAD WSR; CTT#2C84[illegible]
Chg: 1 Op MV w/inf Alc/Drug DS 1st DW1; CTT#2C84[illegible]
Def NOT Present(BLANDFORD/ABELL); Plea NotGuilty; Continue Cs 102 Traffic Court (Room 102) 09:00am 12/12/2002

1 11/09/2002 2C84[illegible] 0021080 189A0105a Op MV w/full Alc/Drug DS 1st DW1
Bt Level = .171

2 11/09/2002 2C84[illegible]-2 0001040 189800 DRIVING ON WRONG SIDE OF ROAD WSR

12/12/2002 102 Page 102 of 110 Judge's Signature

CERTIFIED COPY OF RECORD
JEFFERSON DISTRICT COURT
05-01-2015
DAVID L. NICHOLSON, CLERK
Mike Flynn
DC
DAVID L. NICHOLSON
CIRCUIT COURT CLERK

Discipline History

Pharmacist License

Jack M. McGuire

Kentucky RPh Lic # 015606

Fine

April 20, 2017

Kentucky Board of Pharmacy

pd $500 /5187

RECEIVED APR 20 '17

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 17-0270

IN RE: PHARMACIST LICENSE NO. 015606 HELD BY JACK McGUIRE

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("Board") and Jack McGuire ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacist in the Commonwealth of Kentucky, having been assigned pharmacist license no. 015606.

(3)(a) Respondent completed 10 of 15 required continuing education hours between January 1-December 31, 2016, in violation of 201 KAR 2:015, Section 5(1)(a).

(b) The above actions subject Respondent to discipline pursuant to KRS 315.121(1)(h).

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $500.00, payable on or before May 1, 2017. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) On or before May 1, 2017, Respondent shall submit to the Board office written proof of no less than ten (10) continuing education hours, which programs shall not be used in any way to satisfy Respondent's continuing education requirements for renewal.

(C) By entering into this Agreed Order, Respondent expressly acknowledges that the Respondent understands, or was fully and completely informed of Respondent's right to due process by an attorney of Respondent's choosing; that the Respondent fully understands those rights; and that the Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(D) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP") and is subject to disclosure under the Kentucky Open Records Act.

Scott Greenwell, President
Kentucky Board of Pharmacy

20 April 2017
Date

Jack McGuire, Respondent

4-11-17
Date

Discipline History

Pharmacist License

Jack M. McGuire

Alabama RPh Lic # 18073

Fine – Continuing Education

May 9, 2017

Alabama State Board of Pharmacy

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
JACK M. McGUIRE	)	BOARD OF PHARMACY
	)	
Pharmacist License Number 18073	)	Case Number 16-L-0165

FINAL ORDER

On May 9, 2017, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Mr. Jack M. McGuire (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent was issued pharmacist license number 18073 by the Alabama State Board of Pharmacy.

2. The Respondent was notified of the charges on March 4, 2017; the Respondent attended the administrative hearing but was not represented by counsel. The Respondent acknowledged his right to counsel and expressly waived same. (Board's Exhibits One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. On October 14, 2015 the Oregon Board of Pharmacy issued a Notice of Proposed License Denial based on the Respondent's failure to disclose on his application for transfer of license, his 2002 arrest in Kentucky for driving under the influence and his 2004 arrest in New York for driving while intoxicated. (Board's Exhibit One "A")

5. The Respondent entered into a Consent Order with the Oregon Board of Pharmacy dated October 26, 1015 based on his failure to disclose prior arrests on his application for licensure, wherein the Respondent was ordered to pay a civil penalty and complete three hours of continuing education in law and ethics. (Board's Exhibit One "B")

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12) and § 41-22-12.

2. The Respondent was properly notified of the charges; the Respondent attended the hearing but was not represented by counsel at the hearing.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or specificity of the Statement of Charges.

4. The Respondent's license to practice pharmacy in the state of Alabama is due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon any or all of the violations, findings and discipline as set out in the Notice of Proposed License Denial dated October 14, 2015 and the Consent Order entered by the Oregon State Board of Pharmacy on October 26, 2015.

5. The Respondent's license to practice pharmacy in the state of Alabama is due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraph four above of this Final Order.

6. The Respondent's license to practice pharmacy in the state of Alabama is due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), §

34-23-33 (13) in that he violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph four above of this Final Order.

7. The Respondent's controlled substance permit and license to practice pharmacy in the state of Alabama are due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 20-2-54 (a) (4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the violations contained in any or all of the preceding paragraphs of this Final Order.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent's license to practice pharmacy in the State of Alabama shall be renewed; and

2. The Respondent shall pay the Board an administrative fine of Two Thousand ($2,000.00) Dollars within thirty (30) days of the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

3. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 5/23/2017 day May 2017.

Buddy Bunch

Mr. Buddy Bunch, R. Ph., President
Alabama State Board of Pharmacy

Jack McGuire

c: Mr. Jack M. McGuire, R. Ph.
Mr. James S. Ward, Esq.
Dr. Susan Alverson, Executive Secretary
Mr. Vance L. Alexander, Esq.

Discipline History

Pharmacist License

Jack M. McGuire

Michigan RPh Lic # 5302043627

Fine – Administrative Compliant

July 6, 2018

Michigan Board of Pharmacy

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

JACK MICHAEL MCGUIRE, R.PH.
License No. 53-02-043627,
Respondent.

File No. 53-16-144050

CONSENT ORDER

On July 6, 2018, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq*.

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Disciplinary Subcommittee of the Michigan Board of Pharmacy (DSC) has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of MCLs 333.16221(b)(x) and 333.16221(f).

IT IS ORDERED that for the cited violation(s) of the Public Health Code, Respondent is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation(s) of the Public Health Code, Respondent is FINED $250.00 to be paid to the State of Michigan within 60 days of the effective date of this Order. Respondent shall submit payment to the Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display the File Number 53-16-144050.

IT IS FURTHER ORDERED that if Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically suspended for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent's license remains suspended for more than six months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections MCL 333.16245 and 333.16247.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the DSC, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

Dated: 2/13/19

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of MCLs 333.16221(b)(x) and 333.16221(f).

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

4. Patti Keim, R.Ph., a member of the Board of Pharmacy who supports this proposal, and the Department's representative are free to discuss this matter with the DSC and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the DSC in this matter.

6. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:

Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: 01/10/19

AGREED TO BY:

Jack Michael McGuire, R.Ph.
Respondent

Dated: 12-24-2018

dm

Discipline History

Mail-Order Pharmacy License
IHS Acquisition XXX, Inc. d/b/a US Bioservices
Fine/Consent Agreement
February 1, 2018
Maine Board of Pharmacy

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
IHS ACQUISITION XXX, INC.	)	CONSENT AGREEMENT
D/B/A US BIOSERVICES	)	
	)	
Complaint No. 2017-PHA-13808	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of IHS Acquisition XXX, Inc. in the State of Maine. The parties to this Consent Agreement are: IHS Acquisition XXX, Inc. d/b/a US Bioservices ("US Bioservices"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, US Bioservices was licensed by the Board as a mail order pharmacy, license no. MO40000831, located at 109 Chelsea Parkway, Boothwyn, Pennsylvania.
2. On August 1, 2016, Andrew Wee replaced Daniel Kelly Baudry as the pharmacist in charge ("PIC") of US Bioservices, thereby requiring US Bioservices to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. US Bioservices, however, did not file a change of PIC application with the Board until September 7, 2016.

4. On January 10, 2018, Senior Consumer Assistant Specialist Meagan Damon, filed an administrative complaint with the Board alleging that US Bioservices had failed to file a timely change of PIC application.
5. This administrative complaint was docketed as complaint no. 2017-PHA-13808.
6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.
7. Pursuant to the Board's general delegation of authority dated October 6, 2016, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to finally resolve Complaint No. 2017-PHA-13808.
8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Complaints Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by February 10, 2018, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. US Bioservices admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.

10. As DISCIPLINE for the violation admitted to in paragraph 9 above, US Bioservices agrees to accept the imposition of:

    a. A WARNING; and

    b. A CIVIL PENALTY in the amount of one thousand five hundred dollars ($1500.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to the Complaints Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by US Bioservices shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. The Board and US Bioservices agree that no further agency action will be initiated against US Bioservices's license by the Board based upon the specific violations admitted to herein, except or unless US Bioservices fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against US Bioservices. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against US Bioservices.

17. US Bioservices acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

IHS ACQUISITION XXX, INC.
d/b/a US Bioservies

DATED: 1/23/2018

BY: Kelly Ratliff
Authorized Representative

Kelly Ratliff
Printed Name

DATED: 2/1/2018

JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 2/1/2018

ANDREW L. BLACK
Assistant Attorney General

Discipline History

Mail-Order Pharmacy License
IHS Acquisition XXX, Inc. d/b/a TheraCom
Agreed Order
February 19, 2020
Kentucky Board of Pharmacy

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
COMPLAINT DIVISION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head
Commissioner

February 6, 2018

IHS Acquisition XXX, Inc.
Att'n: Kelly Ratliff, Pres.
3101 Gaylord Pkwy Stop 1N-C121
Frisco, Tx 75034-8655

Re: Complaint No. 2017-PHA-13809; d/b/a Thermacom

Dear Ms. Ratliff:

Enclosed please find the fully executed consent agreement between you, the Maine Board of Pharmacy and the Office of the Attorney General in the above referenced matter.

This letter also acknowledges receipt of your fine payment in the amount of $1,500.00. Your fine is paid in full. As all conditions of the consent agreement have been fulfilled, this complaint file is now closed.

Please feel free to contact our office at (207) 624-8696 with any questions.

Sincerely,

Complaint Division

Enclosure

cc: Andrew Black, Esq., Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Chief Field Investigator
Jessica Gowell, Professional Licensing Supervisor
Meagan Damon, Senior Consumer Assistance Specialist/Complainant

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
IHS ACQUISITION XXX, INC.	)	CONSENT AGREEMENT
D/B/A Thermacom	)	
	)	
Complaint No. 2017-PHA-13809	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of IHS Acquisition XXX, Inc. in the State of Maine. The parties to this Consent Agreement are: IHS Acquisition XXX, Inc. d/b/a Thermacom ("Thermacom"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, Thermacom was licensed by the Board as a mail order pharmacy, license no. MO40001463, located at 345 International Boulevard, Suite 200, Brooks, Kentucky.
2. On November 21, 2016, Jack McGuire replaced William Chauvin as the pharmacist in charge ("PIC") of Thermacom, thereby requiring Thermacom to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. Thermacom, however, did not file a change of PIC application with the Board until January 6, 2017.
4. On January 10, 2018, Senior Consumer Assistant Specialist Meagan Damon, filed an administrative complaint with the Board alleging that Thermacom had failed to file a timely change of PIC application.

5. This administrative complaint was docketed as complaint no. 2017-PHA-13809.

6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.

7. Pursuant to the Board's general delegation of authority dated October 6, 2016, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to finally resolve Complaint No. 2017-PHA-13809.

8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Complaints Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by February 10, 2018, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. Thermacom admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.

10. As DISCIPLINE for the violation admitted to in paragraph 9 above, Thermacom agrees to accept the imposition of:

    a. A WARNING; and

    b. A CIVIL PENALTY in the amount of one thousand five hundred dollars ($1500.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to the Complaints Division, Department of

Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by Thermacom shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. The Board and Thermacom agree that no further agency action will be initiated against Thermacom's license by the Board based upon the specific violations admitted to herein, except or unless Thermacom fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against Thermacom. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Thermacom.

17. Thermacom acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

IHS ACQUISITION XXX, INC.
d/b/a Thermacom

DATED: 1/23/2018

BY: Kelly Ratliff
Authorized Representative

Kelly Ratliff
Printed Name

DATED: 2/1/2018

JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 2/1/2018

ANDREW L. BLACK
Assistant Attorney General

Discipline History

Mail-Order Pharmacy License
IHS Acquisition XXX, Inc. d/b/a US TheraCom
Lic # P07549
February 19, 2020
Kentucky Board of Pharmacy

CK#333630
$6000

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 18-0386A

IN RE: Permit No. P07549 held by IHS ACQUISITION XXX INC

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("Board") and IHS Acquisition XXX, Inc. d/b/a TheraCom ("Respondent"), and both having been fully informed regarding the matter set forth herein, stateas follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control matters related to pharmacies.

(2) Respondent is a pharmacy licensed by the Board and is located at 345 International Boulevard, Suite 200, Brooks, Kentucky 40109, having been assigned permit no. P07549.

(3) (a) On or about November 1, 2018, the Board office received a complaint from a prescriber's office that a few of her patients were having difficulty receiving blood thinner medication in a timely manner without notification of the delay to the patients or prescribers resulting in the patients doing without the medication.

(b) The Board's investigation revealed there were at least three patients that did not receive the medication in a timely manner resulting in the patients doing without the medication anywhere from several days to several weeks.

(c) Respondent manages the patient assistance program and dispenses blood-thinning medication on behalf of the manufacturer (the "Program"). The Program provides free medication to patients without adequate insurance coverage and who have a yearly income at or below 300% of the federal poverty level.

(d) In November 2017, the manufacturer provided notice not to renew the Program contract upon its expiration on April 30, 2018. As a result, during the six month period between receiving notice of non-renewal and contract termination, Respondent wound

down the Program by reducing, relocating and reassigning Program personnel.

(e) On April 27, 2018, Respondent transferred nearly all active Program patient files to the new pharmacy selected by the manufacturer.

(f) The new pharmacy was unable to manage the Program and in less than a month, the manufacturer requested that Respondent resume operation and control of the Program.

(g) Respondent promptly reengaged the Program, re-hired personnel and redeployed assets.

(h) Knowing the critical nature of the medication to its patients, Respondent agreed to resume the Program before it was able to fully reestablish the Program.

(i) Several patients experienced delays while Respondent was reestablishing the Program.

(j) Once the Program was fully operational and reestablished, no additional patient issues or delays have occurred.

(k) The above action subjects the Respondent to discipline pursuant to KRS 315.121(1)(a) for delaying care.

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(a) Respondent shall be fined $6,000.000 for delaying care, payable by March 1, 2020. Respondents check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky, 40601.

(b) By entering into this Agreed Order, Respondent expressly acknowledges that it was fully and completely informed of its right to due process, that it fully understands those rights, and that it knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(c) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Ron Poole

Ron Poole
President
Kentucky Board of Pharmacy

2/19/2020
DATE

IHS Acquisition XXX, Inc.
Respondent

2/12/2020
DATE

TheraCom Pharmacy®
AmerisourceBergen

July 1, 2020

Re: Ownership Change from IHS Acquisition XXX, Inc. to TheraCom, L.L.C.

To Whom it May Concern:

Please find attached a second letter of notice from our Vice President and Associate General Counsel, Alicia Evans. This letter is for your records, as the ownership change has officially taken place today, July 1, 2020.

At this time, we ask of you to bear with us. COVID-19 has brought many unexpected delays in our company, with the Boards of Pharmacy, travel, and work from home orders across the country. During this time, I am doing everything in my power to turn in applications with all appropriate attachments. I understand the delay in application reviewal when attachments are missing. The Kentucky Board of Pharmacy is still reviewing our Home State Ownership Change Application. We hope to receive an updated license any day.

If possible, please let me know if there are any extensions during this time. Our patients are the priority and it worries us that they could be in danger of not receiving medication during all these Ownership Change Applications. Currently, we hold a license in every State and Controlled Substance Registrations in States that require.

For your records, I have also attached the ownership chain for our old legal name, IHS Acquisition XXX, Inc. (no longer using) and the ownership chain for the new legal name, TheraCom, L.L.C. (currently using).

Should you have any questions or concerns regarding the Ownership Change process, please email me (JChicoli@amerisourceBergen.com) or call me at: (636) 541–2307.

Regards,

John Chicoli
Contract Analyst – Licensing Specialist
AmerisourceBergen

5025 Plano Parkway
Carrollton, TX 75010

Cell: (636) 541-2307
Office: (469) 365-8244
Email: JChicoli@amerisourcebergen.com

TheraCom Pharmacy®
AmerisourceBergen

July 1, 2020

Via Overnight Delivery
Nevada Board of Pharmacy
Attn: Out of State Pharmacy Registration
431 W. Plumb Lane
Reno, NV 89509

Re: IHS Acquisition XXX, Inc. d/b/a TheraCom
Non-resident Pharmacy License # PH02968
345 Industrial Blvd
Ste 200
Brooks, KY 40109

To Whom It May Concern:

Please be advised that effective July 1, 2020 the above referenced pharmacy will be the subject of an internal non-sale transfer from IHS Acquisition XXX, Inc. to its affiliate TheraCom, LLC. Both companies are under common ownership and control of ultimate parent AmerisourceBergen Corporation. The intercompany transfer of the pharmacy, currently operating under the brand and d/b/a name TheraCom, will align the pharmacy within the TheraCom, LLC operating company. The location and management of the pharmacy will not change.

We have reported this change to the Kentucky Board of Pharmacy, the home state licensing agency for the above referenced pharmacy. The Kentucky Board of Pharmacy has determined that the internal non-sale transfer of the pharmacy between affiliated companies under common ownership and control does not require re-licensure and issuance of a new license number.

If you require additional information regarding this change, or if there is a fee or form submission associated with processing this change, please advise.

Thank you for your attention to this matter.

Yours truly,

Alicia Evans

Alicia Evans
AmerisourceBergen
Vice President and Associate General Counsel

IHS Acquisition XXX, Inc.
Ownership Chain (Old)

IHS Acquisition XXX, Inc.
Ownership Information

AmerisourceBergen Corporation
State of organization: Delaware
Date of formation: 3/16/2001
FEIN: 23-3079390

CORPORATE ADDRESS:
1300 Morris Drive
Chesterbrook, PA 19087
Phone: 610-727-7000

AmerisourceBergen Corporation is publicly traded on the New York Stock Exchange (NYSE) under the symbol ABC. SEC Registration Number: 333-68278. Registration Filing Date: 8/24/01

AmerisourceBergen Services Corporation
State of organization: Delaware
Date of formation: 11/14/1988
FEIN: 23-2546940

CORPORATE ADDRESS:
1300 Morris Drive
Chesterbrook, PA 19087
Phone: 610-727-7000

AmerisourceBergen Services Corporation. is a wholly owned subsidiary of AmerisourceBergen Corporation

AmerisourceBergen Drug Corporation
State of organization: Delaware
Date of formation: 6/24/1985
FEIN: 23-2353106

CORPORATE ADDRESS:
1300 Morris Drive
Chesterbrook, PA 19087
Phone: 610-727-7000

AmerisourceBergen Drug Corporation is a wholly owned subsidiary of AmerisourceBergen Services Corporation

AmerisourceBergen Specialty Group, LLC
State of organization: Delaware
Date of formation: 3/31/2017
FEIN: 26-4394862

CORPORATE ADDRESS:
1300 Morris Drive
Chesterbrook, PA 19087
Phone: 610-727-7000

AmerisourceBergen Specialty Group, LLC. is a wholly owned subsidiary of AmerisourceBergen Drug Corporation

US Bioservices Corporation
State of organization: Delaware
Date of formation: 12/3/2002
FEIN: 04-3734758

CORPORATE ADDRESS:
5025 Plano Parkway
Carrollton, TX 75010
Phone: 469-365-8200

US Bioservices Corporation is a wholly owned subsidiary of AmerisourceBergen Specialty Group, LLC

APS Enterprises Holding Company, Inc.
State of organization: Delaware
Date of formation: 9/21/1999
FEIN: 23-3016067

CORPORATE ADDRESS:
1300 Morris Drive
Chesterbrook, PA 19087
Phone: 610-727-7000

APS Enterprises Holding Company, Inc. is a wholly owned subsidiary of US Bioservices Corporation

IHS Acquisition XXX, Inc.
State of organization: Delaware
Date of formation: 9/17/1997
FEIN: 52-2060810

CORPORATE ADDRESS:
5025 Plano Parkway
Carrollton, TX 75010
Phone: 469-365-8200

IHS Acquisition XXX, Inc. is a wholly owned subsidiary of APS Enterprises Holding Company, Inc.

TheraCom, L.L.C.
Ownership Chain (New)

TheraCom Pharmacy®
AmerisourceBergen

Ownership Information

AmerisourceBergen Corporation
State of organization: Delaware
Date of Formation: 3/16/2001
FEIN: 23-3079390

CORPORATE ADDRESS
1300 Morris Drive, Suite 100
Chesterbrook, PA 19087
Phone: 610-727-7000

AmerisourceBergen Corporation is publicly traded on the New York Stock Exchange (NYSE) under the symbol ABC and has been publicly traded since August 29, 2001. SEC filings made by AmerisourceBergen Corporation use CIK# 0001140859.

AmerisourceBergen Services Corporation
State of organization: Delaware
Date of Formation: 11/14/1988
FEIN: 23-2546940

CORPORATE ADDRESS
1300 Morris Drive, Suite 100
Chesterbrook, PA 19087
Phone: 610-727-7000

AmerisourceBergen Services Corporation is a wholly owned subsidiary of AmerisourceBergen Corporation

AmerisourceBergen Drug Corporation
State of organization: Delaware
Date of formation: 6/24/1985
FEIN: 23-2353106

CORPORATE ADDRESS
1300 Morris Drive, Suite 100
Chesterbrook, PA 19087
Phone: 610-727-7000

AmerisourceBergen Drug Corporation is a wholly owned subsidiary of AmerisourceBergen Services Corporation

AmerisourceBergen Consulting Services, LLC
State of organization: Delaware
Date of formation: 9/29/2010
FEIN: 27-3578365

CORPORATE ADDRESS
1300 Morris Drive, Suite 100
Chesterbrook, PA 19087
Phone: 610-727-7000

AmerisourceBergen Consulting Services, LLC is a wholly owned subsidiary of AmerisourceBergen Drug Corporation

TheraCom, L.L.C.
State of organization: Ohio
Date of formation: 3/6/1996
FEIN: 52-2005869

CORPORATE ADDRESS
1300 Morris Drive, Suite 100
Chesterbrook, PA 19087
Phone: 610-727-7000

TheraCom, L.L.C. is a wholly owned subsidiary of AmerisourceBergen Consulting Services, LLC
TheraCom Pharmacy is wholly owned by TheraCom, L.L.C.

4/1/2017

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RECEIVED 7-6-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: AirCare Medical Inc.

Physical Address: 12231 S Eastern Ave Suite 140 Henderson NV 89052
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 12231 S. Eastern Ave Suite 140

City: Henderson State: NV Zip Code: 89052

Telephone: 800 981 7100 Fax: (866) 416-0058

E-mail: NeilMcKay45@gmail.com Website: www.AirCareMedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8.30 to 5.00 Tue: 8.30 AM to 5.00 PM Wed: 8.30 AM to 5.00 PM Thu: 8.30 to 5.00 PM

Fri: 8.30 to 5.00 P Sat: N/A to Sun: N/A to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Neil McKay

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

☐ Medical Gases**
☒ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Claudine Masilongan Telephone: (949) 680-9553

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

NPI 1124104146	START LLC.	
NPI 1306801261	AirCare Home Medical Inc	

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐

3) Are any of the owners health professionals? If yes, please check the box and list name.

- ☐ Practitioner Name: _____
- ☐ Advanced Practitioner of Nursing Name: _____
- ☐ Physician's Assistant Name: _____
- ☐ Physical Therapist Name: _____
- ☐ Occupational Therapist Name: _____
- ☐ Registered Nurse Name: _____
- ☐ Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

NEIL McKAY

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

NEIL McKAY

Print Name of Authorized Person

6/11/2020

Date

Board Use Only	Received: 7-8-2020	Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Nevada.

Parent Company if any: _____

Corporation Name: _____

Mailing Address: 12231 S Eastern AVE Suite 140

City: HENDERSON State: Zip: NV 89052 Telephone: (800) 981 710

Fax: 866 416 0058 Contact Person: NEIL McKAY

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) NEIL McKAY (Name) PO Box (Address) - Rancho Santa Fe Ca 9206

b) _____ (Name) _____ (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

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

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

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

Date 10/01/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for HOME MEDICAL LICENSE

Nature of License

AIR CARE MEDICAL INC12231 S Eastern Ave Suite 140 Henderson Nv 89052

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: mckay | First Name: Neil | Middle Name:

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD: ~~3 Tradewinds Dr~~ TRADE WINDS DR. | Dates: | City: San Diego | State/Zip: Ca 92127

Present Business Address: 3262 Holiday Ct # 204 | Dates: | City: La Jolla | State/Zip: Ca 92037

Occupation: Business Owner

Phone: Residence:

Business: 877 500 5767

Date of Birth:

Place of Birth (City, County, State): Omagh, County Tyrone , N Ireland

Age: 69 | Social Security Number: | Sex: m

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
blue	grey	ruddy	242 lbs	heavy	6 ft 2 ins

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No. 044-155-560

If naturalized, certificate No. ..... Date .....

Place ..... (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial neil mckay

A. **Current Marriage**

Spouse s full name (Maiden) Esther Elizabeth McKay (McCORRY) Date City, County and State S.S. No

Date of Birth Northern Ireland Place of Birth Lurgan

Resident address TRADE WINDS DR. Tradewinds Dr San Diego Ca 92127
Street City State Zip

Telephone: Residence Business same

Spouse s employer Willis Allen Occupation Realtor

Address of employer 6024 Paseo Delicias Rancho Santa Fe Ca 92127
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
	n/a			

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
n/a					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Kate McKay BA, MBA, LLB		Oceanside Ca	Tartar Rd Cobham Surrey U.K.
Dr Charles Mc Kay MD,		La Jolla Ca	Curran St, Nerne Bay, Auckland New Zealand
Clare Mckay JD,		La Jolla Ca,	San Jose Ca,

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant s initial neil mckay

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Charles Mc Kay deceased			
Mother	Ita Mc Kay deceased			
Father-in-Law	Jack McCorry Deceased			
Mother-in-Law	Elizabeth McCorry Deceased			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Dr John Mc Kay		Dungannon N ireland	Retired physician
Spouse	Elizabeth McCorry Deceased			
	Mary Ferris		Dungannon N Ireland	Retired college professor
Spouse	Seamus Ferris		Dungannon N Ireland	Retired College Professor
	Anita Rea		Beaumont Ca	High School administrator
Spouse	Alaistair Rea		Beaumont Ca	Retired
	Jayne Corr		Oxshot Surrey England	Attorney
Spouse	Patrick Corr		Oxshot Surrey England	Attorney

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Presentation Brothers			Yes ☒ No ☐
High School	St Patricks Academy Dungannon N Ireland			Yes ☒ No ☐
College University	Queens University Belfast			Yes ☒ No ☐
Other	PWC			Yes ☒ No ☐

Type of degree obtained, if any BSC (Economics)

College or university where obtained Queens University Belfast

Applicant s initial neil mckay

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County ..... State ..... Date registered .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse s family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant s initial neil mckay

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☒ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Mc Kay V lazar	2018	37-2018-00000738	San Diego	Awarded stock in company 2019
Mc Kay V Starwood	2013	Dont know	San Diego	Settled 2014
Mc Kay V Osborne	2007 ??	Unknown	San Diego	Awarded judgment in my favor

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
	3109 Cerros Redondos, Rancho Santa Fe ,	Rancho Santa Fe ,	Ca 92067
	TRADE WINDS DR SAN DEIGO CA 92127		

Applicant's initial neil mckay

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1972-1975	PRICE WATERHOUSE COOPERS	BELFAST opportunity
Title	**Description of Duties**	**Name of Supervisor**
TRAINEE	CHARTERED ACCOUNTANT	WILSON GRAHAM

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1975-1978	WILSONS STORES DUNGANNON N IRE	Opportunity
Title	**Description of Duties**	**Name of Supervisor**
CFO	ACCOUNTANT	MERVYN WILSON

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1978 -80	DUNGANNON N IRE	OPPORTUNITY IN US
Title	**Description of Duties**	**Name of Supervisor**
OWNER	ALL management duties	Neil Mckay

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 4 1980-1992	Powerscreen INternational	Bought out
Title	**Description of Duties**	**Name of Supervisor**
Independent agent	Marketing	Patrick Dougan

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1995 -2000	Cavan Crystal Ireland	Bought out
Title	**Description of Duties**	**Name of Supervisor**
owner	All Business duties	Peter Pollock

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2001	SMRT LLC	Still active
Title	**Description of Duties**	**Name of Supervisor**
Managing Member	All Duties	Neil

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2016	Acquired AIRCARE HM , LOS ANGELES	Active
Title	**Description of Duties**	**Name of Supervisor**
100% owner	All duties	Neil

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2019	AIRCARE healthcare Henderson Nevada	Active
Title	**Description of Duties**	**Name of Supervisor**
100% owner	All duties	Liz Allan

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial neil mckay

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Andrew Wilson	Home	El Camono Real San Diego Ca				25
Employer retired	Business	Nuclear Physicist				
Name Russell McHugh	Home	Carmel Valley Ca 92130				15
Employer Independent	Business	IT CONSULTANT				
Name Jon Green	Home	Chase Bank , Rancho Santa Fe , Ca 92067				5 years
Employer Chase Bank	Business	Chase Bank , Rancho Santa Fe Ca 92067				
Name Dr Richard Schuman	Home	Bernardo Center Dr , SD 92128				7 years
Employer Self Employed	Business	Neurologist				
Name Thomas Elliott	Home	Paloma Ct , Encinitas , Ca 92024				7 years
Employer Self	Business	Insurance Broker				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person s depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following.

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

SMRT LLC provides medical services to patients with sleep disorder. The comany is Licensed by the California Departmen of heath.

Applicant s initial neil mckay

any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

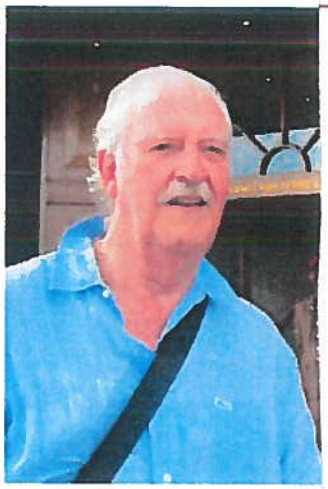
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 5/30/20

Applicant's initial

SS.

COUNTY OF San Diego

I, Cornelius McKay AKA Neil McKay, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this ..... day of

.....

.....

Notary Public

(seal)

See attached

Applicant s initial.....

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of SAN DIEGO

Subscribed and sworn to (or affirmed) before me on this 1 day of JUNE, 20 20, by CORNELIUS MCKAY, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JOSEPH RAMIREZ
COMM. #2285658
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires 04/18/2023

(Seal)

Signature

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1212
09/06/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Scott Epstein(672231N)
1050 E Flamingo Rd Ste N232
Las Vegas NV 89119-7427

CONTACT NAME: Scott Epstein
PHONE (A/C, NO, EXT): 702-690-7973
FAX (A/C, NO): 702-940-9744
E-MAIL ADDRESS: sepstein@farmersagent.com

INSURED

AIR CARE MEDICAL INC
12231 S Eastern Ave Ste 140
Henderson NV 89052

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Truck Insurance Exchange	21709
INSURER B:	Farmers Insurance Exchange	21652
INSURER C:	Mid Century Insurance Company	21687
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PROJECT [ ] LOC OTHER:	Y	N	606760493	09/05/2019	09/05/2020	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A						[ ] PER STATUTE [ ] OTHER	$
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12231 S EASTERN AVE STE 140, HENDERSON, NV 89052

CERTIFICATE HOLDER

ANTHEM HILLS PROF PLAZ LLC
5055 W PATRICK LN STE 101
LAS VEGAS NV 89118

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Scott Epstein

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ACORD

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 09/06/2019

1213

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER
Scott Epstein(672231N)
1050 E Flamingo Rd Ste N232
Las Vegas NV 89119-7427

CONTACT NAME: Scott Epstein
PHONE (A/C, NO, EXT): 702-690-7973
FAX (A/C, NO): 702-940-9744
E-MAIL ADDRESS: sepstein@farmersagent.com
PRODUCER CUSTOMER ID:

INSURED
AIR CARE MEDICAL INC
3262 HOLIDAY CT
LA JOLLA CA 92037

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Truck Insurance Exchange	21709
INSURER B:	Farmers Insurance Exchange	21652
INSURER C:	Mid Century Insurance Company	21687
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
12231 S EASTERN AVE STE 140,HENDERSON,NV,89052

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
C	PROPERTY CAUSES OF LOSS / DEDUCTIBLES BASIC BROAD X SPECIAL EARTHQUAKE WIND FLOOD BUILDING 1,000 CONTENTS 1,000	606760493	09/05/2019	09/05/2020	BUILDING X PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	$ $ 20,000 $ $ $ $ $ $ $
	INLAND MARINE CAUSES OF LOSS NAMED PERILS	TYPE OF POLICY POLICY NUMBER				$ $ $ $
	CRIME TYPE OF POLICY					$ $ $
	BOILER & MACHINERY/ EQUIPMENT BREAKDOWN					$ $
						$ $

SPECIAL CONDITIONS/OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Scott Epstein

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms ar conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Scott Epstein(672231N)
1050 E Flamingo Rd Ste N232
Las Vegas NV 89119-7427

CONTACT NAME: Scott Epstein
PHONE (A/C, NO, EXT): 702-690-7973
FAX (A/C, NO): 702-940-9744
E-MAIL ADDRESS: sepstein@farmersagent.com

INSURED

AIRCARE HEALTH INC
12231 S EASTERN AVE. STE 140
HENDERSON NV 89052

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Truck Insurance Exchange	21709
INSURER B:	Farmers Insurance Exchange	21652
INSURER C:	Mid Century Insurance Company	21687
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PROJECT [ ] LOC OTHER:	Y	N	606760493	09/05/2019	09/05/2020	EACH OCCURRENCE	$ 1,000,0
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	$ 100,0
							MED EXP (Any one person)	$ 5,0
							PERSONAL & ADV INJURY	$ 1,000,0
							GENERAL AGGREGATE	$ 2,000,0
							PRODUCTS - COMP/OP AGG	$ 1,000,0
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A						[ ] PER STATUTE [ ] OTHER	$
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12231 S EASTERN AVE STE 140, HENDERSON, NV 89052

CERTIFICATE HOLDER

ANTHEM HILLS PROF PLAZ LLC
5055 W PATRICK LN STE 101
LAS VEGAS NV 89118

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE Scott Epstein

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12B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: BARBER DME SUPPLY GROUP

Physical Address: 5691 RICKENBACKER RD., BLDG. 431, NELLIS AFB, NV. 89191
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4080 LAFAYETTE CENTER DR., STE 250

City: CHANTILLY State: VA Zip Code: 20151

Telephone: 703 378 4353 Fax: _____

E-mail: TIM@BARBERDME.com Website: BARBERDME.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: 10 to 2 Sun: X to X Holidays: X to X

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: TIMOTHY BARBER

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

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☒ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☒ Orthotics and Prosethics
Other: _____

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

MEDICARE NPI # 1598508010 [redacted] 0303940074

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

3) Are any of the owners health professionals? If yes, please check the box and list name.

- ☐ Practitioner Name: _____
- ☐ Advanced Practitioner of Nursing Name: _____
- ☐ Physician's Assistant Name: _____
- ☐ Physical Therapist Name: _____
- ☐ Occupational Therapist Name: _____
- ☐ Registered Nurse Name: _____
- ☐ Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

TIMOTHY BARBER

Print Name of Authorized Person

11/05/2020

Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: TIMOTHY BARBER

Business Name: BARBER DIME SUPPLY GROUP

Current Business Address: 4080 LAFAYETTE CENTER DR., STE. 250

City: CHANTILLY State: VA Zip: 20151

Telephone: 703 378 4353 Fax:

SOLE OWNER

Include with the application for a sole owner

Complete personal history record. Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/5/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG
Nature of License

BARBER DME SUPPLY GROUP, 5691 RICKENBACKER RD., BLDG. 431, NELLIS AFB, NV 89191
Name and Address of Establishment for Which License Is Requested

SAME
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

BARBER — TIMOTHY
Last Name — First Name — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

SENATE CT. — HERNDON — VA. 20170
Present Residence Address-Street or RFD — City — State/Zip

5691 RICKENBACKER RD., ~~NELLIS AFB~~ — NELLIS AFB — NV. 89191
Present Business Address — Dates — City — State/Zip

06/2017-PRESENT
Dates

Occupation

Phone:
Residence

Business

BUFFALO, ERIE, NY
Date of Birth — Place of Birth (City, County, State)

60
Age

Social Security Number or ITIN

M
Sex

BR. — BALD — FAIR — 285 — M — 6'2"
Color of Eyes — Color of Hair — Complexion — Weight — Build — Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial TD

A. Current Marriage N/A
Date City, County and State

Spouse's full name (Maiden)_____ SS# or ITIN_____

Date of Birth_____ Place of Birth_____

Resident address_____
Street City State Zip

Telephone: Residence_____ Business _____

Spouse's employer_____ Occupation_____

Address of employer_____
Street City State Zip

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information: N/A

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial TB

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	JAMES - DECEASED		E. UTICA, BUFFALO, NY 14208	CITY EMPLOYEE
Mother	DAISY BROWN - DECEASED		E. UTICA BUFFALO, NY 14208	HOUSEMAKER
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters: N/A

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended		Graduate
Grammar School	P.S. 54	BUFFALO, NY	9/71 - 6-74		Yes No
High School	SENECA	BUFFALO, NY	9/74 - 8/78	GED	Yes No
College University	UNIV. OF MD.	COLLEGE PARK, MD			Yes No
Other					Yes No

Type of degree obtained, if any

College or university where obtained

Applicant's initial TB

5. MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch USAF Date of entry-active service 4/78

Date of separation 3/89 Type of discharge HONORABLE

Rating at separation E5 Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No N/A

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial TB

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes — No — (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes — No — If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
07/2015 - PRESENT	, SENATE CT.	HERNDON	VA
07/2001 - 07/2015	4129 DALLAS HUTCHISON ST.	CHANTILLY	VA
06/1995 - 07/2001	LIVED ABROAD		

Applicant's initial TB

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2010	BARBER DME SUPPLY GROUP 4080 LAFAYETTE CENTER DR #250 CHANTILLY VA 20151	
Title	**Description of Duties**	**Name of Supervisor**
OWNER	OVERSEE DME OPERATION	SELF

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/1989 - 4/2015	U.S. GOVERNMENT	FORCE REDUCTION
Title	**Description of Duties**	**Name of Supervisor**
TECHNICAL CONSULTANT	VARIOUS IT ROLES	VARIOUS

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial CB

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name ROD JOHNSON	Home	3RD ST. S.W. 2ND FL. WASH. DC		20416		5 YRS.
Employer SBA	Business	U.S. GOV'T				
Name LEWIS SINGLETON	Home	2 ROYAL PINES AVE., RIVERVIEW, FL. 33579				21 YRS
Employer RETIRER	Business	MILITARY				
Name DONALD LANE	Home	SUMMIT MANOR DR., APT 321, FAIRFAX, VA. 22033				35 YRS
Employer RETIRED	Business	MILITARY				
Name MARIA LOPES	Home	STOCKPORT ST., BOWIE, MD. 20761				5 YRS
Employer LONG & FOSTER	Business	REAL ESTATE				
Name NEAL PERRY	Home	JASON ST., CHEVERLY, MD. 20785				5 YRS.
Employer TRI MARK	Business	HOSPITALITY				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes No
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

BARBER DME / 01-2010 - FAIRFAX, VA.

4080 LAFAYETTE CENTER DR. #250 CHANTILLY, VA. 20151

Applicant's initial TB

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

Date of photograph ~~11/2020~~ 11/01/2020

Applicant's initial TB

STATE OF Virginia

ss.

COUNTY OF Fairfax

I, Timothy Barber, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 5th day of November, 2020

Ruth Pearson

Notary Public

(seal)

Ruth E Pearson
NOTARY PUBLIC
REG. #7764026
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES March 31, 2022

Applicant's initial TB

ADDITIONAL INFORMATION

N/A

Applicant's initial TB

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date January 20,2021

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for DME

Nature of MDEG

Barber DME Supply Group 5691 Rickenbacker Road Bldg 431 Nellis AFB, NV 89191

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Castillo
Last Name

Linda
First Name

Pricilla
Middle Name

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Gentleslope St.
Present Residence Address-Street or RFD

Henderson
City

NV 89011
State/Zip

5691 Rickenbacker RD Bldg 431
Present Business Address

Dates

Nellis AFB
City

NV 89191
State/Zip

Manager
Present Position with the MDEG

Dates

Phone: 702-868-4169

Fax: 702-868-4153

Email address: Lcastillo@barberdme.com

1
Date of Birth

Las Vegas, Clark, NV
Place of Birth (City, County, State)

26
Age

Social Security Number or ITIN

F
Sex

Brown
Color of Eyes

Black
Color of Hair

160
Weight

5'2
Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No

If alien, registration No _____

If naturalized, certificate No_____ Date _____

Place_____(If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

October 2017 Barber DME Supply Group 5691 Rickenbacker Rd Bldg 431 Nellis AFB, NV 89191 2800

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Store Manager	Over sees day to day store operations	Julia Brooks
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
2. I have I have not been the subject of an administrative action whether completed or pending.
3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State:_____

b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No

5 .Will you be employed fulltime with the MDEG? Yes No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

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A PH

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Date of photograph 1/20/2021

I, Linda Castillo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Original Signature of Applicant

BARBE-1

OP ID: JC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/04/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Quest Insurance
4433 Brookfield Corporate Dr.
Suite A
Chantilly, VA 20151
Sami Satouri
703-961-8886

CONTACT NAME: Loc Duong
PHONE (A/C, No, Ext): 703-961-8886
FAX (A/C, No): 703-961-8887
E-MAIL ADDRESS: loc@questinsurance.us

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Continental Casualty Company	20443
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Barber DME Supply Group LLC
4080 Lafayette Center Dr.,
Ste 250
Chantilly, VA 20151

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE / OCCUR			6025421649	11/14/2020	11/14/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	X POLICY / PRO-JECT / X LOC						GENERAL AGGREGATE	$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR							
	EXCESS LIAB / CLAIMS-MADE						EACH OCCURRENCE	$
	DED / RETENTION $						AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance Regarding
Barber DME Supply Group
5691 RICKENBACKER RD BLDG 431
Nellis AFB, NV 89191

CERTIFICATE HOLDER

NSCCOLU

NSC
P.O. Box 100142
Columbia, SC 29202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

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

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

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

Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change

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

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Kinex Medical Company

Physical Address: 5985 Hauck Street, Unit 107, Las Vegas, NV 89118

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

Mailing Address: 1801 Airport Rd, Ste D

City: Waukesha State: WI Zip Code: 53188

Telephone: (800) 845-6364 Fax: (888) 845-3342

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8am to 5pm Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Saundra Sorenson

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☒ Orthotics and ~~Prosethics~~

Other: Continuous Passive Motion, cold therapy

**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: _____

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

1942238514		
1154452241		
Medicaid - 41626700		

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

3) Are any of the owners health professionals? If yes, please check the box and list name.

☐ Practitioner	Name:
☐ Advanced Practitioner of Nursing	Name:
☐ Physician's Assistant	Name:
☒ Physical Therapist	Name: Michael Buckholdt
☐ Occupational Therapist	Name:
☐ Registered Nurse	Name:
☐ Respiratory Therapist	Name:

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Michael A. Buckholdt
Print Name of Authorized Person

8/21/2020
Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Wisconsin

Parent Company if any: Kinex/R&M Holdco, LLC

Corporation Name: Kinex/R&M Holdco, LLC

Mailing Address: 1801 Airport Rd, Ste D

City: Waukesha State: Zip: WI 53188 Telephone: (800) 845-6364

Fax: (888) 845-3342 Contact Person: Leann Wilhelm

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) James Gleason, 1801 Airport Rd, Ste D, Waukesha, WI 53188
Name Address

b) William Spaciel, 1801 Airport Rd, Ste D, Waukesha, WI 53188
Name Address

c) Kim Dooyema, 1801 Airport Rd, Ste D, Waukesha, WI 53188
Name Address

d) Michael Buckholdt, 1801 Airport Rd, Ste D, Waukesha, WI 53188
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

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

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

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

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/19/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable medical equipment provider
Nature of License

Kinex Medical Company, 5985 Hauck Street, Unit 107, Las Vegas, NV 89118
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: Spaciel
First Name: William
Middle Name: Joseph

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Bill, Billy

Present Residence Address-Street or RFD: W Grandview Ct
City: Franklin
State/Zip: WI/53132
Dates

Present Business Address
City
State/Zip
Dates

Occupation: Owner
Phone: Residence
Business

Date of Birth
Place of Birth (City, County, State): Milwaukee

Age: 49
Social Security Number or ITIN
Sex: male

Color of Eyes: Blue
Color of Hair: Brown/grey
Complexion
Weight: 185
Build
Height: 5'8

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? Yes ☛ No ☛ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☛ Married ☛ Separated ☛ Divorced ☛ Widowed ☛ Engaged ☛

Applicant's initial WJ

A. Current Marriage 07/30/1993
Date

Spouse's full name (Maiden) Jacqueline Spaciel (Justman) City, County and State SS# or ITIN

Date of Birth _____ Place of Birth Green Bay

Resident address W Grandview Ct Franklin WI 53132
Street City State Zip

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation Home Maker

Address of employer _____
Street City State Zip

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Zachary Spaciel		Milwaukee	Whitefish Bay, Wi
Sydney Spaciel		Milwaukee	Franklin, WI
Emma Spaciel		Milwuakee	Franklin, WI

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial _____

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name_____

Address_____

Contact person_____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	William Edward Spaciel	deceased	Oak Creek Wi	Electrician
Mother	Janice Spaciel	deceased	Oak Creek WI	Home Make
Father-in-Law	Gerald Justman		Shawano WI	Banker
Mother-in-Law	Mary Justman		Shawano WI	Home Maker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Robert Spaciel		Dallas TX	Retiret
Spouse	Cheryl Spaciel (miller)		Dallas TX	Lab Super.
	Ronald Spaciel		Milwaukee, WI	Lumber Shop
Spouse	Mo Moran (Divored)			
	Randall Spaciel		Charlotte, NC	Safety V.P. Campells Soup
Spouse	Jean Spaciel		Charlotte, NC	Home Maker
	Richard Spaciel		Little Samico, WI	Plant Sup.
Spouse	Janet Spaciel (Jacobs)		Little Samico, WI	Home Maker
	Cindy Groth (Spaciel)		Franklin, WI	Home Maker

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Carrollton			Yes No
High School	Oak Creek			Yes No
College University	UW Stevens Point			Yes No
Other				Yes No

Type of degree obtained, if any Bach. of Science

College or university where obtained UW Stevens Point

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County Milwaukee State WI Date registered 1989

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial WJ

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → No → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → No → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
	W. Grandview Ct	Franklin,	WI
	W. Woodward Drive	Franklin	WI
	E. Oak Creek Dr.	Oak Creek	WI

Applicant's initial _____

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Oct 93	River Medical	Still Here
Title	**Description of Duties**	**Name of Supervisor**
Owner	Sales	me

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2000	R & M Rehab	Still Here
Title	**Description of Duties**	**Name of Supervisor**
Owner	SALES	ME

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	Joints In Motion	He was Fired As Distributor
Title	**Description of Duties**	**Name of Supervisor**
Sales	Sales	Jim Clearly

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial _____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Doug Baretz	Home	Franklin	WI	53132		30 years
Employer SELF	Business	Dominos				
Name Bill Paige	Home	Franklin	WI	53132		40 years
Employer Bruno	Business	Medical				
Name Chris Larson	Home	Superior, WI				30 years
Employer Duluth City	Business	Land Survey				
Name Lew Paige	Home	Oconomowoc, WI				49 years
Employer Balastria Homes	Business	Sup. of Building				
Name Rich Wiestrom	Home	Franklin	WI			30 years
Employer SELF	Business	Health Ins.				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No

If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes No

If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

Applicant's initial

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

Date of photograph 8/01/2020

Applicant's initial

STATE OF Wisconsin

ss.

COUNTY OF Milwaukee

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

[signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 18th day of August

Christiane Topaz Standlee
Notary Public

State of Wisconsin County of Waukesha

- Lifetime

(seal)

Applicant's initial [initials]

- Brother has Drunk Driving

- Other Siblings

Jason Justman Greenbay WI Sales

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/14/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for_____
Nature of License

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

GLEASON — Last Name
JAMES — First Name
Jeffrey — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

W. FAIRY CHASM RD — Present Residence Address-Street or RFD
River Hills — City
WI 53217 — State/Zip

Dates

Present Business Address — City — State/Zip

Retired — Occupation
Dates

Phone: Residence

Milwaukee, WI — Place of Birth (City, County, State)
Business

Date of Birth

59 — Age
Social Security Number or ITIN
M — Sex

Green — Color of Eyes
BALD — Color of Hair
CAUCASIAN — Complexion
220 LBS. — Weight
Big — Build
6'2" — Height

Scars, tattoos or distinguishing marks and/or characteristics_____

Are you a citizen of the United States? Yes No If alien, registration No_____

If naturalized, certificate No_____ Date_____

Place_____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial J.G.

A. Current Marriage _____
Date City, County and State

Spouse's full name (Maiden) _____ SS# or ITIN _____

Date of Birth _____ Place of Birth _____

Resident address _____
Street City State Zip

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
Street City State Zip

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
LISA GROSKOPF-GLEASON	12/9/2016	MILWAUKEE, WI 6-4-1988	DIVORCE	MILWAUKEE, WI

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
LISA GROSKOPF-GLEASON	N. CAMER ST.	MILWAUKEE,	WI	53211	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
GEORGIA GLEASON		MINNEAPOLIS, MN	BERLIN GERMANY

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial J.G.

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name_____

Address_____

Contact person_____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father				
Mother				
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	KAREN GLEASON		W. BENDER ROAD, GLENDALE, WI	Retired
Spouse	Single			
	Kevin GLEASON		N. ARDMORE AVE, Milwaukee, WI	Retired
Spouse	Single			
	Steven GLEASON		Lorraine, Glen Ellyn, IL	Attorney
Spouse	Bonnie GLEASON	"	" " "	teacher
	CLAUDIA STREHL		3RD ST. NE, ATLANTA GA	Delta Airlines
Spouse	Single			employee

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	LAMON Elementary	LAMON, WI	1968-1972	Yes ~~No~~
High School	Hamilton	SUSSEX, WI	1976-1979	Yes ~~No~~
College University	University of Wisconsin	MADISON, WI	1979-1985	Yes ~~No~~
Other				Yes No

Type of degree obtained, if any B.S. INDUSTRIAL Engineering

College or university where obtained U.W. MADISON

Applicant's initial J.G.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County_____ State_____ Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial J.G.

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☚ No ☚ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☚ No ☚ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
11/1994-2016	4757 N. CRAMER St.	Whitefish BAY, WI	Milwaukee County
11/2016 - Present	W. FAIRY CHASM RD.	River Hills WI	53217

Applicant's initial T. G.

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

1) 11/1985 R&M Distributing - No Longer In Business - Bought Business
Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving
Sales Associate | Sold Medical Devices | Ron Groskoff
Title | Description of Duties | Name of Supervisor
Bought R&M from Ron Groskoff in 2007

2) 11/2007 R&M Distributing Brookfield, WI | Sold Company
Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving
Owner | Medical Device Distributor Co. | —
Title | Description of Duties | Name of Supervisor

3) 2015 - Sold R&M to Jason Summers - Now Great Lakes Ortho
Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving
Partner | Partner Sold Spine Products | Sold My Interest
Title | Description of Duties | Name of Supervisor
11/2011 | Kinex Medical Co | Still ~~Owner~~ Partner In 2012

4) 11/2008 Spine Group of Wisconsin Brookfield, WI
Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving
Home Healthcare Company -
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving
Title | Description of Duties | Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial J.G.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name CARL VAtimont	Home	CRAMER St.,	Whitefish BAY, WI	53211		13
Employer Self Employed	Business					
Name MATT Buechel	Home	Minneapolis, MN				16
Employer MORGAN Stanley	Business					
Name JASON Summers	Home	Richfield, WI				15
Employer GreatLAKES ORTHO	Business	- OWNER				3
Name DAN DEMO	Home	WAUKESHA, WI				12
Employer GreatLAKES ORTHO	Business					
Name KIM DOUYEMA	Home	Brookfield, WI				30
Employer Retired	Business	Kinex Medical / R&M Dist				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial J.G.

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

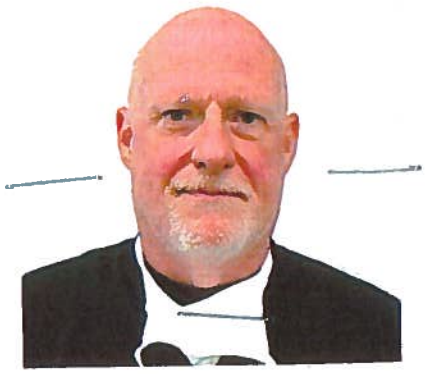
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 7/3/2020

Applicant's initial

STATE OF_____ ss.

COUNTY OF_____

I,_____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Jan Gleason
Original Signature of Applicant

Subscribed and Sworn to before me this 18th day of August

Christiane Joann Standlee
Notary Public

State of Wisconsin County of Waukesha

-lifetime

(seal)

Applicant's initial J.G.

ADDITIONAL INFORMATION

Applicant's initial_____

James Gleason Siblings Cont.:

Jane Pire

Lakewood Drive

Lake Forest, ILL 60045

Home maker

Spouse for Jane:

Tim Pire

Same address

Retired

Vince Gleason

Long Bow Drive

Leander, TX 78641

Packaging salesman

Spouse for Vince:

Sheri Gleason

Same address

Employed by Schwab Financial

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/19/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable medical equipment provider
Nature of License

Kinex Medical Company, 5985 Hauck Street, Unit 107, Las Vegas, NV 89118
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Dooyema	Kim	J

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	Dates	City	State/Zip
21549 Golfview Drive		Menomonee Falls	WI 53051

Present Business Address	Dates	City	State/Zip
21549 Golfview Drive		Menomonee Falls	WI 53051

Occupation: Retired

Phone: Residence ..... Business 262-719-3817

Date of Birth: [illegible]

Place of Birth (City, County, State): Sioux Center, Iowa (Sioux County)

Age: 65

Social Security Number or ITIN: [illegible]

Sex: M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown		205		6' 2"

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes No If alien, registration No_____

If naturalized, certificate No_____ Date_____

Place_____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial [illegible]

MARITAL INFORMATION-Continued

A. **Current Marriage** May 17, 1974 (Date) Racine Wisconsin (City, County and State)

Spouse's full name (Maiden) Kathleen Fay Kuiper SS# or ITIN

Date of Birth Place of Birth Racine Wisconsin

Resident address Golfview Drive Menomonee Falls, WI 53051 (Street, City, State, Zip)

Telephone: Residence Business 414-467-3190

Spouse's employer Retired Occupation Retired

Address of employer Retired (Street, City, State, Zip)

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
None				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
None					

3. **FAMILY INFORMATION:**

A. **Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Ryan Lee Deeyema		Omaha, NE	Brookfield, WI
Shane Michael Deeyema		Milwaukee, WI	Sioux Falls, SD

B. **Child Support Information:**

Please mark the appropriate response:

- (circled) I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name_____

Address_____

Contact person_____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father				
Mother				
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Sioux Center Christian School		1959 - 1968	Yes No
High School	Unity Christian High School		1968 - 1972	Yes No
College University				Yes No
Other	Dordt University		1972 - 1976	Yes No

Type of degree obtained, if any Business Administration / Accounting

College or university where obtained Dordt University

Applicant's initial _____

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County_____ State_____ Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial_____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → (No) → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → (No) → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1982 - 2004	2970 Nassau Drive	Brookfield	WI
2004 - 2020	Golfview Drive	Menomonee Falls	WI

Applicant's initial _____

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2011-2018	Kiner Medical Company - 3330 Gateway Road Brookfield, WI	Retired
Title	**Description of Duties**	**Name of Supervisor**
CFO	Responsible for Financial + Admin Functions	Mike Buckholdt
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
1998-2011	R+M Distributing - 3330 Gateway Road Brookfield, WI	related company to Kiner Medical
Title	**Description of Duties**	**Name of Supervisor**
CFO	Responsible for financial + operational functions	Jim Gleason
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial _____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Jim Gleason	Home	River Hills, WI				25 + years
Employer Retired	Business					
Name Bill Spaciel	Home	Franklin, WI				25 + years
Employer R+M Rehab	Business					
Name Mike Buckholdt	Home	Milwaukee, WI				10 years
Employer Kinex Medical	Business					
Name Rob Brikema	Home	Brookfield, WI				25 + years
Employer Buelow, Vetter	Business	Brookfield, WI				
Name Wally Smith	Home	Brookfield, WI				25 + years
Employer Milcut	Business	Menomonee Falls, WI				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes No
If yes, state type, where and years held

CPA - Nebraska 1978 - 2019

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

Date of photograph 7-14-2020

Applicant's initial

STATE OF Wisconsin ss.

COUNTY OF Waukesha

I, Kim Dooyema, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Kim Dooyema
Original Signature of Applicant

Subscribed and Sworn to before me this 18th day of August

Christiane Joan Standke
Notary Public

(seal)

State of Wisconsin County of Waukesha

- Lifetime

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial_____

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/19/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable medical equipment provider
Nature of License

Kinex Medical Company, 5985 Hauck Street, Unit 107, Las Vegas, NV 89118
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

BUCKHOLDT — MICHAEL — AARON
Last Name — First Name — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

W. WASHINGTON BLVD — WAUWATOSA — WI 53213
Present Residence Address-Street or RFD — City — State/Zip

1801 AIRPORT RD SUITE D Dates — WAUKESHA — WI 53188
Present Business Address — City — State/Zip

PRESIDENT — Dates 4/2011 – PRESENT
Occupation

Phone:
Residence
Business (262) 373-2352

ST. LOUIS, ST. LOUIS, MO
Date of Birth — Place of Birth (City, County, State)

47 — Social Security Number or ITIN — Male
Age — Social Security Number or ITIN — Sex

BLUE — BLONDE — 210# — MEDIUM — 6'1"
Color of Eyes — Color of Hair — Complexion — Weight — Build — Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? (Yes) No If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single — (Married) — Separated — Divorced — Widowed — Engaged

Applicant's initial MAB

A. **Current Marriage** 10/17/1997 (Date) MILWAUKE, MILWAUKEE, WI (City, County and State)

Spouse's full name (Maiden) KARIN LYNN DIETZMAN SS# or ITIN

Date of Birth Place of Birth SHEBOYGAN, WI

Resident address W. WASHINGTON BLVD WAUWATOSA WI 53213
Street City State Zip

Telephone: Residence Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
Street City State Zip

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. **Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
MEAGHAN BUCKHOLDT		MILWAUKEE, WI	W. Washington Blvd, Milwaukee WI
ANDREW BUCKHOLDT		MILWAUKEE, WI	W. Washington Blvd, Milwaukee WI 53213

B. **Child Support Information:**

Please mark the appropriate response:

- ☑ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial MAB

March 11, 2020

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	David Buckholdt		2 W. BRADLEY Rd, Fox Point, WI 53217	Teache
Mother	SHELLEY BUCKHOLDT		1 CODY DR, OVERLAND PARK, KS 66210	Teache
Father-in-Law	PURL DIETZMAN		WOODLAKE DR, KOHLER, WI 53044	Teacher
Mother-in-Law	MARGARET DIETZMAN		WOODLAKE DR, KOHLER, WI 53044	Nurse

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	MARK BUCKHOLDT		171st W., LAKEVILLE, MN 55044	ENGINEER
Spouse	ILIANA BUCKHOLDT		171st W., LAKEVILLE, MN 55044	TRANSLATOR
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	CUMBERLAND	MILWAUKEE, WI	1978-1986	Yes No
High School	WHITEFISH BAY HS.	MILWAUKEE, WI	1986-1990	Yes No
College University	CREIGHTON U.	OMAHA, NE	1990-1992	Yes No
Other	MARQUETTE UNIVERSITY	MILWAUKEE, WI	1992-1996	Yes No

Type of degree obtained, if any BA Psychology, MPT - Physical Therapy

College or university where obtained MARQUETTE U.

Applicant's initial MAB

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?_____city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?_____city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial MAB

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ← (No) ← (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ← (No) ← If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
5/20 - Present	N. WASHINGTON BLVD	WAUWATOSA, WI	53213
6/02 - 5/10	2530 N. 86th St.	WAUWATOSA, WI	53213
10/98 - 6/02	801 W. Mulberry Lane	WEST BEND, WI	53095
5/96 - 10/98	900 LARAMIE LANE	BAYSIDE, WI	53217

Applicant's initial MAS

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/11 - Present	Kinex 1801 AIRPORT RD, Waukesha, WI	N/A
Title	**Description of Duties**	**Name of Supervisor**
President	error ~~ATI 790 Remington Blvd, Bollingb~~	Board of Directors
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
2/05 - 5/11	ATI - 790 Remington Blvd, Bollingbrook, IL 60440	Career Change
Title	**Description of Duties**	**Name of Supervisor**
Regional Director	Oversaw 9 Locations	Dylan Bates
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
1999 - 2005	Aurora Health Care Milwaukee, WI	Promotion
Title	**Description of Duties**	**Name of Supervisor**
Lead Clinician	Physical Therapy	Linda Snyder
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
1996 - 1999	Curative - Milwaukee, WI	Promotion
Title	**Description of Duties**	**Name of Supervisor**
Physical Therapist	Physical Therapy	Julie Schneeberger
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial MMAB

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Kurt Sarawitz	Home					15 years
Employer MCW	Business				error (515) 554-8746	~~25~~ error
Name Russ Trimble	Home				746	28 year
Employer State of Ia	Business					
Name Tim Fank	Home					28 year
Employer Ahead	Business					
Name Corey McVey	Home					25 year
Employer Passport Health	Business					
Name Samos Friedman	Home					40 year
Employer Goldfarb Kahn	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☛ (No) ☛
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☛ No ☛
If yes, state type, where and years held

Physical Therapist - State of WI 1996 - present

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☛ No ☛
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial MAB

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason: N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

Date of photograph 08/03/2020

Applicant's initial MAB

ADDITIONAL INFORMATION

Applicant's initial_____

Darlene Nases

From: Leann Wilhelm, CHC <Leann_Wilhelm@kinexmedical.com>
Sent: Thursday, February 4, 2021 2:41 PM
To: Darlene Nases; Licensing
Cc: Mark I. Sedar
Subject: RE: Administrator Form Clarification

Hello Darlene,

Saundra Sorenson has been a full-time employee with Kinex since 8/25/2017. She oversees the staff that provide products to patients as well as the cleaning and maintenance of our equipment.

Will that suffice?

Leann Wilhelm, CHC
Compliance Officer
Kinex Medical Company, LLC
Direct: 262-521-7338
Toll Free: 800-845-6364 ext. 7338
Fax: 866-588-8026
www.kinexmedical.com

For Technical Support please call or email:
800-845-6364 ext. 7370
techsupport@kinexmedical.com

From: Darlene Nases <dnases@pharmacy.nv.gov>
Sent: Tuesday, February 2, 2021 10:15 AM
To: Licensing <Licensing@kinexmedical.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Administrator Form Clarification
Importance: High

[External Email - Use Caution]
Hello Saundra,

Can you confirm if you meet the requirements for the highlighted section below? Specifically, do you have verifiable experience with the medical products your company sells?
The Administrator Form provided does not explain the specific description of your duties.

NAC 639.694 Administrator required. (NRS 639.070)

1. Except as otherwise provided in subsection 4, each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:
   (a) Be a natural person;
   (b) Have a high school diploma or its equivalent;
   (c) Have:

(1) At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or

(2) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;

(d) Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and

(e) Be approved by the Board.

2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.

4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

(Added to NAC by Bd. of Pharmacy by R008-01, eff. 11-1-2001; A by R033-09, 10-15-2010)

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440 ext. 122
dnases@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

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APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date ~~5/19/2020~~ 1/29/2021

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical equipment supplier

Nature of MDEG

Kinex Medical Company, 5985 Hauck Street, Unit 107, Las Vegas, NV 89118

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Sorenson — Last Name
Saundra — First Name
Lynn — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Crested Moss Ave — Present Residence Address-Street or RFD
North Las Vegas — City
NV 89081 — State/Zip

5985 Hauck St, Unit 107 — Present Business Address
Dates
Las Vegas — City
89118 — State/Zip

Present Position with the MDEG
Dates

Phone: 720-224-1885
Fax:

Email address: saundra_sorenson@kinexmedical.com

Date of Birth
Denver Colorado — Place of Birth (City, County, State)

53 — Age
Social Security Number or ITIN
Female — Sex

Green — Color of Eyes
Brown with highlights — Color of Hair
165 — Weight
5'4 — Height

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes No

If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

02/2011	TOI/Kinex-5985 Hauck Srt.Ste 107, LV NV 89118	2000/ year
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Office Manager	manage and run office	Lynn Michalski
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☐ I have not ☐ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ have not ☐ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☐ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State:_____

b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☐ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☐ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☐ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....

.....

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.....

ATTA APH

TA ST

3

Date of photograph 1/29/2001

I, Saundra Sorenson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Saundra Sorenson

Original Signature of Applicant

KINEHOL-01 HMOUSER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/2/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Mesirow Insurance Services, Inc.
353 N Clark St 11th Floor
Chicago, IL 60654

CONTACT NAME:
PHONE (A/C, No, Ext): (312) 595-6200 FAX (A/C, No):
E-MAIL ADDRESS:

INSURED
Kinex/R&M Holdco, LLC
1801 Airport Road, Suite D
Waukesha, WI 53188

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Charter Oak Fire Insurance Company	25615
INSURER B : Travelers Property Casualty Company of America	25674
INSURER C : Travelers Indemnity Company of Connecticut	25682
INSURER D : Associated Industries Insurance Company Inc	23140
INSURER E : Underwriters at Lloyd's London (Illinois)	15792
INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY								
	CLAIMS-MADE X OCCUR			630 1R598322	8/29/2020	8/29/2021	EACH OCCURRENCE	$	1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	
	OTHER:							$	
B	AUTOMOBILE LIABILITY								
	X ANY AUTO			8101R597294	8/29/2020	8/29/2021	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per person)	$	
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			CUP1R599331	8/29/2020	8/29/2021	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 10,000							$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N N/A			UB1R557653	8/29/2020	8/29/2021	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
D	Commercial Products			AES1041296 04	8/29/2020	8/29/2021	Occ 1,000,000/ Agg		2,000,000
E	Professional Liab			HMPL19-0392	8/29/2020	8/29/2021	Occ 1,000,000 Agg		3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Named Insuereds:
Kinex Connect, LLC; Kinex Medical Company, LLC; Kinex/R&M Holdco LLC;
R&M Rehabilitation Iowa, LLC; R&M Rehabilitation LLC

RE: 5985 Hauck Street #107, Las Vegas, NV 89118

Certificate issued as evidence of insurance

CERTIFICATE HOLDER

Evidence of coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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12D

NE ADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NE ADA Medical De ice E ui ent Gases MDEG

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be co leted by all ty es of ownershi

MDEG Name: Patients Choice LLC

Physical Address: 2350 W Cheyenne Ave #140, North Las Vegas, NV 89032
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2350 W Cheyenne Ave #140,

City: North Las Vegas, State: NV Zip Code: 89032

Telephone: 847-481-6084 Fax: 866-725-3567

E-mail: del@patientschoicemedical.com Website: www.patientschoicemedical.com

DAYS AND HOURS THAT THE FACILITY ILL BE REGULARLY OPERATING

Mon: 9:00 am to 3:00 pm Tue: 9:00 am to 3:00 pm Wed: 9:00 am to 3:00 pm Thu: 9:00 am to 3:00 pm
Fri: 9:00 am to 3:00 pm Sat: CLOSED to CLOSED Sun: CLOSED to CLOSED Holidays: CLOSED to CLOSED

MDEG ADMINISTRATOR INFORMATION MDEG administrator application required)

Name: Maryam Ali

TYPE OF MDEG PRODUCTS THAT ILL BE SOLD CHEC ALL APPLICABLE

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☒ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

APPLICATION FOR NE ADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

5928030001 _____ _____

1538373998 _____ _____

_____ _____ _____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

3) Are any of the owners health professionals? If yes, please check the box and list name.

☐ Practitioner	Name: NOT APPLICABLE
☐ Advanced Practitioner of Nursing	Name:
☐ Physician's Assistant	Name:
☐ Physical Therapist	Name:
☐ Occupational Therapist	Name:
☐ Registered Nurse	Name:
☐ Respiratory Therapist	Name:

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NE ADA MDEG LICENSE

This page must be submitted for all types of ownership.

1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Maryam Ali
Print Name of Authorized Person

October 27, 2020
Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR NE ADA MDEG LICENSE

O NERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: Not Applicable

Corporation Name: Patients Choice LLC

Mailing Address: 2350 W Cheyenne Ave #140

City: North Las Vegas State: NV Zip: 89032 Telephone: 847-481-6084

Fax: 866-725-3567 Contact Person: Maryam Ali

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Delbert Rinquest, CEO, Founder — W Farm Springs LN, Midway, UT 84049
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All ersons who are stoc holders ust accurately co lete a ersonal history record for . Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

N/A

PERSONAL HISTORY RECORD for Phar acy MDEG holesaler

Date 11/4/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Resident MDEG License
Nature of License

Patients Choice LLC 2350 W Cheyenne Ave #140 North Las Vegas, NV 89032
Name and Address of Establishment for Which License Is Requested

Patients Choice LLC
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Rinquest — Last Name
Delbert — First Name
S — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

W Farm Springs LN, Midway, Utah 84049
Present Residence Address-Street or RFD — City — State/Zip

2350 West Cheyenne Ave. Auite #140 Dates North Las Vegas, NV 89032
Present Business Address — City — State/Zip

CEO, Founder of Patient's Choice, LLC Dates 10/16/2007-Present
Occupation

Phone:
Residence
Business 847-481-6084

Date of Birth — Place of Birth (City, County, State)

43 — Age
Social Security Number or ITIN
M — Sex

Blue — Color of Eyes
Blonde — Color of Hair
white — Complexion
168 — Weight
Med — Build
6'0 — Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial DR.

MARITAL INFORMATION-Continued

A. **Current Marria e** July 26, 2020 (Date) SLC, UT (Salt Lake County) (City, County and State)

Spouse's full name (Maiden) Jessica Laursen SS# or ITIN .

Date of Birth ____ Place of Birth Salt Lake City.

Resident address W. Farm Springs Ln. (Street) Midway (City) UT (State) 84049 (Zip)

Telephone: Residence ____ Business ____

Spouse's employer N/A Occupation Home maker.

Address of employer N/A. (Street) (City) (State) (Zip)

B. **Pre ious Marria es:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A.				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

. **FAMILY INFORMATION:**

A. **Children and De endents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Wallace Ringwst		SLC	W. Farm Springs Ln. Midway. UT
Will Ringwst		Woodstock, IL	W Farm Springs Ln. Midway UT
Georgia Ringwst		Woodstock, IL	W. Farm Spring Ln. Midway UT.

B. **Child Su ort Infor ation:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial DA

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Harry H. Ringwest		Deceased	
Mother	Elizabeth Marie Ringwest		West Valley, UT	retired.
Father-in-Law	Paul Laursen		Castleview Dr. WVC, UT	Carpenter
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse				
Spouse				
Spouse				
Spouse				

. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	John F. Kennedy	West Valley, UT	91-94	Yes No
High School	Hunter High	West Valley, UT	94-97	Yes No
College University	Weber State University	Ogden, UT	2000-03	Yes No
Other				Yes No

Type of degree obtained, if any Business Management.

College or university where obtained Weber State

Applicant's initial DR

MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County_____ State_____ Date registered_____

. ARRESTS DETENTIONS LITIGATIONS AND ARBITRATIONS: Include those arrests in which you were not con icted.

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial DA.

ARRESTS DETENTIONS LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → (No) → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → (No) → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
6/2015 - 9/2020	381 S. 360 E.	Midway	UT
3/2012 - 6/2015	1212 Galloway Dr.	Woodstock	IL
7/2003 - 3/2012	2215 Serenity Ln.	Woodstock	IL
7/2000 - 7/2003	3895 S. 3600 W.	WVC	UT
9/1978 - 7/2000	3642 S. Bamach	WVC	UT

Applicant's initial JA.

. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2003	Source One Medical - Irvine CA.	- Start Patients choice.
Title	**Description of Duties**	**Name of Supervisor**
Area Manager	Sales and management	Dennis Kline (owner).

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/2007	Patients Choice	still own + operate.
Title	**Description of Duties**	**Name of Supervisor**
Owner	Sales, Delivery, Compliance, mgmt.	N/A.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial BR.

. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Dr. Jared Tyson	Home					25 yrs.
Employer Mountain View Ortho	Business					
Name Brody Spencer	Home					15 yrs
Employer Guardian	Business					
Name Rob Sorensen	Home					5 yrs
Employer Sorensen Insurance	Business					
Name Steve Bird	Home					10 yrs.
Employer Self	Business					
Name Brian McCabbie	Home					10 yrs
Employer Vivint	Business					

1 . Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes co lete the followin .

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes No
If yes, state type, where and years held

1 . Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

I own Patients Choice, LLC formed in IL. We are adding office in N. Las Vegas to serve Patients Better as we have done in CO, GA, TX, IN

Applicant's initial

STATE OF Utah

ss.

COUNTY OF Wasatch

I, Delbert Rinquest, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Delbert S. Rinquest

Original Signature of Applicant

Subscribed and Sworn to before me this 4 day of November, 2020

Kelly Jo Cleverly

Notary Public

(seal)

KELLY JO CLEVERLY
Notary Public - State of Utah
Comm. No. 714046
My Commission Expires on
Sep 10, 2024

Applicant's initial DR.

1. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

1. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

1. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

1. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

1. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

1. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

1. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

Date of photograph 10-11-2020

Applicant's initial

ADDITIONAL INFORMATION

At Patients Choice We have been providing for homebound and disabled patients for Several years and now We are adding an Office in North Las Vegas to better Serve those in need in that area.

Applicant's initial DR.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date October 28, 2020

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Assistive Equipment MDEG License

Nature of MDEG

Patients Choice LLC 2350 W Cheyenne Ave #140, North Las Vegas, NV 89032

Name and Address of Business for Which MDEG Administrator Is Requested

Patients Choice LLC

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Ali
Last Name

Maryam
First Name

n/a
Middle Name

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

N Hicks Rd, Palatine, IL 60067
Present Residence Address-Street or RFD | City | State/Zip

2350 W Cheyenne Ave #140 | North Las Vegas | NV 89032
Present Business Address | City | State/Zip

Compliance/Operations ~~Compliance~~ Manager
Present Position with the MDEG

Dates January 28, 2020

Phone: 224-347-4787

Fax: 866-725-3567

Email address: maryam@patientschoicemedical.com

Date of Birth

Khanian Pakistan
Place of Birth (City, County, State)

26
Age

Social Security Number

Female
Sex

Brown
Color of Eyes

Black
Color of Hair

150 lb
Weight

5 ft 4 in
Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

January 2020 — Patients Choice / 3601 Edison Pl Rolling Meadows, IL 60008 — 40+ hrs/week →
Month and Year — Name/ Address of Employer/Business — No of Employed Hours

Compliance/Operations Manager — • Accreditation Renewal • Compliance — Brigit Bourget
Title — Description of Duties — Name of Supervisor

October 2018 — Optim Care Health / 514 Lakeview Pkwy Vernon Hills, IL 60061 — 40 hrs/week →
Month and Year — Name/ Address of Employer/Business — No of Employed Hours

Patient Records Coordinator — Policy + Procedure, training — Janice P. K.
Title — Description of Duties — Name of Supervisor

April 2018 — ANITA Health St. Francis Hospital / 355 Ridge Ave. Evanston, IL 60202 — 40 hrs/week
Month and Year — Name/ Address of Employer/Business — No of Employed Hours

Patient Access Rep — Patient Death Charts, transcribe orders — Mark
Title — Description of Duties — Name of Supervisor

Month and Year — Name/ Address of Employer/Business — No of Employed Hours

Title — Description of Duties — Name of Supervisor

Month and Year — Name/ Address of Employer/Business — No of Employed Hours

Title — Description of Duties — Name of Supervisor

Month and Year — Name/ Address of Employer/Business — No of Employed Hours

Title — Description of Duties — Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.

2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.

3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: _____

b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanatio

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ATTACH PHOTOGR

TAKEN WITHIN LA

30 DAYS HERE

Date of photograph October 12, 2020

I, Maryam Ali, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Original Signature of Applicant

File Number 0219900-9

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PATIENT'S CHOICE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 14, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 17TH *day of* NOVEMBER *A.D.* 2020 .

SEAL OF THE STATE OF ILLINOIS
UNION NATIONAL INDUSTRIAL STATE
1868 1818
AUG. 26TH 1818

Authentication #: 2032200558 verifiable until 11/17/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Del Rinquest
CEO - Owner
3601 Edison Place
(847) 772-2941
Chief Executive Officer

Brigit Bourget
Reimbursement Manager, Liaison Team Lead
3601 Edison Place
(847) 380-1292
Reimbursement Manager, Liaison Manager

Jerry Mitchell
President, ATP, CRTS, Rehab Consultant
3601 Edison Place
(630) 639-2317
President, ATP, CRTS

Todd Davis
HR, Business Manager
3601 Edison Place
(847) 242-8854
Business Manager

Maryam Ali
Compliance Manager
3601 Edison Place
(224) 347-4787
Compliance Manager

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Buckner Company
6550 S Millrock, Suite #300
Salt Lake City UT 84121

License#: 92480
PATICHO-01

CONTACT NAME: Jennifer Eckersley
PHONE (A/C, No, Ext): 801-937-6719 FAX (A/C, No):
E-MAIL ADDRESS: jeckersley@buckner.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Continental Casualty Company	20443
INSURER B : The Continental Insurance Company	35289
INSURER C : American Casualty Company of Reading, PA	20427
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patient's Choice, LLC
2350 W. Cheyenne Ave #140
North Las Vegas NV 89032

COVERAGES

CERTIFICATE NUMBER: 68072445

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			2097767256	5/11/2020	5/11/2021	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$ 4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
B	AUTOMOBILE LIABILITY			4024485712	5/11/2020	5/11/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC429430220	5/11/2020	5/11/2021	X PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Alexander and Belmont, LLC
6130 Washburn St
Las Vegas, NV 89032

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Buckner Company
6550 S Millrock, Suite #300
Salt Lake City UT 84121

License#: 92480
PATICHO-01

CONTACT NAME: Jennifer Eckersley
PHONE (A/C, No, Ext): 801-937-6719 FAX (A/C, No):
E-MAIL ADDRESS: jeckersley@buckner.com

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INSURER C : American Casualty Company of Reading, PA	20427
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patient's Choice LLC
3601 Edison Place
Rolling Meadows IL 60008

COVERAGES

CERTIFICATE NUMBER: 2018896903

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			2097767256	5/11/2020	5/11/2021	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$ 4,000,000
	OTHER						PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
B	AUTOMOBILE LIABILITY			4024485712	5/11/2020	5/11/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC429430220	5/11/2020	5/11/2021	X PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location: 3601 Edison Place Rolling Meadows, IL 60008
Otto Landholdings LLC is Additional Insured for General Liability per form SB146932E (6-11).

CERTIFICATE HOLDER

Otto Landholdings LLC
3603 Edison Place
Rolling Meadows IL 60008

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CNA

SB-146932-E
(Ed. 06/11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED – LIABILITY EXTENSION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

Coverage afforded under this extension of coverage endorsement does not apply to any person or organization covered as an additional insured on any other endorsement now or hereafter attached to this Policy.

1. **ADDITIONAL INSURED – BLANKET VENDORS**

   WHO IS AN INSURED is amended to include as an additional insured any person or organization (referred to below as vendor) with whom you agreed, because of a written contract or agreement to provide insurance, but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

   1. The insurance afforded the vendor does not apply to:

      a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

      b. Any express warranty unauthorized by you;

      c. Any physical or chemical change in the product made intentionally by the vendor;

      d. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

      e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;

      f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

      g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

      h. "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omission or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

         (1) The exceptions contained in Subparagraphs **d.** or **f.**; or

         (2) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

   2. This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

   3. This provision **2.** does not apply to any vendor included as an insured by an endorsement issued by us and made a part of this Policy.

   4. This provision **2.** does not apply if "bodily injury" or "property damage" included within the "products-completed operations hazard" is excluded either by the provisions of the Policy or by endorsement.

2. **MISCELLANEOUS ADDITIONAL INSUREDS**

   WHO IS AN INSURED is amended to include as an insured any person or organization (called additional insured) described in paragraphs **2.a.** through **2.h.** below whom you are required to add as an additional insured on this policy under a written contract or agreement but the written contract or agreement must be:

   1. Currently in effect or becoming effective during the term of this policy; and

   2. Executed prior to the "bodily injury," "property damage" or "personal and advertising injury," but

   Only the following persons or organizations are additional insureds under this endorsement and coverage provided to such additional insureds is limited as provided herein:

   a. **Additional Insured – Your Work**

      That person or organization for whom you do work is an additional insured solely for liability

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due to your negligence specifically resulting from your work for the additional insured which is the subject of the written contract or written agreement. No coverage applies to liability resulting from the sole negligence of the additional insured.

The insurance provided to the additional insured is limited as follows:

(1) The Limits of Insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations of this policy, whichever is less. These Limits of Insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations.

(2) The coverage provided to the additional insured by this endorsement and paragraph **F.9.** of the definition of "insured contract" under **Liability and Medical Expenses Definitions** do not apply to "bodily injury" or "property damage" arising out of the "products-completed operations hazard" unless required by the written contract or written agreement.

(3) The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of the rendering or failure to render any professional services.

b. State or Political Subdivisions

A state or political subdivision subject to the following provisions:

(1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with premises you own, rent, or control and to which this insurance applies:

(a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoistaway openings, sidewalk vaults, street banners, or decorations and similar exposures; or

(b) The construction, erection, or removal of elevators; or

(2) This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality.

c. Controlling Interest

Any persons or organizations with a controlling interest in you but only with respect to their liability arising out of:

(1) Their financial control of you; or

(2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for such additional insured.

d. Managers or Lessors of Premises

A manager or lessor of premises but only with respect to liability arising out of the ownership, maintenance or use of that specific part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

(1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or

(2) Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.

e. Mortgagee, Assignee or Receiver

A mortgagee, assignee or receiver but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of a premises by you.

This insurance does not apply to structural alterations, new construction or demolition operations performed by or for such additional insured.

f. Owners/Other Interests – Land is Leased

An owner or other interest from whom land has been leased by you but only with respect to liability arising out of the ownership, maintenance or use of that specific part of the land leased to you and subject to the following additional exclusions:

This insurance does not apply to:

(1) Any "occurrence" which takes place after you cease to lease that land; or

(2) Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.

g. **Co-owner of Insured Premises**

A co-owner of a premises co-owned by you and covered under this insurance but only with respect to the co-owners liability as co-owner of such premises.

h. **Lessor of Equipment**

Any person or organization from whom you lease equipment. Such person or organization are insureds only with respect to their liability arising out of the maintenance, operation or use by you of equipment leased to you by such person or organization. A person's or organization's status as an insured under this endorsement ends when their written contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded these additional insureds, the following additional exclusions apply:

This insurance does not apply:

(1) To any "occurrence" which takes place after the equipment lease expires; or

(2) To "bodily injury," "property damage" or "personal and advertising injury" arising out of the sole negligence of such additional insured.

Any insurance provided to an additional insured designated under paragraphs **b.** through **h.** above does not apply to "bodily injury" or "property damage" included within the "products-completed operations hazard."

3. The following is added to **Paragraph H.** of the **BUSINESSOWNERS COMMON POLICY CONDITIONS:**

H. Other Insurance

4. This insurance is excess over any other insurance naming the additional insured as an insured whether primary, excess, contingent or on any other basis unless a written contract or written agreement specifically requires that this insurance be either primary or primary and noncontributing.

4. **LEGAL LIABILITY – DAMAGE TO PREMISES**

A. Under B. Exclusions, 1. Applicable to Business Liability Coverage, Exclusion **k. Damage To Property,** is replaced by the following:

k. Damage To Property

"Property damage" to:

1. Property you own, rent or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property;
2. Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises;
3. Property loaned to you;
4. Personal property in the care, custody or control of the insured;
5. That particular part of any real property on which you or any contractors or subcontractors working directly or indirectly in your behalf are performing operations, if the "property damage" arises out of those operations; or
6. That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it.

Paragraph 2 of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you.

Paragraphs 1, 3, and 4, of this exclusion do not apply to "property damage" (other than damage by fire or explosion) to premises:

(1) rented to you:

(2) temporarily occupied by you with the permission of the owner, or

(3) to the contents of premises rented to you for a period of 7 or fewer consecutive days.

A separate limit of insurance applies to Damage To Premises Rented To You as described in Section D – Liability and Medical Expenses Limits of Insurance.

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Paragraphs 3, 4, 5, and 6 of this exclusion do not apply to liability assumed under a sidetrack agreement.

Paragraph 6 of this exclusion does not apply to "property damage" included in the "products-completed operations hazard."

B. Under **B. Exclusions, 1. Applicable to Business Liability Coverage,** the last paragraph of 2. Exclusions is deleted and replaced by the following:

Exclusions **c, d, e, f, g, h, i, k, l, m, n, and o,** do not apply to damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner or to the contents of premises rented to you for a period of 7 or fewer consecutive days. A separate limit of insurance applies to this coverage as described in **Section D. Liability And Medical Expenses Limits Of Insurance.**

C. The first Paragraph under item **5. Damage To Premises Rented To You Limit of Section D. Liability And Medical Expenses Limits Of Insurance** is replaced by the following:

The most we will pay under Business Liability for damages because of **"property damage" to any one premises,** while rented to you, or temporarily occupied by you, with the permission of the owner, including contents of such premises rented to you for a period of 7 or fewer consecutive days, is the Damage to Premises Rented to You limit shown in the Declaration.

5. **Blanket Waiver of Subrogation**

We waive any right of recovery we may have against:

a. Any person or organization with whom you have a written contract that requires such a waiver.

6. **Broad Knowledge of Occurrence**

The following items are added to **E. Businessowners General Liability Conditions** in the **Businessowners Liability Coverage Form:**

e. Paragraphs **a.** and **b.** apply to you or to any additional insured only when such "occurrence," offense, claim or "suit" is known to:

(1) You or any additional insured that is an individual;

(2) Any partner, if you or an additional insured is a partnership;

(3) Any manager, if you or an additional insured is a limited liability company;

(4) Any "executive officer" or insurance manager, if you or an additional insured is a corporation;

(5) Any trustee, if you or an additional insured is a trust; or

(6) Any elected or appointed official, if you or an additional insured is a political subdivision or public entity.

This paragraph **e.** applies separately to you and any additional insured.

7. **Bodily Injury**

Section **F. Liability and Medical Expenses Definitions,** item 3. "Bodily Injury" is deleted and replaced with the following:

"Bodily injury" means bodily injury, sickness or disease sustained by a person, including death, humiliation, shock, mental anguish or mental injury by that person at any time which results as a consequence of the bodily injury, sickness or disease.

8. **Expanded Personal and Advertising Injury Definition**

a. The following is added to **Section F. Liability and Medical Expenses Definitions, item 14. Personal and Advertising Injury, in the Businessowners General Liability Coverage Form:**

h. Discrimination or humiliation that results in injury to the feelings or reputation of a natural person, but only if such discrimination or humiliation is:

1. Not done intentionally by or at the direction of:

a. The insured; or

b. Any "executive officer," director, stockholder, partner, member or manager (if you are a limited liability company) of the insured; and

2. Not directly or indirectly related to the employment, prospective employment, past employment or termination of employment of any person or person by any insured.

b. The following is added to Exclusions, **Section B.:**

(15) Discrimination Relating to Room, Dwelling or Premises

Caused by discrimination directly or indirectly related to the sale, rental, lease or sub-lease or prospective sale, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured.

(16) Fines or Penalties

Fines or penalties levied or imposed by a governmental entity because of discrimination.

c. This provision **(Expanded Personal and Advertising Injury)** does not apply if **Personal and Advertising Injury Liability** is excluded either by the provisions of the Policy or by endorsement.

9. Personal and Advertising Injury Re-defined

Section F. Liability and Medical Expenses Definitions, item 14, Personal Advertising Injury, Paragraph c. is replaced by the following:

c. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room dwelling or premises that a person or organization occupies committed by or on behalf of it's owner, landlord or lessor.

4002000562097767256262 0

12E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Sleep Management dba VieMed

Physical Address: 200 S. Virginia Street Suite 829
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: Reno State: Nevada Zip Code: 89501

Telephone: 866-852-8343 Fax: 337-500-1972

E-mail: bstoute@viemed.com Website: www.viemed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 4p Tue: 9a to 4p Wed: 9a to 4p Thu: 9a to 4p

Fri: 9a to 4p Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Nicole Grant, RPT

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

☑ Medical Gases**
☑ Respiratory Equipment**
☑ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Nicole Grant Telephone: 805-712-3410

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Brett Stoute
Print Name of Authorized Person

05/20/2020
Date

Board Use Only	Received:	Amount: $500.00

Department of State: Division of Corporations

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SERVICES
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File UCC's
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Status
Validate Certificate
Customer Service Survey

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Allowable Characters

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Entity Details

File Number:	6747199	Incorporation Date / Formation Date:	12/[illegible]/2016 ([illegible])
Entity Name:	VIEMED, INC.		
Entity Kind:	Corporation	Entity Type:	General
Residency:	Domestic	State:	State
Status:	Good Standing	Status Date:	[illegible]

TAX INFORMATION

Last Annual Report Filed:	2018	Tax Due:	$ 0
Annual Tax Assessment:	$ 175	Total Authorized Shares:	3100

REGISTERED AGENT INFORMATION

Name:	INCORP SERVICES, INC.		
Address:	919 NORTH MARKET STREET, SUITE 950		
City:	WILMINGTON	County:	New Castle
State:	DE	Postal Code:	19801
Phone:	800-246-2677		

FILING HISTORY (Last 5 Filings)

Seq	Description	No. of pages	Filing Date (mm/dd/yyyy)	Filing Time	Effective Date (mm/dd/yyyy)
1	Change of Agent 9224631	1	12/13/2017	[illegible]	12/13/2017
2	Amendment/ Steel	1	1/25/2017	[illegible]	[illegible]/2017
3	Stock Corporation	2	12/12/2016	[illegible]	12/12/2016

Back to Entity Search | Email Status

For help on a particular field click on the Field Tag to take you to the help area.

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Ownership

VieMed, Inc.

625 E. Kaliste Saloom Road

Lafayette, Louisiana 70508

337-769-9611

FEIN# 38-4052008

100% ownership

Managing Officers

Casey Hoyt, CEO 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Michael Moore, President 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Todd Zehnder, COO 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Max Hoyt, Government Relations 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Brett Stoute, CCO 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Client#: 1946454 518VIEMEINC

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
McGriff Insurance Services
5750 Johnson Street 5th Floor
Suite 505
Lafayette, LA 70503

CONTACT NAME: Kristine LeBlanc CIC,CMIP,CISR
PHONE (A/C, No, Ext): 337 314-8949 FAX (A/C, No): 337-234-0776
E-MAIL ADDRESS: kristine.leblanc@mcgriffinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Benchmark Insurance Company	41394
INSURER B : Travelers Indemnity Co of CT	25682
INSURER C : Travelers Indemnity Company	25658
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Viemed, Inc., Sleep Management, LLC dba
VieMed, Home Sleep Delivered, LLC
202-A N. Luke Street
Lafayette, LA 70506

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			D1018G314013	08/01/2019	08/01/2020	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
								$
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			8105N822729	08/01/2019	08/01/2020	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			UM101850236	08/01/2019	08/01/2020	EACH OCCURRENCE	$5,000,000
							AGGREGATE	$5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		UB1L76006A	08/01/2019	08/01/2020	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
A	Professional Liab			D1018G314013	08/01/2019	08/01/2020	Included in GL Limits	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(See Attached Descriptions)

CERTIFICATE HOLDER

Nevada Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509-0000

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

William Quinlan

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APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 01-21-21

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Respiratory Equipment
Nature of MDEG

Sleep Managment DBA Viewed
Name and Address of Business for Which MDEG Administrator Is Requested

200 S Virgina St Suite 829 Reno NV 89501
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Grant — Last Name
Nicole — First Name
Ann — Middle Name

Nicole Butkovich
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Olua St — Present Residence Address-Street or RFD
Minden — City
NV 89423 — State/Zip

200 S Virgina St Suite 889 — Present Business Address
Dates
Reno — City
NV 89501 — State/Zip

Clinical Respiratory Therapist — Present Position with the MDEG
Dates March 2019 to Present

Phone: 805-712-3410
Fax: 775-300-7655

Email address: ngrant@viemed.com

Date of Birth
San Luis Obispo CA, San Luis Obispo County — Place of Birth (City, County, State)

33 — Age
Social Security Number or ITIN
F — Sex

brown — Color of Eyes
brown — Color of Hair
175 — Weight
5'7 — Height

Scars, tattoos or distinguishing marks and/or characteristics Breathe w/ blue ribbon And Evg on left ankle

Are you a citizen of the United States? (Yes) No

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
March 2019 - Present	Sleep Managment DBA Viemed	3880
Title	**Description of Duties**	**Name of Supervisor**
Clinical Respiratory Therapist	Educate and Set up patients with Resp equipment - Manage existing patients.	Brett Stoute

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
2. I have I have not been the subject of an administrative action whether completed or pending.
3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State:_____

b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No

5 .Will you be employed fulltime with the MDEG? Yes No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

I will be in and out of the office as I treat patients in home during normal business hours.

Date 01-20-21

I, Nicole Grant, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Nicole Grant

Original Signature of Applicant

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

January 14, 2021

VIA PERSONAL SERVICE

Brett Stoute
Brandylin Trimble
Sleep Management dba Viemed
200 S. Virginia Street Suite 829
Reno, NV 89501

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada

Dear Mr. Stoute and Ms. Trimble:

The Nevada State Board of Pharmacy ("Board") has determined, based upon your admissions and/or documents submitted at a Board meeting, that Sleep Management dba Viemed ("Viemed") has engaged in the business of furnishing medical devices in this State without a license. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233, NRS 639.288, NRS 639.310 and NAC 639.6944.

Viemed is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of furnishing medical devices in this State. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed operation of activity. The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

Viemed must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Viemed has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation or filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

HANCOCK WHITNEY River Ranch

CASHIER'S CHECK

115807554

January 21, 2021

84-15
654

PAY TO THE ORDER OF STATE OF NEVADA, OFFICE OF THE TREASURER $ $5,000.00

Five Thousand Dollars and 00/100

SLEEP MANAGEMENT LLC DBA VIEMED
REMITTER

NON NEGOTIABLE

ADDRESS

BY CUSTOMER COPY
AUTHORIZED SIGNATURE

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES MICROPRINTED ENDORSEMENT LINES AND ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Branch: 158

HANCOCK WHITNEY River Ranch

CASHIER'S CHECK

115807554

January 21, 2021

84-15
654

PAY TO THE ORDER OF STATE OF NEVADA, OFFICE OF THE TREASURER $ $5,000.00

Five Thousand Dollars and 00/100

SLEEP MANAGEMENT LLC DBA VIEMED
REMITTER

Cease & Desist
21-007-N

ADDRESS

BY Bob C Binder
AUTHORIZED SIGNATURE

HEAT SENSITIVE COLOR FADES WITH

⑈115807554⑈ ⑆065400153⑆ 2070201158⑈

13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA 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 ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WH_____)

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

GENERAL INFORMATION

Facility Name: Lincare Inc.

Physical Address: 1380 Greg Street Suite 201 Sparks, NV 89431

Mailing Address: Attn: Licensing, P.O. Box 9004

City: Clearwater, Florida State: Zip Code: 33758 Telephone: 775-359-6262

Fax: 775-359-7577

Toll Free Number: 800-336-3042

E-mail: DKlemenc@lincare.com Website: www.Lincare.com

Facility Manager: Austin B. Carne

Professional qualifications and experience of facility manager: Please see attached resume/ curriculum vitae

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Senior Nursing Facilities, Patients W/ Prescriptions

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: Medical oxygen & respiratory supplies

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of the FDA registration)

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

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

1) Please See attached
Name Address
Business

2)
Name Address
Business

3)
Name Address
Business

4)
Name Address
Business

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Gregory McCarthy, Chief Operations Officer
Print Name of Authorized Person

10/29/2019
Date

Board Use Only	Received:_____	Amount: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Lincare Holdings Inc.

Corporation Name: Lincare Inc.

Mailing Address: 19387 U.S. Highway 19 North

City: Clearwater State: Zip: Florida, 33764

Telephone: 727-431-8269 Fax: 877-524-9504

Contact Person: Deiadra Klemenc

For any corporation non publicly traded, disclose the following:

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

a) Lincare Holdings Inc. - 100% owner, 19387 U.S. Highway 19 North Clearwater, Florida 33764
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 1

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

Active Employees at Center Location

Bravo, Casey Marie- HealthCare Specialist

Hubbard, Phillip- Service Rep

Le Ban, Leotha- Customer Service

Steel, Kenneth Gordon- Service Rep

Welchert, Adam J- Sr. Service Rep

Carne, Austin Blake- Center Manager

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date 10/29/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for WHOLESALER
Nature of Pharmacy or Wholesaler

LINCARE INC. 1380 GREG ST #201, SPARKS, NV 89431
Name and Address of Business for Which Designated Representative Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: CARNE
First Name: AUSTIN
Middle Name: BLAKE

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise): N/A

Present Residence Address-Street or RFD: WHIMBLETON WAY
City: RENO
State/Zip: NV 89511

Present Business Address: 1380 GREG ST #201
Dates: 10/08 - PRESENT
City: SPARKS
State/Zip: NV 89431

Present Position with the Pharmacy or Wholesaler: SALES REP
Dates: 10/08 - PRESENT
Phone: Residence
Business: (775) 359-6262

Date of Birth: / /
Place of Birth (City, County, State): RENO, WASHOE, NV

Age: 38
Social Security Number:
Sex: MALE

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BROWN	BROWN	WHITE	210	~~5'11"~~ MEDIUM	5'11"

Scars, tattoos or distinguishing marks and/or characteristics: N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial ABC

MARITAL INFORMATION-Continued

A. **Current Marriage** 09/15/06 (Date) RENO, WASHOE, NV (City, County and State)

Spouse's full name (Maiden) SARAH (HALL) CARNES

Date of Birth [redacted] Place of Birth BOISE, ID

Resident address WHIMBLETON WAY (Street) RENO (City) NV (State) 89511 (Zip)

Telephone: Residenc [redacted] Business (775) 853-6033

Spouse's employer TWISTED FORK Occupation SERVER

Address of employer 1191 STEAMBOAT PKWY (Street) RENO (City) NV (State) 89521 (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
BLAKE CARNE		RENO, NV	WHIMBLETON WAY
CLAYTON CARNE		RENO, NV	RENO, NV
ELIJAH CARNE		RENO, NV	89511
HADLEY CARNE		RENO, NV	SAME AS ABOVE

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial ABC

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	DANIEL CARNE		RENO, NV 89502 SLEEPY HOLLOW DR	ARCITECT
Mother	BEVERLY (WAGGONER) CARNE		SLEEPY HOLLOW DR RENO, NV 89502	TEACHER
Father-in-Law	TONY HALL		CATTGO ST LAS VEGAS, NV 89119	SAFETY ENVIRONMENTAL DIR.
Mother-in-Law	MARY KAY LYDEN		E CHURCH URBANA, OH 43078	PREP COOK

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	WHITNEY (CARNE) HULL		CT SE	OFFICE MANAGER
Spouse	BRIAN HULL		COVINGTON, WA 98042	SR. MARKETING & STRATEGY ANALYST
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	HIDDEN VALLEY ELEMENTARY	RENO, NV	09/90 - 06/93	Yes ☒ No ☐
High School	EARL WOOSTER HIGH SCHOOL	RENO, NV	09/95 - 06/99	Yes ☒ No ☐
College University	UCLA	LOS ANGELES, CA	09/99 - 06/01	Yes ☐ No ☒
Other	UNIVERSITY OF NEVADA	RENO, NV	08/01 - 05/04	Yes ☒ No ☐

Type of degree obtained, if any BA PSYCHOLOGY

College or university where obtained UNIVERSITY OF NEVADA

Applicant's initial ABC

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County ..... State ..... Date registered .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial ABC

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
11/07 - PRESENT	WHIMBLETON WAY	RENO	NV
09/13 - 11/17	3770 SLEEPY HOLLOW DR	RENO	NV
04/09 - 09/13	2408 SAPPHIRE RIDGE WAY	RENO	NV
09/06 - 04/09	5200 SUMMIT RIDGE DR #2438	RENO	NV
06 ~~09~~/05 - 09/06	1525 CARVILLE DR	RENO	NV
06/01 - 06/05	3770 SLEEPY HOLLOW DR	RENO	NV
06/00 - 06/01	10924 STRATHMORE DR	LOS ANGELES	CA
09/99 - 06/00	250 DE NEVE DR	LOS ANGELES	CA
06/85 - 09/99	3770 SLEEPY HOLLOW DR	RENO	NV

Applicant's initial ABC

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/18 - PRESENT	LINCARE INC. 1380 GREG ST #201 SPARKS, NV 89431	1,920
Title	**Description of Duties**	**Name of Supervisor**
SALES REP	OBTAINING REFERRALS	ALAN SWANSON

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
07/14 - 10/18	LINCARE INC. 1380 GREG ST #201 SPARKS, NV 89431	8,168
Title	**Description of Duties**	**Name of Supervisor**
CENTER MANAGER	MANAGING EMPLOYEES, FDA PAPERWORK, HIRING, TRAINING, INVENTORY	MARTIN SALVO

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/08 - 06/14	LINCARE INC. 1380 GREG ST #201 SPARKS NV 89431	10,880
Title	**Description of Duties**	**Name of Supervisor**
SALES REP	OBTAINING REFERRALS	MARTIN SALVO

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial ABC

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City State Zip	Telephone	Years Known
Name DAVE PASCHAL	Home	RAINBOW RIDGE RD RENO, NV 89523		35
Employer CHILI'S	Business	10340 N. McCARRAN BLVD RENO, NV 89503	(775) 787-3388	
Name CRAIG STEVENS	Home	PO Box CARSON CITY, NV 89721		11
Employer A + HOSPICE	Business	227 VINE ST RENO, NV 89503	(775) 329-0900	
Name JOSH BRATZLER	Home	HEATHERWOOD DR RENO, NV 89523		9
Employer COLDWELL BANKER SELECT REAL ESTATE	Business	1170 S. ROCK BLVD RENO, NV 89502	(775) 688-4800	
Name PETER HULL	Home	VALLEYWOOD DR RENO, NV 89523		21
Employer FALLON PHYSICAL THERAPY	Business	2180 RENO HWY FALLON, NV 89406	(775) 423-5233	
Name MAC SMITH	Home	E 6000 S OGDEN, UT 84405		18
Employer IVCF	Business	1348 E 6000 S OGDEN, UT 84405	(801) 920-8818	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

NV HEALTH & LIFE INSURANCE 06/07 - 06/09

#542430

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial ABC

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?
Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?
Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler
Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?
Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?
Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?
Yes ☒ No ☐

Date of photograph 10/29/19

Applicant's initial ABC

STATE OF NEVADA

ss.

COUNTY OF WASHOE

I, AUSTIN CARNE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Austin Carne

Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of OCTOBER 2019

Notary Public

(seal)

EMMA SWANSON
Notary Public-State of Nevada
APPT. NO. 18-3967-2
My Appt. Expires 10-09-2022

Applicant's initial ABC

Mark I. Sedar

From: Anneus, Tabitha (TAnneus) ncare.com>
Sent: Friday, April 10, 2020 10:38 AM
To: Mark I. Sedar
Subject: Sparks(Reno), NV

Good morning Mark,

Below is the FDA :

Lincare Inc.	2938572 827778234 TRANSFILL;	1380 GREG ST STE 201, Sparks, Nevada (NV) 89431, United States (USA)	12/31/2020

To give you an update: I am currently waiting for the Good Standing Cert(the actual website had an error). So I had to do it through email. I'm not sure how long it's going to take.

Tabitha Anneus
Licensing Administrator- Compliance

LINCARE
A Fortis company

Lincare
19387 US HWY 19 N.
Clearwater, FL 33764
Phone +727.431.8421 FAX 1-727-431-9356
TAnneus@Lincare.com www.lincare.com

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LINCARE INC
19387 US HIGHWAY 19 NORTH
CLEARWATER, FL 33764
Ph: 727-530-7700

Tax I[illegible] State of Incorporation: Delaware, 11/03/1987

CORPORATE OFFICERS

CHIEF EXECUTIVE OFFICER
0% Controlling Interest

Crispin Teufel
[illegible] US Highway [illegible] North
Clearwater, FL 33764
(727) 530-7700

CHIEF OPERATIONS OFFICER
0% Controlling Interest

Gregory G. McCarthy
[illegible] US Highway [illegible] North
Clearwater, FL 33764
(727) 530-7700

CHIEF REIMBURSEMENT OFFICER
0% Controlling Interest

Stacy Thompson
[illegible] US Highway [illegible] North
Clearwater, FL 33764
(727) 530-7700

Ownership Information
Lincare Inc. (DE Corporation) Tax ID:
100% Owned by
Lincare Holdings Inc. (DE Corporation) Tax ID

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

LINCARE INC.

Organizational Documents on File	Filing Date

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LINCARE INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/13/1993, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/09/2020

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200609845812
You may verify this certificate online at http://www.nvsos.gov

SilverFlume
NEVADA'S BUSINESS PORTAL

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name: I INCARE INC

Entity Number: C12629-1993

Entity Type: Foreign Corporation (80)

Entity Status: Active

Formation Date: 10/13/1993

NV Business ID: NV19931082000

Termination Date: Perpetual

Annual Report Due Date: 10/31/2020

Domicile Name:

Jurisdiction: Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity: C T CORPORATION SYSTEM

Status: Active

CRA Agent Entity Type:

Registered Agent Type: Commercial Registered Agent

NV Business ID: NV20191497453

Office or Position:

Jurisdiction: DELAWARE

Street Address: 701 S CARSON ST STE 200 Carson City, NV 89701, USA

Mailing Address:

Individual with Authority to Act: MATTHEW TAYLOR

Fictitious Website or Domain Name:

OFFICER INFORMATION

VIEW HISTORICAL DATA

Title	Name	Address	Last Updated	Status
President	CRISPIN TEUFEL	19387 US HWY 19 N, CLEARWATER, FL, 33764, USA	08/19/2019	Active
Secretary	CRISPIN TEUFEL	19387 US HWY 19 N, CLEARWATER, FL, 33764, USA	08/19/2019	Active
Treasurer	CRISPIN TEUFEL	19387 US HWY 19 N, CLEARWATER, FL, 33764, USA	08/19/2019	Active
Other/	TRACY VEILLETTE	19387 US HWY 19 N, CLEARWATER, FL, 33764, USA	08/19/2019	Active
Other/	GREG G MCCARTHY	19387 US HWY 19 N, CLEARWATER, FL, 33764, USA	08/19/2019	Active

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CURRENT SHARES

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **lincare**

CSVExcel

Filter: sparks

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Lincare Inc.	2938572	827778234	TRANSFILL;	1380 GREG ST STE 201, Sparks, Nevada (NV) 89431, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries (filtered from 133 total entries)
Previous1Next
Data Current through: Monday, Jun 29, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

We only distribute Medical Oxygen and DME products.

These are the list of vendors that are from the center's location.

RESPIRONICS INC

1010 Murry Ridge Ln Murrysville, PA 15668-8517

800-345-6443

STAPLES

PO BOX 30851 HARTFORD, CT 06150

877-826-7755

DRIVE MEDICAL DESIGN & MATERIAL

12 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050

866-733-7483

SUNSET HEALTHCARE SOLUTION

180 N MICHIGAN AVE CHICAGO, IL 60601

312-997-9980312-997-9980

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 30059961

Application/License No. _____

Lincare Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1380 Greg St., Ste 201, Sparks, NV 89431, as
Address of Applicant/Principal
PRINCIPAL, and Western Surety Company, a
Surety Company
corporation organized under the laws of the state of South Dakota
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
151 N. Franklin St., CHICAGO, IL 60606 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 26, 2019.
Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 26th day of November, 2019.

APPLICANT/PRINCIPAL
Lincare Inc.
COMPANY

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

JENNIFER REES
MY COMMISSION #GG192982
EXPIRES: MAR 06, 2022
Bonded through 1st State Insurance

SURETY
Western Surety Company

Surety Company's Representative

Donna M Planeta, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Kristopher Pisano

Witness Bryan Caneschi

Countersigned by:

N/A
Nevada Resident Agent

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Aiza Anderson, Aimee R Perondine, Joshua Sanford, Michelle Anne McMahon, Danielle D Johnson, Donna M Planeta, Bethany Stevenson, Tanya Nguyen, Bryan M Caneschi, Rebecca M Stevenson, Individually

of Hartford, CT, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 12th day of November, 2019.

WESTERN SURETY COMPANY

Paul T. Bruflat, Vice President

State of South Dakota
County of Minnehaha } ss

On this 12th day of November, 2019, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires
June 23, 2021

J. MOHR
NOTARY PUBLIC
SOUTH DAKOTA

J. Mohr, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 26th day of November, 2019.

WESTERN SURETY COMPANY

L. Nelson, Assistant Secretary

Form F4280-7-2012

Go to www.cnasurety.com > Owner / Obligee Services > Validate Bond Coverage, if you want to verify bond authenticity.

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:	LINCARE INC.	**Entity Number:**	C12629-1993
Entity Type:	Foreign Corporation (80)	**Entity Status:**	Active
Formation Date:	10/13/1993	**NV Business ID:**	NV19931082000
Termination Date:	Perpetual	**Annual Report Due Date:**	10/31/2019
Domicile Name:		**Jurisdiction:**	Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:	CT CORPORATION SYSTEM	**Status:**	Active
CRA Agent Entity Type:		**Registered Agent Type:**	Commercial Registered Agent
NV Business ID:	NV20051639363	**Office or Position:**	
Jurisdiction:	DELAWARE		
Street Address:	701 S CARSON ST STE 200, Carson City, NV, 89701, USA	**Email Address:**	CT-STATECOMMUNICATIONS@WOLTERSK

Mailing Address:

Individual with Authority to Act:

Contact Phone Number:

Fictitious Website or Domain Name:

PRINCIPAL OFFICE ADDRESS

Address:

Mailing Address:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	CRISPIN TEUFEL	19387 US 19 N, CLEARWATER, FL, 33764, USA	08/27/2018	Active
Secretary	CRISPIN TEUFEL	19387 US HIGHWAY 19 N, CLEARWATER, FL, 33764, USA	08/27/2018	Active
Treasurer	CRISPIN TEUFEL	19387 US 19 N, CLEARWATER, FL, 33764, USA	08/27/2018	Active
Director	GREG G MCCARTHY	19387 US 19 N, CLEARWATER, FL, 33764, USA	08/27/2018	Active

Page 1 of 1, records 1 to 4 of 4

CURRENT SHARES

Class/Series	Type	Share Number	Value
	Authorized	1,000	1.0000000000

Page 1 of 1, records 1 to 1 of 1

○ Unlimited Foreign Entities Only

○ No Stock Foreign Entities Only

0

Number of No Par Value Shares:

Total Authorized Capital: **$1,000.00**

Filing History Name History Mergers/Conversions

Return to Search Return to Results

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **Lincare**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Lincare Inc.	3000720093	071523034	TRANSFILL;	8310 F ST, OMAHA, Nebraska (NE) 68127-1735, United States (USA)	12/31/2020
Lincare Inc.	2938572	827778234	TRANSFILL;	1380 GREG ST STE 201, Sparks, Nevada (NV) 89431, United States (USA)	12/31/2020
Lincare Inc.	3000206445	192492817	TRANSFILL;	3744 Civic Center Drive, North Las Vegas, Nevada (NV) 89030, United States (USA)	12/31/2020

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Lincare Inc.	3000209691	024826542	TRANSFILL;	5200 N MESA ST, EL PASO, Texas (TX) 79912, United States (USA)	12/31/2020
Lincare Inc.	3000215125	364109009	TRANSFILL;	712 West San Mateo, Santa Fe, New Mexico (NM) 87505, United States (USA)	12/31/2020
Lincare Inc.	3000215126	162024152	TRANSFILL;	2006 FREEDOM RD, TRINIDAD, Colorado (CO) 81082, United States (USA)	12/31/2020
Lincare Inc.	3000215133	959114331	TRANSFILL;	6811 ACADEMY PARKWAY EAST NE STE A, ALBUQUERQUE, New Mexico (NM) 87109-4402, United States (USA)	12/31/2020
Lincare Inc.	3000215170	197041176	TRANSFILL;	207 N Union Ave, Suite H, Roswell, New Mexico (NM) 88201, United States (USA)	12/31/2020
Lincare Inc.	3000215383	005314419	TRANSFILL;	1335 GUSDORF RD STE K, TAOS, New Mexico (NM) 87571-5208, United States (USA)	12/31/2020
LINCARE INC.	1000149940	181556374	TRANSFILL;	686 S TAYLOR AVE STE 103, Louisville, Colorado (CO) 80027, United States (USA)	12/31/2020

Showing 111 to 120 of 172 entries
Previous1…111213…18Next
Data Current through: Wednesday, Dec 18, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

ENTITY INFORMATION

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Formation Date:	10/13/1993	**NV Business ID:**	NV19931082000
Termination Date:	Perpetual	**Annual Report Due Date:**	10/31/2020
Domicile Name:		**Jurisdiction:**	Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:	C T CORPORATION SYSTEM	**Status:**	Active
CRA Agent Entity Type:		**Registered Agent Type:**	Commercial Registered Agent
NV Business ID:	NV20191497453	**Office or Position:**	
Jurisdiction:	DELAWARE		
Street Address:	701 S CARSON ST STE 200, Carson City, NV, 89701, USA	**Email Address:**	CT-STATECOMMUNICATIONS@WOLTERSI

Mailing Address:

Individual with Authority to Act: MATTHEW TAYLOR

Contact Phone Number:

Fictitious Website or Domain Name:

PRINCIPAL OFFICE ADDRESS

Address:

Mailing Address:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	CRISPIN TEUFEL	19387 US HWY 19 N, CLEARWATER, FL, 33764, USA	08/19/2019	Active
Secretary	CRISPIN TEUFEL	19387 US HWY 19 N, CLEARWATER, FL, 33764, USA	08/19/2019	Active
Treasurer	CRISPIN TEUFEL	19387 US HWY 19 N, CLEARWATER, FL, 33764, USA	08/19/2019	Active
Other/	TRACY VEILLETTE	19387 US HWY 19 N, CLEARWATER, FL, 33764, USA	08/19/2019	Active
Other/	GREG G MCCARTHY	19387 US HWY 19 N, CLEARWATER, FL, 33764, USA	08/19/2019	Active

< Previous ... 1 2 ... **Next >** **Page 1 of 2, records 1 to 5 of 8** **Go to Page**

CURRENT SHARES

Class/Series	Type	Share Number	Value
	Authorized	1,000	1.000000000000

Page 1 of 1, records 1 to 1 of 1

○ Unlimited Foreign Entities Only

○ No Stock Foreign Entities Only

Number of No Par Value Shares:	**0**
Total Authorized Capital:	**1,000**

Filing History Name History Mergers/Conversions

Return to Search Return to Results

13B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☑ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WH_____)

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

GENERAL INFORMATION

Facility Name: Optum Frontier Therapies II, LLC

Physical Address: 6425 Santa Margarita St. Unit 120

Mailing Address: 6425 Santa Margarita St. Unit 120

City: Las Vegas State: NV Zip Code: 89118

Telephone: (702) 954-8666 Fax: (702) 634-5502

Toll Free Number: 1-855-768-9727

E-mail: orxpharmlic@optum.com Website: http://www.frontiertherapies.optum.com/

Facility Manager: Jonathan Alan Keel

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

■ Pharmacies ■ Practitioners ■ Hospitals ☐ Wholesalers
■ Other: Physicians and other practitioners licensed to prescribe; Prescriber groups; Clinics; Third-Party Logistics Providers

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: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of the FDA registration)

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

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

1) N/A - New facility
Name Address
Business

2)
Name Address
Business

3)
Name Address
Business

4)
Name Address
Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ■

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ■

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

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

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

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

Karen Peterson, Secretary

Print Name of Authorized Person

01/13/2021

Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Corporation Name: UnitedHealth Group Incorporated

Mailing Address: 9900 Bren Road East

City: Minnetonka State: MN Zip: 55343

Telephone: (952) 936-1300 Fax: _____

Contact Person: Christine Feldman, e-mail address: christine.e.feldman@uhg.com

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. _____ %: _____

2. _____ %: _____

3. _____ %: _____

4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

*Date of Incorporation: 1/25/1977 (MN) [Converted to DE Corp 7/1/2015]

*Registration number issued: CIK 0000731766

*Stock Exchange: NYSE: UNH

Include with the application for a publicly traded corporation

List of officers and directors. All officers and directors of UnitedHealth Group Incorporated are identified in the Form 10-K.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Optum Frontier Therapies II, LLC

Officer and Ownership Information

Officers:

Name	Title
Michael Zeglinski	CEO & President, Manager
Jeffrey Grosklags	Executive Vice President, Manager
Peter Gill	Treasurer
Karen Peterson	Secretary
Timothy Langdon	Assistant Secretary
Heather Lang	Assistant Secretary
David Oberg	Assistant Secretary

The facility is wholly owned by:
Optum Frontier Therapies II, LLC
FEIN: 45-2532834
11000 Optum Circle
Eden Prairie, MN 55344

The sole member of Optum Frontier Therapies II, LLC is:
Optum Frontier Therapies Holdings, LLC
FEIN: 85-2786455
11000 Optum Circle
Eden Prairie, MN 55344

Optum Frontier Therapies II, LLC

List of employees who handle drugs on a daily basis:

Pharmacist Name	Pharmacist License No.
Jonathan Keel (DR)	18080 (NV)
Dominic Ortega	16810 (NV)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Optum Frontier Therapies II, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/31/2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/07/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202101071336858
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Optum Frontier Therapies II, LLC

Nevada Business Identification # NV20111363300
Expiration Date: 05/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/24/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202011241230806
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

11/24/2020

Work Order Item Number:	W2020112301180-955437
Filing Number:	20201058668
Filing Type:	Amendment to Articles of Organization
Filing Date/Time:	11/23/2020 11:47:00 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E0308272011-9

Entity Name: Optum Frontier Therapies II, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent

C T CORPORATION SYSTEM

701 S CARSON ST STE 200, Carson City, NV 89701, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date 01/04/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Wholesale Distributor License
Nature of Pharmacy or Wholesaler

Optum Frontier Therapies II, LLC, 6425 Santa Margarita St. Unit 120, Las Vegas, NV 89118
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Keel	Jonathan	Alan

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise): N/A

Present Residence Address-Street or RFD	City	State/Zip
Gentle Spirit Dr.	Las Vegas	NV 89148

Present Business Address	Dates	City	State/Zip
6425 Santa Margarita St.		Las Vegas	NV 89118

Present Position with the Pharmacy or Wholesaler	Dates
Lead Pharmacist	11/09/2020 - present

Phone: Residence ____ Business 702-640-5558

Date of Birth	Place of Birth (City, County, State)
35	St. Louis, St. Louis Conty, MO

Age	Social Security Number or ITIN	Sex
35		M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	Brown	White	125	Slender	5' 9"

Scars, tattoos or distinguishing marks and/or characteristics Right forearm surgical scar

Are you a citizen of the United States? (Yes) No If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single (Married) Separated Divorced Widowed Engaged

Applicant's initial JK

MARITAL INFORMATION-Continued

A. **Current Marriage** 04/14/2019 (Date) Las Vegas, Clark, NV (City, County and State)

Spouse's full name (Maiden) Kristen Paige Gilliam SS# or ITIN

Date of Birth _____ Place of Birth Kingston, NY

Resident address · Gentle Spirit Dr. (Street) Las Vegas (City) NV (State) 89148 (Zip)

Telephone: Residence _____ Business N/A

Spouse's employer Unemployed Occupation N/A

Address of employer N/A (Street) (City) (State) (Zip)

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Rebecca Moos	11/22/2010	07/05/2008	Divorced	Hartford,Hartford County, CT

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Unknown	Unknown			Unknown	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

X I am not subject to a court order for the support of child.

- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JK

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Alan Keel		Cold Lake St. Las Vegas, NV 89148	Retail Store Manager
Mother	Sharon Cossette		Cold Lake St Las Vegas, NV 89148	Retired
Father-in-Law	James Gilliam		Las Vegas Blvd South #3703 Las Vegas, NV 89109	Retired
Mother-in-Law	Kathleen Sherreitt			Deceased

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	Danielle Keel		Marina Pointe Dr. #423 Marina Del Rey, CA 90292	Optomotrist
Spouse	Jeffery Liu		Marina Pointe Dr. #423 Marina Del Rey, CA 90292	Consultant
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Piggott Elementary	Las Vegas, NV	08/92 - 05/96	Yes No
High School	Bonanza	Las Vegas, NV	08/99 - 05/03	Yes No
College University	North Dakota State University	Fargo, ND	08/03 - 05/09	Yes No
Other				Yes No

Type of degree obtained, if any Doctor of Pharmacy

College or university where obtained North Dakota State University

Applicant's initial JK

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? N/A city, county and state N/A

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? N/A city, county and state N/A

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

N/A

Name	Relationship	Charge	Location	Date

Applicant's initial JK

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → No → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → No → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
08/2019 to present	Gentle Spirit Dr.	Las Vegas	NV
06/2012 - 08/2019	2200 S.Fort Apache #2250	Las Vegas	NV
09/2010 - 06/2012	4205 150th St SE	Bothell	WA
06/2009- 09/2010	23 Briarwood RD	West Hartford	CT
06/2008 - 06/2009	216 Sedran Place	Las Vegas	NV
05/2008- 06/2008	509 6th Ave NW	Mandan	ND
06/2007 - 05/2008	1821 39th St S #208	Fargo	ND
08/2006- 06/2007	3315 North Broadway #213	Fargo	ND
05/2004- 08/2006	1345 N University Dr.	Fargo	ND
08/2003- 05/2004	1431 Albrecht Blvd	Fargo	ND
03/1992- 08/2003	1800 Summit Pointe Dr.	Las Vegas	NV

Applicant's initial JK

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Nov 2020	Optum Frontier Therapies 6425 Santa Margarita St Las Vegas, NV 89118	320
Title	**Description of Duties**	**Name of Supervisor**
Lead Pharmacist	See attached resume	Dominic Ortega
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
June 2019	OptumRx 8350 Briova Dr. Las Vegas, NV 89113	600
Title	**Description of Duties**	**Name of Supervisor**
Fulfillment Pharmacist	See attached resume	Heather Gilles
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
June 2012	Walgreens 5888 W Sunset Road Las Vegas, NV 89113	14,560
Title	**Description of Duties**	**Name of Supervisor**
Pharmacist	See attached resume	Holly Prievo
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial JK

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Ralph Nietrzeba	Home	Tioga Pines Cir. Las Vegas, NV 89117				20
Employer N/A	Business					
Name Adam Zold	Home	187th Ave Ct E Bonney Lake, WA 98391				7
Employer N/A	Business					
Name Chris Grbav	Home	1 S. Roosevelt St. Unit B Midvale, UT 84047				12
Employer N/A	Business					
Name Les Young	Home	Gentle Spirit Dr. Las Vegas, NV 89148				8
Employer N/A	Business					
Name Dean Radovanovic	Home	Fine Lace St Las Vegas, NV 89148				6
Employer N/A	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☚ No ☚

If yes, state type, where and years held

Pharmacist Connecticut 9 years

Pharmacist Washington 5 years

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☚ No ☚

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☚ No ☚

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☚ No ☚

If yes to the above, state where, when and for what reason:

N/A

Applicant's initial JK

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No

Date of photograph 12/16/20

Applicant's initial JK

STATE OF Nevada

ss.

COUNTY OF Clark

I, Jonathan Keel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 6th day of January, 2021

Notary Public

NITIN GOEL
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 19-1759-1
My Appt. Expires MARCH 15, 2023

(Seal)

Applicant's initial JK

ADDITIONAL INFORMATION

N/A

Applicant's initial SK

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

Current Report
Pursuant to Section 13 or 15(d)
of The Securities Exchange Act of 1934

Date of report (Date of earliest event reported): July 23, 2015

UNITEDHEALTH GROUP INCORPORATED
(Exact name of registrant as specified in its charter)

Delaware	1-10864	41-1321939
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

UnitedHealth Group Center, 9900 Bren Road East,
Minnetonka, Minnesota — **55343**
(Address of principal executive offices) — (Zip Code)

Registrant's telephone number, including area code: (952) 936-1300

N/A
(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 2.01. Completion of Acquisition or Disposition of Assets.

On July 23, 2015, UnitedHealth Group Incorporated ("UnitedHealth Group") completed its indirect acquisition of Catamaran Corporation ("Catamaran"), pursuant to the previously announced arrangement agreement with 1031387 B.C. Unlimited Liability Company, its wholly owned subsidiary, and Catamaran, and the statutory arrangement under the law of the Yukon Territory, Canada. As contemplated by the arrangement agreement, pursuant to the arrangement, all of the common shares of Catamaran issued and outstanding immediately prior to the effective time of the arrangement were converted into the right to receive an amount in cash equal to $61.50 per share, without interest and less applicable withholding taxes.

The foregoing description of the arrangement agreement and the transactions contemplated thereby (including the arrangement) does not purport to be complete and is subject to, and qualified in its entirety by, the full text of the arrangement agreement, a copy of which was attached as Exhibit 2.1 to UnitedHealth Group's Current Report on Form 8-K filed with the United States Securities and Exchange Commission on March 30, 2015, the terms of which are incorporated herein by reference.

Item 7.01. Regulation FD Disclosure.

On July 23, 2015, Optum, a wholly owned subsidiary of UnitedHealth Group, issued a press release announcing, among other things, the completion of Optum's combination with Catamaran, the scheduled redemption of Catamaran's outstanding public notes and the satisfaction and discharge of the indenture relating thereto, and the payoff and termination of Catamaran's existing credit facility. A copy of the press release is furnished as Exhibit 99.1 hereto and incorporated in this Item 7.01 by reference.

The information set forth in this Item 7.01 and Exhibit 99.1 shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, nor shall it be deemed incorporated by reference in any Company filing under the Securities Act of 1933 or the Securities Exchange Act of 1934, except as shall be expressly set forth by specific reference in such filing.

Item 9.01. Financial Statements and Exhibits.

Exhibit	Description
2.1	Arrangement Agreement, dated as of March 29, 2015, among UnitedHealth Group Incorporated, 1031387 B.C. Unlimited Liability Company and Catamaran Corporation (incorporated by reference to Exhibit 2.1 to UnitedHealth Group's Current Report on Form 8-K filed on March 30, 2015)
99.1	Press Release, dated July 23, 2015

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: July 23, 2015

UNITEDHEALTH GROUP INCORPORATED

By: /s/ Richard J. Mattera
Richard J. Mattera
Assistant Secretary

EXHIBIT INDEX

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99.1	Press Release, dated July 23, 2015

EX-21.1 4 ctrxexhibit21110-k123114.htm EXHIBIT 21.1

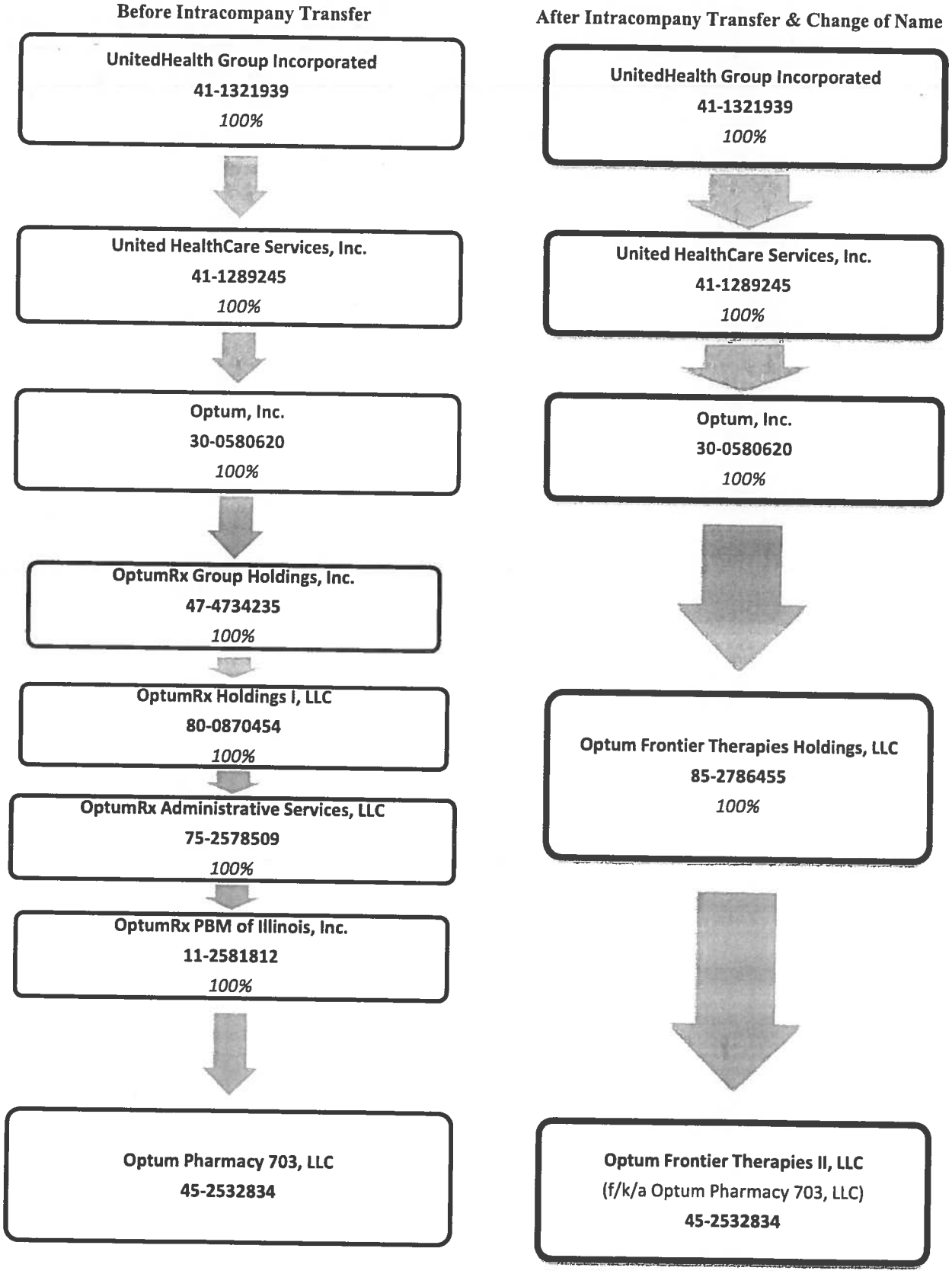
Exhibit 21.1

List of Subsidiaries

Entity Name	Domestic Jurisdiction
AssuranceRx, LLC	Alabama
BriovaRx of Georgia, LLC	Alabama
BriovaRx of Hawaii, LLC	Hawaii
BriovaRx of Indiana, LLC	Indiana
BriovaRx of Louisiana, LLC	Louisiana
BriovaRx of Maine, Inc.	Maine
BriovaRx of Massachusetts, LLC	Massachusetts
BriovaRx of Nevada, LLC	Nevada
BriovaRx, LLC	Alabama
Catamaran Discount Card Services, LLC	Delaware
Catamaran Health Solutions, LLC	Delaware
Catamaran Holdings I, LLC	Delaware
Catamaran Home Delivery of Florida, Inc.	Delaware
Catamaran Home Delivery of Illinois, LLC	Illinois
Catamaran Home Delivery of Ohio, Inc.	Ohio
Catamaran Home Delivery of Texas, Inc.	Texas
Catamaran Hospice Services, LLC	Delaware
Catamaran Insurance of Ohio, Inc.	Ohio
Catamaran IPA III, Inc.	New York
Catamaran LLC	Texas
Catamaran Mail, LLC	Delaware
Catamaran of Pennsylvania, LLC	Delaware
Catamaran PBM of Illinois II, Inc.	Illinois
Catamaran PBM of Illinois, Inc.	Delaware
Catamaran PBM of Maryland, Inc.	Nevada
Catamaran PBM of Pennsylvania, LLC	Pennsylvania
Catamaran PBM of Puerto Rico, LLC	Nevada
Catamaran PBM Services, LLC	Wisconsin
Catamaran PD of Maryland, Inc.	Nevada
Catamaran PD of Pennsylvania, LLC	Pennsylvania
Catamaran PD of Puerto Rico, LLC	Nevada
Catamaran Pharmacy of Nevada, Inc.	Nevada
Catamaran Rebate Management, Inc.	Nevada
Catamaran Senior Services, LLC	Alabama
Catamaran S.a.r.l.	Grand Duchy of Luxembourg
Coalition For Advanced Pharmacy Services, LLC	Delaware
First Rx Specialty & Mail Services, LLC	Delaware
Health Business Systems, Inc.	Pennsylvania
inPharmative, Inc.	Nevada
IRX Financing I LLC	Delaware
PCN DE Corp.	Delaware
Pharmaceutical Care Network	California
Script Relief LLC *	Delaware
SXC Comet LLC	Delaware
Salveo Specialty Pharmacy, Inc.	Delaware
RxCare Providers Corp.	New York
Crescent Drug Corp.	New York
Mission Road Pharmacy, Inc.	California

* Only a minority interest

Optum Frontier Therapies II, LLC: Organizational Chart
Intracompany Transfer & Change of Name, Effective 12/02/2020



JONATHAN KEEL

Gentle Spirit Dr. ♦ Las Vegas, NV 89148 ♦

A results-focused, energetic leader with extensive expertise in delivering superior patient care and a comprehensive knowledge of the responsible and effective use of complex drug therapies. Management characteristics include an excellent ability to empower staff to achieve a common goal, cultivate collaborative relationships, and think outside the box to optimize patient outcomes.

Quality	Dependability	Determination
Team Building	Effective Communication	Legal Compliance
Conflict Resolution	Engagement	Loyalty

Summary of Recent Key Accomplishments

- Learned and mastered primary inventory processes resulting in decreased out of stocks and increased customer turnaround time to over 94% leading all OptumRx fulfillment sites
- Ensured our site maintained URAC accreditation by completing 100% daily cleaning logs and random prescription audits
- Recognized by pharmacy supervisor for quickly learning and adapting to OptumRx's new computer system as well as consistently delivering high-quality results including zero external errors
- Selected by field leadership to assist with facilitation of bedside delivery program at Sunrise Hospital & Medical Center, resulting in an increase in revenue over the past year by 14.6%
- Organized and conducted multiple off-site immunization clinics which increased the number of immunizations administered by 14% over the previous year
- Developed action plan with ancillary staff ensuring compliance with company policies which decreased pharmacy days of supply by 17.5%
- Orchestrated monthly health and wellness fairs resulting in increased community awareness and customer loyalty

Relevant Work Experience

Optum Frontier Therapies — October 2020 - Present
Lead Pharmacist – Las Vegas, Nevada

- Designated warehouse distribution representative for location in accordance to regulations. Responsible for obtaining and maintaining state specific licensure needs as required.
- Provide direct oversight of wholesale operations in coordination with onsite pharmacist in charge
- Obtain and maintain state specific non-resident licensure to provide business continuity for site
- Provide indirect responsibility for pharmacy staff to include pharmacy technicians, pharmacists, warehouse personnel, claims analysis teams, etc.
- Directs, coordinates and supervises all pharmacy activities including drug preparation, dispensing and clinical pharmacy services
- Adhere to all pharmacy operations, practices and procedures to meet all licensing and standards requirements established by local, state and federal agencies as well as accrediting bodies (e.g. ACHC, URAC)
- Ensures compliance with all controlled substances related rules, regulations, company policies and maintains proper communication and coordination with other departments and staff
- Compliance to and education for all accreditation programs including VAWD, ACHC, URAC, etc.

- Monitors for compliance with all HIPAA regulations, adherence to all State and Federal regulations and laws, accrediting bodies, adherence to all pharmacy accepted standards of practice, responsible for handling complaints and / or grievance programs
- Provide oversight of the safety; appropriateness, and effectiveness of the pharmaceutical care provide to patients (consumers) as it relates to specialty products dispensed
- Participates in tours for internal and external clients, manufacturers and stakeholders
- Works closely with Director of Gene Therapy, Chief Pharmacist and multi-site PICs to ensure collaboration amongst team to ensure patient outcomes are met
- Provides insight to platform improvement(s) and process improvement(s)
- Provide operational insight into team models/organizational structure for pharmacy and wholesale needs
- Platform coordination comprehension and proactive input into systems for patient and manufacture needs up to and including: HUB, partnership platforms, front end/back end prescription intake/output, inventory management, etc

OptumRx June 2019 – October 2020

Fulfillment Pharmacist – Las Vegas, Nevada

- Provides final quality check for specialty and home delivery medications ensuring accuracy prior to packing and shipping
- Oversees and serves as a resource for technicians, packers and inventory clerks to help exceed customer expectations and achieve operational excellence
- Proactively assists pharmacy supervisor and site director in driving core company initiatives including profitable pharmacy sales, and increased prescription market share
- Prioritizes and organizes workload based on demand and independently oversees multiple workstations ensuring customer turnaround time is met and aging orders are minimized
- Develops and cross-trains pharmacists from other departments to be proficient and knowledgeable in fulfillment processes and systems
- Fosters collaborative relationships with supervisors and lead personnel to actively listen and find solutions to improve the customer experience
- Frequently volunteers for extra monthly testing shift to help discover and report system defects
- Possesses complex knowledge of robotic automation

Walgreens November 2015- June 2019

Staff Pharmacist – Las Vegas, Nevada

- Supervised supportive personnel in filling and delivering prescriptions to patient's bedside ensuring an extraordinary customer experience
- Interacted and established rapport with nurses, physicians, and case managers to help achieve patient outcomes including assisting in obtaining prior authorizations for specialty medications
- Confidently provided compounded drug therapies chiefly to the pediatric population
- Performed front-end management activities including end-of-day procedures and processing cash reports
- Knowledgeable in available patient programs and free trials to help lower co-pays
- Provided guidance and mentoring to third year pharmacy students

Walgreens June 2013-November 2015

Pharmacy Manager - Las Vegas, Nevada

- Managed the profitable operation of a retail pharmacy store with emphasis on recruiting, hiring, training, and developing store associates in delivering a high standard of customer service in filling prescriptions
- Implemented programs to maximize gross profit opportunities by utilizing FlavorRx and Prescription Savings Club sales
- Provided leadership and development for associates by communicating regular performance feedback, improving

morale, and empowering staff to strive for excellence
- Served as back-up pharmacist to help cover bedside delivery location
- Facilitated change by successfully adopting a new coaching strategy GROW for breakthrough and engagement

Walgreens June 2012-June 2013
Staff Pharmacist – North Las Vegas, Nevada
- Supervised supportive personnel in filling over 4000 prescriptions weekly
- Served as pilot store to help formulate good faith dispensing policy
- Assisted pharmacy manager in developing and coaching staff
- Recognized by pharmacy supervisor for proactively promoting company initiatives to facilitate prescription growth and retention and maximize gross profit
- Acted as interim pharmacy manager for three months

Rite Aid Pharmacy October 2010 - June 2012
Pharmacy Manager -Kirkland, Washington

- Ensured that the pharmacy department performed to achieve the maximum profit potential by taking advantage of novel company programs to drive prescription growth and sales
- Implemented programs to ensure almost 100% of waiting customers receive timely prescription delivery of 15 minutes or less
- Protected store profitability by limiting deleted will-call prescriptions to less than 4%
- Controlled and maintained inventory to acceptable levels to fulfill customer needs by utilizing weekly deliveries and limiting wholesaler orders
- Proactively handled and resolved customer complaints

CERTIFICATIONS & LICENSES

- Pharmacy-Based Immunization Delivery
- Nevada Board of Pharmacy #18080

EDUCATION

North Dakota State University, Fargo, ND May 2009
- PharmD degree; clinical rotations at St. Alexius Medical Center, Target, Rite Aid management, Walgreens.Valley Hospital Medical Center, and Comprehensive Cancer Center of Nevada
- GPA 3.958: Summa Cum Laude

North Dakota State University, Fargo, ND May 2007
- Bachelor of Science in pharmaceutical sciences

Disciplinary History

Optum Frontier Therapies II, LLC (f/k/a Optum Pharmacy 703, LLC)

Louisiana, 2016. Louisiana Board of a Pharmacy offered a Consent Agreement to BriovaRx of Nevada for dispensing 13 prescriptions between 2012 and 2015 without holding a Louisiana non-resident pharmacy permit. $5,250 fine paid.

Please note, although the California Board of Pharmacy does not consider a citation disciplinary action, we are disclosing the citations out of an abundance of caution.

California, 2020. California Board of Pharmacy issued a letter of admonishment to Optum Pharmacy 703, LLC pharmacy in Las Vegas, NV for delay in therapy related to a 2019 refill request.

California, 2020. California Board of Pharmacy issued a fine to BriovaRx in Las Vegas, NV for unauthorized disclosure of prescriptions and medical information as a result of a prescription being delivered to an incorrect address and opened.

California, 2017. California Board of Pharmacy issued a citation and fine to the BriovaRx Las Vegas pharmacy for variation from prescription.

California, 2017. California Board of Pharmacy issued a citation and fine to the BriovaRx Nevada pharmacy for erroneously shipping an order for one member to another member thereby disclosing the member's information without authorization.

North Carolina, 2015. North Carolina Board of Pharmacy issued an informal Cease and Desist Order to the BriovaRx Pharmacy in Las Vegas, NV for shipping into the state of North Carolina without being registered with the NC Board of Pharmacy. The Board filed a complaint in State court to formalize the Order, and on March 1, 2017, a Final Consent Order was entered which permanently enjoined BriovaRx of Nevada, LLC from shipping a legend drug into North Carolina, or from aiding others in doing so, until they secure a registration from North Carolina. Optum Frontier Therapies II, LLC will be reapplying for a North Carolina license with this new business model.

Signature: _____

Karen Peterson, Secretary

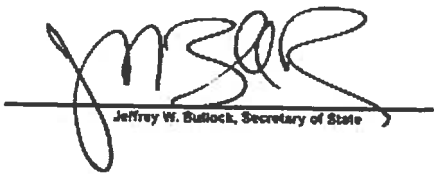
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNITEDHEALTH GROUP INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5777355 8300

SR# 20206742093

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203466906

Date: 08-13-20

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Optum Pharmacy 703, LLC

Nevada Business Identification # NV20111363300
Expiration Date: 05/31/2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/04/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20190904199288
You may verify this certificate online at http://www.nvsos.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E0308272011-9
	Filing Number 20201058668
Secretary of State State Of Nevada	Filed On 11/23/2020 11:47:00 AM
	Number of Pages 2

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 and 86.543)
Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:

Name of entity as on file with the Nevada Secretary of State:

Optum Pharmacy 703, LLC

Entity or Nevada Business Identification Number (NVID): E0308272011-9

2. Restated or Amended and Restated Articles (Select one):

(If restating or amending and restating, complete section 1,2 3, 5 and 6.)

☐ **Certificate to Accompany Restated Articles or Amended and Restated Articles**

☐ Articles have been Restated

☐ Articles have been Amended and Restated

* Restated or Amended and Restated articles must be included with this filing type.

3. Type of amendment filing being completed: (Select only one box):

(If amending, complete section 1, 3, 5 and 6.)

☐ **Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company Before Issuance of Member's Interest** (Pursuant to NRS 86.216)

The signers thereof are at least two-thirds of the ☐ organizers or the ☐ managers of the limited-liability company

As of the date of the certificate, no member's interest in the limited-liability company has been issued.

☒ **Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company** (Pursuant to NRS 86.221)

The limited-liability company is managed by ☒ Managers or ☐ Members

The certificate of amendment must be signed by a manager of the company or, if management is not vested in a manager, by a member.

☐ **Amendment to Application for Registration of a Foreign Limited-Liability Company** (Pursuant to NRS Chapter 86)

Name of Foreign Limited-Liability Company if different than registered to transact business in Nevada:

If amendment is to change the name, the change taking effect: (select all that apply)

☐ The name under which Limited-Liability Company transacts business in this State

☐ Foreign Limited-Liability Company name from home jurisdiction

This form must be accompanied by appropriate fees.

NV021 - 9/25/2019 Wolters Kluwer Online

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Limited-Liability Company: Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 & 86.543) Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

4. Effective date and time: (Optional)

Date: 12/02/2020 Time:

(must not be later than 90 days after the certificate is filed)

5. Information being changed:

Changes to takes the following effect:

- [x] The entity name has been amended.
- [ ] The registered agent has been changed. (attach Certificate of Acceptance from new registered agent)
- [ ] The purpose of the entity has been amended.
- [ ] The directors, managers or general partners have been amended.
- [ ] IRS tax language has been added.
- [ ] Articles have been added.
- [ ] Articles have been deleted.
- [ ] Other.

The articles have been amended as follows: (provide article numbers, if available)

1. Name of Limited-Liability Company: Optum Frontier Therapies II, LLC

(attach additional page(s) if necessary)

6. Signature: (Required)

X _____ Manager

Signature of Manager, Member or Authorized Signer Jeffrey D. Grosklags — Title

X _____

Signature of Manager, Member or Authorized Signer — Title

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

NV021 - 9/25/2019 Wolters Kluwer Online

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

09/04/2019

Work Order Item Number:	W2019090401807-85072
Filing Number:	20190139940
Filing Type:	Amendment to Articles of Organization
Filing Date/Time:	9/4/2019 4:18:00 PM
Filing Page(s):	1

Indexed Entity Information:

Entity ID: E0308272011-9

Entity Name: Optum Pharmacy 703, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
CT CORPORATION SYSTEM
701 S CARSON ST STE 200, Carson City, NV 89701, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Filed in the Office of	Business Number
Barbara K. Cegavske	E0308272011-9
	Filing Number 20190139940
Secretary State Of Nevada	Filed On 9/4/2019 4:18:00 PM
	Number of Pages 1

1401

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Amendment to Articles of Organization

(PURSUANT TO NRS 86.221)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company (Pursuant to NRS 86.221)

1. Name of limited-liability company:

BriovaRx of Nevada, LLC

2. The company is managed by: ☒ Managers **OR** ☐ Members

(check only one box)

3. The articles have been amended as follows: (provide article numbers, if available)*

The name of the company shall be amened to be Optum Pharmacy 703, LLC

4. Effective date and time of filing: (optional) Date: 09/09/2019 Time:

(must not be later than 90 days after the certificate is filed)

5. Signature (must be signed by at least one manager or by a managing member):

X _____

Signature

* 1) If amending company name, it must contain the words **"Limited-Liability Company," "Limited Company,"** or **"Limited,"** or the abbreviations **"Ltd.," "L.L.C.,"** or **"L.C.," "LLC"** or **"LC."** The word **"Company"** may be abbreviated as **"Co."**

2) If adding managers, provide names and addresses.

FILING FEE: $175.00

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State 86.221 DLLC Amendment
Revised: 1-5-15

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107351487

Application/License No. _____

OPTUM FRONTIER THERAPIES II, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6425 Santa Margarita St, Unit 120 Las Vegas, NV 89118 (Address of Applicant/Principal), as PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 1/1/2021 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 7th day of January, 2021.

APPLICANT/PRINCIPAL
OPTUM FRONTIER THERAPIES II, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Surety Company's Representative

Sandra M. Winsted, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness K. Hannigan

Witness Jessica B. Dempsey

Countersigned by:

Nevada Resident Agent Susan Ann Welsh, Lic. Non-Resident Agent

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Sandra M. Winsted** of **Chicago** **Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 6 day of January 2021

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

14

14A

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 or ☐ Ownership Change (Provide current license number if making changes: WH____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Animal Health International, Inc.

Physical Address: 115 Metzger Street

City: Red Bluff State: California Zip Code: 96080

Telephone Number: 530-527-1888 Fax Number: 970-616-7691

Toll Free Number: N/A

E-mail: AHILicensing@AnimalHealthInternational.com Website: www.animalhealthinternational.com

Facility Manager: Nanette Schumacher

Professional qualifications and experience of facility manager: Fifteen years of experience working for a prescription drug wholesaler.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

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

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

Name: Clipper Distributing Co.
Address: 1302 South 59th Street, Saint Joseph, MO 64507

Name: McKesson
Address: One Post Street, San Francisco, CA 94104

Name: Mercer Medical
Address: 20640 84th Ave. South, Kent, WA 98032

Name: Willowbirch Pharma
Address: 433 Old Taylor Road, Taylor, MS 38673

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Kevin M Pohlman
Print Name of Authorized Person

10/17/19
Date

Board Use Only	Date Processed: _____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Colorado

Parent Company if any: Patterson Companies, Inc.

Mailing Address: P.O. Box 1240, ATTN: Regulatory

City: Greeley State: CO Zip: 80632

Telephone: 970-378-2071 Fax: 970-346-2371

Contact Person: Kasey Cannon

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Patterson Companies, Inc. 1031 Mendota Heights Road, St. Paul, MN 55120
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

3) What was the price paid per share? Various

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

DISCIPLINARY SUMMARY

Disclosure Item	Licensee	License Type	License #	Agency	Case #	Jurisdiction	Date	Summary of Allegations	Final Monetary Penalty	Date Resolved	Status
1	Walco International, Inc. 343 West Main Street Mayo, FL 32066	Veterinary Prescription Drug Wholesaler	4236	Florida Department of Business and Professional Regulation	2012-026145, 2012-026174, 2012-040970, 2012-040997	Florida	February 2013	1. Sales of prescription drugs without a Veterinary Prescription Drug Retail Establishment permit, after a change of ownership. 2. Adulterating prescription drugs by sales without a permit. 3. Failure to have a quarantine area, alarm system, and temperature monitoring equipment.	$41,250.00	March 2013	Closed
2	Animal Health International, Inc. 8711 W. Doe Ave Visalia, CA 93291	Veterinary Food Animal Drug Retailer / VFADR Designated Representative	VET 146 / EXV20090	California Board of Pharmacy	CI 2012 56535	California	April 2013	Dispensing a prescription drug with incorrect labeling, missing a withdrawal time.	$500.00	May 2013	Closed
3	Animal Health International, Inc. 1449-A West Old Highway 40 Salina, KS 67401	Wholesale Drug Distributor	2013019603	Missouri Board of Pharmacy	2012-007179	Missouri	June 2013	Sales of prescription drugs without a wholesale drug distributor license.	$0.00	June 2015	Closed
4	Animal Health International, Inc. 1908 Rockefeller Dr Ceres, CA 95307	Veterinary Food Animal Drug Retailer / VFADR Designated Representative	VET 144 / EXV16742 / EXV15005	California Board of Pharmacy	CI 2012 53842; CI 2013 58076; CI 2013 58075	California	August 2013	Dispensing a prescription drug with incorrect labeling, displaying the incorrect veterinarian's name.	$6,500.00	September 2013	Closed
5	Animal Health International, Inc. 1117 West Main Manchester, IA	Non-Resident Pharmacy	114325	Alabama State Board of Pharmacy	17-L-0003	Alabama	January 2017	Failure to give timely notice of change of ownership	$1,000.00	March 2017	Closed
6	Animal Health International, Inc. 620 "O" Street Greeley, CO	In-State Wholesaler	WHI 6020	Colorado State Board of Pharmacy	2016-4043	Colorado	March 2017	Failure to give timely notice of change of designated representative	$0.00	March 2017	Closed

300 N. LaSalle Street
Suite 4000
Chicago, Illinois 60654-3406
312.715.5000
Fax 312.715.5155
www.quarles.com

Attorneys at Law in
Chicago
Indianapolis
Madison
Milwaukee
Minneapolis
Naples
Phoenix
Scottsdale
Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 312-715-5139
E-Mail: Edward.Rickert@quarles.com

July 9, 2019

Mr. Dave Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, Nevada 89521

Re: Patterson Companies, Inc. - Animal Health International, Inc., Patterson Dental Supply, Inc., Patterson Vet Supply, Inc.

Dear Mr. Wuest:

We are writing on behalf of Patterson Company, Inc. ["Patterson"] pharmacies and/or wholesale drug distribution facilities licensed in your state to make you aware of an ongoing investigation by the U.S. Attorney's Office for the Western District of Virginia (the "Investigation"). The Investigation originally concerned sales of prescription animal health products made by Animal Health International, Inc. ["AHI"], a subsidiary of Patterson, to certain persons and/or locations not licensed to receive them in Virginia and Tennessee in violation of federal and state laws. Through outside counsel retained by the company, Patterson is and has been conducting its own investigation into these and related issues and is cooperating fully with the government.

The Investigation was publicly disclosed by Patterson in 2018, and is referenced in its most recent 10-K filing of June 26, 2019. The Investigation has encompassed business units across the enterprise, including Patterson entities that hold licenses in your state (see attached permit list).

In April 2019, Patterson's Board of Directors established a special investigation committee to oversee and continue the company's internal investigation, to review licensing, dispensing, distribution and related sales practices company-wide, and to report on its findings to the Board and to the U.S. Attorney's Office.

Patterson is committed to being at the forefront of regulatory compliance in the animal health, dental, and veterinary drug industries. Accordingly, as a result of compliance issues identified in

its investigation, Patterson has been modifying certain licensing, dispensing, distribution and related sale processes and is continuing to evaluate the need for further modification.

We will advise you of the outcome of the U.S. Attorney's Investigation once completed. Please contact us if you need additional information in the interim.

Very truly yours,

Edward D. Rickert

Animal Health International, Inc. - Red Bluff, CA

List of Employees Handling Drugs

Nannette Jo Schumacher	EXV 19336
William Joseph Evanusich	EXV 24111

Corporate Officer Information

Animal Health International, Inc.
St., Suit
Greeley, CO 80632
FEIN: 84-0575063
Incorporated in the State of Colorado

Patterson Companies, Inc. – Parent Company

Address:	1031 Mendota Heights Road, St. Paul, MN 55120
FEIN:	41-0886515
Ownership:	100%

Mark S. Walchirk

Title:	Chief Executive Officer
Business Address:	1031 Mendota Heights Road, St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	c/o Theresa.Franz-Scurr@pattersoncompanies.com

Kevin Michael Pohlman

Title:	President
Business Address:	822 7th St., Suite 740 Greeley, CO 80632
Business Phone:	970-353-2000
Email:	Kevin.Pohlman@animalhealthinternational.com

Donald J. Zurbay

Title:	Chief Financial Officer
Business Address:	1031 Mendota Heights Road, St. Paul, MN 55120
Business Phone:	651-686-1656
Email:	c/o Theresa.Franz-Scurr@pattersoncompanies.com

Les Brian Korsh

Title:	Secretary
Business Address:	1031 Mendota Heights Road, St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	c/o Theresa.Franz-Scurr@pattersoncompanies.com

Michelle M. Bragg

Title:	Assistant Treasurer
Business Address:	1031 Mendota Heights Road, St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	c/o Theresa.Franz-Scurr@pattersoncompanies.com

Karsten R. Williams

Title:	Assistant Treasurer/Assistant Secretary
Business Address:	1031 Mendota Heights Road, St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	c/o Theresa.Franz-Scurr@pattersoncompanies.com

Nannette J. Schumacher

Reeds Creek Rd.
Red Bluff, CA 96080
(HM)
! (Cell)
@animalhealthinternational.com

Work History:

Animal Health
September 2004 to current
Lead Material Handler
My position requires full attention to all daily operations in the office, answering telephones, customer service, shipping, receiving, pharmacy inventory, loading/unloading trucks, forklift operations and banking. I work well under immense pressure in an atmosphere of high demands.

Red Bluff Elementary School District:
September 1984 to September 2004
Special Needs assistant in charge of taking classroom curriculum and making it suitable for individual learning for my current student. Classroom assistant, running reading groups of 6-10 students. Responsible for the safety and happiness of the students.

Red Bluff Gymnastics
April 1982 to December 2000
Head Coach for competitive girls' gymnastics team working with gymnasts on compulsory and optional skills and routines, working with parents on scheduling.

Athletics Unlimited
January 2000 to December 2013
Assistant Coach for recreational and competition girls' gymnastics working with 10-20 students on skills and safety.

Education:
Red Bluff High School 1979-1983

Shasta College 1983-1984 General Education

Personal:

I expect a lot of myself and would not be happy if at end of day I could not say that I had offered my best. My life is filled with horses and my dog. A day spent outdoors riding and filled with sunshine is the perfect day to me.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

1417

Renewal License

Wholesale Drug Permit

LICENSE NO. WLS 6862
RECEIPT NO. 00165044

VALID UNTIL APRIL 01, 2021

ANIMAL HEALTH INTERNATIONAL INC
1115 METZGER ST
RED BLUFF CA 96080

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

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

This permit is valid only at the address shown.

3/30/20

3/30/20 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) W

Renewal License

Wholesale Drug Permit

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

LICENSE NO. WLS 6862
RECEIPT NO. 00157655

VALID UNTIL APRIL 01, 2020

ANIMAL HEALTH INTERNATIONAL INC
1115 METZGER ST
RED BLUFF CA 96080

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

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

This permit is valid only at the address shown.

2/21/19

2/21/19 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWCS (12/31/05) W

Renewal Certificate

Veterinary Food-Animal Drug Retailer Permit

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

LICENSE NO. VET 154
RECEIPT NO. 00157660

VALID UNTIL APRIL 01, 2020

ANIMAL HEALTH INTERNATIONAL INC
1115 METZGER STREET
RED BLUFF CA 96080-1022

In accordance with the provisions of section 4196(a) of the Business and Professions Code, the firm shown is issued a Veterinary Food-Animal Drug Retailer Permit.

This permit is not transferable to new owners or to a new location, and must be renewed annually on or before the expiration date.

The board must approve all changes in location and most changes in ownership BEFORE the change occurs.

/20/19

/20/19 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHVET (09/30/

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Animal Health International, Inc.

is a

Corporation

formed or registered on 05/16/1967 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871193550 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/18/2020 that have been posted, and by documents delivered to this office electronically through 05/19/2020 @ 15:51:43 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/19/2020 @ 15:51:43 in accordance with applicable law. This certificate is assigned Confirmation Number 12350038 .

Jena Griswold

Secretary of State of the State of Colorado

**********End of Certificate**********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

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is a

Corporation

formed or registered on 05/16/1967 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871193550 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/03/2019 that have been posted, and by documents delivered to this office electronically through 10/04/2019 @ 10:19:41 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/04/2019 @ 10:19:41 in accordance with applicable law. This certificate is assigned Confirmation Number 11838033 .

Jena Griswold

Secretary of State of the State of Colorado

**********End of Certificate**********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Division	Facility City, ST	License Type	License Number	Expiration Date
Animal Health International, Inc.	Twin Falls, ID	Out Of State Pharmacy	PH03238	10/31/2020
Animal Health International, Inc.	Visalia, CA	Wholesale Drug Distributor	WH01639	10/31/2020
Animal Health International, Inc.	Roanoke, TX	Wholesale Drug Distributor	WH02465	10/31/2020
Animal Health International, Inc.	Spanish Fork, UT	Wholesale Drug Distributor	WH02464	10/31/2020
Patterson Dental Supply, Inc.	Las Vegas, NV	Wholesaler	WH01236	10/31/2020
Patterson Dental Supply, Inc.	Mesa, AZ	Wholesaler	WH02259	10/31/2020
Patterson Dental Supply, Inc.	Roseville, CA	Wholesaler	WH01358	10/31/2020
Patterson Dental Supply, Inc.	Salt Lake City, UT	Wholesaler	WH01542	10/31/2020
Patterson Logistics Services, Inc.	Blythewood, SC	Wholesaler (2, 2N,3, 3N, 4, 5)	WH01483	10/31/2020
Patterson Logistics Services, Inc.	Boone, IA	Wholesaler (3, 3N, 4, 5)	WH01221	10/31/2020
Patterson Logistics Services, Inc.	Dinuba, CA	Wholesaler	WH01206	10/31/2020
Patterson Logistics Services, Inc.	Kent, WA	Wholesaler (3, 3N, 4, 5)	WHO1239	10/31/2020
Patterson Logistics Services, Inc.	South Bend, IN (Cleveland Rd)	Wholesaler	WH01744	10/31/2020
Patterson Veterinary Supply, Inc.	Phoenix, AZ	Wholesaler	WH01602	10/31/2020

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K15387725

Application/License No. _____

Animal Health International, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1115 Metzger Street, Red Bluff, CA 96080 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 436 Walnut Street, Philadelphia, PA 19106 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 07, 2019 (Effective Date).

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

Cynthia L. Choren
Vice President

Marsh USA Inc.
701 Market Street
Suite 1100
St. Louis, MO 63101-2500
314-342-2661
Cynthia.L.Choren@marsh.com
www.marsh.com

MARSH

Sent via Federal Express #7765 4093 0373

October 07, 2019

Kasey Cannon
Animal Health International, Inc.
822 7th Street, Suite 650
Greeley, CO 80631

Subject: New Bond

Principal: Animal Health International, Inc.
Obligee: Nevada State Board of Pharmacy
Bond Description: Pharmaceutical Wholesaler Surety Bond
Bond Amount: $100,000.00
Bond Number: K15387725
Surety Name: Westchester Fire Insurance Company

Dear Kasey:

In response to the request dated 10/3/2019, I am pleased to enclose the above-referenced bond document that is based on the information we received with the request.

Prior to filing with the Nevada State Board of Pharmacy, the following items need to be completed:

1. Signed by authorized officer
2. Officer's name and title inserted below signature
3. Officer's signature witnessed by two (2) individuals
4. Corporate seal affixed (if applicable)

As always, the bond document should be re-checked for accuracy before filing with the Nevada State Board of Pharmacy.

If you have any questions, please feel free to contact me. Thank you for allowing Marsh to service your surety needs.

Sincerely,

Cindy

Cynthia L. Choren, Vice President

Enclosure

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 7th day of October, 2019.

APPLICANT/PRINCIPAL

Animal Health International, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Westchester Fire Insurance Company

Cynthia L. Choren
Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name

NV Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

JoAnn R. Frank
Witness

Brittany D Stuckel
Witness

Countersigned by:

N/A
Nevada Resident Agent

N/A

CHUBB

Power of Attorney

Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Pamela A. Beelman, Cynthia L. Choren, Brittany D. Stuckel, JoAnn R. Frank, Sandra L. Ham, Leah L. Juenger, Heidi A. Notheisen, Karen L. Roider and Debra C. Schneider of St. Louis, Missouri ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this **22nd** day of **July, 2019.**

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY

County of Hunterdon ss

On this **22nd** day of **July, 2019**, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies; and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal

ROSE CURTIS
NOTARY PUBLIC OF NEW JERSEY
No. 50072400
Commission Expires November 22, 2022

Rose Curtis

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006 ; ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,

(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 7th day of October, 2019.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
- Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

14B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☒ Ownership Change (Provide current license number if making changes: WH 01465
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Celgene Corporation

Physical Address: 7339 Industrial Boulevard

City: Allentown State: PA Zip Code: 18106

Telephone Number: (610) 530-2172 Fax Number: (908) 860-4087

Toll Free Number: (800) 564-0216

E-mail: CEL@slsny.com Website: www.celgene.com

Facility Manager: Carmen E. Ortiz

Professional qualifications and experience of facility manager: Primary contact for all daily activities at the Celgene distribution center, handling and leading all warehouse operations. Maintained GMP compliance while following established internal processes on all assigned tasks.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate)

Labeler Code: 59572

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

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

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

Name: Mckesson NRDC
Address: 8313 Polk Lane Olive Branch, MS 38654

Name: CVS Caremark
Address: 11162 Renner Blvd. Lenexa, KS 66219

Name: Cardinal Health NLC
Address: 5995 Commerce Center Drive Groveport, OH 43125

Name: BriovaRx
Address: 1100 Lee Branch Lane Birmingham, AL 35242

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Katherine R Kelly
Print Name of Authorized Person

3/2/20
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Bristol-Myers Squibb Company

Mailing Address: c/o State License Servicing 1751 State Route 17A

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Bristol-Myers Squibb Company 430 E. 29th Street, 14th floor New York, NY 10016 100% Owner
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. Bristol-Myers Squibb Company (100% sole owner)

3) What was the price paid per share? No shares issued.

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Hash

From: **compliance** compliance@slsnysupport.com
Subject: Celgene Corporation - Change of Ownership & Officers
Date: January 20, 2020 at 11:21 AM
To: pharmacy@pharmacy.nv.gov

IMPORTANT NOTICE

State License Servicing, Inc.
1751 State Route 17A, Suite 3, Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

Date: January 20, 2020
To: Nevada State Board of Pharmacy
Re: Celgene Corporation, 7339 Industrial Boulevard, Allentown, PA 18106, Permit #: WH01465

Dear Ladies and Gentlemen:

State License Servicing, Inc. represents Celgene Corporation in the servicing of their state licenses. Celgene Corporation is currently licensed with your state to manufacture and/or distribute prescription drug products from the above location. Effective November 21, 2019, Bristol-Myers Squibb Company has purchased the inventory and facilities related to distribution of these products into your state.

Bristol-Myers Squibb Company now holds **100% ownership** of Celgene Corporation.

Along with the change of ownership, the above licensee has undergone a change of officers. The new officer list is as follows:

Matthew M Roden – President
Sophia Park – Vice President
Katherine R. Kelly – Secretary
Jeffrey Galik - Treasurer

There has been no change of FEIN with this change.

There have been no changes to the facility operations, policies or procedures at this time. Please advise if any further action is required during this transition.

If you have any questions or require additional information, please email (CEL@slsny.com). Thank you for your time and assistance in this matter.

Kind Regards,

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@slsny.com

THIS ELECTRONIC MAIL MESSAGE AND ANY ATTACHMENT IS CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE.

[illegible]

Click Here to Respond to this Email

IMPORTANT NOTICE

State License Servicing, Inc.

1751 State Route 17A. Suite 3, Florida, NY 10921
(845) 544-2482 Office. (845) 544-2481 Fax

THIS ELECTRONIC MAIL MESSAGE AND ANY ATTACHMENTS IS CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE ADDRESSEE(S) NAMED ABOVE.
[illegible]

Celgene Corporation

Corporate Address: 86 Morris Avenue, Summit, NJ 07901 USA
FEIN: 22-2711928
www.celgene.com

Drug Labeler Code: 59572
Incorporation State: DE
Incorporation Date: 4/17/1986

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
7339	7339 Industrial Boulevard Allentown, PA 18106 County: Lehigh	N/A	N/A		Yes	(610) 530-2172	(908) 860-4087

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Carmen E. Ortiz	Sherwood Dr. Laurys Station, PA 18059	Designated Representative	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Bristol-Myers Squibb Company	430 E. 29th Street, 14th floor New York , NY 10016		100%	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Matthew M Roden	Audubon Lane Princeton, NJ 08540-2316	President	No
Sophia Park	Springfield Avenue Summit, NJ 07901	Vice President	No
Katherine R Kelly	Irving Ave Englewood Cliffs, NJ 07632	Secretary	No
Jeffrey Galik	Manners Road Ringoes, NJ 08551	Treasurer	

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
CT Corporation Systems

Disciplinary History: OR 2008, ME 2013, MI 2014, MD 2014, AL 2015

For licensing issues, please contact State License Servicing, LLC (845) 544-2482 CEL@slsny.com

Company Particulars

1434

1435

Certificate of Registration

Certificate No. 3000010102
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Distributor (Prescription)

CELGENE CORPORATION
7339 INDUSTRIAL BLVD.
ALLENTOWN, PA 18106

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: December 06, 2019
Expiration Date: The Last Day of December, 2020

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Home State

1436

Certificate of Licensure

Certificate No. 8000003033
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

CELGENE CORPORATION
7339 INDUSTRIAL BLVD.
ALLENTOWN, PA 18106

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: March 02, 2020
Expiration Date: The Last Day of March, 2021

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Pennsylvania Department of Health

Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **Celgene Corporation** 7339 Industrial Blvd.; Allentown, PA 18106
  Certificate(s): **3000010102** issued: 12/6/2019 expires: 12/31/2020; **8000003033** issued: 3/2/2020 expires: 3/31/2021
- **Celgene Corporation** 86 Morris Avenue; Summit, NJ 07901
  Certificate(s): **7200000915** issued: 12/5/2012 expires: 12/31/2020

Back to DD&C Home

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Assembly Version 4.0.18274.4 Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Nevada State Board of Pharmacy

VERIFY LICENSE

Facility Name	License Number#	City	State	Country	Action
CELGENE CORPORATION	WH01465	Allentown	PA	United States	

License Number : WH01465

Name : CELGENE CORPORATION

License Type : Wholesaler

License Status : Active

License Date : 01/17/2008

Expiration Date : 10/31/2020

Primary Source Verified

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CELGENE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CELGENE CORPORATION" WAS INCORPORATED ON THE SEVENTEENTH DAY OF APRIL, A.D. 1986.

Jeffrey W. Bullock, Secretary of State

2088605 8300

SR# 20206357790

Authentication: 203331529

Date: 07-22-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®

Accreditation

to

Celgene Corporation

located at

7339 Industrial Blvd, Allentown, PA 18106

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

July 12, 2017 - July 11, 2020

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

Verified
Reaccreditation
in process
8/27/20
MS

VAWD

1440

Facility Name

State (All)

Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Celgene Corporation	7339 Industrial Blvd Allentown, PA 18106	Reaccreditation in process

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Contact

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107214962

Application/License No. WH01465

Celgene Corporation, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
7339 Industrial Blvd., Allentown, PA 18106, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
corporation organized under the laws of the state of CT
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square, Hartford, CT 06183 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 13, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 13th day of March, 20 20.

APPLICANT/PRINCIPAL	SURETY
COMPANY Celgene Corporation	Travelers Casualty and Surety Company of America
Authorized Representative	Donna M Planeta Surety Company's Representative
	Donna M. Planeta, Attorney-in-fact print name
SIGNED and SEALED in the presence of:	SIGNED and SEALED in the presence of:
Witness	Eric Strba Witness, Eric Strba
Witness	Witness, Bryan Caneschi
	Countersigned by:
	Non-Nevada Resident Agent, Joshua Sanford, License No. 3159529

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Donna M. Planeta, of Hartford, Connecticut,** their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

HARTFORD, CONN. HARTFORD, CONN. CORPORATE SEAL

State of Connecticut

City of Hartford ss.

By: Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

NOTARY PUBLIC

Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 13th day of March, 2020

HARTFORD, CONN. HARTFORD, CONN. CORPORATE SEAL

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

Willis Towers Watson

Telephone: 860-241-4437
Website: www.willistowerswatson.com
E-mail: melissa.stanton@willistowerswatson.com

March 13, 2020

Celgene Corporation
Attn: Joanna Futyna
556 Morris Avenue
Summit, NJ 07901

Re: Bond Number: 107214962
Obligee: Nevada State Board of Pharmacy
Description: Pharmaceutical Wholesaler Surety Bond, License No. WH01465
Commission: 0%

We are pleased to enclose the above referenced bond you requested. This bond was executed based upon the information you provided. We urge you to check all of the information enclosed, including the Power of Attorney, signatures, dates, amounts, description, bond form and any other attachments.

Please be sure to affix the bond with the proper signature and seal.

If a premium is charged, our invoice for this bond is enclosed or will be sent to you under separate cover. Please note the premium payment for this bond is due upon receipt.

Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson can collect the difference directly from the insurer. These payments will not increase the cost of your bonds or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your commission schedule can be found at: http://www.willis.com/About_Willis/The_Willis_Way/Commission_Rates/.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Melissa Stanton

Willis Towers Watson Northeast, Inc.
10 State House Square, Floor 11
Hartford, CT 06103

Cert. of Merger

1446

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"BURGUNDY MERGER SUB, INC.", A DELAWARE CORPORATION,

WITH AND INTO "CELGENE CORPORATION" UNDER THE NAME OF "CELGENE CORPORATION", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2019, AT 9:57 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

2088605 8100M
SR# 20198188074

Authentication: 204045837
Date: 11-20-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:57 AM 11/20/2019
FILED 09:57 AM 11/20/2019
SR 20198188074 - File Number 2088605

CERTIFICATE OF MERGER
MERGING
BURGUNDY MERGER SUB, INC.
WITH AND INTO
CELGENE CORPORATION

Pursuant to Title 8, Section 251 of the General Corporation Law of the State of Delaware (the "**DGCL**"), Celgene Corporation, a corporation organized and existing under the DGCL, does hereby certify that:

FIRST: The name and state of incorporation of each of the constituent corporations in the Merger (as defined below) are as follows:

(a) Celgene Corporation, a Delaware corporation (the "**Company**"), and

(b) Burgundy Merger Sub, Inc., a Delaware corporation ("**Burgundy Merger Sub, Inc.**").

SECOND: The Agreement and Plan of Merger, dated as of January 2, 2019 (the "**Merger Agreement**"), by and among Bristol-Myers Squibb Company, Burgundy Merger Sub, Inc. and the Company, pursuant to which Burgundy Merger Sub, Inc. will merge with and into the Company, with the Company surviving as the surviving corporation and a wholly owned subsidiary of Bristol-Myers Squibb Company (the "**Merger**"), has been approved, adopted, executed and acknowledged by each of the Company and Burgundy Merger Sub, Inc. in accordance with the requirements of Section 251 of the DGCL.

THIRD: Following the Merger, the Company will continue its existence as the surviving corporation and the separate corporate existence of Burgundy Merger Sub, Inc. will cease. The name of the surviving corporation shall be Celgene Corporation (the "**Surviving Corporation**").

FOURTH: The executed Merger Agreement is on file at the principal place of business of the Company as the Surviving Corporation. The address of said principal place of business is 86 Morris Avenue, Summit, New Jersey 07901.

FIFTH: Upon the effectiveness of the Merger, the certificate of incorporation of the Surviving Corporation, as in effect immediately prior to the Merger, shall be amended and restated in its entirety to read as set forth on Exhibit A attached hereto and, as so amended and restated, shall be the certificate of incorporation of the Surviving Corporation until thereafter changed or amended as provided therein or by applicable law.

SIXTH: An executed copy of the Merger Agreement will be furnished by the Company as the Surviving Corporation on request and without cost to any stockholder of the Company or Burgundy Merger Sub, Inc.

SEVENTH: The Merger shall be effective upon the filing of this Certificate of Merger with the Secretary of State of the State of Delaware.

[Remainder of page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the Company has caused this Certificate of Merger to be executed by its duly authorized officer this 20th day of November, 2019.

CELGENE CORPORATION

By: _____
Name: David V. Elkins
Title: Executive Vice President and
Chief Financial Officer

[Signature Page to Certificate of Merger]

Exhibit A

Amended and Restated Certificate of Incorporation of the Surviving Corporation

AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF CELGENE CORPORATION

ARTICLE ONE

The name of the corporation is Celgene Corporation (hereinafter called the "Corporation").

ARTICLE TWO

The address of the Corporation's registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

ARTICLE THREE

The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware.

ARTICLE FOUR

The total number of shares which the Corporation shall have the authority to issue is One Thousand (1000) shares, all of which shall be shares of Common Stock, with a par value of $0.01 per share.

ARTICLE FIVE

The directors shall have the power to adopt, amend or repeal By-Laws, except as may be otherwise be provided in the By-Laws.

ARTICLE SIX

The Corporation expressly elects not to be governed by Section 203 of the General Corporation Law of the State of Delaware.

ARTICLE SEVEN

No director of the Corporation shall be liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) under Section 174 of the General Corporation Law of the State of Delaware or (iv) for any transaction from which the director derived an improper personal benefit. Neither the amendment nor repeal of this ARTICLE SEVEN, nor the adoption of any provision of the Certificate of Incorporation, the By-Laws or of any statute inconsistent with this ARTICLE SEVEN, shall eliminate or reduce

the effect of this ARTICLE SEVEN, in respect of any acts or omissions occurring prior to such amendment, repeal or adoption of an inconsistent provision.

Any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative (whether or not by or in the right of the Corporation) by reason of the fact that he is or was a director, officer, incorporator, employee, or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, incorporator, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise (including an employee benefit plan), shall be entitled to be indemnified by the Corporation to the full extent then permitted by law against expenses (including attorneys' fees), judgments, fines (including excise taxes assessed on a person with respect to an employee benefit plan), and amounts paid in settlement incurred by him in connection with such action, suit, or proceeding. Such right of indemnification shall inure whether or not the claim asserted is based on matters which antedate the adoption of this ARTICLE SEVEN. Such right of indemnification shall continue as to a person who has ceased to be a director, officer, incorporator, employee, or agent and shall inure to the benefit of the heirs and personal representatives of such a person.

The indemnification provided by this ARTICLE SEVEN shall not be deemed exclusive of any other indemnification rights which may be provided now or in the future under any provision currently in effect or hereafter adopted of the by-laws, in any agreement, by vote of stockholders, by resolution of disinterested directors, by provision of law, or otherwise.

ARTICLE EIGHT

The Corporation reserves the right to amend or repeal any provisions contained in this Amended and Restated Certificate of Incorporation from time to time and at any time in the manner now or hereafter prescribed by the laws of the State of Delaware, and all rights conferred upon stockholders and directors are granted subject to such reservation.

* * * *

Press release

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Bristol-Myers Squibb

Press Release

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Bristol-Myers Squibb Completes Acquisition of Celgene, Creating a Leading Biopharma Company

CATEGORY: CORPORATE/FINANCIAL NEWS

WEDNESDAY, NOVEMBER 20, 2019 4:16 PM EST

NEW YORK--(BUSINESS WIRE)--Bristol-Myers Squibb Company (NYSE:BMY) announced today that it has completed its acquisition of Celgene Corporation (NASDAQ:CELG) following the receipt of regulatory approval from all government authorities required by the merger agreement and, as announced on April 12, 2019, approval by Bristol-Myers Squibb and Celgene stockholders.

Upon completion of the acquisition, pursuant to the terms of the merger agreement, Celgene became a wholly owned subsidiary of Bristol-Myers Squibb Company. Under the terms of the merger, Celgene shareholders received for each share, 1.00 share of Bristol-Myers Squibb common stock, $50.00 in cash without interest and one tradeable Contingent Value Right (CVR), which will entitle the holder to receive a payment of $9.00 in cash if certain future regulatory milestones are achieved. Celgene common stock ceased trading as of the close of trading today. On November 21, 2019, newly issued Bristol-Myers

Squibb shares and CVRs will commence trading on the New York Stock Exchange, with the CVRs trading under the symbol "BMYRT."

"This is an exciting day for Bristol-Myers Squibb as we bring together the leading science, innovative medicines and incredible talent of Bristol-Myers Squibb and Celgene to create a leading biopharma company," said Giovanni Caforio, M.D., Chairman and Chief Executive Officer of Bristol-Myers Squibb. "With our leading franchises in oncology, hematology, immunology and cardiovascular disease, and one of the most diverse and promising pipelines in the industry, I know we will deliver on our vision of transforming patients' lives through science. I am excited about the opportunities for our current employees and the new colleagues that we welcome to the Company as we work together to deliver innovative medicines to patients."

Since announcing the transaction on January 3, 2019, there have been a number of tangible advancements toward delivering on the key value drivers for the merger, including: further progress relating to the patent estate for REVLIMID®, the U.S. Food and Drug Administration (FDA) approval of INREBIC® (fedratinib) for the treatment of certain forms of myelofibrosis, the U.S. FDA approval of REBLOZYL® (luspatercept-aamt) for the treatment of anemia in certain adult patients with beta thalassemia, and regulatory filings of luspatercept and ozanimod in the U.S. and Europe. The Company has also made substantial progress toward the planning of a successful integration. For an overview of the combined company and the milestones achieved while the transaction was pending, visit www.bestofbiopharma.com.

OTEZLA® Divestiture Update

As announced on August 26, 2019, in connection with the regulatory approval process for the transaction, Celgene entered into an agreement to divest the global rights to OTEZLA® (apremilast) to Amgen (NASDAQ:AMGN) for $13.4 billion in cash following the closing of

the merger with Bristol-Myers Squibb. On November 15, 2019, Bristol-Myers Squibb announced that the U.S. Federal Trade Commission (FTC) accepted the proposed consent order in connection with the pending merger of Bristol-Myers Squibb and Celgene, thereby permitting the parties to close the merger. Bristol-Myers Squibb expects the OTEZLA divestiture to be completed promptly following the closing of the merger and plans to prioritize the use of proceeds for debt reduction.

Accelerated Share Repurchase Program

Bristol-Myers Squibb also announced that its Board of Directors has authorized the repurchase of $7 billion of Bristol-Myers Squibb common stock.

In connection with this authorization, Bristol-Myers Squibb has entered into accelerated share repurchase (ASR) agreements with Morgan Stanley & Co. LLC and Barclays Bank PLC to repurchase, in aggregate, $7 billion of Bristol-Myers Squibb common stock. Bristol-Myers Squibb expects to fund the repurchase with cash on-hand. Approximately 80 percent of the shares to be repurchased under the transaction will be received by Bristol-Myers Squibb on November 27, 2019. The total number of shares ultimately repurchased under the program will be determined upon final settlement and will be based on a discount to the volume-weighted average price of Bristol-Myers Squibb's common stock during the ASR period. Bristol-Myers Squibb anticipates that all repurchases under the ASR will be completed by the end of the second quarter of 2020.

Board Appointments

As previously announced, in connection with the closing of the transaction, Michael Bonney, Dr. Julia A. Haller and Phyllis Yale have joined the Bristol-Myers Squibb Board of Directors, expanding the size of the Board from 11 to 14. Mr. Bonney and Dr. Haller served on Celgene's Board of Directors until the closing of the transaction. All three new directors

bring valuable skill sets and significant experience relevant to Bristol-Myers Squibb's business.

Advisors

Morgan Stanley & Co. LLC is serving as lead financial advisor to Bristol-Myers Squibb, and Evercore and Dyal Co. LLC are serving as financial advisors to Bristol-Myers Squibb. Kirkland & Ellis LLP is serving as Bristol-Myers Squibb's legal counsel. J.P. Morgan Securities LLC is serving as lead financial advisor and Citi is acting as financial advisor to Celgene. Wachtell, Lipton, Rosen & Katz is serving as legal counsel to Celgene.

About Bristol-Myers Squibb

Bristol-Myers Squibb is a global biopharmaceutical company whose mission is to discover, develop and deliver innovative medicines that help patients prevail over serious diseases. For more information about Bristol-Myers Squibb, visit us at BMS.com or follow us on LinkedIn, Twitter, YouTube, Facebook and Instagram.

Cautionary Statement Regarding Forward-Looking Statements

This press release contains certain "forward-looking statements" within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, regarding, among other things, the research, development and commercialization of pharmaceutical products, Bristol-Myers Squibb's acquisition of Celgene (the "Merger"), the pending sale of OTEZLA (the "Divestiture," and together with the Merger, the "Transaction"), and the execution of the ASR program. These statements may be identified by the fact they use words such as "should," "could," "expect," "anticipate," "estimate," "target," "may," "project," "guidance," "intend," "plan," "believe," "will" and other words and terms of similar meaning and expression in connection with any discussion of future operating or financial performance, although not all forward-

looking statements contain such terms. One can also identify forward-looking statements by the fact that they do not relate strictly to historical or current facts. Such forward-looking statements are based on historical performance and current expectations and projections about Bristol-Myers Squibb's future financial results, goals, plans and objectives and involve inherent risks, assumptions and uncertainties, including internal or external factors that could delay, divert or change any of them in the next several years, that are difficult to predict, may be beyond Bristol-Myers Squibb's control and could cause Bristol-Myers Squibb's future financial results, goals, plans and objectives to differ materially from those expressed in, or implied by, the statements. Such risks, uncertainties and other matters include, but are not limited to, Bristol-Myers Squibb successfully using proceeds from the Divestiture; the combined company will have substantial indebtedness following the completion of the Transaction; Bristol-Myers Squibb is unable to achieve the synergies and value creation contemplated by the Merger; Bristol-Myers Squibb is unable to promptly and effectively integrate Celgene's businesses; management's time and attention is diverted on transaction related issues; disruption from the transaction makes it more difficult to maintain business, contractual and operational relationships; the credit ratings of the combined company decline following the Transaction; legal proceedings are instituted against Bristol-Myers Squibb, Celgene or the combined company; Bristol-Myers Squibb, Celgene or the combined company is unable to retain key personnel; and the announcement or the consummation of the Transaction and ASR program has a negative effect on the market price of the capital stock of the combined company or on the combined company's operating results. No forward-looking statement can be guaranteed.

Forward-looking statements in this press release should be evaluated together with the many risks and uncertainties that affect Bristol-Myers Squibb's business and market, particularly those identified in the cautionary statement and risk factors discussion in Bristol-Myers Squibb's Annual Report on Form 10-K for the year ended December 31, 2018, as updated by its subsequent Quarterly Reports on Form 10-Q, Current Reports on

Form 8-K and other filings with the Securities and Exchange Commission. The forward-looking statements included in this press release are made only as of the date of this press release and except as otherwise required by applicable law, Bristol-Myers Squibb undertakes no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events, changed circumstances or otherwise.

CONTACT:
MEDIA:
609-252-3345
MEDIA@BMS.COM

SHAREHOLDER SERVICES:
CELGENE SHAREHOLDERS WITH QUESTIONS ABOUT THEIR SHARES CAN CONTACT AN EQUINITI INFORMATION AGENT AT 833-503-4131

INVESTORS:
TIM POWER
609-252-7509
TIMOTHY.POWER@BMS.COM

OR

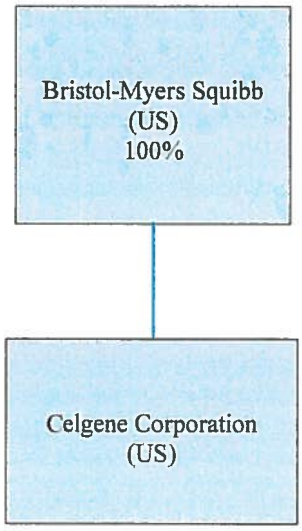
NINA GOWOREK
908-673-9711
NGOWOREK@CELGENE.COM

OR

ANDY BRIMMER / DAN KATCHER / JAMIE MOSER
JOELE FRANK, WILKINSON BRIMMER KATCHER
212-355-4449

Privacy Policy

Business Wire NewsHQ[sm]


Bristol-Myers Squibb
(US)
100%
Celgene Corporation
(US)

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that Katherine R. Kelly of Celgene Corporation with principal offices at 86 Morris Avenue, Summit, NJ 07901, in the capacity of Secretary, has made and appointed, and by these presents does make and appoint Christine Cannon of State License Servicing Inc., 1751 State Rte. 17A, Suite 3, Florida, NY 10921, true and lawful attorney-in-fact for her and in her name, place and stead, for the following specific and limited purposes only:

Application, servicing and renewals of all state licenses, permits, business licenses, foreign qualifications, and drug and device product registrations required for Celgene Corporation **to operate as a manufacturer and/or wholesale distributor in all states, as required. This Power of Attorney specifically precludes and limits State License Servicing Inc.'s power and authority from receiving, answering or defending any complaint or disciplinary action against** Celgene Corporation **by any state or federal authority,** but giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if I were personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney x ***does*** ☐ ***does not*** name State License Servicing Inc as Representative Agent in Puerto Rico on behalf of Celgene Corporation to act in the capacity of representative agent as defined by Puerto Rico law. State License Servicing will act as a liaison only in Puerto Rico, at no time will have possession of any drugs, and will file and process paperwork only.

IN WITNESS WHEREOF, I have hereunto set my hand and seal

this 27th day of January, 2020.

Katherine R. Kelly

State of New York
County of Kings)

The foregoing instrument subscribed and sworn to before me this 27th day of January, 2020 by: Katherine R. Kelly who is personally known by me or who has produced _____ as identification.

Notary Public
State of
My Commission Expires:

LISA A. ATKINS
Notary Public, State of New York
No. 02AT6322636
Qualified in Kings County
Commission Expires April 13, 2023

(SEAL)

Date: 1/27/2020

Accepted: Christine Cannon, Attorney-in-Fact

Celgene Corporation
86 Morris Avenue
Summit, New Jersey 07901
Tel: 908 673-9000

DATE
20-FEB-2020

To Whom This May Concern,

To the best of my knowledge, the only known sanctions of a firm's professional license are those if Celgene Corporation, which are disclosed below:

Governing State Authority	File/Case Number	Date of Sanction Acknowledge
Oregon	2007-0136	01-April-2008
Maine	2012-PHA-8751	30-April-2013
Michigan	53-13-129653	18-February-2014
Maryland	D02255	20-May-2014
Alabama	194293	10-September-2015

The result of each sanction was an appropriate identification, acknowledgment of deficiency, and payment of any defined penalty at the time by the governing state authority.

Since 2015, no additional discipline actions have occurred.

Sincerely,

Katherine Kelly
Secretary
Celgene Corporation
86 Morris Avenue
Summit, NJ 07901

IN THE MATTER OF	*	**BEFORE THE**
CELGENE CORPORATION	*	**MARYLAND STATE**
PERMIT NO. D02255	*	**BOARD OF PHARMACY**
	*	

* * * * * * * * * * * *

CONSENT ORDER

Background

The Maryland Board of Pharmacy (the "Board") was advised by State License Servicing, LLC, on behalf of by Celgene Corporation, a wholesale drug distributor licensed in Maryland under Permit No. D02255, that Celgene had been disciplined by the Maine Board of Pharmacy on May 17, 2013, for failing to disclose disciplinary action taken against Celgene by the Oregon Board of Pharmacy on July 17, 2008. Upon receiving this information, the Board reviewed previous applications filed by Celgene and determined that Celgene also did not previously disclose the Oregon disciplinary action to the Board.

In lieu of instituting formal proceedings against Celgene, in accordance with the Maryland Pharmacy Act, Md. Code Ann., Health Occ. § 12-101 *et seq.*, the Board and Celgene have agreed to resolve this matter as set forth in this Consent Order.

FINDINGS OF FACT

1. On or about June 2013, the Board received credible information from State License Services, on behalf of Celgene Corporation, that Celgene had been disciplined by the Maine Board of Pharmacy on May 17, 2013, for failing to disclose prior discipline it received from the Oregon Board of Pharmacy in 2008. The Maine Board issued a Warning, and a civil penalty of $500 against Celgene.

2. The Oregon Board of Pharmacy entered into a Consent Order with Celgene Corporation on July 17, 2008, based on Celgene's unauthorized distribution of drugs into Oregon without duly registering as a drug outlet. The Oregon Board issued a civil penalty against Celgene in the amount of $500.
3. Upon receipt of the above information, the Board reviewed the renewal application filed by Celgene Corporation on December 29, 2008. Based on the Board's review, it determined that Celgene failed to disclose the disciplinary action taken against it by the Oregon Board of Pharmacy in July 2008.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes that Celgene Corporation, is subject to discipline in accordance with Md. Code Ann., Health Occ. §§ 12-6C-11 and COMAR 10.34.22.05A(3) and (4).

ORDER

Based upon an affirmative vote of a majority of the Board under the authority of Md. Code Ann., Health Occ. § 12-6C-11 and COMAR 10.34.22.05, it this 30th day of May, 2014, hereby,

ORDERED that Celgene Corporation, Permit No. D02255, shall pay a FINE in the amount of $500.00, payable to the Maryland Board of Pharmacy within ninety (90) days of the date of this Order; and be it further,

ORDERED that Celgene Corporation shall comply with all laws and regulations governing the wholesale distribution of prescription drugs and devices into, out of, and within the State of Maryland; and be it further,

ORDERED that in the event that Celgene Corporation violates any of the terms above, the Board, after notice and an opportunity for a hearing, and a determination of a violation, may impose any disciplinary sanction it deems appropriate, including suspension, revocation, and fines, said violation being proven by a preponderance of the evidence; and be it further,

ORDERED that this is a formal order and as such is a public document pursuant to Md. Code Ann., State Gov't § 10-611 *et seq.* (2004).

May 30, 2014
Date

LaVerne G. Naesea
Executive Director for:

Lenna Israbian-Jamgochian, Pharm.D.
Board President

CONSENT

1. By signing this Consent, Celgene Corporation submits to the foregoing Consent Order as a resolution of this matter and agree to be bound by its terms and conditions.

2. Celgene Corporation acknowledges the validity of this Consent Order as if it were made after a hearing in which it would have had the right to counsel, to confront witnesses, and to all other substantial procedural protections provided by law.

3. Celgene Corporation acknowledges that, by entering into this Consent Order, Celgene Corporation is waiving its right to appeal any adverse ruling of the Board that might have followed such an evidentiary hearing.

4. Celgene Corporation acknowledges the legal authority and the jurisdiction of the Board to enter and enforce this Consent Order.

5. Celgene Corporation signs this Consent Order freely and voluntarily, after having had the opportunity to consult with counsel. Celgene Corporation fully understands the language, meaning, and effect of this Consent Order.

5/20/14
Date

William J. Streu
Name: WILLIAM J. STREU
Title: ASSOC. DIR SEN. - COMPLIANCE

STATE OF ILLINOIS
COUNTY/CITY OF COOK:

I hereby certify that on this 20th day of MAY, 2014, before me, a Notary Public of the State of Maryland and County/City aforesaid, personally appeared William J. Streu, and made an oath in due form that the foregoing Consent was his/her voluntary act and deed on behalf of Celgene Corporation.

Official Seal
Diane M. DiPrizio
Notary Public State of Illinois
My Commission Expires 03/25/2017

Diane M. DiPrizio
Notary Public
My commission expires: 3/25/2017

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
COMPLAINTS AND INVESTIGATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head, Esq
Commissioner

Geraldine L. Betts
Administrator

May 28, 2013

Celgene Corporation
Attn: Joanna Futyna
7339 Industrial Blvd
Allentown, PA 18106-9369

Re: 2012 PHA 8751

Dear Ms. Futyna:

Please find enclosed a copy of the fully-executed consent agreement made by you, the Board of Pharmacy, and the Department of Attorney General in this matter.

As all conditions of the Consent Agreement have been met; the above-mentioned complaint file is now closed.

If you have any questions, please feel free to contact this office.

Sincerely,

Kelly L. McLaughlin
Senior Consumer Assistant Specialist
(email:kelly.l.mclaughlin@maine.gov)

Enclosure

cc: Michael Miller, Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Chief Field Investigator
Jeffrey Frankel, OPOR Staff Attorney

STATE OF MAINE
BOARD OF PHARMACY

In re:	)	CONSENT
Celgene Corporation	)	AGREEMENT
Complaint No. 2012-PHA-8751	)	

PARTIES

This document is a Consent Agreement ("the Consent Agreement") regarding disciplinary action against the Wholesaler license for Celgene Corporation ("Celgene"). The parties to the Consent Agreement are: Celgene; the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S § 8003(5-A)(C).

STATEMENT OF FACTS

1. At all times relevant to this agreement, Celgene was licensed by the Board as a wholesaler, license no. WH70001425.

2. On or about July 17, 2008, Celgene was disciplined by the Oregon Board of Pharmacy. The discipline was in the form of a consent order and involved payment of a civil penalty in the amount of $500.00.

3. On its December 15, 2008 application for renewal of its wholesaler license, Celgene unintentionally failed to disclose the above-mentioned Oregon discipline. .

CONCLUSIONS OF LAW

4. Celgene, as a wholesaler license applicant in the State of Maine, is subject to 32 M.R.S. § 13742-A(1) and 10 M.R.S. § 8003(5-A).

5. Failure by a wholesaler license applicant to disclose disciplinary actions taken against them by other state Boards of Pharmacy is a violation of 10 M.R.S. § 8003(5-A)(A)(1), and such violation constitutes grounds for discipline.

TERMS OF CONSENT AGREEMENT

6. At its meeting on April 4, 2013, the Board reviewed the above mentioned information. Based on this information, the Board voted to offer Celgene this Consent Agreement. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Senior Consumer Assistant

Specialist, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by May 7, 2013, the Board will resolve this matter with an adjudicatory hearing

7. As a condition of licensure and for conduct described in paragraph 5 above, Celgene agrees to the following:

A. A WARNING; and

B. Payment a CIVIL PENALTY in the amount of five hundred dollars ($500.00).

8. The Attorney General and the Board agree that no further agency or legal action will be taken against Celgene's license based on the specific violations admitted to herein, except in the event that Celgene does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

9. The Consent Agreement is not subject to appeal.

10. The Consent Agreement is not subject to amendment except by written agreement of all parties.

11. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

12. Celgene understands that the execution of the Consent Agreement is completely voluntary and that it has the right to consult with an attorney before signing the Consent Agreement.

13. Celgene acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that is has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For Celgene Corporation:

Dated: 30 APRIL 2013

Signature of Authorized Representative

Jeff Silverman, Corp VP, Technical Operations, Americas
Print Name and Title

Dated: 5/14/13

JOSEPH BRUNO, R.Ph., PRESIDENT
Board of Pharmacy

Dated: 5-17-13

CARRIE L. CARNEY
Assistant Attorney General

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

CELGENE CORPORATION
License Number: 53-06-002659

File Number: 53-13-129653
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint, hereafter Complaint, was issued on December 19, 2013, charging Celgene Corporation, hereafter Respondent Wholesaler, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent Wholesaler has admitted, by Stipulation submitted herewith, that the facts alleged in the Complaint are true and constitute a violation of the Public Health Code; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, has reviewed the Stipulation, and based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now therefore,

IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

5. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Wholesaler and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: 2-24-14

AGREED TO BY:

Donald Bundschuh
Authorized Representative for
Celgene Corporation
Respondent Wholesaler

Dated: 18-FEB-2014

This is the final page of a Consent Order and Stipulation in the matter of Celgene Corporation, File Number 53-13-129653, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

WH

IN THE MATTER OF:	)	**BEFORE THE ALABAMA**
	)	
CELGENE CORPORATION	)	**STATE BOARD OF PHARMACY**
	)	
Manufacturer/Wholesaler/	)	
Distributor Permit No. 194293	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Celgene Corporation (hereinafter referred to as "CELGENE") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that CELGENE violated the applicable provisions based upon the conduct set out in each and every Count of the Statement.

2. CELGENE shall pay to the Board an administrative fine in the amount of Five Hundred dollars ($500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and CELGENE shall not attempt to discharge the same in any bankruptcy proceeding.

3. That CELGENE expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama

(1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. CELGENE further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, CELGENE hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That CELGENE agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That CELGENE acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. CELGENE acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 10th day of September, 2015.

Celgene Corporation

By:_____
Its: Sr. Analyst

_____
Sharon Stuart, Attorney for Celgene Corporation

DONE this the 17 day of Sept, 2015.

ALABAMA STATE BOARD OF PHARMACY

By:_____
Dan McConaghy, R.Ph., President

By:_____
James S. Ward
Its Attorney

WARD & WILSON, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of	)	Case No. 2007-0136
	)	
CELGENE CORPORATION	)	CONSENT ORDER
	)	
Respondent	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Civil Penalty; Answer Required ("Notice") regarding the Respondent in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the Respondent as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the Respondent is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the Respondent admits that the facts alleged in the above-noted Notice are true, that the Respondents conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.335, 689.405, and 689.445 for disciplinary action by the Board; and

WHEREAS, the Respondent consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The Respondent shall pay a civil penalty to the Board in the amount of $500, said payment to be made within ten days from the effective date of this Consent Order.

2. Respondent shall obtain proper registration with the Board as a Wholesaler Class I Wholesaler.

3. This Consent Order shall become effective immediately upon issuance by the Board.

4. In the event that the Respondent fails to timely pay the civil penalty as ordered herein, the Board may take further action, after notice and hearing.

46 CONSENT
47
48 I hereby acknowledge that I am the authorized representative of Respondent. On behalf of
49 the Respondent, I further certify that I have read and understand the Notice and this Consent Order
50 and am aware of the right to a hearing with the assistance of counsel and the right to judicial review
51 of the Boards final order. On behalf of the Respondent I agree to the Board entering the Consent
52 Order.
53
54
55 P RPh 4/1/08
56 Authorized Representative Date
57 CELGENE CORPORATION
58 Respondent
59
60 Legal Dept
61 4/11/08
62 IT IS SO ORDERED.
63
64
65 BOARD OF PHARMACY
66 FOR THE STATE OF OREGON
67
68
69 7/17/08
70 Gary Miner, R.Ph., Date
71 Compliance Director
72

Date: 8/4/2020

To: Nevada Licensing or Registering Board or Agency:
(Name of State)

Name of Facility: Celgene Corporation

Facility Address : 7339 Industrial Blvd. Allentown, PA 18106

Facility License, Registration, or Record number : 3000010102

The information below is to be completed only by a Pennsylvania state Licensing or Registering Agency. Must have State seal to be valid.

717-787-4779

Current Status: Active ☑ Yes ☐ No
Location: ☑ In state ☐ Out of State/Nonresident*
Type of Facility: Wholesale Distributor
Issue Date: 12/16/2019
Expiration Date: 12/31/2020

☑ The above facility is in good standing and has not had any formal disciplinary action under the above registration/license/record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program.

☐ The above facility has had any formal disciplinary action under the above registration/license record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program. Please explain:

Theresa Ritchie, R.Ph.
Drug Program Staff- Name

Signature

Drug, Device, & Cosmetic Program (DDC Program)
Division of Home Health
Pennsylvania Department of Health

STATE SEAL:

*Interested parties are encouraged to verify status/standing with entity's home state or FDA if applicable.

Date: 8/4/2020

To: Nevada Licensing or Registering Board or Agency:
(Name of State)

Name of Facility: Celgene Corporation

Facility Address : 7339 Industrial Blvd. Allentown, PA 18106

Facility License, Registration, or Record number : 8000003033

The information below is to be completed only by a Pennsylvania state Licensing or Registering Agency. Must have State seal to be valid.

717-787-4779

Current Status: Active ☑ Yes ☐ No
Location: ☑ In state ☐ Out of State/Nonresident*
Type of Facility: Wholesale Distributor
Issue Date: 3/2/2020
Expiration Date: 3/31/2021

☑ The above facility is in good standing and has not had any formal disciplinary action under the above registration/license/record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program.

☐ The above facility has had any formal disciplinary action under the above registration/license record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program. Please explain:

Theresa Ritchie, R.Ph.
Drug Program Staff- Name

Signature

Drug, Device, & Cosmetic Program (DDC Program)
Division of Home Health
Pennsylvania Department of Health

STATE SEAL:

*Interested parties are encouraged to verify status/standing with entity's home state or FDA if applicable.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CELGENE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CELGENE CORPORATION" WAS INCORPORATED ON THE SEVENTEENTH DAY OF APRIL, A.D. 1986.

Jeffrey W. Bullock, Secretary of State

2088605 8300

SR# 20206357790

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203331529

Date: 07-22-20

CARMEN ORTIZ

(• (GMAIL.COM
SHERWOOD DR. LAURYS STATION PA 18059

OBJECTIVE

To obtain a warehouse lead position at a growth oriented biopharmaceutical company for career development

EXPERIENCE

2015-Present Celgene Corporation
Allentown, PA
Distribution Lead

- Primary contact for all daily activities at the Celgene distribution center, handling and leading all warehouse operations
- Ensure the daily goal of fulfilling all customer shipping requirements, both accurately and in a timely manner
- Safely operate powered industrial trucks to facilitate inbound and outbound operations
- File and maintain documentation of all inventory movements and transactions
- Prepare shipping documentation according to the client instructions and internal procedures
- Maintain GMP compliance while following established internal processes on all assigned tasks
- Support various distribution activities such as customer shipments, samples, replenishments to forward distribution centers, exports, and cross docking shipments
- Monitor state licenses, ensuring compliance with each state and VAWD
- Independent lead to process all customer and patient returns for Celgene's U.S. distribution network, completing necessary paperwork and Oracle transactions, working closely with Celgene Order Management and Accounts Receivable departments
- Liaison with customers, suppliers, and transport companies to ensure seamless flow of operations
- Maintain all operational supplies supporting daily operations
- Facilitate and process the documentation and removal of destruction material
- Manage inventory in both physical and systematic locations, providing space utilization on demand
- Returns subject matter expert, key member of the Oracle WMS implementation team
- Direct and provide training for any backups and appropriate Celgene or contracted employees
- Assist with launching new products and de-kitting appropriate items

2011-2015 Sharp Corporation / Celgene Full Time Equivalent
Allentown, PA
Warehouse Lead / Line Leader A

- Same as above

2009-2011 Sharp Corporation
Allentown, PA
Line Leader/Pharmaceutical Packaging

- Instructed and assigned other associates their daily duties
- Completed GMP product reports to communicate team production level to management
- Performed quality checks on products, parts and equipment

- Making sure seals, lot number and expiration date documentation is accurate.
- Make sure all necessary components are in the room for start up
- Operated and maintained production equipment and machinery in good working order
- Monitor fast paced conveyor line

2008-2008 Brickforce Staffing
Bethlehem, PA
Assistant Manager

- Assisted in managing the daily operations from opening to closing
- Responsible for defining employee daily assignments.
- Provided daily employee activity reports to management
- Completing application of potential employees, sending application out to headquarters for subsequent procedures
- Responsible for administrative duties including filing, photocopying, faxing, and sorting the mail

2007-2008 Hobbie Personnel (Sharp Corporation)
Allentown, PA
Receptionist / Human Resources Assistant

- Supported Customer Service Call Center through phone operations.
- Managed reception activities for guests and potential clients
- Maintained weekly payroll records
- Responsible for administrative duties including filing, photocopying, faxing and sorted and distributed mail
- Processed data entry

EDUCATION

2013- Present Lehigh Carbon Community College
Allentown, PA
Business Administration

Certified 2005 HoHoKus School of Business and Medical Sciences
Hackensack, NJ
Business Administration w/Computerized Accounting & Bookkeeping

2001 – 2002 Audrey Cohen College
New York, NY

HS Diploma 2001 Lincoln High School
Yonkers, NY

SKILLS

Microsoft Office
Strong Written and Verbal Skills
Team Player with the Ability to Work Independently
Proficient in Spanish
Designated Representative
Strong Oracle EBS and WMS Skills
Quick Books
IATA/DOT/HazMat Certified
Forklift Certified
Lean Six Sigma Certified

14C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☒ Ownership Change (Provide current license number if making changes: WH 02654

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7

☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Celgene Corporation

Physical Address: 86 Morris Avenue

City: Summit State: NJ Zip Code: 07901

Telephone Number: (610) 530-2172 Fax Number: (908) 393-8250

Toll Free Number: (800) 564-0216

E-mail: CEL@slsny.com Website: www.celgene.com

Facility Manager: Thomas Scalone

Professional qualifications and experience of facility manager: Biologics Professional with twelve years of experience within the healthcare and biotech industry. Director of North American Logistics operations at celgene since 2015.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

☒ Other: Distributors, US 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:

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Labeler Code: 59572

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: McKesson NRDC
Address: 8313 Polk Ln, Olive Branch MS 38654

Name: CVS Caremark
Address: 11162 Renner Blvd. Lenexa KS 66219

Name: Cardinal Health NLC
Address: 5995 Commerce Center Drive Groveport OH 43125

Name: Briova Rx
Address: 1100 Lee Branch Ln. Birmingham AL 35242

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Katherine R Kelly
Print Name of Authorized Person

Date 3/2/20

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Bristol-Myers Squibb Company

Mailing Address: c/o State License Servicing 1751 State Route 17A

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Bristol-Myers Squibb Company 430 E. 29th Street, 14th floor New York, NY 10016 100% Owner
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. Bristol-Myers Squibb Company (100% sole owner)

3) What was the price paid per share? No shares issued.

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

From: compliance compliance@slsnysupport.com
Subject: Celgene Corporation - Change of Ownership & Officers
Date: January 20, 2020 at 11:21 AM
To: pharmacy@pharmacy.nv.gov

IMPORTANT NOTICE

State License Servicing, Inc.
1751 State Route 17A, Suite 3, Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

Date: January 20, 2020
To: Nevada State Board of Pharmacy
Re: Celgene Corporation, 86 Morris Avenue, Summit, NJ 07901, Permit #: WD02654

Dear Ladies and Gentlemen:

State License Servicing, Inc. represents Celgene Corporation in the servicing of their state licenses. Celgene Corporation is currently licensed with your state to manufacture and/or distribute prescription drug products from the above location. Effective November 21, 2019, Bristol-Myers Squibb Company has purchased the inventory and facilities related to distribution of these products into your state.

Bristol-Myers Squibb Company now holds **100% ownership** of Celgene Corporation.

Along with the change of ownership, the above licensee has undergone a change of officers. The new officer list is as follows:

Matthew M Roden – President
Sophia Park – Vice President
Katherine R. Kelly – Secretary
Jeffrey Galik - Treasurer

There has been no change of FEIN with this change.

There have been no changes to the facility operations, policies or procedures at this time. Please advise if any further action is required during this transition.

If you have any questions or require additional information, please email (CEL@slsny.com). Thank you for your time and assistance in this matter.

Kind Regards,

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@slsny.com

THIS ELECTRONIC MAIL MESSAGE AND ANY ATTACHMENTS IS CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR INDIVIDUALS NAMED ABOVE

[illegible]

Click Here to Respond to this Email

IMPORTANT NOTICE

State License Servicing, Inc.

1751 State Route 17A, Suite 3, Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

THIS ELECTRONIC MAIL MESSAGE AND ANY ATTACHMENT IS CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR INDIVIDUALS NAMED ABOVE.
[illegible]

Tom Scalone

W. Riverwoods Dr. • New Hope, PA 18938
@gmail.com

OBJECTIVE

To develop my career in supply chain management as a pharmaceutical/biotechnology industry leader.

PROFILE OVERVIEW

Pharmaceutical, Vaccine, Biologics professional with fourteen years' experience within the healthcare and biotech industry. Proven leader for handing large scale initiatives within the business unit: developed strategy and led implementation for the redesign of $15B US distribution operations, led cold chain shipping strategy redesign for reducing annual costs by $5M while improving customer service. Expertise in distribution and logistics network and supply chain management; enhanced customer experience through consolidated transportation shipping methods; small parcel, LTL / TL, ambient, cold chain, frozen, and ultra-low shipping methods. Recognized for exceptional leadership, detail orientation, and the ability to effectively communicate across multiple levels within the organization and externally. Proven analytical skill expertise used for increasing productivity, reducing costs, enhancing service for the organization: Lean Six Sigma Black Belt Certified.

WORK EXPERIENCE

Celgene Corp., Director North America Logistics Operations, May 2015-Present
86 Morris Ave. Summit NJ 07901

US commercial logistics operation lead supporting 12 billion in revenue and 8 million operating budget

- Distribution network lead supporting pipeline, top line (new markets), and bottom line performance.
- Defining Celgene's global cold chain logistics strategy and CAR-T commercialization strategy.
- Lead for negotiating new service provider agreements with carriers, LSPs, packout/temp providers. Successful reduced year on year spend by greater than 20%.
- Lead for Celgene US serialization logistics readiness; project management, requirements gathering, and industry piloting. Developed international procedural controls for compliance and future business needs. Forward looking initiative to identify internal constraints to fast track the resolution; 00 expiry, portal access, VRS requirements, GS1 requirements.
- Developed lean six sigma tools for continuous improvement operations for global markets. Integrated operations management tier management system to ensure daily accountability and process visibility.
- Management of US commercial distribution operations (insourced/outsourced) and inventory control.
- Completed VAWD certification for insourced warehouse operation, and on-going continuous improvement of distribution operations, compliance, deviation and CAPA management. Current serving as Celgene Corp and subsidiary designated representative.
- Project manager leading Brazil market expansion for Celgene brands. Successfully integrated three partner systems for the full order to cash (O2C) outsourcing activities for controlled substance in country.
- Responsible team of more than 17 individuals; continuously educating and supporting team for effective transition plan approach.
- Experienced in leading transformational initiatives for the organization focused on reducing cost, complexities, or improving compliance. Examples include GPS deployment, temperature monitoring harmonization, biologics deployment. Deploying internal launch capability for same day sales order from PDUFA date.
- Experienced and knowledgeable in international trade requirements and complexities. Recently deployed VAT recovery program for launch pipeline products.
- Regional lead for account management with freight forwarders, carriers, LSPs, 3PLs, packaging solution providers, and regulators. Developed strong close partnerships to meet changing business needs and improve cost basis.
- Lead supply chain launch of first cold chain product, strong partnership with commercial for business case to bypass wholesaler channel and exclusively drop ship.

Tom Scalone W. Riverwoods Dr. • New Hope, PA 18938
@gmail.com •

- Support for Canada and Mexico affiliate operations; provide ongoing logistics and transportation leadership for new business capabilities.
- Responsible for Recall readiness and capability for US market.
- Developed and set internal standard for cold chain system validation practice for DQ/IQ/OQ/PQ.
- Deployed freight audit program on gainshare agreement model for company.
- Continuously exploring enhanced connectivity (EDI, AWS, SOAP, XML) integration methods for improved connectivity and operational performance.
- Oversight of professional sample management program for compliant and aligned strategic partnerships.
- Strong knowledge with international trade requirements, C-TPAT, AEO, ISA, FTZ

Merck & Co. Inc, Associate Director of Supply Chain, Project Management, Nov 2010-May 2015
2 Merck Drive Whitehouse Station NJ 08889

Project Manager for continuous improvement activities for distribution and logistics global markets.

- Project Manager leading the consolidation and merger of Schering Plough and Merck Distribution Operations in US; project focused on cost reduction by consolidating 7 distribution geographies to three.
- Developed US distribution strategy post merger, from market research, data collection, analysis, business case development, contract negotiation /approval, and execution. Customer enhancement through one order, one delivery, one invoice. Leaned the distribution supply chain to create a hub and spoke inventory replenishment (DRP) model enhancing inventory visibility.
- Collaborated with multiple groups within the organization to meet long term company objectives; eliminated FTE's by outsourcing all Rx distribution to 3rd Party, 3PL, positioned the network for long term growth through capital avoidance, provided oversight for distribution quality harmonization.
- Continuous improvement lead for D&L operations applying operational research techniques, analytical support, productivity/process improvement, training and development of the client relationships: 24 month inventory planning model/capacity utilization, activity based financial forecasting model developed for profit planning.
- Coordinated the implementation of the ERP, SAP, Order to Cash solution post merger and legal entity integration; orchestrated the movement of 52 truck load of inventory between facilities over a 2-week period to pre-position inventory post system blackout.
- Project lead for various transportation cost savings initiatives: 4PL transportation control tower, LTL carrier visibility, ocean/air/ground/small parcel metric review and improvement, controlled substance shipping/handling, freight forwarding, DSCSA/Serialization, NMFC, carrier/customer service level changes, reverse logistics, led cold chain shipping strategy, shipping condition stability data change.
- Led projects spanning multiple sites, geographies, and time zones. Facilitated multiple cross functional teams to drive to meet project goals. Project teams chartered to reduce costs, improve performance, and assure compliance during implementation and process changes.
- Facilitated the tracking and management of project deliverables; value capture, compliance, financial disposition, decommissioning activities, asset sale. Comfort with financial modeling tools for business case development and approval: DCF, NPV, and IRR analysis.
- Certified project manager for large scale initiatives; holding regular meetings, effectively communicating to sponsors, developing risk management and change management plans, managing project schedule, budget, resources, resolving and/or escalating issues. 3PL relationship manager.
- Partnered with field sales team to implement big box retail customer service improvement focused on reducing vaccine product spoilage.
- Partnered with primer wholesalers/distributors to implement revenue enhancement /channel change project opportunities. SCM lead for fair market value (FMV) supporting contractual negotiations.

Merck & Co., Inc. Senior Manufacturing Supervisor, Varicella Operations, Oct 2006-Nov 2010
770 Sumneytown Pike West Point PA 19446

Process Lead in highly automated (DeltaV), fast-paced start-up vaccine manufacturing facility.

Tom Scalone

W. Riverwoods Dr. • New Hope, PA 18938
@gmail.com

- Department ERP SME; analyzed BOM to reduced material usage variance by 10%, standardized department transactions to occur within 24 hours of operation.
- Used Lean Six Sigma DMAIC methodology to reduce department tubing leak APRs by 50%.
- Redesigned Beadfeeder magnets, reducing robot faults, decreasing process downtime by 15%.
- Developed sample and LIMS tracking system; reduced sample delivery time to 1 business day.
- Varicella potency investigation, deep observation team lead; developed and implemented changes focused on improving product potency; improved robot throughput by 7%, increased robot harvest yield by 5%, leader for standardized work initiatives to reduce process cycle time.
- Supervisory and leadership skills honed to meet organizational objectives; leadership style used as an exemplary labor relations resource for new supervisors.
- Led operations area as a technician trainer with in-depth process technical knowledge.
- Facilitate material flow through supply chain through investigation of potential issues.
- Proven leader for handing large scale investigations problems within Live Viral Vaccine Business unit – developed affected material documentation for $45MM in product, led technician team to analyze Vi-Cell large scale image review investigation.

Merck & Co., Inc. Engineer, Viral Vaccine Technology & Engineering, Jun 2005- Oct 2006
770 Sumneytown Pike West Point PA 19446

Vaccine Technology Support Engineer; supported the start-up of a new facility, from initial engineering lots through demonstration lots and routine manufacturing.

- Led validation of washroom and sterilizers. Authored SOPs for area, developed and implemented a lean business system for sterile equipment, laid the ground work for implementation of bar coding pull/Kanban system.
- Coordinated projects between operations, research, and quality; including growth curves, stability studies, production improvements. Worked closely with vendor relations to necessitate changes to support equipment.
- Developed as a technical leader of the manufacturing process focused on increasing productivity and improving manufacturing consistency.

SKILLS - MS Office Programs • Excel • MS Access • MS Project • PivotTable • SAP • Oracle • OBIEE • SAP BI TraceLink • Minitab • Monte Carlo Sim.

PROFESSIONAL AWARDS, INDUSTRY AFFILIATIONS, AND TRAINING

Conference Speaker, 2016-2019 – LogiPharma USA, IQPC Cold Chain, Serialization, Leading Minds
Pharmaceutical Distribution Security Alliance (PDSA) – Celgene Lead
Celgene Our Values Award, June-2018
TraceLink Solution Innovation Group
APICS CSCP – Certification Mar-2015, CLTD – In Progress
Merck Sigma – Six Sigma Black Belt Certification, Dec-2012
Merck Sigma MPS Award – Supply Chain Management Winner– Oct-2012
Merck MMD President Award Candidate, June-2012
Certified Project Manager – Nov-2011
Certified Six Sigma trainer – Oct-2011
Merck Sigma - Six Sigma Green Belt Certification, Jun-2010
Merck Award for Excellence – Varicella Bulk Manufacturing Process Yield Improvement, Jun-2007

EDUCATION

DeSales University — Masters of Business Administration, Management Focus, September 2019, GPA: 3.91

Drexel University — College of Engineering Degree, June 2009, GPA: 3.86
Masters of Science- Engineering Management, Finance Focus

Tom Scalone

W. Riverwoods Dr. • New Hope, PA 18938
@gmail.com •

Cornell University College of Engineering, May 2005, GPA: 3.30
Bachelor of Science- Biological Engineering, Biomedical Engineering Minor

References provided upon request.

Mark I. Sedar

From: GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Sent: Tuesday, July 14, 2020 9:34 AM
To: Mark I. Sedar; GMB-HSCS-Facility Licensure
Cc: jenifer.avenatti@gmail.com
Subject: RE: Nevada Out-of-State Wholesaler application - Baxter Pharmaceutical Solutions, LLC
Attachments: 2020-01-31 Indiana DOH Ltr re Registration & Inspection.pdf

Good afternoon Mark,

This facility does not require a home state license. The Indiana State Department of Health Food Protection Program is responsible for regulating drug manufacturers in the state of Indiana. Per their requirements a manufacturer is required to register their facility with the Food Protection Program.
Attached is the letter they issued confirming that the facility is registered, in good standing, and in compliance with Indiana Code requirements (16-42-1-6). However, this agency does not issue a license or a registration certificate. Please let me know if your office will accept the aforementioned confirmation of registration #D-3 53-03.

Thank you,

CardinalHealth

Jenny Bowers
Senior Specialist, Regulatory Management
7000 Cardinal Place, QRA – Facility Licensing
Dublin, OH 43017
614.757.4269 tel / 614.652.0674 fax

I am Essential to care

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Tuesday, July 14, 2020 11:36 AM
To: GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Cc: jenifer.avenatti@gmail.com
Subject: RE: Nevada Out-of-State Wholesaler application - Baxter Pharmaceutical Solutions, LLC

External Email – Please use caution before opening attachments or clicking links

Good morning Jenny,

The hardcopy showed up in the mail yesterday as well. Could you also provide an updated copy of both the Home State License and Certificate of Good Standing.

Both will be outdated for our September meeting, which I plan to add the application to the Board Agenda.

Thank you,

Mark Sedar

From: GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Sent: Monday, July 13, 2020 3:56 PM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>; GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Cc: jenifer.avenatti@gmail.com
Subject: RE: Nevada Out-of-State Wholesaler application - Baxter Pharmaceutical Solutions, LLC

Good afternoon Mark,

I was finally able to get the bond. I sent the original to you on Friday so you should have it soon. A copy is attached.

Thank you!

Jenny Bowers
Senior Specialist, Regulatory Management
7000 Cardinal Place, QRA – Facility Licensing
Dublin, OH 43017
614.757.4269 tel / 614.652.0674 fax

I am *Essential to care*

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Monday, July 13, 2020 5:13 PM
To: GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Cc: jenifer.avenatti@gmail.com
Subject: RE: Nevada Out-of-State Wholesaler application - Baxter Pharmaceutical Solutions, LLC

External Email – Please use caution before opening attachments or clicking links

Hello Jenny,

I hope you are doing well! I wanted to check back with you, about the status of the Surety Bond for Baxter Pharmaceutical Solutions. Have you been able to secure the bond/

Thanks,

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

OR 2008 494

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of	)	Case No. 2007-0136
	)	
CELGENE CORPORATION	)	CONSENT ORDER
	)	
Respondent	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Civil Penalty; Answer Required ("Notice") regarding the Respondent in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the Respondent as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the Respondent is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the Respondent admits that the facts alleged in the above-noted Notice are true, that the Respondents conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.335, 689.405, and 689.445 for disciplinary action by the Board; and

WHEREAS, the Respondent consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The Respondent shall pay a civil penalty to the Board in the amount of $500, said payment to be made within ten days from the effective date of this Consent Order.

2. Respondent shall obtain proper registration with the Board as a Wholesaler Class I Wholesaler.

3. This Consent Order shall become effective immediately upon issuance by the Board.

4. In the event that the Respondent fails to timely pay the civil penalty as ordered herein, the Board may take further action, after notice and hearing.

46
47
48 CONSENT
49
50 I hereby acknowledge that I am the authorized representative of Respondent. On behalf of
51 the Respondent, I further certify that I have read and understand the Notice and this Consent Order
52 and am aware of the right to a hearing with the assistance of counsel and the right to judicial review
53 of the Boards final order. On behalf of the Respondent I agree to the Board entering the Consent
54 Order.
55 P... RPh 4/1/08
56 Authorized Representative Date
57 CELGENE CORPORATION
58 Respondent
59 Legal Dept
60 4/11/08
61
62 IT IS SO ORDERED.
63
64
65 BOARD OF PHARMACY
66 FOR THE STATE OF OREGON
67
68
69 7/17/08
70 Gary Miner, R.Ph., Date
71 Compliance Director
72

ME 2013 1496

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
COMPLAINTS AND INVESTIGATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head, Esq.
Commissioner

Geraldine L. Betts
Administrator

May 28, 2013

Celgene Corporation
Attn: Joanna Futyna
Industrial Blvd
Allentown, PA 18106-9369

Re: 2012 PHA 8751

Dear Ms. Futyna:

Please find enclosed a copy of the fully-executed consent agreement made by you, the Board of Pharmacy, and the Department of Attorney General in this matter.

As all conditions of the Consent Agreement have been met; the above-mentioned complaint file is now closed.

If you have any questions, please feel free to contact this office.

Sincerely,

Kelly L. McLaughlin
Senior Consumer Assistant Specialist
(email maine.gov)

Enclosure

cc: Michael Miller, Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Chief Field Investigator
Jeffrey Frankel, OPOR Staff Attorney

STATE OF MAINE
BOARD OF PHARMACY

In re: Celgene Corporation Complaint No. 2012-PHA-8751	)))	CONSENT AGREEMENT

PARTIES

This document is a Consent Agreement ("the Consent Agreement") regarding disciplinary action against the Wholesaler license for Celgene Corporation ("Celgene"). The parties to the Consent Agreement are: Celgene; the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S § 8003(5-A)(C).

STATEMENT OF FACTS

1. At all times relevant to this agreement, Celgene was licensed by the Board as a wholesaler, license no. WH70001425.

2. On or about July 17, 2008, Celgene was disciplined by the Oregon Board of Pharmacy. The discipline was in the form of a consent order and involved payment of a civil penalty in the amount of $500.00.

3. On its December 15, 2008 application for renewal of its wholesaler license, Celgene unintentionally failed to disclose the above-mentioned Oregon discipline. .

CONCLUSIONS OF LAW

4. Celgene, as a wholesaler license applicant in the State of Maine, is subject to 32 M.R.S. § 13742-A(1) and 10 M.R.S. § 8003(5-A).

5. Failure by a wholesaler license applicant to disclose disciplinary actions taken against them by other state Boards of Pharmacy is a violation of 10 M.R.S. § 8003(5-A)(A)(1), and such violation constitutes grounds for discipline.

TERMS OF CONSENT AGREEMENT

6. At its meeting on April 4, 2013, the Board reviewed the above mentioned information. Based on this information, the Board voted to offer Celgene this Consent Agreement. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Senior Consumer Assistant

Specialist, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by May 7, 2013, the Board will resolve this matter with an adjudicatory hearing

7. As a condition of licensure and for conduct described in paragraph 5 above, Celgene agrees to the following:

A. A WARNING; and

B. Payment a CIVIL PENALTY in the amount of five hundred dollars ($500.00).

8. The Attorney General and the Board agree that no further agency or legal action will be taken against Celgene's license based on the specific violations admitted to herein, except in the event that Celgene does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

9. The Consent Agreement is not subject to appeal.

10. The Consent Agreement is not subject to amendment except by written agreement of all parties.

11. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

12. Celgene understands that the execution of the Consent Agreement is completely voluntary and that it has the right to consult with an attorney before signing the Consent Agreement.

AA

13. Celgene acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that is has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For Celgene Corporation:

Dated: 30 APRIL 2013

Signature of Authorized Representative

Jeff S. Iverman, Corp VP Technical Operations, Americas
Print Name and Title

Dated: 5/14/13

JOSEPH BRUNO, R.Ph., PRESIDENT
Board of Pharmacy

Dated: 5-17-13

CARRIE L. CARNEY
Assistant Attorney General

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

CELGENE CORPORATION
License Number: 53-06-002659

File Number: 53-13-129653
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint, hereafter Complaint, was issued on December 19, 2013, charging Celgene Corporation, hereafter Respondent Wholesaler, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent Wholesaler has admitted, by Stipulation submitted herewith, that the facts alleged in the Complaint are true and constitute a violation of the Public Health Code; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, has reviewed the Stipulation, and based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now therefore,

IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS ORDERED that for the cited violation of the Public Health Code, Respondent Wholesaler is FINED in the amount of $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs,** hereafter Department, **Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display the file number **53-13-129653**.

IT IS FURTHER ORDERED that in the event Respondent Wholesaler violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 4/9/14

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

CONTINUED ON NEXT PAGE

STIPULATION

1. The facts alleged in the Complaint dated December 19, 2013, are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

2. Respondent Wholesaler understands and intends that by signing this Stipulation Respondent Wholesaler is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Wholesaler is waving the right to appear with an attorney and such witnesses as Respondent Wholesaler may desire to present a defense to the charges.

3. Patti Smeelink, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

4. This Consent Order is approved as to form and substance by Respondent Wholesaler and the Department and may be entered as the final order of the Disciplinary Subcommittee in this cause.

5. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Wholesaler and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: 2-24-14

AGREED TO BY:

Donald Bundschuh
Authorized Representative for
Celgene Corporation
Respondent Wholesaler

Dated: 18-FEB-2014

This is the final page of a Consent Order and Stipulation in the matter of Celgene Corporation, File Number 53-13-129653, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

WH

IN THE MATTER OF	*	**BEFORE THE**
CELGENE CORPORATION	*	**MARYLAND STATE**
PERMIT NO. D02255	*	**BOARD OF PHARMACY**
	*	

* * * * * * * * * * * *

CONSENT ORDER

Background

The Maryland Board of Pharmacy (the "Board") was advised by State License Servicing, LLC, on behalf of by Celgene Corporation, a wholesale drug distributor licensed in Maryland under Permit No. D02255, that Celgene had been disciplined by the Maine Board of Pharmacy on May 17, 2013, for failing to disclose disciplinary action taken against Celgene by the Oregon Board of Pharmacy on July 17, 2008. Upon receiving this information, the Board reviewed previous applications filed by Celgene and determined that Celgene also did not previously disclose the Oregon disciplinary action to the Board.

In lieu of instituting formal proceedings against Celgene, in accordance with the Maryland Pharmacy Act, Md. Code Ann., Health Occ. § 12-101 *et seq.*, the Board and Celgene have agreed to resolve this matter as set forth in this Consent Order.

FINDINGS OF FACT

1. On or about June 2013, the Board received credible information from State License Services, on behalf of Celgene Corporation, that Celgene had been disciplined by the Maine Board of Pharmacy on May 17, 2013, for failing to disclose prior discipline it received from the Oregon Board of Pharmacy in 2008. The Maine Board issued a Warning, and a civil penalty of $500 against Celgene.

2. The Oregon Board of Pharmacy entered into a Consent Order with Celgene Corporation on July 17, 2008, based on Celgene's unauthorized distribution of drugs into Oregon without duly registering as a drug outlet. The Oregon Board issued a civil penalty against Celgene in the amount of $500.
3. Upon receipt of the above information, the Board reviewed the renewal application filed by Celgene Corporation on December 29, 2008. Based on the Board's review, it determined that Celgene failed to disclose the disciplinary action taken against it by the Oregon Board of Pharmacy in July 2008.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes that Celgene Corporation, is subject to discipline in accordance with Md. Code Ann., Health Occ. §§ 12-6C-11 and COMAR 10.34.22.05A(3) and (4).

ORDER

Based upon an affirmative vote of a majority of the Board under the authority of Md. Code Ann., Health Occ. § 12-6C-11 and COMAR 10.34.22.05, it this 30th day of May, 2014, hereby,

ORDERED that Celgene Corporation, Permit No. D02255, shall pay a FINE in the amount of $500.00, payable to the Maryland Board of Pharmacy within ninety (90) days of the date of this Order; and be it further,

ORDERED that Celgene Corporation shall comply with all laws and regulations governing the wholesale distribution of prescription drugs and devices into, out of, and within the State of Maryland; and be it further,

ORDERED that in the event that Celgene Corporation violates any of the terms above, the Board, after notice and an opportunity for a hearing, and a determination of a violation, may impose any disciplinary sanction it deems appropriate, including suspension, revocation, and fines, said violation being proven by a preponderance of the evidence; and be it further,

ORDERED that this is a formal order and as such is a public document pursuant to Md. Code Ann., State Gov't § 10-611 *et seq.* (2004).

May 30, 2014
Date

LaVerne G. Naesea
Executive Director for:

Lenna Israbian-Jamgochian, Pharm.D.
Board President

CONSENT

1. By signing this Consent, Celgene Corporation submits to the foregoing Consent Order as a resolution of this matter and agree to be bound by its terms and conditions.

2. Celgene Corporation acknowledges the validity of this Consent Order as if it were made after a hearing in which it would have had the right to counsel, to confront witnesses, and to all other substantial procedural protections provided by law.

3. Celgene Corporation acknowledges that, by entering into this Consent Order, Celgene Corporation is waiving its right to appeal any adverse ruling of the Board that might have followed such an evidentiary hearing.

4. Celgene Corporation acknowledges the legal authority and the jurisdiction of the Board to enter and enforce this Consent Order.

5. Celgene Corporation signs this Consent Order freely and voluntarily, after having had the opportunity to consult with counsel. Celgene Corporation fully understands the language, meaning, and effect of this Consent Order.

5/20/14
Date

Name: William J. Streu
Title: Assoc Dir Sr M - Compliance

STATE OF ILLINOIS
COUNTY/CITY OF COOK:

I hereby certify that on this 20th day of MAY, 2014, before me, a Notary Public of the State of Maryland and County/City aforesaid, personally appeared William J. Streu, and made an oath in due form that the foregoing Consent was his/her voluntary act and deed on behalf of Celgene Corporation.

Official Seal
Diane M. DiPrizio
Notary Public State of Illinois
My Commission Expires 03/25/2017

Diane M DiPrizio
Notary Public
My commission expires: 3/25/2017

IN THE MATTER OF:	)	**BEFORE THE ALABAMA**
	)	
CELGENE CORPORATION	)	**STATE BOARD OF PHARMACY**
	)	
Manufacturer/Wholesaler/	)	
Distributor Permit No. 194293	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Celgene Corporation (hereinafter referred to as "CELGENE") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that CELGENE violated the applicable provisions based upon the conduct set out in each and every Count of the Statement.

2. CELGENE shall pay to the Board an administrative fine in the amount of Five Hundred dollars ($500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and CELGENE shall not attempt to discharge the same in any bankruptcy proceeding.

3. That CELGENE expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama

(1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. CELGENE further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, CELGENE hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That CELGENE agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That CELGENE acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. CELGENE acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 10th day of September, 2015.

Celgene Corporation

By:_____
Its: Sr. Analyst

Sharon Stuart, Attorney for Celgene Corporation

DONE this the 17 day of Sept, 2015.

ALABAMA STATE BOARD OF PHARMACY

By:_____
Dan McConaghy, R.Ph., President

By:_____
James S. Ward
Its Attorney

WARD & WILSON, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

Discipline - Owner

430 East 29th Street, 14th Floor
New York, NY 10016

March 24, 2020

Bristol-Myers Squibb Company has indicated in the Parent Entity Affidavit that no current officers have been arrested or convicted of any felony or misdemeanor under a federal, state or local law. The attached reference to a Plea Agreement is provided with regards to former officers.

Bristol Myers Squibb™

From BMS's Form 10-Q for quarter ended March 31, 2007 (p. 20):

On May 10, 2007, the Company and the Antitrust Division of the U.S. Department of Justice (DOJ) reached an agreement in principle to resolve the previously disclosed investigation by the Antitrust Division regarding the proposed settlement with Apotex of the pending PLAVIX* patent litigation. Under the agreement in principle, the Company or a subsidiary of the Company will plead guilty to criminal charges consisting of two violations of Section 1001 of U.S. Code Title 18 (relating to false statements to a government agency) carrying an aggregate statutory maximum fine of $1 million. The charges relate to representations made by a former senior executive of the Company during the renegotiation of the proposed settlement agreement with Apotex in May 2006 that were not disclosed to the FTC. The agreement in principle is contingent on the parties' agreement to the terms of a final agreement and acceptance of the plea by the court in which it is entered. There can be no assurance that the agreement in principle will be finalized or that the plea will be accepted. If the agreement in principle is not finalized or the plea is not accepted, it is not possible to assess the ultimate resolution of this investigation or its impact on the Company. Although there can be no assurance, the Company does not believe that resolution of this investigation in accordance with the agreement in principle should have a material impact on its ability to participate in federal procurement or health care programs.

As previously disclosed, the Company entered into a Deferred Prosecution Agreement (DPA) with the U.S. Attorney's Office for the District of New Jersey (USAO) on June 15, 2005. Pursuant to the DPA, the USAO filed a criminal complaint against the Company alleging conspiracy to commit securities fraud, but deferred prosecution of the Company and will dismiss the complaint after two years if the Company satisfies all the requirements of the DPA. The Company has advised the USAO of the terms of the agreement in principle between the Company and the Antitrust Division. The U.S. Attorney for the District of New Jersey has advised the Company, although the guilty plea that is contemplated by the agreement in principle constitutes a violation of the DPA, the Company has cured that breach by terminating the employment of certain former officers of the Company as well as other actions taken to prevent the recurrence of the issues and events that led to this matter. The U.S. Attorney also has advised the Company that, assuming resolution of this investigation in accordance with the agreement in principle, and assuming the Company's compliance with the DPA between May 10, 2007, and June 15, 2007, it is the USAO's intention to terminate the DPA on June 15, 2007, and to seek dismissal with prejudice of the deferred charges pursuant to the DPA on a timely basis.

From BMS's Form 10-Q for quarter ended June 30, 2007 (p. 21):

As also previously disclosed, on June 11, 2007, the Company resolved the investigation by the Antitrust Division of the U.S. Department of Justice (DOJ) into the proposed settlement of the PLAVIX* patent litigation by pleading guilty to two counts of violating 18 U.S.C Sec. 1001 (relating to false statements to a government agency) (the Plea) and paid a fine of $1 million. As part of the Plea, the Company acknowledged that a former Company senior executive made oral representations to Apotex for the purpose of causing Apotex to conclude that the Company would not launch an authorized generic in the event that the parties reached a final revised settlement agreement. Those representations included the former senior executive's statement that he expected to oppose personally the launch of an authorized generic in the future, his statement that he expected to advocate against such a launch, and his implied suggestion that the Company's former Chief Executive Officer (CEO) shared his views. The failure to disclose this information to the FTC in connection with the FTC's review of the Modified Agreement operated as incomplete and therefore false statements to the FTC. The Company also acknowledged its responsibility for the conduct of the former senior executive.

Cert. of Merger

1513

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"BURGUNDY MERGER SUB, INC.", A DELAWARE CORPORATION,

WITH AND INTO "CELGENE CORPORATION" UNDER THE NAME OF "CELGENE CORPORATION", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2019, AT 9:57 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

SECRETARY'S OFFICE DELAWARE 1792

2088605 8100M
SR# 20198188074

Authentication: 204045837
Date: 11-20-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

Press release

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OK, I agree

No, thanks

Bristol-Myers Squibb

Press Release

Bristol-Myers Squibb Completes Acquisition of Celgene, Creating a Leading Biopharma Company

CATEGORY: CORPORATE/FINANCIAL NEWS

WEDNESDAY, NOVEMBER 20, 2019 4:16 PM EST

NEW YORK--(BUSINESS WIRE)--Bristol-Myers Squibb Company (NYSE:BMY) announced today that it has completed its acquisition of Celgene Corporation (NASDAQ:CELG) following the receipt of regulatory approval from all government authorities required by the merger agreement and, as announced on April 12, 2019, approval by Bristol-Myers Squibb and Celgene stockholders.

Upon completion of the acquisition, pursuant to the terms of the merger agreement, Celgene became a wholly owned subsidiary of Bristol-Myers Squibb Company. Under the terms of the merger, Celgene shareholders received for each share, 1.00 share of Bristol-Myers Squibb common stock, $50.00 in cash without interest and one tradeable Contingent Value Right (CVR), which will entitle the holder to receive a payment of $9.00 in cash if certain future regulatory milestones are achieved. Celgene common stock ceased trading as of the close of trading today. On November 21, 2019, newly issued Bristol-Myers

Squibb shares and CVRs will commence trading on the New York Stock Exchange, with the CVRs trading under the symbol "BMYRT."

"This is an exciting day for Bristol-Myers Squibb as we bring together the leading science, innovative medicines and incredible talent of Bristol-Myers Squibb and Celgene to create a leading biopharma company," said Giovanni Caforio, M.D., Chairman and Chief Executive Officer of Bristol-Myers Squibb. "With our leading franchises in oncology, hematology, immunology and cardiovascular disease, and one of the most diverse and promising pipelines in the industry, I know we will deliver on our vision of transforming patients' lives through science. I am excited about the opportunities for our current employees and the new colleagues that we welcome to the Company as we work together to deliver innovative medicines to patients."

Since announcing the transaction on January 3, 2019, there have been a number of tangible advancements toward delivering on the key value drivers for the merger, including: further progress relating to the patent estate for REVLIMID®, the U.S. Food and Drug Administration (FDA) approval of INREBIC® (fedratinib) for the treatment of certain forms of myelofibrosis, the U.S. FDA approval of REBLOZYL® (luspatercept-aamt) for the treatment of anemia in certain adult patients with beta thalassemia, and regulatory filings of luspatercept and ozanimod in the U.S. and Europe. The Company has also made substantial progress toward the planning of a successful integration. For an overview of the combined company and the milestones achieved while the transaction was pending, visit www.bestofbiopharma.com.

OTEZLA® Divestiture Update

As announced on August 26, 2019, in connection with the regulatory approval process for the transaction, Celgene entered into an agreement to divest the global rights to OTEZLA® (apremilast) to Amgen (NASDAQ:AMGN) for $13.4 billion in cash following the closing of

the merger with Bristol-Myers Squibb. On November 15, 2019, Bristol-Myers Squibb announced that the U.S. Federal Trade Commission (FTC) accepted the proposed consent order in connection with the pending merger of Bristol-Myers Squibb and Celgene, thereby permitting the parties to close the merger. Bristol-Myers Squibb expects the OTEZLA divestiture to be completed promptly following the closing of the merger and plans to prioritize the use of proceeds for debt reduction.

Accelerated Share Repurchase Program

Bristol-Myers Squibb also announced that its Board of Directors has authorized the repurchase of $7 billion of Bristol-Myers Squibb common stock.

In connection with this authorization, Bristol-Myers Squibb has entered into accelerated share repurchase (ASR) agreements with Morgan Stanley & Co. LLC and Barclays Bank PLC to repurchase, in aggregate, $7 billion of Bristol-Myers Squibb common stock. Bristol-Myers Squibb expects to fund the repurchase with cash on-hand. Approximately 80 percent of the shares to be repurchased under the transaction will be received by Bristol-Myers Squibb on November 27, 2019. The total number of shares ultimately repurchased under the program will be determined upon final settlement and will be based on a discount to the volume-weighted average price of Bristol-Myers Squibb's common stock during the ASR period. Bristol-Myers Squibb anticipates that all repurchases under the ASR will be completed by the end of the second quarter of 2020.

Board Appointments

As previously announced, in connection with the closing of the transaction, Michael Bonney, Dr. Julia A. Haller and Phyllis Yale have joined the Bristol-Myers Squibb Board of Directors, expanding the size of the Board from 11 to 14. Mr. Bonney and Dr. Haller served on Celgene's Board of Directors until the closing of the transaction. All three new directors

looking statements contain such terms. One can also identify forward-looking statements by the fact that they do not relate strictly to historical or current facts. Such forward-looking statements are based on historical performance and current expectations and projections about Bristol-Myers Squibb's future financial results, goals, plans and objectives and involve inherent risks, assumptions and uncertainties, including internal or external factors that could delay, divert or change any of them in the next several years, that are difficult to predict, may be beyond Bristol-Myers Squibb's control and could cause Bristol-Myers Squibb's future financial results, goals, plans and objectives to differ materially from those expressed in, or implied by, the statements. Such risks, uncertainties and other matters include, but are not limited to, Bristol-Myers Squibb successfully using proceeds from the Divestiture; the combined company will have substantial indebtedness following the completion of the Transaction; Bristol-Myers Squibb is unable to achieve the synergies and value creation contemplated by the Merger; Bristol-Myers Squibb is unable to promptly and effectively integrate Celgene's businesses; management's time and attention is diverted on transaction related issues; disruption from the transaction makes it more difficult to maintain business, contractual and operational relationships; the credit ratings of the combined company decline following the Transaction; legal proceedings are instituted against Bristol-Myers Squibb, Celgene or the combined company; Bristol-Myers Squibb, Celgene or the combined company is unable to retain key personnel; and the announcement or the consummation of the Transaction and ASR program has a negative effect on the market price of the capital stock of the combined company or on the combined company's operating results. No forward-looking statement can be guaranteed.

Forward-looking statements in this press release should be evaluated together with the many risks and uncertainties that affect Bristol-Myers Squibb's business and market, particularly those identified in the cautionary statement and risk factors discussion in Bristol-Myers Squibb's Annual Report on Form 10-K for the year ended December 31, 2018, as updated by its subsequent Quarterly Reports on Form 10-Q, Current Reports on

Form 8-K and other filings with the Securities and Exchange Commission. The forward-looking statements included in this press release are made only as of the date of this press release and except as otherwise required by applicable law, Bristol-Myers Squibb undertakes no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events, changed circumstances or otherwise.

CONTACT:
MEDIA:
609-252-3345
MEDIA@BMS.COM

SHAREHOLDER SERVICES:
CELGENE SHAREHOLDERS WITH QUESTIONS ABOUT THEIR SHARES CAN CONTACT AN EQUINITI INFORMATION AGENT AT 833-503-4131

INVESTORS:
TIM POWER

TIM[illegible]MS.COM

OR

NINA GOWOREK

[illegible]ELGENE.COM

OR

ANDY BRIMMER / DAN KATCHER / JAMIE MOSER
JOELE FRANK, WILKINSON BRIMMER KATCHER

Privacy Policy

Business Wire NewsHQ[sm]

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Celgene Corporation

Corporate Address: 86 Morris Avenue, Summit, NJ 07901 USA
FEIN: 22-2711928
www.celgene.com

Drug Labeler Code: 59572
Incorporation State: DE
Incorporation Date: 4/17/1986

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
086	86 Morris Avenue Summit, NJ 07901 County: Union			174201137	No	(908) 673-2851	(908) 393-8250

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	
Thomas Scalone	W. Riverwoods Dr. New Hope, PA 18938	Director of North American Logistics Operations	No	*Primary except for CA*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Bristol-Myers Squibb Company	1 E. Stree floor New York , NY 10016		100%	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Matthew M Roden	Audubon Lane Princeton, NJ 08540-2316	President	No
Sophia Park	Springfield Avenue Summit, NJ 07901	Vice President	No
Katherine R Kelly	Irving Ave Englewood Cliffs, NJ 07632	Secretary	No
Jeffrey Galik	Manners Road Ringoes, NJ 08551	Treasurer	

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
CT Corporation Systems

3PLS

Name	Address	Title	Prescribing Authority
UPS	1860 Outer Loop Louisville, KY 40219		
DHL Supply Chain	260 Salem Church Rd Mechanicsburg, PA 17050		

Disciplinary History: OR 2008, ME 2013, MI 2014, MD 2014, AL 2015

Company Particulars

For licensing issues, please contact State License Servicing, LLC (845) 544-2482 CEL@slsny.com

Current License

Nevada State Board Of Pharmacy

(Firm malling address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/25/2019
Amount: $ 500.00
License #: WH02654

Celgene Corporation
86 Morris Ave
Summit NJ 07901

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler
Expires:10/31/2020

Celgene Corporation
86 Morris Ave
Summit NJ 07901

License #
WH02654
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Expires: 10/31/2020
STATUS: Active

License Type: Wholesaler
License #: WH02654

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Managing Pharmacist :

Celgene Corporation
86 Morris Ave
Summit NJ 07901

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 07/22/2019.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107214961

Application/License No. WH02654

Celgene Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 86 Morris Avenue, Summit, NJ 07901 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 13, 2020 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 13th day of March, 20 20.

APPLICANT/PRINCIPAL
Celgene Corporation

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Travelers Casualty and Surety Company of America

Surety Company's Representative

Donna M. Planeta, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness , Eric Strba

Witness , Bryan Caneschi

Countersigned by:

Non-Nevada Resident Agent,
Joshua Sanford, License No. 3159529

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Donna M. Planeta, of Hartford, Connecticut,** their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 13th day of March, 2020

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

Willis Towers Watson

Telephone: 860-241-4437
Website: www.willistowerswatson.com
E-mail: melissa.stanton@willistowerswatson.com

March 13, 2020

Celgene Corporation
Attn: Joanna Futyna
Morris Avenue
Summit, NJ 07901

Re: Bond Number: 107214961
Obligee: Nevada State Board of Pharmacy
Description: Pharmaceutical Wholesaler Surety Bond, License No. WH02654
Commission: 0%

We are pleased to enclose the above referenced bond you requested. This bond was executed based upon the information you provided. We urge you to check all of the information enclosed, including the Power of Attorney, signatures, dates, amounts, description, bond form and any other attachments.

Please be sure to affix the bond with the proper signature and seal.

If a premium is charged, our invoice for this bond is enclosed or will be sent to you under separate cover. Please note the premium payment for this bond is due upon receipt.

Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson can collect the difference directly from the insurer. These payments will not increase the cost of your bonds or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your commission schedule can be found at: http://www.willis.com/About_Willis/The_Willis_Way/Commission_Rates/.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Melissa Stanton

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

CELGENE CORPORATION
0100305627

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on July 23, 1986.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CELGENE CORPORATION
86 MORRIS AVE
SUMMIT, NJ 07901

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of July, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6109181927

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Good Standing
(Incorp State)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CELGENE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF FEBRUARY, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

2088605 8300

SR# 20200830807

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202360650

Date: 02-11-20

Home State VOL
(online)

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 7/9/2020

Registration Number: 5003533 **Registered as:** Manufacturer and Wholesale

Parent Company Name: CELGENE CORPORATION

Trade Name:

Original Issue Date: 08/07/2007 **Expiration Date:** 01/31/2021

Current Issue Date: 11/29/2019

Disciplines: No

Home State

1528

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737602

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

86 MORRIS AVE SUMMIT, NJ 07901-
7339 INDUSTRIAL BLVD ALLENTOWN,PA 18106-

Reg. No.
5003533

CELGENE CORPORATION
C/O STATE LICENSE SERVICING
1751 STATE RTE 17A, STE 3
FLORIDA, NY 10921-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

1529

FDA - Labeler Code

Verified MS 7/14/20

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through February 03, 2020

You have searched Finished drug products

Search Results: *'59572'*

Back to Search Page () | Search Again ()

CSV Excel

Display All **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
Idhifa	59572-710-30	100 mg/1	TABLET, FILM COATED	ORAL	NDA209606	Celgene Corporation	59572-710	enasidenib mesylate	ENASIDENIB MESYLATE	HUMAN PRESCRIPTION DRUG	08/01/2017	N/A
Idhifa	59572-705-30	50 mg/1	TABLET, FILM COATED	ORAL	NDA209606	Celgene Corporation	59572-705	enasidenib mesylate	ENASIDENIB MESYLATE	HUMAN PRESCRIPTION DRUG	08/01/2017	N/A
Inrebic	59572-720-12	100 mg/1	CAPSULE	ORAL	NDA212327	Celgene Corporation	59572-720	Fedratinib Hydrochloride	FEDRATINIB HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/16/2019	N/A
ISTODAX	59572-984-01		KIT		NDA022393	Celgene Corporation	59572-984	romidepsin		HUMAN PRESCRIPTION DRUG	01/04/2010	N/A
OTEZLA	59572-631-06	30 mg/1	TABLET, FILM COATED	ORAL	NDA205437	Celgene Corporation	59572-631	apremilast	APREMILAST	HUMAN PRESCRIPTION DRUG	04/03/2014	N/A
OTEZLA	59572-630-99		KIT	ORAL	NDA205437	Celgene Corporation	59572-630	apremilast		HUMAN PRESCRIPTION DRUG	03/25/2014	N/A
OTEZLA	59572-632-55		KIT	ORAL	NDA205437	Celgene Corporation	59572-632	apremilast		HUMAN PRESCRIPTION DRUG	02/01/2015	N/A
OTEZLA	59572-630-27		KIT	ORAL	NDA205437	Celgene Corporation	59572-630	apremilast		HUMAN PRESCRIPTION DRUG	03/25/2014	N/A
OTEZLA	59572-631-28	30 mg/1	TABLET, FILM COATED	ORAL	NDA205437	Celgene Corporation	59572-631	apremilast	APREMILAST	HUMAN PRESCRIPTION DRUG	04/03/2014	N/A

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
Pomalyst	59572-504-21	4 mg/1	CAPSULE	ORAL	NDA204026	Celgene Corporation	59572-504	pomalidomide	POMALIDOMIDE	HUMAN PRESCRIPTION DRUG	02/18/2013	N/A
Pomalyst	59572-501-00	1 mg/1	CAPSULE	ORAL	NDA204026	Celgene Corporation	59572-501	pomalidomide	POMALIDOMIDE	HUMAN PRESCRIPTION DRUG	02/18/2013	N/A
Pomalyst	59572-503-00	3 mg/1	CAPSULE	ORAL	NDA204026	Celgene Corporation	59572-503	pomalidomide	POMALIDOMIDE	HUMAN PRESCRIPTION DRUG	02/18/2013	N/A
Pomalyst	59572-502-21	2 mg/1	CAPSULE	ORAL	NDA204026	Celgene Corporation	59572-502	pomalidomide	POMALIDOMIDE	HUMAN PRESCRIPTION DRUG	02/18/2013	N/A
Pomalyst	59572-501-21	1 mg/1	CAPSULE	ORAL	NDA204026	Celgene Corporation	59572-501	pomalidomide	POMALIDOMIDE	HUMAN PRESCRIPTION DRUG	02/18/2013	N/A
Pomalyst	59572-502-00	2 mg/1	CAPSULE	ORAL	NDA204026	Celgene Corporation	59572-502	pomalidomide	POMALIDOMIDE	HUMAN PRESCRIPTION DRUG	02/18/2013	N/A
Pomalyst	59572-503-21	3 mg/1	CAPSULE	ORAL	NDA204026	Celgene Corporation	59572-503	pomalidomide	POMALIDOMIDE	HUMAN PRESCRIPTION DRUG	02/18/2013	N/A
Pomalyst	59572-504-00	4 mg/1	CAPSULE	ORAL	NDA204026	Celgene Corporation	59572-504	pomalidomide	POMALIDOMIDE	HUMAN PRESCRIPTION DRUG	02/18/2013	N/A
Reblozyl	59572-711-01	25 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	BLA761136	Celgene	59572-711	Luspatercept	LUSPATERCEPT	HUMAN PRESCRIPTION DRUG	11/08/2019	N/A
Reblozyl	59572-775-01	75 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	BLA761136	Celgene	59572-775	Luspatercept	LUSPATERCEPT	HUMAN PRESCRIPTION DRUG	11/08/2019	N/A
Revlimid	59572-410-00	10 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-410	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	12/27/2005	N/A
Revlimid	59572-415-00	15 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-415	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	06/29/2006	N/A
Revlimid	59572-425-00	25 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-425	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	06/29/2006	N/A
Revlimid	59572-415-21	15 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-415	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	06/29/2006	N/A
Revlimid	59572-402-28	2.5 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-402	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	04/16/2012	N/A

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
Revlimid	59572-420-00	20 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-420	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	06/06/2013	N/A
Revlimid	59572-402-00	2.5 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-402	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	04/16/2012	N/A
Revlimid	59572-405-00	5 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-405	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	12/27/2005	N/A
Revlimid	59572-405-28	5 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-405	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	12/27/2005	N/A
Revlimid	59572-410-28	10 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-410	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	12/27/2005	N/A
Revlimid	59572-420-21	20 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-420	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	06/06/2013	N/A
Revlimid	59572-425-21	25 mg/1	CAPSULE	ORAL	NDA021880	Celgene Corporation	59572-425	Lenalidomide	LENALIDOMIDE	HUMAN PRESCRIPTION DRUG	06/29/2006	N/A
Thalomid	59572-205-94	50 mg/1	CAPSULE	ORAL	NDA020785	Celgene Corporation	59572-205	Thalidomide	THALIDOMIDE	HUMAN PRESCRIPTION DRUG	06/20/2003	N/A
Thalomid	59572-220-96	200 mg/1	CAPSULE	ORAL	NDA020785	Celgene Corporation	59572-220	Thalidomide	THALIDOMIDE	HUMAN PRESCRIPTION DRUG	06/20/2003	N/A
Thalomid	59572-210-95	100 mg/1	CAPSULE	ORAL	NDA020785	Celgene Corporation	59572-210	Thalidomide	THALIDOMIDE	HUMAN PRESCRIPTION DRUG	06/20/2003	N/A
Thalomid	59572-205-97	50 mg/1	CAPSULE	ORAL	NDA020785	Celgene Corporation	59572-205	Thalidomide	THALIDOMIDE	HUMAN PRESCRIPTION DRUG	06/20/2003	N/A
Thalomid	59572-215-93	150 mg/1	CAPSULE	ORAL	NDA020785	Celgene Corporation	59572-215	Thalidomide	THALIDOMIDE	HUMAN PRESCRIPTION DRUG	03/20/2007	N/A
VIDAZA	59572-102-01	100 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS; SUBCUTANEOUS	NDA050794	Celgene Corporation	59572-102	azacitidine	AZACITIDINE	HUMAN PRESCRIPTION DRUG	07/05/2004	N/A

Showing 1 to 37 of 37 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

14D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Huvepharma, Inc.

Physical Address: 3360 Maury Ave.

City: St. Louis State: MO Zip Code: 63116

Telephone Number: (314) 752-8000 Fax Number: (314) 752-8096

Toll Free Number: N/A

E-mail: HUV@slsny.com Website: www.huvepharma.com

Facility Manager: Todd William Noll

Professional qualifications and experience of facility manager: I have been working on the same site since 7/1/1991 in different departments and positions with greater responsibility. Since June of 2019, I have been responsible for all plant activities.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Distribution sites with organization, Distributors, Manufacturers

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: MWI Veterinary Supply Co.
Address: 2450 Midpoint Supply Edwardsville, KS 66111

Name: Animal Health International (AHI)
Address: PO Box 1360 Greeley, CO 80632

Name: JBS/Pilgrims
Address: 1770 Promontory Cr Greeley, CO 80634

Name: Best Veterinary Solutions (BVS)
Address: PO Box 370 Ellsworth, IA 50075

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Glen M. Wilkinson
Print Name of Authorized Person

May 8, 2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Huvepharma, EOOD

Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Huvapharma, EOOD — 5th Floor, 3A "Nikolay Haytov" Str., 1113 Sofia, Bulgaria
Name — Business Address

b) _____
Name — Business Address

c) _____
Name — Business Address

d) _____
Name — Business Address

2) Provide the number of shares issued by the corporation. N/A Company is soley owned by Huvepharma, EOOD.

3) What was the price paid per share? N/A - no price per share

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.

- Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

<Company Name>
<Service Office Location>

CHANGE RIDER

Bond No. 41394267

Date of Bond 5/21/2019

Principal Huvepharma, Inc.

Obligee Nevada State Board of Pharmacy

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above captioned bond, other than as stated below.

This Rider is effective August 28 2020 and is to be attached to and form a part of the above captioned bond. This Rider is issued on behalf of Huvepharma, Inc. as Principal, in favor of the Obligee stated above.

In consideration of the premium charged, it is understood and agreed, on or after the effective date as set forth herein, the Surety consents to:

Change Principal's Address:

From: 525 West Park Drive Suite 230 Peachtree Clty, GA 30252

To: 3360 Maury Avenue St. Louis MO 63221 and 20927 State Route K St. Joseph, MO 64505

Said change is applicable only to acts or omissions on or after the effective date as set forth herein.

Provided, however, that the liability of the Surety under the attached bond as changed by this Rider shall in no event be cumulative.

Signed, sealed and dated on August 28, 2020.

Platte River Insurance Company

By: _____
Christopher Owens, Attorney-in-Fact

Accepted:

_____

By:

_____

Date: _____

Copyright 2008, Capitol Transamerica Corporation

PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

41394291

KNOW ALL MEN BY THESE PRESENTS, That the **PLATTE RIVER INSURANCE COMPANY**, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

CHRISTOPHER OWENS

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $20,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

"**RESOLVED** that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **PLATTE RIVER INSURANCE COMPANY** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest:

John E. Rzepinski
Vice President, Treasurer & CFO

Suzanne M. Broadbent
Assistant Secretary

PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills
CEO & President

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

On the 3rd day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

I, the undersigned, duly elected to the office stated below, now the incumbent in **PLATTE RIVER INSURANCE COMPANY**, a Nebraska Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked, and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 28 day of August, 2020.

Antonio Celii
General Counsel, Vice President & Seccretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

PR-POA (Rev. 10-2017)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41394267

Application/License No. _____

Huvepharma, Inc, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
525 Westpark Drive Suite 230 Peachtree City, GA 30269, as
Address of Applicant/Principal
PRINCIPAL, and Platte River Insurance Company, a
Surety Company
corporation organized under the laws of the state of Delaware
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
P.O. Box 5900 Madison, WI 53705-0900 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 5/21/2019.
Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 21 day of May, 2019.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Christopher Owens, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

LORETHA V HARRISON
NOTARY PUBLIC
GWINNETT COUNTY, GEORGIA
MY COMMISSION EXPIRES DECEMBER 07, 2020

LANA STRAHLER
Notary Public - State of Georgia
Fayette County
My Commission Expires Sep 13, 2021

Countersigned by:

Nevada Resident Agent

PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

41394267

KNOW ALL MEN BY THESE PRESENTS, That the **PLATTE RIVER INSURANCE COMPANY**, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

CHRISTOPHER OWENS

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $20,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

"**RESOLVED**, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **PLATTE RIVER INSURANCE COMPANY** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest:

John E. Rzepinski
Vice President, Treasurer & CFO

Suzanne M. Broadbent
Assistant Secretary

PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills
CEO & President

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

On the 3rd day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

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COUNTY OF DANE } S.S.:

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Signed and sealed at the City of Middleton, State of Wisconsin this 21 day of May, 2019.

Antonio Celii
General Counsel, Vice President & Secretary

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PR-POA (Rev. 10-2017)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUVEPHARMA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUVEPHARMA INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2005.

Jeffrey W. Bullock, Secretary of State

4020500 8300

SR# 20206921700

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203536329

Date: 08-25-20

from Formation State DE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUVEPHARMA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2019.

Jeffrey W. Bullock, Secretary of State

4020500 8300

SR# 20197188602

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203659362

Date: 09-24-19

1546

HUVEPHARMA®

Huvepharma, Inc.

SLS STATE LICENSE SERVICING

Corporate Address: 525 Westpark Drive, Peachtree City, GA 30269 USA
FEIN: 20-3406575
www.huvepharma.com

Drug Labeler Code: 23243
Incorporation State: DE
Incorporation Date: 8/31/2005

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
STL	3360 Maury Ave. St. Louis, MO 63116 County: St. Louis	1940172 verified MS 8/31/20	N/A	883128204	No	(314) 752-8000	(314) 752-8096

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Todd William Noll	Tara Place Villa Ridge, MO 63089	St. Louis Blend Plant Production Manager	No			

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Huvepharma, EOOD	5th Floor, 3A "Nikolay Haytov" Str. 1113 Sofia, Bulgaria Bulgaria	N/A	100	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Glen M. Wilkinson	Dukes Court Brooks, GA 30205	President	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
InCorp Services, Inc.			
Registered Agent Solutions, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Huvepharma, Inc	20927 State Route K St. Joseph, MO 64505					
Geodis Logistics LLC	#18 Gateway Commerce Center Dr. East Edwardsville, IL 62025					

Company particulars w/ info

State of Missouri

Division of Professional Registration

Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2014041960
HUVEPHARMA, INC.
HUVEPHARMA, INC.
TODD WILLIAM NOLL, MIC
3360 MAURY AVE
SAINT LOUIS MO 63116
USA

HUVEPHARMA, INC.
HUVEPHARMA, INC.
TODD WILLIAM NOLL, MIC
3360 MAURY AVE
SAINT LOUIS MO 63116
USA

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy

Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2014041960
Todd William Noll
HUVEPHARMA, INC.
HUVEPHARMA, INC.
TODD WILLIAM NOLL, MIC
3360 MAURY AVE
SAINT LOUIS MO 63116
USA

EXECUTIVE DIRECTOR

Sarah E. Sedgerwood
DIVISION DIRECTOR

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

HUVEPHARMA INC.

using in Missouri the name

HUVEPHARMA INC.
F00734302

a DELAWARE entity was created under the laws of this State on the 25th day of April, 2006, and is Good Standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 18th day of September, 2019.

Secretary of State

Certification Number: CERT-09182019-0015

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM) PRINT

New Search (default.cfm)

Search Results for **Huvepharma**

CSVExcel

Filter: St.

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Huvepharma, Inc.	1940172	883128204	ANALYSIS; LABEL; MANUFACTURE; MEDICATED ANIMAL FEED MANUFACTURE; PACK;	3360 Maury Avenue, St. Louis, Missouri (MO) 63116, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries (filtered from 4 total entries)
Previous1Next

Verified 8/31/20 NS

1549

Data Current through: Monday, Aug 31, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

1550

Huvepharma, Inc.	1940172	883128204	ANALYSIS; LABEL; MANUFACTURE; MEDICATED ANIMAL FEED MANUFACTURE; PACK;	3360 Maury Avenue, St. Louis, Missouri (MO) 63116, United States (USA)	12/31/2020

Verified
8/12/20
MS

FDA - Regis...

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Huvepharma, Inc	2316679	080346352	ANALYSIS; LABEL; MANUFACTURE; MEDICATED ANIMAL FEED MANUFACTURE; PACK;	612 S 28th Street, Van Buren, Arkansas (AR) 72956, United States (USA)	12/31/2019
Huvepharma, Inc.	1940172	883128204	ANALYSIS; LABEL; MANUFACTURE; MEDICATED ANIMAL FEED MANUFACTURE; PACK;	3360 Maury Avenue, St. Louis, Missouri (MO) 63116, United States (USA)	12/31/2019

Showing 1 to 4 of 4 entries
Previous1Next
Data Current through: Thursday, Sep 19, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified 8/12/20 MB

FDA

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **huve**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Huvepharma Italia Srl	3003677897	436233369	API MANUFACTURE;	Via Roberto Lepetit 142, Garessio, 12075, Italy (ITA)	12/31/2019
Huvepharma, Inc	1910641	080346321	ANALYSIS; LABEL; MANUFACTURE; MEDICATED ANIMAL FEED MANUFACTURE; PACK;	1301 Iowa Avenue, Longmont, Colorado (CO) 80501, United States (USA)	12/31/2019

Delaware

The First State

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Jeffrey W. Bullock, Secretary of State

4020500 8300

SR# 20206921700

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203536329

Date: 08-25-20

TODD WILLIAM NOLL

Tara Place Villa Ridge Mo. 63089 | | todd.noll@huvepharma.us

SUMMARY

I have been working on the same site from 7/1/1991 to present I have held multiple different job titles at the St. Louis site. Starting with Shipping and Receiving moving to inventory control, progression to Inventory control/feed lot specialist, then to a Customer Service Feed Lots Specialist. In 2002 back to the shipping and receiving as the Lead/Supervisor, then in 2005 moved to Lead Production Operator/ Supervisor, 2006 Production Supervisor. Then most recently July of 2019 promoted to Blend Plant Production Manager.

EXPERIENCE

2019 (June) **Production Manager St. Louis Blend Plant Huvepharma**

- Hired two new Supervisors in the Plant to support Huvepharma 's growing needed.
- Responsible for all Blend Plant Activities.
- Organize and conduct yearly inventory of the St. Louis location.

2006 / 2013 **St. Louis Blend Plant Lead Operator 2013 promoted to Supervisor Blend Plant Huvepharma.**

- Main contact for all issues in the Production area.
- Lead all Production Operators in daily production.
- Scheduled Production weekly.
- Tracked Weekly Production. Numbers / Pounds.
- Directed Special Projects.
- Acted as Supervisor for Disciplinary issues.
- Arranged new labor through temporary sources.
- Reported all Blend Plant function to Site Manager.
- Assisted with the site FDA Audits.
- Organize and conduct yearly inventory of the St, Louis site utilizing all site employees
- Placed P.O's for bulks and Plant supplies.
- Ran daily activities in the Plant.
- Support other groups due to my knowledge of other departments.
- Performed year end reviews for plant personnel.
- Acted as Plant Manager as needed.

· Reported to Site Manager

2004 St. Louis Blend Plant Lead Operator Merial Animal Health

· Worked to gain knowledge of all working lines in the Blend Plant. The Plant had no Lead at the time and support was needed to turn the plant around.

· Arranged scheduling of Production.

· Conducted all investigations for deviation in the Plant.

· Had six operators that reported to me.

· Organize and conduct yearly inventory of the St. Louis location.

· Was responsible for making sure production was running at peak performance.

2002 Shipping and Receiving Merial Animal Health

· Was offered this position during a transfer of operations to Duluth GA.

· Performed all functions as the lead / supervisor on the dock.

· Arranged all LTL, Export and full truck load shipments out of STL.

· This was just myself and one dock hand I filled out all Bill of ladings.

· Organized and conducted yearly inventory of the St. Louis location.

1998 Customer Service Merck AGVET / Merial animal health

· Was the main contact for the Feed lot customers

· Entered all orders, handled all issues including returns.

· Met with all customers once per year in person.

· Built vert solid relationships with all customers.

· Handled all issues forwarded to Vet services.

1993 Inventory Control, 1994 promoted to Specialist Merck AGVET / Merial animal health

· Worked with 4 public warehouse locations that did third part storage and shipping to facilitate prompt service to all customers around the US

· Conducted once yearly Audits of each of the 4 locations

· Conducted monthly cycle counts at 24 feedlot servicing agents (Walco, Highpro, and Wester stockman locations)

· Soled inventory discrepancies / variances at the St. Louis location.

· Organize and conduct yearly inventory of the St. Louis location.

7/01/1991 Shipping and receiving, *Merck AGVET*

· Load and unload LTL and over the road trucks including export containers.

· Pull and check orders for shipment.

· Fill out and create Bill of ladings for shipments.

· Assist in layout of STL warehouse.

· Assist and conduct monthly cycle counts.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
HUVEPHARMA, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit No. 95783	))	CASE NO: 19-L-0173

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Huvepharma, Inc. (hereinafter referred to as "Huvepharma") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Huvepharma violated the applicable provisions based upon the conduct set out in each and every Count of the Statement.

2. Huvepharma shall pay to the Board an administrative fine in the amount of Two Thousand dollars ($2,000.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Huvepharma shall not attempt to discharge the same in any bankruptcy proceeding.

3. That Huvepharma expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama

Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Huvepharma further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Huvepharma hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That Huvepharma agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Huvepharma acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Huvepharma acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and had the right to seek advice of counsel before executing this Consent Order.

DocuSign Envelope ID: 49109B6C-1693-4703-8D55-298E124FF72D

DONE this the 5th day of February, 2020.

Huvepharma, Inc.

By: Jacqueline J. McClure
Its: Site Compliance Manager

DONE this the 5 day of February, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: Ralph E. Sorrell
Ralph E. Sorrell, R.Ph., President

By: [signature]
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
HUVEPHARMA, INC.	)	**BOARD OF PHARMACY**
	)	
Wholesale Distributor	)	**CASE NO: 19-L-0173**
Permit No. 95783	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Huvepharma, Inc.
20927 State Route K
St. Joseph, MO 64505

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1, § 34-23-34, § 34-23-92(11) and (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on March 10, 2020 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Huvepharma, Inc. as a Wholesale Distributor should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted in that it is alleged that Huvepharma, Inc. has been guilty of the following, to-wit:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(3) provides that the Board of Pharmacy shall consider, at a minimum, certain factors in reviewing the qualifications of those who engage in the wholesale distribution of drugs within Alabama. Those minimum factors

include:

(a) Compliance with licensing requirements under previously granted license, if any.

(b) Compliance with the requirements to maintain records required to be maintained.

(c) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution.

(d) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

3. Board Rule 680-X-2.23(3)(k)(1) provides that it shall be a violation of this Rule to operate in such a manner as to endanger public health.

4. Board Rule 680-X-2.23(3)(k)(2) provides any violation of this Rule may be grounds for the revocation, suspension, probation or refusal to issue the permit and/or to impose a fine not to exceed the sum of One Thousand and no/100 Dollars ($1,000) for each violation.

5. Board Rule 680-X-2.23(3)(k)(3) provides that must operate in compliance with applicable Federal and State law.

6. Code of Alabama (1975), § 34-23-32 requires a current and valid permit in order to engage in the activities set out therein.

COUNT ONE

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the

public safety or endangers the public health of the citizens of this State based upon the Public Consent Agreement for Licensure entered by the Georgia State Board of Pharmacy on October 7, 2019 attached hereto as Exhibit "A" and/or your failure to obtain authorization of a change of ownership as more particularly set out in the above referenced Agreement.

COUNT TWO

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this State based upon the Summary Order entered by the Kansas Board of Pharmacy on September 19, 2019 attached hereto as Exhibit "B" and/or operating as a wholesale distributor prior to your application being approved as more fully set out in the above referenced Order.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 12 day of November 2019.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.
President, Smackover
DEBORAH MACK, P.D.
Vice President/Secretary, Bentonville
STEVE BRYANT, P.D.
Member, Batesville
REBECCA MITCHELL, Pharm.D.
Member, Greenbrier

KENNETH LANCASTER, P.D.
Member, Arkadelphia
LYNN CROUSE, Pharm.D.
Member, Lake Village
CAROL RADER, RN
Public Member, Fort Smith
AMY FORE, MHSA, FACMPE, FACHE
Public Member, Fort Smith

JOHN CLAY KIRTLEY, Pharm.D.
EXECUTIVE DIRECTOR

June 24, 2019

Tonya Wilson
Huvepharma Inc.
20927 State Route K
St. Joseph, MO 64505

Dear Ms. Wilson:

Enclosed please find a copy of the Board approved Consent Agreement in your case. The consent agreement was approved by the Board at its meeting on June 11, 2019. If you have further questions, please contact our office at (501) 682-0190.

Sincerely,

Luke Daniel
ASBP General Counsel

Enclosure

322 South Main Street, Suite 600 ♦ Little Rock, AR 72201 ♦ Phone (501) 682-0190 ♦ Fax: (501) 682-0195

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
AGRI LABORATORIES, LTD.
WD05059 **CASE # 2019-034**

CONSENT AGREEMENT

WHEREAS, Respondent **Agri Laboratories, Ltd.**, located in St. Joseph, Missouri, is licensed as a wholesale distributor of prescription drugs and holds license WD05059;

WHEREAS, a change of ownership occurred on July 27, 2018. The Board did not receive notification from Respondent **Agri Laboratories, Ltd.**. of said change of ownership until March 7, 2019.

WHEREAS, Agri Laboratories, Ltd. may be charged with violations of Board Regulation 08-00-0003 and A.C.A. §17-92-407, and § 17-92- 315;

WHEREAS, Respondent makes no admission of guilt but wishes to resolve these charges informally. By entering into this non-disciplinary Consent Agreement, Respondent's statements herein shall not be used as evidence in a formal hearing if this agreement is not accepted by the Board. Respondent and the Board therefore agree that this Agreement shall not constitute disciplinary action but rather an informal resolution of these charges. Respondent expressly waives its right to an administrative hearing and consents to the terms incorporated in this Agreement. Respondent further consents to the *ex parte* presentation of this Agreement to the Board and agrees that, if the Agreement is not accepted by the Board, the presentation and consideration of this Consent Agreement by the Board shall not constitute a basis for disqualification of the Board or any of its members from further participation in this matter, including a formal hearing; and

WHEREAS, Respondent acknowledges that this Consent Agreement is not effective until its acceptance by the Board, that Respondent has had the opportunity to consult with legal counsel of its own choosing concerning the advisability, meaning and effect of this Consent Agreement, that the Board shall retain jurisdiction to enforce the provisions of this Consent Agreement, and that failure to comply with the terms and conditions of this agreement shall be grounds for disciplinary action in the form of a civil penalty and/or suspension or revocation of Respondent's license, registration or permit.

THEREFORE, Respondent consents to the following terms in full resolution of this complaint:

1. Respondent **Agri Laboratories, Ltd., (WD05059)** willingly agrees and stipulates that it shall pay a non-disciplinary investigative cost of two thousand five hundred dollars ($2,500.00) to the Board on or before May 15, 2019.

EXECUTED this 25th day of March, 2019

Tonya Willson - Director of Logistics - Huvepharma, Inc.

Authorized Representative of ~~Agri Laboratories, Ltd.~~ Huvepharma, Inc.
Respondent

Attorney for Respondent (Optional)

John Clay Kirtley
Executive Director
Arkansas State Board of Pharmacy

President
Arkansas State Board of Pharmacy

6/11/2019

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF:	*	
	*	
HUVEPHARMA, INC.,	*	DOCKET NO.
	*	
Applicant.	*	

GEORGIA STATE BOARD OF PHARMACY
OCT 18 2019
DOCKET NO. 2019-0092

PUBLIC CONSENT AGREEMENT FOR LICENSURE

By agreement of the Georgia State Board of Pharmacy ("Board") and Huvepharma, Inc. ("Applicant"), the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. T. 26, Ch. 4.

FINDINGS OF FACT

1.

Agri Laboratories Ltd. was licensed as a wholesaler pharmacy, License No. PHWH003105, in the State of Georgia on November 23, 2010.

2.

On or about July 27, 2018, Agri Laboratories Ltd. was purchased and changed its name to Huvepharma, Inc. Applicant did not submit its application for a new registration with a change of ownership and change of name to the Board until on or about May 24, 2019. In connection with the application, a representative of Applicant indicated that Applicant continued to ship a total of 278 shipments into the State of Georgia after the ownership and name change without the Board's authorization.

3.

Applicant waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Ch. 4, T. 16, Ch. 13 and § 43-1-19, the Georgia State Board of Pharmacy may deny the change of ownership and change of name wholesaler application and/or impose disciplinary sanctions on Applicant's Georgia license based on the conduct described above. Applicant waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, and the Applicant hereby agrees that the Applicant's application for a change of ownership and change of name as a wholesaler pharmacy for the State of Georgia shall be granted under the following terms and conditions:

1.

The Applicant shall submit to the Board an administrative fine in the amount of **$2,780.00 payable within sixty (60) days from the effective date of this Consent Agreement.** Payment shall be in the form of a cashier's check or money order made payable to the Georgia State Board of Pharmacy and sent to the Board at 2 Peachtree Street, N.W., 6th Floor, Atlanta, Georgia 30303. **The Applicant's failure to timely pay the administrative fine shall subject Applicant's license to further disciplinary action, including revocation.**

2.

In addition to and in conjunction with any other sanction contained herein, this Consent Agreement and dissemination thereof shall serve as a public reprimand to the Applicant for Applicant's conduct.

3.

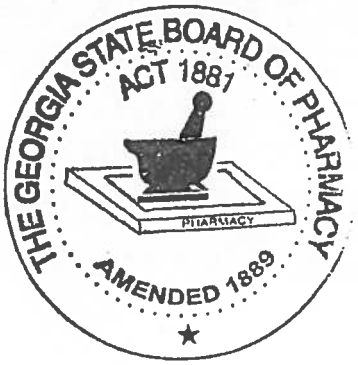
Approval of this Consent Agreement by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Applicant's alleged conduct, and shall not be construed as a waiver of any of the lawful rights possessed by the Board. This Consent Agreement shall not become effective until approved and docketed by the Georgia State Board of Pharmacy.

4.

Agent of Applicant, Huvepharma, Inc., acknowledges he/she has read this Consent Agreement and understands its contents. Applicant understands that Applicant has a right to an appearance in this matter, and Applicant freely, knowingly and voluntarily waives such right by entering into this Consent Agreement. Applicant understands that this Consent Agreement will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Applicant further understands and agrees that the Board shall have the authority to review all relevant evidence in considering this Consent Agreement. Applicant further understands that this Consent Agreement, once approved, shall constitute a public record of the Board. Applicant further understands that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the ability of the Board to adjudicate this matter. Applicant consents to the terms and sanctions contained herein.

(signatures on the following page)

Approved, this 16th day of October, 2019



(BOARD SEAL)

GEORGIA STATE BOARD OF PHARMACY

BY: _____
WILLIAM PRATHER, R.Ph.
President

ATTEST: _____
TANJA D. BATTLE
Executive Director

CONSENTED TO:

_____
AGENT, ON BEHALF OF
Huvepharma, Inc.
Applicant

AS TO SIGNATURE OF AGENT ON BEHALF OF APPLICANT
Sworn to and subscribed before me
this 7th day of October, 2019
_____
NOTARY PUBLIC
My commission expires:

JACQUELINE MCCLURE
My Commission Expires
May 21, 2020
DeKalb County
Commission #12475053

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

September 19, 2019

HUVEPHARMA, INC.
20927 STATE ROUTE K
ST. JOSEPH, MO 64505

RE: Case No. 19-443

To whom it may concern:

Enclosed you will find a Summary Order issued by the Kansas Board of Pharmacy (Board) in the above-referenced matter. Please read the order in its entirety. In addition, a civil fine has been assessed totaling $500. Please submit a check or money order made payable to the Kansas Board of Pharmacy and include your case number in the check memo.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled quarterly meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

Filed By
SEP 19 2019
KANSAS STATE
BOARD OF PHARMACY

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 19-443
Huvepharma, Inc.	)	
	)	
Registration No. 5-109751	)	

SUMMARY ORDER

NOW, on this 19th day of September 2019, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of Huvepharma, Inc. ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 5-103196 which entitles Respondent to operate as a wholesale distributor in the State of Kansas ("Respondent's Registration").

2. On July 27, 2018, name and ownership of Respondent's facility were changed from Agri Laboratories, Ltd. to Huvepharma, Inc.

3. On May 16, 2019, the Board received Form BA-05 Distributor Registration Application from Respondent, notifying the Board of the changes in name and ownership.

4. On May 29, 2019, the Board approved Respondent's Distributor Application, effective immediately.

5. With the May 29, 2019 approval, Respondent's previous registration number 5-103196 was cancelled, effective July 2018, and Respondent was issued new registration number 5-109751, under new name and ownership.

6. On July 25, 2019, the Board received information regarding a non-disciplinary fine against Respondent by the Arkansas Board of Pharmacy, for failing to notify their Board of ownership change in a timely manner.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1643, it shall be unlawful for any person to distribute at wholesale any drugs without first obtaining a registration as a wholesale distributor from the Board.

3. Respondent's application documents indicated Respondent had functioned as a wholesale distributor in the state of Kansas between the July 27, 2019 ownership change and the May 29, 2019 Board registration approval.

4. By operating as a wholesale distributor in the state of Kansas prior to its May 29, 2019 Distributor Application approval by the Board, Respondent violated K.S.A. 65-1643(c).

ORDER

The Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of $500.00. Respondent has 30 days from the date of this order to pay the full $500.00.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

9/19/19
Date

Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 19th day of September 2019, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

HUVEPHARMA, INC.
20927 STATE ROUTE K
ST. JOSEPH, MO 64505

Kansas Board of Pharmacy Staff

State License Servicing **#49516**

Ticket Details

Status	Priority	Source	Type
Open	Low	Email	
			Group
			Support
Agent	**SLS Customer**	**Action IS**	**Action CS**
Catherine Perez		Needs Response	Needs Response
State	**Action**		

by **Tonya Willson** on **Wed, 13 Nov at 4:45 PM** via **Email**

KS Board of Pharmacy letter

Dear Kansas Board of Pharmacy,

Our third party license partner is requesting an update to confirm the fine has been paid in full. Can you please confirm?

Thank you,
Tonya

Tonya Willson
Director of Logistics
HUVEPHARMA
Huvepharma Inc.
20927 State Route K
St. Joseph, MO 64505

Direct: 816-271-5745
Cell: 816-344-8615
Tonya.Willson@huvepharma.us (mailto:Tonya.Willson@huvepharma.us)
Huvepharma will be closed Thursday, November 28 and Friday, November 29, in celebration of Thanksgiving

Comments

by**Pharmacy.Compliance [Pharmacy]** on **Wed, 13 Nov at 6:05 PM** as **Incoming email**
I can confirm receipt of the fine and closure of the case.

Kansas Board of Pharmacy
pharmacy.compliance@ks.gov (mailto:pharmacy.compliance@ks.gov)
800 SW Jackson, Suite 1414
Topeka, KS 66612-1244
Phone (785) 296-4056

This e-mail message, including attachments, if any, is intended for the person or entity to which it is addressed and may contain confidential or privileged information. Any unauthorized review, use or disclosure is prohibited. Receipt by anyone other than the intended recipient is not a waiver of any privilege or immunity. If you are not the intended recipient, please contact the sender and destroy the original message, including all copies.

MAILED CERTIFIED MAIL

November 18, 2019

Huvepharma, Inc.
Attn: Todd Noll
3360 Maury Ave.
St. Louis, MO 63116

Also sent via Email to: todd.noll@huvepharma.us

Re: License Number: WHO.0008282
Case Number: 2019-7677

Dear Designated Representative,

The State Board of Pharmacy ("Board") has concluded its inquiry into the aforementioned matter. It was the Board's decision not to commence with formal proceedings against the Wholesaler license. However, the Board did determine disciplinary action in the form of this letter of admonition is warranted, pursuant to section 12-280-127(6), C.R.S.

Failure to timely notify the Colorado State Board of Pharmacy of a designated representative change is in violation of 12-280-126(1)(c)(II), C.R.S. and Board Rule 15.01.14. In this case 61 days elapsed before notification.

By this letter, the Board takes the formal disciplinary action of admonishing the Wholesaler for the conduct specified above, and warns that repetition of such practice may lead to imposition of more severe disciplinary action. This letter is an open public record and a reportable action to individuals or entities requesting disciplinary information. The Board strongly encourages the Wholesaler to review and understand the Pharmacists, Pharmacy Business, and Pharmaceuticals Practice Act requirements and obligations for the Practice of Pharmacy in Colorado.

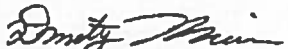
In accordance with section 12-20-404(4), C.R.S., the Board advises the Wholesaler that it has the right to make a written request that the Board initiate formal disciplinary proceedings in order to adjudicate the conduct or acts upon which this letter is based. You must make your written request within twenty (20) days after receipt of this letter and address your request to Dmitry Kunin, Program Director, at the address listed below. If the wholesaler makes a timely request, the Board will deem this letter of admonition vacated and may proceed with disciplinary and/or injunctive proceedings in accordance with section 12-20-404(4)(b)(II), C.R.S., and applicable rules.

A Letter of Admonition, when accepted, becomes a permanent, public portion of the Wholesalers record. It is not, however, a restriction on your practice as a Wholesaler.

If you have further questions or concerns, please visit our website at https://www.colorado.gov/dora/dpo or you can contact our office at dora_pharmacyboard@state.co.us or by calling (303) 894-7800.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY



Dmitry Kunin
Program Director
Division of Professions and Occupations

Please complete a short survey at https://www.surveymonkey.com/r/B5JR27T regarding aspects of the service you received. Your anonymous response will be used to evaluate the service experience and to identify areas where improvements may be appropriate.

CERTIFICATE OF SERVICE

This is to certify that I have duly served the enclosed LETTER OF ADMONITION upon all parties herein by depositing copies of the same in the United States mail via certified mail, at Denver, Colorado, and electronic mail this 18th day of NOVEMBER, 2019, addressed as follows:

Huvepharma, Inc.
Attn: Todd Noll
3360 Maury Ave.
St. Louis, MO 63116

Also sent via Email to: todd.noll@huvepharma.us

Board Staff

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Management Branch
Office of Enforcement - Pharmacy Inspections

MEMORANDUM			
Board/Program:	State Board of Pharmacy	Specialist:	Lana Hyatte
Case Number:	2019-7677	Date of Memorandum:	10/31/19
RESPONDENT INFORMATION			
Name:	Huvepharma Inc		
License Type:	WHO	Number:	8282
SUMMARY			

On 10/01/19, the Colorado State Board of Pharmacy ("Board") received an application from Huvepharma Inc, detailing a change of designated representative along with fee (**Attachment 1**). This application indicates that on 08/01/19, Robert Cobstill ceased being the designated representative. Consequently, **61 days** elapsed between the 08/01/19 date that Mr. Cobstill ceased being the designated representative and the 10/01/19 date the application and fee were received.

Board Rule 15.01.14 (c) states that within thirty calendar days any changes in information shall be submitted to the Board. Within the thirty **(30)** days after termination of the former designated representative's employment, an application to transfer the registration to the new representative and paid transfer fee must be submitted. 12-280-126(1)(c)(I)(II)(III) CRS provides that the Board may suspend, revoke, refuse to renew, or otherwise discipline any registration issued by it, after a hearing, upon proof that the registrant has violated any lawful rules of the Board or any state or federal laws pertaining to drugs.

Accordingly, per standard procedure, please initiate a complaint against the registration of this Wholesaler Out-of-State drug outlet using this memo and a copy of the 10/01/19 application.

ATTACHMENTS	EXHIBITS
1. Application	1.

YLM
Reviewer's Initials

PAID 35.00 CJP 1633656

OCT 1 '19 00006 DP0934

Division of Professions and Occupations
Office of Licensing—Pharmacy
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Application for Registration
OUT-OF-STATE WHOLESALER / DISTRIBUTOR OF PRESCRIPTION DRUGS and/or CONTROLLED SUBSTANCES
New Registration or Ownership Transfer: **$450**
Change Location: **$125**
Change Name or Change Designated Representative: **$35**
Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

If additional pages are attached to respond to requested information in any part of the application, please indicate the number of the item to which you are responding.

PART 1.

Select from the following and submit the appropriate fee for each selection:

☐ **I am submitting an application for NEW Out-of-State Wholesaler registration.** $450
➢ *Enclose fee with your application and continue to Part 2.*

—OR—

☐ **I am reporting a TRANSFER OF OWNERSHIP for a current registration.** $450
Previous owner name: _____
Effective date of new ownership: _____

☒ **I am reporting a change in existing registration as follows:** (select all that apply)

☐ **CHANGE OF LOCATION** $125
Previous location: _____
Effective date of relocation: _____

☐ **CHANGE OF BUSINESS NAME** $35
Colorado registration number: _____
Previous business name: _____
New business name: _____
Effective date of new name: _____

☒ **CHANGE OF DESIGNATED REPRESENTATIVE** $35
Colorado registration number: WHO.0008282
New Designated Representative Name: Todd William Noll
New Designated Representative Social Security No: 358-56-1778
Previous Designated Representative Name: Robert Scot Cobstill
Effective date of change: 08/01/2019
Designated Representative Affidavit (page 5): Attached

Total Fee: $ 35.00

PART 2.

1. Colorado Registration Number: _____ *If this is a new registration, leave blank.*
2. Business Name: Huvepharma, Inc.

List all trade names or DBA names used by business: _____

3. Wholesaler business license number in the state of residence: _____

DESIGNATED REPRESENTATIVE AFFIDAVIT

Facility Name: Huvepharma, Inc.

Address: 3360 Maury Ave.
St. Louis, MO 63116

I, Todd William Noll, certify the following:

1. I am the designated representative for the above-referenced facility.
2. The information contained in the application and this document is correct including, but not limited to, the responses to the Background Questions in Part 3.
3. I am familiar with the requirements of the Federal Food, Drug and Cosmetic Act and its supporting regulations.
4. I am at least twenty-one years of age.
5. I have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the record keeping related to prescription drugs.
6. I am employed by the applicant or facility in a full-time managerial position.
7. I am actively involved in and aware of the actual daily operation of the wholesaler.
8. I am physically present at the facility during regular business hours, except when the absence of the designated representative is authorized, including but not limited to, sick leave and vacation leave.
9. I do not serve as the designated representative for more than one wholesaler.
10. I do not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or a controlled substance.
11. I do not have any felony, civil, or misdemeanor convictions pursuant to federal, state, or local law. (This includes deferred judgments or deferred sentences.)
12. I agree to notify the Board in writing when I cease to be the designated representative of this facility.
13. I certify that the applicant wholesaler will not distribute any new drug into Colorado not authorized to move into interstate commerce under appropriate federal law.
14. I attest that, pursuant to § 12-42.5-304, C.R.S., I have submitted my fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing records of the CBI and the Federal Bureau of Investigation (FBI). The Board, which makes the determination of suitability for licensing, will provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R. 16.34. The Board will not deny the license based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Direct all challenges to your record to the FBI's Criminal Justice Information Services Division, Attention: Correspondence Group, 1000 Custer Hollow Rd., Clarksburg, WV 26306.

Per § 12-4-104(13)(a), C.R.S., any applicant who, under oath, supplies false information to an agency in an application for a license, commits perjury in the second degree as defined in § 18-8-503, C.R.S.. In accordance with §§ 18-8-503 and C.R.S. 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law.

Signature: Todd Noll Date: 9-19-19

If the wholesaler is changing designated representatives, indicate the name of the previous designated representative and the date this individual ceased to be the designated representative for this wholesaler.

Previous Designated Representative: Robert Scot Cobstill

Date Ceased to be Designated Representative: 05/29/19

EXEMPTION FROM REQUIREMENTS

Applicant Name: Huvepharma, Inc.

☐ The applicant is a pharmacy benefits manager and is applying to be exempt from the fingerprinting and background check for the designated representative. The applicant swears that its purchases are solely from a manufacturer or a wholesale distributor in the normal distribution channel, and any subsequent sales or further distributions are to entities other than a wholesaler within the normal distribution channel.

- Provide a written explanation/justification for the request. In addition, provide a written explanation as to why the requirements are too onerous.

☐ The applicant is applying to be exempt from the fingerprinting and background check for the designated representative, and the requirements of pedigrees. The applicant swears that it exclusively distributes animal health medicines.

- Provide a written explanation/justification for the request. In addition, provide a written explanation as to why the requirements are too onerous.

☐ The applicant is exempt from the fingerprinting and background check for the designated representative. The applicant affirms that it is operated by a nonprofit organization exempt from taxation under section 501(c)(3) of the Federal Internal Revenue Code of 1986, as amended, and engages only in intracompany sales or transfers of prescription drugs to licensed other outlets or pharmacies that are controlled by, or under common ownership or control with, the wholesaler. The applicant also affirms that it purchases drugs directly from the manufacturer or the manufacturer's authorized distributor of record for distribution, as defined in C.R.S. 12-42.5-102(3.5), for distribution or transfer to the wholesaler's licensed other outlets or pharmacies.

☐ The applicant is exempt from the fingerprinting and background check for the designated representative. The applicant affirms that it is a licensed wholesaler operated by a hospital, a state agency, or a political subdivision of the State of Colorado. It also affirms that is purchases drugs directly from a manufacturer or manufacturer's authorized distributor of record for distribution, as defined in § 12-42.5-102(3.5), C.R.S., for distribution or transfer to the authorized, licensed entities within its own network.

☒ The applicant is exempt from the fingerprinting and background check requirement for the designated representative, as well as the inspection requirement for the applicant. The applicant affirms that it is an FDA-registered manufacturer.

Per § 12-4-104(13)(a), C.R.S., any applicant who, under oath, supplies false information to an agency in an application for a license, commits perjury in the second degree as defined in § 18-8-503, C.R.S.. In accordance with §§ 18-8-503 and C.R.S. 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law.

Signature of Designated Representative: Todd Nall

Date: 9-19-19

Flesh Notic
(1)

From: compliance@slsnysupport.com
Subject: Huvepharma, Inc - Notice of Change of Designated Representative from R Cobstill to C Wood
Date: June 20, 2019 at 1 42 PM
To: dora_dpo_licensing@state co us

IMPORTANT NOTICE

State License Servicing, Inc.
1751 State Route 17A, Suite 3 Florida, NY 10921
(845) 544-2482 Office (845) 544-2481 Fax

Date: June 20, 2019
To: Colorado Department of Regulatory Agencies- Division of Professions & Occupations
Re: Huvepharma, Inc., 3360 Maury Ave., St. Louis, MO 63116, Permit #: WHO.0008282

Dear Licensing Authority:

State License Servicing, Inc. represents Huvepharma, Inc. in the servicing of their state licenses. This letter shall serve as notice that effective May 29, 2019, the new Designated Representative for the above mentioned facility will be Cathy Wood.

Contact Information: (545) 570-0263 / Cathy.Wood@huvepharma.us

As well, please let your files reflect that there has not been any change of ownership, interest or tax identification numbers with this recent change. Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these are being completed and will be filed shortly.

If you need any additional information, please feel free to call or email me at the address below.

Kind Regards,

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@slsny.com

[illegible]

Click Here to Respond to this Email

Flash Notice
(2)

From: compliance compliance@slsnysupport.com
Subject: Huvepharma, Inc. - Notice of Change of Designated Representative to T. Noll
Date: August 26, 2019 at 12:27 PM
To: dora_dpo_licensing@state.co.us

IMPORTANT NOTICE

State License Servicing, Inc.
1751 State Route 17A, Suite 3, Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

Date: August 26, 2019
To: Colorado Department of Regulatory Agencies- Division of Professions & Occupations
Re: Huvepharma, Inc., 3360 Maury Ave., St. Louis, MO 63116, Permit #: WHO.0008282

Dear Licensing Authority:

State License Servicing, Inc. represents Huvepharma, Inc. in the servicing of their state licenses. This letter shall serve as notice that effective August 1, 2019, Todd William Noll will be the new Designated Representative for the above-mentioned facility.

Contact Information: 314-752-7143/ todd.noll@huvepharma.us

As well, please let your files reflect that there has not been any change of ownership, interest or tax identification numbers with this recent change. Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these are being completed and will be filed shortly.

If you need any additional information, please feel free to call or email me at the address below.

Kind Regards,

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@slsny.com

[illegible]

Click Here to Respond to this Email

IMPORTANT NOTICE

State License Servicing, Inc.
1751 State Route 17A, Suite 3, Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

Huvepharma, Inc.

Corporate Address: 525 Westpark Drive, Peachtree City, GA 30269 USA
FEIN: 20-3406575
www.huvepharma.com

Drug Labeler Code: 23243
Incorporation State: DE
Incorporation Date: 8/31/2005

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
STL	3360 Maury Ave. St. Louis, MO 63116 County: St. Louis	1940172	N/A	883128204	No	(314) 752-8000	(314) 752-8096

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Todd William Noll	' Tara Place Villa Ridge, MO 63089	Plant Production Manager	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Huvepharma, EOOD	5th Floor, 3A "Nikolay Haytov" Str. 1113 Sofia, Bulgaria Bulgaria		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Glen M. Wilkinson	lukes Court Brooks, GA 30205	President	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
InCorp Services, Inc.
Registered Agent Solutions, Inc.

3PLS

Name	Address	Title	Prescribing Authority
Huvepharma, Inc	20927 State Route K St. Joseph, MO 64505		
Geodis Logistics LLC	#18 Gateway Commerce Center Dr. East Edwardsville, IL 62025		

Company Particulars

For licensing issues, please contact State License Servicing, LLC (845) 544-2482 HUV@slsny.com

STATE LICENSE SERVICING
1751 Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

Date: 9/27/19

To: Colorado Division of Professions and Occupations, Office of Licensing-Pharmacy

Re: Change of Designated Representative for Huvepharma, Inc.

Facility Address: 3360 Maury Ave., St. Louis, MO 63116

Dear Sir/Madam:

Please be advised that I represent Huvepharma, Inc. as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check number 789 in the amount of $35.00 representing your filing fee. As required, the following documents are also being submitted:

- ☐ Fingerprint cards of _____
- ☐ Resume of _____
- ☐ Verification(s) of Licensure from _____

- ☒ Company Particulars with List of Officers
- ☐ Articles of incorporation/formation
- ☐ Certificate of Good Standing
- ☐ Copy of Home State License
- ☐ List of current state licenses
- ☐ Inspection report for the facility
- ☐ Explanation of past disciplinary actions
- ☐ Facility floor plan
- ☐ Photographs of the facility
- ☐ Power of Attorney
- ☒ Other: Flash Notices
- ☐ Other: _____

- ☒ FDA
- ☐ Copy of DEA registration
- ☐ Notice of FEIN assignment
- ☐ Product listing
- ☐ Product labels
- ☐ Policies and procedures
- ☐ Insurance declaration page
- ☐ Proof of bond
- ☐ Other: _____
- ☐ Other: _____

If you have any questions or need any additional documentation, please do not hesitate to contact me.

Kind regards,

Jennifer Schneider
VP, Client Services
HUV@SLSNY.COM
(845) 544-2482

14E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: ICU Medical Sales, Inc,

Physical Address: 2901 N. Houston School Road

City: Lancaster State: TX Zip Code: 75134

Telephone Number: (972) 934-1050 Fax Number: (972) 934-1050

Toll Free Number: 972-385-2882

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

Facility Manager: Brandon Wormer

Professional qualifications and experience of facility manager: See attached resume.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☑ Hospitals ☑ Wholesalers
☑ Other: Manufacturers

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

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

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

Name: ICU Medical Sales, Inc.
Address: 3900 Howard Lane, Austin, TX 78728

Name: ICU Medical Sales, Inc.
Address: 4455 Atherton Drive, Salt Lake City, UT 84123

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☑ No ☐

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

Wesley Davis

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

Wesley Davis — 06/17/2020

Print Name of Authorized Person — Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: ICU Medical, Inc.

Mailing Address: 600 N. Field Drive, Attn: Transportation

City: Lake Forest State: IL Zip: 60045

Telephone: (972) 934-1050 Fax: (972) 934-1054

Contact Person: Wesley Davis

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) ICU Medical, Inc. 951 Calle Amanecer, San Clemente, CA, 92673
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

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

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Corporate Officer Information

ICU Medical Sales, Inc.

2901 N. Houston School Road
Lancaster, TX 75134
FEIN: 06-1211921
Incorporated in the State of Delaware on 7/16/2011

ICU Medical, Inc. - Parent Company

Address:	951 Calle Amanecer, San Clemente, CA 92673
Ownership:	100%

Brian Bonnell- CEO, President, Secretary, Treasurer

Business Address:	951 Calle Amanecer, San Clemente, CA 92673
Business Phone:	(949) 366-3556 BMBonnell@gmail.com

Kevin McGrody- Controller

Business Address:	951 Calle Amanecer, San Clemente, CA 92673
Business Phone:	(949) 366-4247

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

ICU MEDICAL SALES INC
600 N FIELD DR
LAKE FOREST IL 60045

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

ICU MEDICAL SALES INC

2901 N HOUSTON SCHOOL RD
LANCASTER, TX 75134

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1002931
Expires: December 22, 2021

NON-TRANSFERABLE

John Hellerstedt
Commissioner

512728

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICU MEDICAL SALES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3414573 8300

SR# 20202065049

Authentication: 202562995

Date: 03-11-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

December 1, 2020

Mr. Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
VIA EMAIL: msedar@pharmacy.nv.gov

RE: Pharmacy License Application For ICU Medical

Dear Mr. Sedar:

Thanks again for your help earlier today. As a follow up to our discussion I thought it would be helpful if I provided additional information to supplement the pharmacy license application and provide additional information related to my arrest on February 26, 2009.

The incident relates to a traffic stop in Franklin County Ohio by the Sharon Township Police Department. In connection with the traffic stop, I was charged with OVI – Impaired (alcohol) #4511.19 (A) 1 (A) along with three minor traffic violations. A copy of the ticket is attached for your reference. The case was brought by the State of Ohio and administered in the Franklin County Municipal Court in Columbus, Ohio. The case number was 2009 TR C 116988. A complete docket sheet detailing all relevant facts of the case is attached for your reference.

The case was disposed in its entirety on June 22, 2009. As part of an agreement reached with the prosecutor, I pled guilty to a reduced charge of Reckless Operation #4511.20 (A). The three other minor traffic violations were dismissed. The conviction for Reckless Operation resulted in a fine of $200 and four traffic points added to my Ohio driver's license. There was no probation assigned and there are no continuing matters related to the case. A copy of the sentence entry is attached for your reference.

If it is relevant to the Board's consideration in issuing the license, please know that I have never had issues with drug or alcohol abuse. Since the 2009 incident, I've been very careful to never put myself in a similar position. I haven't even had a single traffic ticket.

I hope you find this letter and the related attachments helpful to the Board's review of the application. If you or the Board should have any follow-up questions or if you have any remaining concerns regarding my application, please contact me directly at (or

I'm hopeful the Board is able to review the application during the January meeting. I do feel bad that my situation is contributing to the delay in the review and approval of the license for ICU Medical.

Sincerely,

Brian M. Bonnell

Brian Bonnell
Sitio Oceano
Carlsbad, CA 92009

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107253028

Application/License No. _____

ICU Medical Sales, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2901 N. Houston School Road, Lancaster, TX 75134, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
corporation organized under the laws of the state of Connecticut
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square, Hartford, CT 06183 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 8, 2020.
Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 8th day of June, 2020.

APPLICANT/PRINCIPAL
ICU Medical Sales, Inc.
COMPANY

Authorized Representative

SURETY
Travelers Casualty and Surety Company of America

Surety Company's Representative

Gillian Bhaskaran, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

~~Nevada Resident Agent~~
Gillian Bhaskaran, Nevada Non-Resident Agent

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Contra Costa)

On June 8, 2020 before me, T. Le, Notary Public
(insert name and title of the officer)

personally appeared Gillian Bhaskaran,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

T. LE
COMMISSION #2172612
Notary Public - California
SAN FRANCISCO COUNTY
MY COMMISSION EXPIRES
November 19, 2020

PNS1 PNS1

Signature T.Le (Seal)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **GILLIAN BHASKARAN** of **LAFAYETTE**, **California**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **17th** day of **January, 2019.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **17th** day of **January, 2019**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **8th** day of **June**, **2020**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

GILLIAN BHASKARAN

ARTHUR J GALLAGHER & CO
3697 MT DIABLO BLVD STE 300
LAFAYETTE, CA 94549-3747

is authorized to transact business as described above

License No: 3374410 Issue Date: 09-14-2018 Expiration Date: 10-01-2021

Generated by Sircon 189028752

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

GILLIAN BHASKARAN
ARTHUR J GALLAGHER & CO, 3697 MT DIABLO BLVD
STE 300, LAFAYETTE, CA 94549-3747

LICENSE NUMBER: 3374410

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 09-14-2018 Expiration Date: 10-01-2021

Generated by Sircon 189028752

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

On June 11, 2020, before me, Everharda H. Linsen, Notary Public, personally appeared Kevin McGrody, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Seal:

EVERHARDA H. LINSEN
Notary Public - California
Orange County
Commission # 2320852
My Comm. Expires Feb 8, 2024

Notary Public, State of California

Document Description: Surety Bond

List of Employees
Aldridge, Ronnie W
Andrews, Alexis E
Bass, William D
Berry, Andre
Ceballos, Aly
Clarkson, Rohan G
Davies, Barb L
Deleon, Jasmine
Howard, Travis S
Leffall, Reginald
Mason, Carl
Matsuda, Chad
Moreno, Manuel
Orona, Modesto
Ross, Monette M
West, Michael
Williams, Brittany
Williams, Travis
Wormer, Brandon R
Yett, Michael B

) Cedar Falls Drive • Little Elm, TX 75068 • cell (:) • w
https://www.linkedin.com/in/brandonwormer

BRANDON WORMER

CORE COMPETENCIES

SAP Warehouse Management • FDA/DEA Audits • Facilities Maintenance • Sterile Injectable Manufacturing • Systems Integration • Contract Negotiations • Distribution • SOP Creation • Training Compliance • Production Scheduling • Project Management • Employee Development • LEAN • Six-Sigma

PROFESSIONAL EXPERIENCE

ICU Medical 2017-Present

Senior Manager Distribution Operations (North American Operations) 2019 – Present

Oversee the Distribution Operations for ICU Medical's North American operations. Overall budget responsibility of $13MM including the Otey Mesa, CA; Los Angeles, CA; King Of Prussia, PA; and Dallas Texas sites. Responsible for standardized processes throughout the network and compliance to all federal and state guidelines.

Hospira, a Pfizer Company (ICU Medical) 2005-2017

Regional Distribution Site Leader (Farmers Branch, TX) 2011 – 2017

Site Leader of a stand-alone pharmaceutical Distribution Center; responsible for an operating budget of $20 million (including transportation). Also, the "agent-in-charge" before regulatory bodies (Federal, State & Local). This position requires an intimate knowledge of all Hospira policies to ensure continued, uninterrupted flow of products to customers. With compliance to regulations being a major motivation, any negative findings could cause potential business losses up to and including imprisonment for the "agent-in-charge". Act as the site HR liaison for all employees pertaining to issues including vacation and pay disputes, FMLA, terminations – including provide proof documentation, and all disciplinary actions. Responsible for all facility maintenance (forklift, HVAC, janitorial, overhead doors, security and refrigeration).

- Maintain 'Best-in-Class' Metrics for region (Accuracy/Dock to Stock/Turns/Damage/On-time/Consolidation).
- Negotiate and implement LTL carrier obligations (cap and wrap/ lumpers/damages/credits).
- Manage, non-asset based, local fleet of 5 driver for refer delivery to all customers.
- Regional oversight includes Distribution Center in Farmers Branch, TX ; Oklahoma City, OK; Houston, TX; and two additional 3PL's in the DFW metroplex.
- Responsible for inspection and approval of alternate site pest control, security, temperature control and adherence to company procedures.
- Full site responsibilities for all site improvements (micro polishing floor – eliminated 'yearly' reoccurring maintenance costs, new layout – 270 new locations $28k/yr and receiving improvements, temperature validation, energy improvement planning, pick/pack station relocation – 1 HC reduction $58k/yr).
- Project Manager for installation of expanded DEA cage through to final DEA approval.
- Formed Supervisor-led employee engagement task force. Turned and maintained engagement from 80% - 95%.
- Engaged business partners in benchmarking and six –sigma project assistance (FedEx, Baylor Distribution & Cardinal Health).
- Mentor site for VPP to CNH Auto Parts in Greenville, TX.

Distribution Center Warehouse Manager (Farmers Branch, TX) 2007-2011

Manage warehouse, valued at $4.5 – $6.0 million, to deliver specialty medical devices and drugs to customers on time and within temperature controlled requirements. Develop office and floor employees to maintain detailed records for compliance purposes. Represent the company before federal, state and local regulatory authorities. Federal agencies include DEA, FDA, OSHA and DOT.

- 0 lost time incidents; passed Texas OSHA Challenge III; VPP star review (10/2007 – 8/2011).
- Initiated site PIP plan (first-ever performance based disciplinary action plan for site).
- Passed all yearly corporate audits and outside audits with zero significant findings.
- Created standardized approach to training; broke down information silos amongst supervisors.

- Member of 5-man team to launch LEAN principles through diagnostics of 72-person facility (launched at Wisconsin facility, translated into weekly Gemba walks and four 6-S location projects).
    - Mirror domes; aisle signage; fresh paint on hazards; hazard location warnings; improved JSA's; instant rewards; batching/bunching of pick/pack list drops.

Aseptic Filling/Finishing Lyophilizer Supervisor (N. Chicago, IL) 2005-2007

Supervised filling, commodity prep, solutions and lyophilizer areas of production. Production valued at over $500k/week.

- Implemented 2-3-3-2 rotation for Lyophilizer personnel to meet OSHA 24 hour mandate (B. Clemons ref.)
- Managed filling of neo-natal drug for Terminal Sterilization process - $250k batch cost (B. Clemons ref.)
- Reduced time from filling finish to finished goods by coordinating filling and lyophilizer schedules with release schedule ($1million/year savings – A Tenhaken ref.)
- Participated in all audits as aseptic/lyophilization production liaison (2 internal, 2 FDA, 1 EMEA, 1 DEA)
- Two black belt projects:
    - Reduce glass breakage - Project savings was $250,000/yr (B. Ellefson ref.)
    - Solution Line/Loss - improved solution prep efficiency and reduced setup waste (B. Ellefson ref.)

DaimlerChrysler Services, NA, Overland Park, Kansas **2002-2005**

Customer Service/Collections Supervisor 2003-2005

Supervised the daily tasks of 10-12 team members; monitoring phone calls to verify their adherence to company policies and procedures; motivating staff by creating positive environment.

- Received Excellence Award for outstanding performance in 2004.
- Consistently met or exceeded monthly goals.

EDUCATION

Six-Sigma Green Belt Certification – 2006 **Lean Six-Sigma Certification – 2010**

M.B.A., Emphasis in Finance, Regis University; Denver, Colorado **2006**
B.A., Business Administration, Concordia University; Seward, Nebraska **2001**

PERSONAL AND PROFESSIONAL ACCOMPLISHMENTS

Eagle Scout – 1994 • Arthur Ashe Scholar-Athlete – 2001 • Daimler Chrysler Excellence Award – 2004
Hospira Ignite Grant Recipient – 2010 • Hospira Make a Difference Award – 2013

PERSONAL AND PROFESSIONAL REFERENCES

Hospira - ICU
Mike Santowski (VP US Supply Chain) –
Rob Rathmann (Supply Chain Manager) –
Ashley Goldberg (Merz Pharmaceuticals - Director) –
Brian Ellefson (Hospira Engineer) –
Glenn Austin (Hospira Sales Rep) –
DaimlerChrysler
Meghan Mallett (Zone Manager) –

Personal
Michael Shoemaker (DLS Transportation) –
Alexandra Eaton (FedEx - Business Development) –

POWER OF ATTORNEY
STATE CONTROLLED SUBSTANCE REGISTRATIONS
STATE WHOLESALE DISTRIBUTOR LICENSING/PERMIT APPLICATIONS
DRUG ENFORCEMENT ADMINISTRATION REGISTRATION APPLICATIONS AND RENEWALS

Name of Registrant: ICU Medical Sales, Inc.

Known all by these presents that ICU Medical Sales, Inc., a corporation organized and existing under the laws of Delaware, and with offices at 951 Calle Amanecer, San Clemente, CA 92673 (the "Corporation") do hereby, constitute and appoint Wesley Davis as its true and lawful attorney-in-fact, in its name, place, and stead, to do the following acts and things related to the pharmaceutical and consumer health distribution facilities of the Corporation and its divisions:

1. In accordance with the regulations of the Drug Enforcement Administration , and state controlled substance regulations, to execute and verify the controlled substance distribution, import and export applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute, import and export drug products regulated as controlled substances from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state controlled substance application or Drug Enforcement Administration renewals.

2. In accordance with each State's administrative code to execute and verify the wholesale distributor licensing/permit applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute pharmaceutical and consumer health products from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state wholesale distributor licensing/permit application.

ICU Medical Sales, Inc.

Signature: Brian M. Bonnell
Brian Bonnell, CFO

Date: March 18, 2020

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss
COUNTY OF ORANGE)

Subscribed and sworn to (or affirmed) before me on this 18th day of March 2020, by Brian Bonnell, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal:

EVERHARDA H. LINSEN
Notary Public - California
Orange County
Commission # 2320852
My Comm. Expires Feb 8, 2024

Notary Public, State of California

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0457152126
Apr 23, 2009 LTR 147C
06-1211921

ICU MEDICAL SALES INC
951 CALLE AMANECER
SAN CLEMENTE CA 92673-6212 516

Taxpayer Identification Number: 06-1211921

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of April 23rd, 2009.

Your Employer Identification Number (EIN) is 06-1211921. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

T. WILLIAMS

Customer Service Representative

14F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☑ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Pharmacia & Upjohn Company LLC

Physical Address: 7000 Portage Road

City: Kalamazoo State: MI Zip Code: 49001

Telephone Number: 269.833.0824 Fax Number: N/A

Toll Free Number: 800 879 3477

E-mail: Cristine.Rosenthal@pfizer.com Website: www.pfizer.com

Facility Manager: Jonathan G. Dobbins

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☑ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: This license is for the future distribution of the COVID-19 Vaccine
Address: assuming it's approved by the FDA. Up to this point, there has been no distribution by this facility/entity to suppliers in Nevada.

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20041225355

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

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

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

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

Cristine Rosenthal
Print Name of Authorized Person

23 Oct 2020
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Pfizer Inc.

Corporation Name: Pharmacia & Upjohn Company LLC

Mailing Address: 235 East 42nd Street

City: New York State: NY Zip: 10017-5755

Telephone: 901.380.6368 Fax: N/A

Contact Person: Darren Nathan

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: June 2, 1942

Registration number issued: CIK718003

Stock Exchange: PFE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19651000795

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

POWER OF ATTORNEY
STATE MANUFACTURER/DISTRIBUTOR LICENSING/PERMIT APPLICATIONS AND RENEWALS

FEIN / FDA Registration Number **1810189**

Name of Registrant **Pharmacia & Upjohn Company LLC**

Address of Registrant **7000 Portage Road, Kalamazoo MI 49001**

Attorney-in-fact **Cristine Rosenthal**

Known all by these presents that Pharmacia & Upjohn Company LLC, a limited liability company organized and existing under the laws of Delaware, and with offices at 7000 Portage Road, Kalamazoo MI 49001, (the "Company") do hereby, constitute and appoint **Cristine Rosenthal** as its true and lawful attorney-in-fact, in its name, place, and stead to do the following acts and things related to the pharmaceutical manufacturing facilities of the Company:

1. In accordance with each State's administrative code to execute and verify the manufacturing and/or distribution licensing/permit applications and renewals and all future amendments, as are necessary to permit the Company lawfully to manufacture and distribute pharmaceutical products, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state manufacturer and/or distributor licensing/permit application.

I, **Cristine Rosenthal**, hereby affirm that I am the person named herein as the attorney-in-fact and that the affixed hereto is my signature.

Signed in New Jersey on this 18 day of November 2019

(Signature of Witness)

(Signature of person granting power)
Susan Grant, Secretary

Signed in Michigan on this 27 day of November 2019

(Signature of Witness)

(Signature of attorney-in-fact)

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
MANUFACTURER LICENSE

PHARMACIA & UPJOHN COMPANY LLC
7000 PORTAGE ROAD
KALAMAZOO, MI 49001

LICENSE NO
5306000227

EXPIRATION DATE
6/28/2022

20009130117

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

WRITCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

PHARMACIA & UPJOHN COMPANY LLC

LICENSE NO.
5315200069

EXPIRATION DATE
6/28/2022

20009130121

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

John G. Dobbins

Highly motivated professional with extensive cross-functional pharmaceutical industry experience focused around supply chain, operations management, and process improvement. Proven ability to lead diverse teams and complex projects in challenging and changing environments.

Core Competencies

Team Leadership ~ Project Management ~ Financial Acumen ~ Data synthesis/analysis ~ Logistics and Warehousing ~ Process improvement ~ Vendor Management

Professional Experience

Pfizer, Kalamazoo, MI

Sr. Manager – Customer Service and Trade Compliance - (April 2019 – Present)

Lead a team of 17 colleagues accountable for all customer service and trade compliance functions at the Pfizer Kalamazoo manufacturing site. Customer service and trade compliance functions include all activities related to demand and supply management, order processing/fulfillment, and the compliant movement of materials/product in and out of the United States.

Sr. Manager – API Warehouse Team Leader (Developmental) - (Jan. 2018 – April 2019)

Responsible for operational management of the Pfizer Kalamazoo API warehouses. Lead a team of 14 colleagues across three shifts to efficiently and safely serve the raw and intermediate material needs of the API production units.

- Developed strategies and implemented staffing changes that allowed for a more flexible workforce resulting in balanced workload and better coverage of staffing gaps.
- Successfully transitioned drum warehouse operation to a 3rd party logistics provider earlier than expected resulting in unplanned savings.
- Oversaw an investigation that identified the root cause and corrective action of a complex discoloration issue in the hazardous materials warehouse.
- Performed quality and incident investigations utilizing the DMAIC process and other Method 1 tools resulting in corrective actions that improved departmental safety and facilities.
- Responsible for the GMP audit readiness program and audit tour presentations for the API warehouses. All regulatory and customer audits have completed without findings/observations.
- Core Team member of a team responsible for the planning and execution of a site wide family celebration (MAP Celebration).

Sr. Manager – Logistics Network Operations - (Oct. 2011 – Jan. 2018)

Americas Regional Lead for intercompany transportation. Operational and budget ($50MM budget) accountability for all export transportation lanes originating from supply sites in the Americas region.

- Core team member of the Hurricane Maria Crisis Management Team and led all logistics business continuity and recovery activities.
- Co-led a global transportation bid that delivered $8MM of budget savings. Activities included strategy development, data baselining, pricing analysis, direct negotiation, and leadership endorsement.
- Effectively managed service provider performance through structured Business Review Meetings and monitoring adherence to service levels via KPI's.
- Partner with Global Supply Chain and shipping sites to establish transportation solutions that aligned with supply strategies (Cost/Service/Agility) and risk tolerances.

Pfizer, Collegeville, PA

Sr. Analyst - Global Specialty & Cold Chain Logistics - (Dec. 2009 – Oct. 2011)

Led multiple global initiatives to improve the compliance and cost effectiveness of temperature-controlled shipping solutions.

- Qualified and implemented a temperature-controlled air charter shipping solution that delivered an annual savings of $750K.
- Co-authored PDA Technical Report 64 and multiple Pfizer Good Practice Bulletins.
- Performed quality and capability assessments of multiple transportation providers.
- Developed and presented multiple cold chain best-practice workshops at supply sites around the world.

Master Data Analyst - Global Logistics & Supply Chain – (Aug. 2006 – Dec. 2009)

Led projects to standardize master data and implement to global supply chain KPI's/reports.

- Developed and led a post-implementation support team for the deployment of a Material Master Data Management system. Responsibilities included project planning, call-center scheduling/management, and issue resolution prioritization.
- Significantly reduced SAP Vendor Master File operations management by implementing process improvements and developing extensive user-guided documentation.
- Led a team of cross-functional SME's to develop standard data definitions for business-critical fields of the SAP Material Master.

McNeil Consumer & Specialty Pharmaceuticals, Fort Washington, PA

Sr. Financial Analyst - (July 2005 – August 2006)

Lead financial analyst for pediatrics business unit responsible for all financial management activities.

- Led project that reduced HR budget by 10% without reducing headcount or employee programs/services.
- Reduced $5MM of discretionary spending through consolidating and analyzing multiple complex data sets.
- Supported new product launches by implementing new accounting and reporting structures.

Accenture, Philadelphia, PA

Consultant - (June 2001 – July 2005)

Served in various roles of increasing responsibility on two global SAP implementation projects.

- Designed, built, tested, and deployed the Project Management module of SAP.
- Led a 15-person software validation testing team composed of internal and external resources
- Managed a geographically dispersed post-deployment support team.

Education/Certification

- APICS – CLTD – Certified Logistics, Transportation & Distribution Professional
- APICS – CSCP – Certified Supply Chain Professional
- APICS - CPIM - Certified in Production and Inventory Management
- Master of Business Administration – Finance
  St. Joseph's University - Philadelphia, PA
- Bachelor of Arts – Business Administration
  Hope College - Holland, MI

Other

- Health and Personal Care Logistics Conference Board Member (Treasurer) - 3 yrs.
- Pfizer Kalamazoo Aspiring Colleague Mentor – 1yr.
- Pfizer Kalamazoo Communities in Schools volunteer – 1 yr.
  - St. Mary's School Local Consultative Advisory Board Member – 1 yr.

POWER OF ATTORNEY
STATE CONTROLLED SUBSTANCE REGISTRATIONS
STATE MANUFACTURER LICENSING/PERMIT APPLICATIONS
DRUG ENFORCEMENT ADMINISTRATION REGISTRATION APPLICATIONS AND RENEWALS

DEA Registration Number	Manufacturer RP0306666 Importer RP0363628 Exporter RP0306654
Name of Registrant	**Pharmacia & Upjohn Company LLC**
Address of Registrant	7000 Portage Road, Kalamazoo MI 49001
Attorney-in-fact	John Dobbins

Known all by these presents that Pharmacia & Upjohn Company LLC, a limited liability company organized and existing under the laws of Delaware, and with offices at 7000 Portage Road, Kalamazoo MI 49001, (the "Company") do hereby, constitute and appoint John Dobbins as its true and lawful attorney-in-fact, in its name, place, and stead to do the following acts and things related to the pharmaceutical manufacturing facilities of the Company:

1. In accordance with the regulations of the Drug Enforcement Administration, and state controlled substance regulations, to execute and verify the controlled substance manufacturer, distribution, import, export and analytical lab applications and renewals and all future amendments, as are necessary to permit the Company to lawfully manufacture, import, export and analyze drug products regulated as controlled substances from Company's manufacturing sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state controlled substance application or Drug Enforcement Administration renewals.

2. In accordance with each State's administrative code to execute and verify the manufacturing and/or distribution licensing/permit applications and renewals and all future amendments, as are necessary to permit the Company lawfully to manufacture and distribute pharmaceutical products, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state manufacturer and/or distributor licensing/permit application.

I, John Dobbins, hereby affirm that I am the person named herein as the attorney-in-fact and that the affixed hereto is my signature.

Signed in New Jersey on this 24 day of September 2019

(Signature of Witness)

(Signature of person granting power)
Susan Grant, Secretary

Signed in Michigan on this 27 day of September 2019

(Signature of Witness)

(Signature of attorney-in-fact)

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
PHARMACIA & UPJOHN COMPANY LLC
7000 PORTAGE RD.
KALAMAZOO , MI 49001
Registration Number: 1810189
FEI Number*: 1810189
Status: Active
Date Of Registration Status: 2020

Owner/Operator:
PFIZER INC.[6]
275 N Field Drive
Lake Forest, IL US 60045
Owner/Operator Number: 9924008[7]

Official Correspondent:
Kathleen M Lins
275 N Field Drive
Lake Forest, IL 60045
Phone: 224-2124842

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 10/19/2020

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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U.S. Department of Health & Human Services

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Verified
MS
11/5/2020

Pfizer Inc
1855 Shelby Oaks Drive North
Memphis, TN 38134-7401
Tel 901 380-6368
Fax 800-310-4437

Darren Nathan
Compliance Lead

23 October 2020

Statement of Explanation

Question 3 of the Out-of-State Wholesaler License:

> ***Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or preceding relating to the pharmaceutical industry?***

Answer YES; see attached documentation labeled STATE OF FLORIDA, DEPARTMENT OF HEALTH dated 25 March 2008.

Pharmacia & Upjohn Company LLC received notice of a violation of Florida Statutes (see STIPULATED FACTS section in document) with which it provided an Offer of Settlement as outlined in the attached documentation.

CRosenthal

Cristine Rosenthal, Trade Compliance Professional

23 Oct 2020

Date

Final Order No. DOH-08-0811-S-MQA
FILED DATE - 4-29-08
Department of Health
By: Rachel B
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case No.: 2008-01257

PHARMACIA & UPJOHN COMPANY, LLC,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on February 5, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about March 21, 2008 and submitted together with the payment of a $2,000.00 fine.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 25 day of March 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Joan Root, Senior Corporate Counsel, Legal Division, MS: PORT-41-202, 7000 Portage Road, Kalamazoo, MI 49001-0199,** this 1 day of April, 2008.

Janice Dixon
Deputy Clerk

cc: Jennifer Condon, DOH 4052 Bald Cypress Way, Bin #C065 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C70

STATE OF FLORIDA
DEPARTMENT OF HEALTH

PRACTITIONER REGULATION
LEGAL
2008 MAR 24 PM 2:37

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2008-01257

PHARMACIA & UPJOHN COMPANY, LLC,

RESPONDENT.

_____/

SETTLEMENT STIPULATION

Pharmacia & Upjohn Company, LLC, and the Department of Health, hereinafter referred to as "Department," hereby stipulate and agree to the following joint Stipulation and entry of Final Order in the above-styled matter.

STIPULATED FACTS

1. The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes and Chapter 499, Florida Statutes.

2. Pharmacia & Upjohn Company, LLC is hereby noticed of the following violations of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, detected by agents of the Department:

Section 499.005(22), Florida Statutes, (2007) – operating without the proper permit.

Section 499.005(18), Florida Statutes (2007) – failing to keep accurate records

Petitioner's Exhibit A

3. Pharmacia & Upjohn Company, LLC neither admits nor denies the matters of fact alleged in the Notice of Violation.

STIPULATED CONCLUSIONS OF LAW

4. Pharmacia & Upjohn Company, LLC, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes, and the jurisdiction of the Department.

5. Pharmacia & Upjohn Company, LLC admits that the findings set forth in the Notice of Violation, if proven, would constitute a violation of Chapter 499, Florida Statutes.

6. Pharmacia & Upjohn Company, LLC agrees that the Department's acceptance of the Stipulation constitutes disciplinary action within the meaning of sections 499.066, Florida Statutes and Rule 64F-12.024, Florida Administrative Code.

STIPULATED DISPOSITION

7. Pharmacia & Upjohn Company, LLC shall not, in the future, violate Chapter 499, Florida Statutes, or the rules promulgated pursuant thereto.

8. **FINE:** Pursuant to Rule 64F-12.024, Florida Administrative Code, the Department shall impose an administrative fine in the amount of **Two Thousand Dollars ($2000.00)**. Said fine shall be paid by Pharmacia & Upjohn Company, LLC to the Florida Drugs, Devices and Cosmetics Trust Fund at 2818-A Mahan Drive, Tallahassee, Florida 32308 and acknowledges that payment is attached to this agreement.

9. It is expressly understood that a violation of the terms of this Stipulation shall be considered a violation of Chapter 499, *Florida Statutes*, for which disciplinary actions may be taken.

10. It is expressly understood that this Stipulation is subject to the approval of the State Surgeon General or her designee and has no force and effect until the State Surgeon General or her designee enters a Final Order adopting same.

11. This Stipulation is executed by Pharmacia & Upjohn Company, LLC for the purpose of avoiding further administrative action in this matter. In the event that the Stipulation is not approved by the State Surgeon General or her designee, then neither party may use this Stipulation against the other, and the Stipulation shall be deemed null and void.

12. Pharmacia & Upjohn Company, LLC and the Department fully understand that this Stipulation, and the subsequent Final Order incorporating same, will not in any way preclude additional proceedings by the Department against Pfizer, Inc. for acts or omissions not specifically detailed in the investigative findings of probable cause.

13. Pharmacia & Upjohn Company, LLC and the Department expressly waive all further procedural steps, and Pfizer, Inc. expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Stipulation and the Final Order of the Department, if said Stipulation is accepted by the State Surgeon General or her designee and incorporated in the Final Order.

14. Pharmacia & Upjohn Company, LLC waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

WHEREFORE, the parties hereto request the State Surgeon General or her designee to enter a Final Order accepting and implementing the terms contained herein.

Signature of parties:

By: Niall Condon
Niall Condon, Vice President

3/21/08
Date

Subscribed and sworn before me, a Notary Public, in the State of Michigan, United States of America, this 21 day of March in the year 2008.

Brenda Saylor

Brenda Saylor
Notary Public, Kalamazoo County, MI
My Commission Expires July 18, 2012

Acting in the County of Kalamazoo

Florida Department of Health
Attorney for Department of Health

By: Jennifer Condon, Esquire
Assistant General Counsel
Department of Health
4052 Bald Cypress Way, Bin C65
Tallahassee, Florida 32399-3265

3/25/08
Date

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the fiscal year ended December 31, 2019

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from to

Commission file number 1-3619

PFIZER INC.

(Exact name of registrant as specified in its charter)

Delaware	**13-5315170**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification Number)

235 East 42nd Street, New York, New York 10017
(Address of principal executive offices) (zip code)
(212) 733-2323
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $.05 par value	PFE	New York Stock Exchange
0.000% Notes due 2020	PFE20A	New York Stock Exchange
0.250% Notes due 2022	PFE22	New York Stock Exchange
1.000% Notes due 2027	PFE27	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files.) Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer", "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting stock held by non-affiliates of the registrant, computed by reference to the closing price as of the last business day of the registrant's most recently completed second fiscal quarter, June 30, 2019, was approximately $241 billion. This excludes shares of common stock held by directors and executive officers at June 30, 2019. Exclusion of shares held by any person should not be construed to indicate that such person possesses the power, directly or indirectly, to direct or cause the direction of the management or policies of the registrant, or that such person is controlled by or under common control with the registrant. The registrant has no non-voting common stock.

The number of shares outstanding of the registrant's common stock as of February 25, 2020 was 5,547,639,005 shares of common stock, all of one class.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2019 Annual Report to Shareholders	Parts I, II and IV

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACIA & UPJOHN COMPANY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARMACIA & UPJOHN COMPANY LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 1958.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

527510 8300

SR# 20206693574

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203450244

Date: 08-11-20

Parent Corporation:
Pfizer Inc.
235 East 42nd Street
New York, NY 10017-5755
Incorporated in 1942 in the State of Delaware

Pharmacia & Upjohn Company LLC is a wholly owned subsidiary of **Pfizer Inc.** which is a publicly held corporation and currently has no known beneficial owners of ten percent (10%) or more of its common stock. The following is a list of Pharmacia & Upjohn Company LLC's corporate officers – all of whom are over the age of eighteen.

Corporate Officer Report
Pharmacia & Upjohn Company LLC

May 26, 2020

	Country	Company Name	Name	Job Title
1	United States	Pharmacia & Upjohn Company LLC	Laurie Rothenberg	President
	United States	Pharmacia & Upjohn Company LLC	Bryan C. Zielinski	Vice President
	United States	Pharmacia & Upjohn Company LLC	Christopher J. Clark	Vice President
	United States	Pharmacia & Upjohn Company LLC	Fany Delacruz Nayi	Vice President & Assistant Treasurer
	United States	Pharmacia & Upjohn Company LLC	Andre B. Petrunoff	Vice President
	United States	Pharmacia & Upjohn Company LLC	Niall Condon	Vice President
	United States	Pharmacia & Upjohn Company LLC	Joseph Gruber	Vice President
	United States	Pharmacia & Upjohn Company LLC	Nicholas D'Amico	Vice President & Treasurer
	United States	Pharmacia & Upjohn Company LLC	Susan Grant	SECRETARY
	United States	Pharmacia & Upjohn Company LLC	Colum Lane	Assistant Treasurer
	United States	Pharmacia & Upjohn Company LLC	Susan Courson-Smith	Assistant Treasurer
	United States	Pharmacia & Upjohn Company LLC	Tiffany Trunko	Assistant Secretary
	United States	Pharmacia & Upjohn Company LLC	Rita Ademujohn	Assistant Secretary
	United States	Pharmacia & Upjohn Company LLC	John J. Blakey	Assistant Secretary
	United States	Pharmacia & Upjohn Company LLC	Amy Davenport	Assistant Secretary
	United States	Pharmacia & Upjohn Company LLC	David L. Grasso	Assistant Secretary
	United States	Pharmacia & Upjohn Company LLC	Diane Kalecki	Assistant Secretary
	United States	Pharmacia & Upjohn Company LLC	Layton Sanders	Assistant Secretary
	United States	Pharmacia & Upjohn Company LLC	Monique Obudulu	Assistant Secretary
	United States	Pharmacia & Upjohn Company LLC	Elizabeth Waithaka	Assistant Secretary

14G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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 or ☐ Ownership Change (Provide current license number if making changes: WH N/A
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Upjohn US 1 LLC

Physical Address: 100 Route 206 North

City: Peapack State: NJ Zip Code: 07977

Telephone Number: 304-554-4519 Fax Number: _____

Toll Free Number: N/A

E-mail: deneen.fumich@viatris.com Website: www.viatris.com

Facility Manager: Timothy Coakley

Professional qualifications and experience of facility manager: _____
See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: N/A
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Timothy Coakley
Print Name of Authorized Person

12/4/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Viatris Inc

Corporation Name: Upjohn US 1 LLC

Mailing Address: 1000 Mylan Boulevard

City: Canonsburg State: PA Zip: 15317

Telephone: 724-514-1800 Fax: N/A

Contact Person: Timothy Coakley

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 12/03/2018

Registration number issued: 7176360

Stock Exchange: VTRSV

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0742535

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 – "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

100 ROUTE 206 N PEAPACK, NJ 07977-

Reg. No.
5005861

UPJOHN US 1 LLC
100 ROUTE 206 N
PEAPACK, NJ 07977-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 12/17/2020

Registration Number: 5005861 **Registered as:** Wholesale

Parent Company Name: UPJOHN US 1 LLC

Trade Name:

Original Issue Date: 12/16/2020 **Expiration Date:** 01/31/2022

Current Issue Date: 12/16/2020

Disciplines: No

OWNERSHIP

Upjohn US 1 LLC. ("Upjohn") is a privately-held, New Jersey-based, pharmaceutical company that plans to commercialize pharmaceutical drugs across the United States. Upjohn is a 100% wholly owned subsidiary of Viatris Inc.

COMPANY INFORMATION

Upjohn US 1 LLC
100 Route 206 North
Peapack, NJ 07977
Phone: (718) 801-3231

CORPORATE OFFICERS

Janice A. Christensen, Vice President
100 Route 206 North
Peapack, NJ 07977
Phone: (718) 801-3231
Ownership %: 0

Timothy Coakley, Vice President
100 Route 206 North
Peapack, NJ 07977
Phone: (718) 801-3231
Ownership %: 0

Walmon M. Leal, Vice President
100 Route 206 North
Peapack, NJ 07977
Phone: (718) 801-3231
Ownership %: 0

DESCRIPTION OF OPERATIONS

Upjohn US 1 LLC ("Upjohn") is a privately-held, New Jersey-based Virtual Manufacturer that plans to commercialize prescription drugs across the United States.

THIRD-PARTY LOGISTICS

Upjohn's products are manufactured by contract manufacturers and distributed to customers by their third-party logistics provider Pfizer Inc. Upjohn utilizes the following Pfizer facilities for distribution of product:

Pfizer Inc.
10501 80th Avenue
Pleasant Prairie, WI 53158

1855 Shelby Oaks Drive North
Memphis, TN 38134

CONTRACT MANUFACTURERS

Upjohn uses the following contract manufacturer to produce product:

Sharp Corporation
7451 Keebler Drive
Allentown, PA 18106
FEI Number: 3004161147
FEIN Expiration Date: 12/31/2020

Pharmacia & Upjohn Company LLC
7000 Portage Road
Kalamazoo, MI 49001
FEI Number: 1810189
FEIN Expiration Date: 12/31/2020

Pfizer Manufacturing Deutschland GmbH
Mooswaldallee 1
79108 Freiburg im Breisgau
Germany
FEI Number: 3002807097
FEIN Expiration Date: 12/31/2020

Pfizer Italia S.r.l.
63100 Marino Del Tronto
Ascoli Piceno, AP
FEII Number: 3003637173
FEtN Expiration Date: 12/31/2020

Pfizer Manufacturing Belgium

Rijksweg 12
2870 Puurs, Belgim
FEI Number: 1000654629
FEIN Expiration Date: 12/31/2020

Pfizer Pharmaceuticals LLC
BO Carmelita Road 689 Km 1.9
Vega Baja, PR 00693
FEI Number: 2623619
FEIN Expiration Date: 12/31/2020

Fareva Amboise
Zone Industrielle 29 route des industries
Amboise, France
FEI Number: 3000234005
FEIN Expiration Date: 12/31/2020

Farmasierra Manufacturing S.L
Carretera de Irun Km. 26,200
San Sebastian de los Reyes 28 ES
FEI Number: 3007898507
FEIN Expiration Date: 12/31/2020

PRODUCTS

As a virtual manufacturer, Upjohn does not manufacture, distribute or store product at their New Jersey facility. At no time do contact manufacturers own Upjohn's products, contract with Upjohn's customers, invoice or sell Upjohn products. Upjohn does have products are Controlled Substances. Please see attached DEA certificate for Upjohn's Third-Party Logistics Provider, Pfizer Inc.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UPJOHN US 1 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7176360 8300

SR# 20207400624

Authentication: 203704562

Date: 09-22-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

Subject: RE: [EXTERNAL] Additional Information Requested - Upjohn US 1 LLC - 117455616

Huber, Lainunpuii <Lainunpuii.Huber@fda.hhs.gov> Wed, Oct 14, 3:42 PM
to Loebach, Paul M, Sunshine, Warren, Lins, Kathleen M

You are viewing an attached message. PwC Mail can't verify the authenticity of attached messages

Warren,

To activate labeler code 58151 in our electronic system, submit a Labeler Code Request SPL with the assigned number. If you are using CDER Direct, submit the document type "NDC/NHRIC Labeler code request" and enter the Labeler Code assigned (58151) in the field for "Labeler Code", and Submit SPL.

Thanks,
Puii Huber

From: Loebach, Paul M <Paul.Loebach@fda.hhs.gov>
Sent: Wednesday, October 14, 2020 2:57 PM
To: Sunshine, Warren <Warren.Sunshine@pfizer.com>
Cc: Lins, Kathleen M <kathleen.lins@pfizer.com>; Huber, Lainunpuii <Lainunpuii.Huber@fda.hhs.gov>
Subject: RE: [EXTERNAL] Additional Information Requested - Upjohn US 1 LLC - 117455616

Thank you for being flexible, Warren

We have confirmed in our legacy data that no product listings were ever submitted for these two labeler codes and will assign the number 58151 to you. You should be receiving the email soon

Paul M. Loebach, Director
Drug Registration and Listing Staff
FDA/CDER/OC/OPRO
301-796-2173

eDRLS Helpdesk: edrls@fda.hhs.gov

ndc_nhric_labeler_codes_12_28_2020 [Read-Only] - Excel

File | Home | Insert | Page Layout | Formulas | Data | Review | View | Developer | Help | ACROBAT | Tell me what you want to do

Paste | Cut | Copy | Format Painter | Clipboard | Arial | 10 | Font | Wrap Text | Merge & Center | Alignment | Text | Number | Conditional Formatting | Format as Table | Normal | Neutral

A7684 | 58151

	A	B
1	NDC/NHRIC Labeler	Firm Name
7665	77988	HUB PEN COMPANY, INC.
7666	8560	Valeritas
7667	59738	O' PURE CO., LTD.
7668	79060	Vara Home Usa Llc
7669	15749	American Antibiotics, Inc
7670	17228	AstraZeneca AB
7671	71695	VWR International, LLC
7672	22431	Blue Cross Laboratories Inc.
7673	73725	Nature's Organics, LLC
7674	59608	Essity HMS North America Inc
7675	72891	TG Labs
7676	50364	Ionx Health d/b/a Vetionx
7677	62600	Innocence, Inc.
7678	0642	Exeltis USA, Inc.
7679	11532	Takeda Pharmaceutical Company LTD
7680	77124	A Natural Clean, LLC
7681	79253	Pretika Corporation
7682	60258	Currax Pharmaceuticals LLC d/b/a Cypress, Hawthorn, Macoven
7683	288	EMC Pharma, LLC
7684	58151	Upjohn US 1 LLC
7685	62263	Pragmatic Materials Inc.
7686	72464	Tri-state Surgical Supply & Equipment Ltd.
7687	66212	Bayer de Mexico, S..A de C.V.
7688	65027	Top Brass, Inc.
7689	68371	The Pharmacy Counter, LLC dba ProMedica Home Medical Equipment
7690	73159	Lacer Pharma LLC
7691	69851	APEX-CAREX HEATHCARE PRODUCTS
7692	68745	CHANEL PARFUMS BEAUTE

Verified 1/20/21 MS

Product	Generic Name	Upjohn NDC	Strength	Pack	Presentation
CADUET, TABLETS	amlodipine, atorvastatin	58151-2150-1	5 mg/10 mg	Bottle of 30	Tablets
CADUET, TABLETS	amlodipine, atorvastatin	58151-2170-1	5 mg/20 mg	Bottle of 30	Tablets
CADUET, TABLETS	amlodipine, atorvastatin	58151-2190-1	5 mg/40 mg	Bottle of 30	Tablets
CADUET, TABLETS	amlodipine, atorvastatin	58151-2260-1	5 mg/80 mg	Bottle of 30	Tablets
CADUET, TABLETS	amlodipine, atorvastatin	58151-2160-1	10 mg/10 mg	Bottle of 30	Tablets
CADUET, TABLETS	amlodipine, atorvastatin	58151-2180-1	10 mg/20 mg	Bottle of 30	Tablets
CADUET, TABLETS	amlodipine, atorvastatin	58151-2250-1	10 mg/40 mg	Bottle of 30	Tablets
CADUET, TABLETS	amlodipine, atorvastatin	58151-2270-1	10 mg/80 mg	Bottle of 30	Tablets
CARDURA, TABLETS	doxazosin	58151-2750-1	1 mg	Bottle of 100	Tablets
CARDURA, TABLETS	doxazosin	58151-2760-1	2 mg	Bottle of 100	Tablets
CARDURA, TABLETS	doxazosin	58151-2770-1	4 mg	Bottle of 100	Tablets
CARDURA, TABLETS	doxazosin	58151-2780-1	8 mg	Bottle of 100	Tablets
CARDURA XL, EXTENDED-RELEASE TABLETS	doxazosin	58151-2710-1	4 mg	Bottle of 30	Extended-Release Tablets
CARDURA XL, EXTENDED-RELEASE TABLETS	doxazosin	58151-2720-1	8 mg	Bottle of 30	Extended-Release Tablets
CELEBREX, CAPSULES	celecoxib	58151-1515-1	50 mg	Bottle of 60	Capsules
CELEBREX, CAPSULES	celecoxib	58151-6520-1	100 mg	Bottle of 100	Capsules
		58151-6520-5		Bottle of 500	
		58151-6520-8		Unit dose blister	
		58151-6520-9		Carton of 100 unit dose blisters	
CELEBREX, CAPSULES	celecoxib	58151-1525-1	200 mg	Bottle of 100	Capsules
		58151-1525-5		Bottle of 500	
		58151-1525-8		Unit dose blister	
		58151-1525-9		Carton of 100 unit dose blisters	
CELEBREX, CAPSULES	celecoxib	58151-6530-1	400 mg	Bottle of 60	Capsules
		58151-6530-8		Unit dose blister	
		58151-6530-9		Carton of 100 unit dose blisters	
DETROL LA, EXTENDED-RELEASE CAPSULES	tolterodine	58151-5190-1	2 mg	Bottle of 30	Extended-Release Capsules
		58151-5190-2		Bottle of 90	
		58151-5190-3		Bottle of 500	
DETROL LA, EXTENDED-RELEASE CAPSULES	tolterodine	58151-5192-1	4 mg	Bottle of 30	Extended-Release Capsules
		58151-5192-2		Bottle of 90	
		58151-5192-3		Bottle of 500	
DETROL, TABLETS	tolterodine	58151-4541-1	1 mg	Bottle of 60	Tablets
DETROL, TABLETS	tolterodine	58151-4544-1	2 mg	Bottle of 60	Tablets
DILANTIN-125, ORAL SOLUTION	phenytoin sodium	58151-2214-1	125 mg/5 ml	8-oz Bottle	Oral Suspension
DILANTIN, INFATABS	phenytoin sodium	58151-0007-1	50 mg	100's	Chewable Tablet
		58151-0007-8		Unit dose blister	
		58151-0007-9		Carton of 100 unit dose blisters	
DILANTIN, CAPSULES	phenytoin sodium	58151-3740-1	30 mg	Bottle of 100	Capsules
DILANTIN, CAPSULES	phenytoin sodium	58151-0369-1	100 mg	Bottle of 100	Capsules
		58151-0369-2		Bottle of 1000	
		58151-0369-8		Unit dose blister	
		58151-0369-9		Carton of 100 unit dose blisters	
EFFEXOR XR, EXTENDED-RELEASE CAPSULES	venlafaxine	58151-0837-1	37.5 mg	Bottle of 30	Extended-Release Capsules
		58151-0837-2		Bottle of 90	
EFFEXOR XR, EXTENDED-RELEASE CAPSULES	venlafaxine	58151-0833-1	75 mg	Bottle of 30	Extended-Release Capsules
		58151-0833-2		Bottle of 90	
EFFEXOR XR, EXTENDED-RELEASE CAPSULES	venlafaxine	58151-0836-1	150 mg	Bottle of 30	Extended-Release Capsules
		58151-0836-2		Bottle of 90	
GEODON, CAPSULES	ziprasidone	58151-0052-1	20 mg	Bottle of 60	Capsules
GEODON, CAPSULES	ziprasidone	58151-0054-1	40 mg	Bottle of 60	Capsules
GEODON, CAPSULES	ziprasidone	58151-0056-1	60 mg	Bottle of 60	Capsules
GEODON, CAPSULES	ziprasidone	58151-0058-1	80 mg	Bottle of 60	Capsules
GEODON IM, INJECTION	ziprasidone mesylate	58151-3920-1	20 mg/mL	Single-use Vial	Injection
GEODON IM, INJECTION	ziprasidone mesylate	58151-3920-2	20 mg/mL	Single-use Vials (carton of 10 vials)	Injection
INSPRA, TABLETS	eplerenone	58151-1710-1	25 mg	Bottle of 30	Tablets
		58151-1710-2		Bottle of 90	
INSPRA, TABLETS	eplerenone	58151-1720-1	50 mg	Bottle of 30	Tablets
		58151-1720-2		Bottle of 90	

LIPITOR, TABLETS	atorvastatin	58151-0155-1	10 mg	Bottle of 90	Tablets
		58151-0155-8		Unit dose blister	
		58151-0155-9		Carton of 100 unit dose blisters	
LIPITOR, TABLETS	atorvastatin calcium	58151-1156-1	20 mg	Bottle of 90	Tablets
		58151-1156-8		Unit dose blister	
		58151-1156-9		Carton of 100 unit dose blisters	
LIPITOR, TABLETS	atorvastatin calcium	58151-2157-1	40 mg	Bottle of 90	Tablets
		58151-2157-8		Unit dose blister	
		58151-2157-9		Carton of 100 unit dose blisters	
LIPITOR, TABLETS	atorvastatin calcium	58151-0158-1	80 mg	Bottle of 90	Tablets
		58151-0158-2		Bottle of 500	
		58151-0158-8		Unit dose blister	
		58151-0158-9		Carton of 64 unit dose blisters	
LYRICA, CAPSULES, CV	pregabalin	58151-1012-1	25 mg	Bottle of 90	Capsules
LYRICA, CAPSULES, CV	pregabalin	58151-2013-1	50 mg	Bottle of 90	Capsules
		58151-2013-8		Unit dose blister	
		58151-2013-9		Carton of 100 unit dose blisters	
LYRICA, CAPSULES, CV	pregabalin	58151-3014-1	75 mg	Bottle of 90	Capsules
		58151-3014-8		Unit dose blister	
		58151-3014-9		Carton of 100 unit dose blisters	
LYRICA, CAPSULES, CV	pregabalin	58151-1015-1	100 mg	Bottle of 90	Capsules
		58151-1015-8		Unit dose blister	
		58151-1015-9		Carton of 100 unit dose blisters	
LYRICA, CAPSULES, CV	pregabalin	58151-2016-1	150 mg	Bottle of 90	Capsules
		58151-2016-8		Unit dose blister	
		58151-2016-9		Carton of 100 unit dose blisters	
LYRICA, CAPSULES, CV	pregabalin	58151-3017-1	200 mg	Bottle of 90	Capsules
LYRICA, CAPSULES, CV	pregabalin	58151-1019-1	225 mg	Bottle of 90	Capsules
LYRICA, CAPSULES, CV	pregabalin	58151-2018-1	300 mg	Bottle of 90	Capsules
LYRICA, ORAL SOLUTION, CV	pregabalin	58151-2020-1	20 mg/mL	473 mL bottle	Oral Solution
LYRICA CR EXTENDED-RELEASE TABLETS, CV	pregabalin	58151-1026-1	82.5 mg	Bottle of 30	Extended-Release Tablets
LYRICA CR EXTENDED-RELEASE TABLETS, CV	pregabalin	58151-2027-1	165 mg	Bottle of 30	Extended-Release Tablets
LYRICA CR EXTENDED-RELEASE TABLETS, CV	pregabalin	58151-1029-1	330 mg	Bottle of 30	Extended-Release Tablets
NEURONTIN, CAPSULES	gabapentin	58151-0803-1	100 mg	Bottle of 100	Capsules
NEURONTIN, CAPSULES	gabapentin	58151-0805-1	300 mg	Bottle of 100	Capsules
NEURONTIN, CAPSULES	gabapentin	58151-1806-1	400 mg	Bottle of 100	Capsules
NEURONTIN, TABLETS	gabapentin	58151-0513-1	600 mg	Bottle of 100	Tablets
NEURONTIN, TABLETS	gabapentin	58151-0401-1	800 mg	Bottle of 100	Tablets
NEURONTIN, ORAL SOLUTION	gabapentin	58151-2012-1	250 mg/5 mL	Glass Bottle containing 470 mL	Oral Solution
NITROSTAT, SUBLINGUAL TABLETS	nitroglycerin	58151-0417-1	0.3 mg	Bottle of 100 tablets	Sublingual Tablets
NITROSTAT, SUBLINGUAL TABLETS	nitroglycerin	58151-2418-1	0.4 mg	Bottle of 100 tablets	Sublingual Tablets
		58151-2418-4		Convenience Package 4 Bottle of 25 tablets each	
NITROSTAT, SUBLINGUAL TABLETS	nitroglycerin	58151-1419-1	0.6 mg	Bottle of 100 tablets	Sublingual Tablets
NORVASC, TABLETS	amlodipine besylate	58151-1520-1	2.5 mg	Bottle of 90	Tablets
NORVASC, TABLETS	amlodipine besylate	58151-1530-1	5 mg	Bottle of 90	Tablets
		58151-1530-8		Unit dose blister	
		58151-1530-9		Carton of 100 unit dose blisters	
		58151-1530-2		Bottle of 300	
NORVASC, TABLETS	amlodipine besylate	58151-1540-1	10 mg	Bottle of 90	Tablets
		58151-1540-8		Unit dose blister	
		58151-1540-9		Carton of 100 unit dose blisters	
RELPAX, TABLET	eletriptan	58151-2330-6	20 mg	Blister of 6 tablets	Tablets
RELPAX, TABLET	eletriptan	58151-2340-6	40 mg	Blister of 6 tablets	Tablets
		58151-2340-7		Two blisters of 6 tablets in each carton. (Carton of 12 tablets)	
REVATIO, TABLETS	sildenafil	58151-4190-1	20 mg	Bottle of 90	Tablets
REVATIO, INJECTION	sildenafil	58151-0338-1	10 mg /12.5 mL	Vial individually packaged in a carton	Injection
REVATIO, ORAL SUSPENSION	sildenafil	58151-0336-1	10 mg/mL (when reconstituted)	Powder for oral suspension-bottle	Oral Suspension
VIAGRA, TABLETS	sildenafil	58151-4200-1	25 mg	Bottle of 30	Tablets
		58151-4210-1		Bottle of 30	

VIAGRA, TABLETS	sildenafil	58151-4210-2	50 mg	Bottle of 100	Tablets
		58151-4210-9		Carton of 30 (1 tablet per Single Pack)	
VIAGRA, TABLETS	sildenafil	58151-4220-1	100 mg	Bottle of 30	Tablets
		58151-4220-2		Bottle of 100	
		58151-4220-9		Carton of 30 (1 tablet per Single Pack)	
XALATAN, OPHTHALMIC SOLUTION	latanoprost	58151-8303-1	50 mcg/mL	2.5 ml solution in a 5 ml bottle, Package of 1 Bottle	Ophthalmic Solution
XANAX, TABLETS, CIV	alprazolam	58151-0029-1	0.25 mg	Bottle of 100	Tablets
		58151-0029-2		Bottle of 500	
XANAX, TABLETS, CIV	alprazolam	58151-0055-1	0.5 mg	Bottle of 100	Tablets
		58151-0055-2		Bottle of 500	
XANAX, TABLETS, CIV	alprazolam	58151-0090-1	1 mg	Bottle of 100	Tablets
		58151-0090-2		Bottle of 500	
XANAX, TABLETS, CIV	alprazolam	58151-0094-1	2 mg	Bottle of 100	Tablets
XANAX, XR, EXTENDED-RELEASE TABLETS, CIV	alprazolam	58151-0057-1	0.5 mg	Bottle of 60	Extended-Release Tablets
XANAX, XR, EXTENDED-RELEASE TABLETS, CIV	alprazolam	58151-0059-1	1 mg	Bottle of 60	Extended-Release Tablets
XANAX, XR, EXTENDED-RELEASE TABLETS, CIV	alprazolam	58151-0066-1	2 mg	Bottle of 60	Extended-Release Tablets
XANAX, XR, EXTENDED-RELEASE TABLETS, CIV	alprazolam	58151-0068-1	3 mg	Bottle of 60	Extended-Release Tablets
ZOLOFT, TABLETS	sertraline	58151-4960-1	25 mg	Bottle of 30	Tablets
ZOLOFT, TABLETS	sertraline	58151-4900-1	50 mg	Bottle of 30	Tablets
		58151-4900-8		Unit dose blister	
		58151-4900-9		Carton of 100 unit dose blisters	
ZOLOFT, TABLETS	sertraline	58151-4910-1	100 mg	Bottle of 30	Tablets
		58151-4910-8		Unit dose blister	
		58151-4910-9		Carton of 100 unit dose blisters	
ZOLOFT, ORAL SOLUTION	sertraline	58151-0050-1	20 mg/mL and 12% alcohol	bottle containing 60 mL	Oral Solution

TIMOTHY L. COAKLEY

Magie Avenue • Roselle Park, NJ 10017

Exceptional financial & business acumen, with experience leveraging insights to expand organizational capabilities

EXPERIENCE

2006 - present **PFIZER INC.**, New York, NY

Director, Payer & Channel Strategy, Pfizer Essential Health / Upjohn (2015-present)

Develop and execute customer-centric strategies for payers and large purchasers for a portfolio of mature brands and women's health products. 2018 Vice President's Cabinet awardee.

- Currently leading separation & integration workstream for pricing, contracting and distribution on behalf of a portfolio of 20 iconic brands as the Upjohn division evolves into Viatris Inc.
- Accountable for a $300M+ business with the US Department of Defense (DoD) and Veterans Administration (VA), achieving >$100M in incremental revenues since 2015
- Currently developing an end-to-end contracting and pull-thru strategy for a peri-LOE blockbuster brand, using channel insights to inform focused contracting, messaging and trade strategies
- Developing and implementing a pricing strategy for a direct-to-patient cash offering for 15 Upjohn brands, incorporating feedback from internal stakeholders and a pharmacy partner
- Secured a $68M, five-year exclusive contract with the DoD using a unique competitive analysis
- Established business-to-business DoD customer relationships, accelerating internal alignment and enabling response to competitive supply outages with incremental brand purchasing

Payer Marketing Lead (secondment), ADHD Portfolio (2017-18)

- Led 2018 payer tactical planning and execution for the ADHD franchise, including peri- and post-LOE strategies for access messaging and contracting
- Built and rolled out Medicaid brand pieces to field for multichannel promotion
- Rolled out PBM backgrounders to field force to improve their conversance with our managed care cost and coverage messaging
- Customized an ADHD market dynamics presentation for Q-Portfolio account directors

Sr. Manager, Financial Planning & Analysis, Global Established Products (2014-2015)

Led financial reporting and forecasting for the GEP North America region – a diverse set of branded, generic and hospital businesses – and the $3B US Brands organization

- Coordinated monthly management reporting for regional and global leadership, highlighting key business drivers, opportunities, and risks
- Led US Brands and North America regional forecasting and Operating Plan processes, designing and coordinating deliverable timelines for the commercial finance team
- Played a key role in the Hospira integration, re-organizing and gaining internal alignment for the market & product hierarchies used by business unit leadership and investor relations

Sr. Manager, Financial Planning & Analysis, Established Products (2013)

- Coordinated management reporting, forecasting and Operating Plan processes, managing and streamlining inputs from regional and global teams to inform executive decision-making

Sr. Manager, Commercial Finance, US Primary Care (2009-2012)

Partnered with commercial colleagues as finance lead for multiple brands, including launch, LOE and alliance products, as well as US marketing platform functions

- Provided financial leadership for the OAB franchise, developing investment scenarios for newly launched Toviaz, and creating models to inform Detrol LOE negotiations
- Created financial infrastructure for a major co-promoted launch brand in Eliquis, including profit share calculations and field force expense tracking, and gained alignment on revised revenue forecasts following a delayed FDA approval
- Led rollout of SAP-based sales forecasting model, managing a small team of developers to complete a state-based brand forecasting tool with automated reporting
- Managed operating expenses for five marketing platforms, and successfully transitioned Pfizer's patient assistance programs from the commercial to public affairs organization

Business Analyst, Finance MBA Rotational Program (2007-08)

Gained organizational and functional experience and deepened industry knowledge through a series of six-month financial and corporate rotations

- *Corporate Treasury*: built accounting model measuring P&L impact of financial market shifts on Pfizer pension plans, and built regression-based, business-specific cost of capital models
- *Worldwide Strategy and Innovation*: developed recommendations for pharma-adjacent business development, and provided input into the development of formal corporate strategy processes
- *Financial Planning & Analysis, Japan-Asia*: developed operating expense analyses to provide key insights to management, and developed and executed project management training

MBA Intern, Pfizer Global Research & Development (2006)

- Evaluated PGRD's exposure to value-added taxes and customs duties, and recommended process improvements to better track and forecast expenses

2003 – 05 **DELOITTE TAX LLP, Sr. Consultant, Global Transfer Pricing Practice,** Washington, DC

- Drafted tax planning proposal and led consultant team for a major pharmaceutical company which resulted in a projected $50 million tax savings

2000 – 03 **DEWEY BALLANTINE LLP, Data Analyst, International Trade Practice,** Washington, DC

- Served as lead economic analyst in U.S.-Canada trade dispute on behalf of the domestic softwood lumber industry, resulting in substantial tariffs assessed on subsidized imports

EDUCATION

2007 **DUKE UNIVERSITY, The Fuqua School of Business,** Durham, NC
Master of Business Administration. Concentration in Health Sector Management

2000 **THE GEORGE WASHINGTON UNIVERSITY,** Washington, DC
Bachelor of Business Administration in Finance, minor in economics. Graduated Magna Cum Laude

OTHER ACTIVITIES

- Interned at NC-based medical device startup Respirics in spring 2006, creating licensing and partnership scenarios and evaluating sales force productivity for a co-promotion partner
- Research contributor for Henry Grabowski and Margaret Kyle, "Generic Competition and Market Exclusivity in Pharmaceuticals," published May 2006
- Cub Scout den and pack leader, responsible for organizing activities and fundraisers

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ SPECIAL FINANCIAL REPORT PURSUANT TO RULE 15d-2 OF THE SECURITIES EXCHANGE ACT OF 1934

Contains only financial statements for the fiscal year ended December 31, 2019

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from to

Commission file number 000-56114

UPJOHN INC.

(Exact name of registrant as specified in its charter)

Delaware	83-4364296
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification Number)

235 East 42nd Street, New York, New York 10017
(Address of principal executive offices) (zip code)
(212) 733-2323
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
None	N/A	N/A

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files.) Yes☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer", "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated filer ☐ Accelerated filer ☐ Non-accelerated filer ☒ Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☒ No ☐

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the Registrant: No established public trading market for the registrant's common stock.

As of May 6, 2020, there were 100 outstanding shares of the registrant's common stock, $0.01 par value per share.

DOCUMENTS INCORPORATED BY REFERENCE

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EXPLANATORY NOTE

On February 13, 2020, the United States Securities and Exchange Commission (the "SEC") declared effective the Registration Statement on Form S-4, as amended (the "Registration Statement"), of Upjohn Inc. (the "Company" or "Upjohn"), to register shares of its common stock, par value $0.01 per share, that will be issued and distributed in connection with the series of agreements entered into by Pfizer Inc. ("Pfizer"), Upjohn, Mylan N.V. ("Mylan") and certain of their affiliates to combine Pfizer's global, primarily off-patent branded and generic established medicines business (the "Upjohn Business") with Mylan in an all-stock Reverse Morris Trust transaction (the "Transaction"), creating a new global pharmaceutical company. A detailed description of the Upjohn Inc. capital stock and the Transaction is included in the Registration Statement. Upjohn has been newly formed to effect the transactions. Effective as of the closing of the Transaction, Upjohn will be renamed "Viatris" and will operate both Mylan and the Upjohn Business.

Rule 15d-2 under the Securities Exchange Act of 1934, as amended ("Rule 15d-2"), provides generally that if a company's registration statement filed under the Securities Act of 1933, as amended, does not contain certified financial statements for the company's last full fiscal year preceding the year in which such registration statement becomes effective (or for the life of the company if less than a full fiscal year), then the company must, within 90 days after the effective date of such registration statement, file a special financial report furnishing certified financial statements for the last full fiscal year or other period, as the case may be, meeting the requirements of the form appropriate for annual reports of that company. Rule 15d-2 further provides that the special financial report is to be filed under cover of the facing sheet of the form appropriate for annual reports of the company.

The Registration Statement did not contain the certified financial statements of the Company for the fiscal year ended December 31, 2019; therefore, as required by Rule 15d-2, the Company is hereby filing its certified financial statements for the fiscal year ended December 31, 2019 with the SEC under cover of the facing page of an annual report on Form 10-K.

FINANCIAL STATEMENTS

Report of Independent Registered Public Accounting Firm

To the Stockholder and Board of Directors

Upjohn Inc.:

Opinion on the Consolidated Financial Statements

We have audited the accompanying consolidated balance sheet of Upjohn Inc. and subsidiaries (the Company) as of December 31, 2019, the related consolidated statements of income, comprehensive income, equity, and cash flows for the period from February 14, 2019 (date of incorporation) to December 31, 2019, and the related notes (collectively, the consolidated financial statements). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2019, and the results of its operations and its cash flows for the period from February 14, 2019 (date of incorporation) to December 31, 2019, in conformity with U.S. generally accepted accounting principles.

Basis for Opinion

These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audit. We are a public accounting firm registered with the Public Company Accounting Oversight Board (United States) (PCAOB) and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audit in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement, whether due to error or fraud. Our audit included performing procedures to assess the risks of material misstatement of the consolidated financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements. Our audit also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that our audit provides a reasonable basis for our opinion.

KPMG LLP

KPMG LLP

We have served as the Company's auditor since 2020.

New York, New York

May 7, 2020

UPJOHN INC.

CONSOLIDATED STATEMENT OF INCOME

(actual dollars and shares)	Period From February 14, 2019 (Date of Incorporation) to December 31, 2019
Revenues	$ —
Operating expenses	—
Other (income)/deductions—net	—
Income before provision/(benefit) for taxes on income	—
Provision/(benefit) for taxes on income	—
Net income	$ —
Earnings per common share—basic	$ —
Weighted-average common shares—basic	100

See Notes to Consolidated Financial Statements, which are an integral part of these statements.

UPJOHN INC.

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME

(actual dollars)	Period From February 14, 2019 (Date of Incorporation) to December 31, 2019
Net income	$ —
Other comprehensive income/(loss) before tax	—
Tax provision/(benefit) on other comprehensive income/(loss)	—
Other comprehensive income/(loss)	—
Comprehensive income attributable to Upjohn Inc.	$ —

See Notes to Consolidated Financial Statements, which are an integral part of these statements.

UPJOHN INC.

CONSOLIDATED BALANCE SHEET

(actual dollars and shares)	As of December 31, 2019
Assets	
Total current assets	$ —
Total assets	$ —
Liabilities and Equity	
Total current liabilities	$ —
Total liabilities	—
Commitments and Contingencies	
Common stock, $0.01 par value; 1,000 shares authorized; issued: 2019—100 shares	1
Additional paid-in capital	—
Due from shareholder	(1)
Retained earnings	—
Accumulated other comprehensive income/(loss)	—
Total Upjohn Inc. shareholder's equity	—
Total liabilities and equity	$ —

See Notes to Consolidated Financial Statements, which are an integral part of these statements.

UPJOHN INC.

CONSOLIDATED STATEMENT OF EQUITY

(actual dollars and shares)	Common Stock Shares	Common Stock Par Value	Add'l Paid-In Capital	Due from Share-holder	Retained Earnings	Accum. Other Comp. Income/ (Loss)	Upjohn Inc. Share - holder's Equity
Initial capitalization, February 14, 2019 (date of incorporation)	100	$ 1	$ —	$ (1)	$ —	$ —	$ —
Net income					—		—
Other comprehensive income/(loss), net of tax						—	—
Balance, December 31, 2019	100	$ 1	$ —	$ (1)	$ —	$ —	$ —

See Notes to Consolidated Financial Statements, which are an integral part of these statements.

UPJOHN INC.

CONSOLIDATED STATEMENT OF CASH FLOWS

(actual dollars)	Period From February 14, 2019 (Date of Incorporation) to December 31, 2019
Operating Activities	
Net income	$ —
Adjustments to reconcile net income to net cash provided by operating activities:	
Other changes in assets and liabilities:	—
Net cash provided by operating activities	—
Investing Activities	
Net cash provided by investing activities	—
Financing Activities	
Net cash provided by financing activities	—
Effect of exchange-rate changes on cash and cash equivalents	—
Net increase/(decrease) in cash and cash equivalents	—
Cash and cash equivalents, beginning	—
Cash and cash equivalents, end	$ —
Supplemental Cash Flow Information	
Cash paid during the period for:	
Income taxes	$ —
Interest	—

See Notes to Consolidated Financial Statements, which are an integral part of these statements.

Notes to Consolidated Financial Statements

Note 1. Organization and Basis of Presentation

A. Organization

Upjohn Inc. (the "Company" or "Upjohn"), a Delaware corporation, was formed on February 14, 2019, and is currently a wholly-owned subsidiary of Pfizer Inc. ("Pfizer"). The Company has two wholly-owned subsidiaries, Utah Acquisition Holdco Inc. and Utah Acquisition Sub Inc., both of which are Delaware corporations formed on July 25, 2019. The Company and its subsidiaries have not commenced operations, have no significant assets or liabilities and have not conducted any material activities other than those incidental to its formation from February 14, 2019, its date of incorporation, through December 31, 2019.

On February 13, 2020, the United States Securities and Exchange Commission (the "SEC") declared effective the Registration Statement on Form S-4, as amended (the "Registration Statement"), of the Company to register shares of its common stock, par value $0.01 per share, that will be issued and distributed in connection with a series of agreements entered into by Pfizer, the Company, Mylan N.V. ("Mylan") and certain of their affiliates to combine Pfizer's global, primarily off-patent branded and generic established medicines business (the "Upjohn Business") with Mylan in an all-stock Reverse Morris Trust transaction (the "Transaction"), creating a new global pharmaceutical company.

On July 29, 2019, Pfizer announced it had entered into a definitive agreement to combine the Company with Mylan. Under the terms of the Transaction, Pfizer will contribute the Upjohn Business, a business unit of Pfizer, to the Company. The Company will be spun-off or split-off to Pfizer's stockholders and, immediately thereafter, combined with Mylan. The name of the new company to be formed by the planned combination of the Upjohn Business and Mylan will be "Viatris." The voting common stock of the Company is expected to be listed for trading on the NASDAQ. Pfizer stockholders would own 57% of the combined new company, and former Mylan shareholders would own 43%. The Company will issue $12 billion of debt in connection with its separation from Pfizer and will make a cash payment to Pfizer equal to $12 billion as partial consideration for the contribution of the Upjohn Business from Pfizer to the Company. The Transaction is generally expected to be tax free to Pfizer and Pfizer stockholders and is expected to close in the second half of 2020, subject to Mylan shareholder approval and satisfaction of other customary closing conditions, including receipt of regulatory approvals.

B. Basis of Presentation

The consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") and present the consolidated balance sheet of the Company as of December 31, 2019 and the related consolidated statements of income, comprehensive income, equity and cash flows of the Company for the period from February 14, 2019 (date of incorporation) to December 31, 2019. Preparing financial statements requires management to make estimates and assumptions that affect the amounts that are reported in the financial statements and accompanying disclosures. Although these estimates are based on management's best knowledge of current events and actions that the Company may undertake in the future, actual results may be different from these estimates. At December 31, 2019, *Due from shareholder* represents a receivable from Pfizer of $1 in connection with the issuance of the Company's common stock (see Note 2).

Note 2. Equity

As of December 31, 2019, the Company is authorized to issue 1,000 shares of common stock, par value $0.01 per share.

As of December 31, 2019, there were 100 shares of common stock, par value of $0.01 per share, of the Company issued and outstanding. All such issued and outstanding shares of common stock were held by Pfizer.

EXHIBIT INDEX

31.1	Certification by the Principal Executive Officer Pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.
31.2	Certification by the Chief Financial Officer Pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.
32.1	Certification by the Principal Executive Officer Pursuant to 18 U.S.C. Section 1350, as Adopted Pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.
32.2	Certification by the Chief Financial Officer Pursuant to 18 U.S.C. Section 1350, as Adopted Pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.
Exhibit 101:	
101.INS	XBRL Instance Document - the instance document does not appear in the Interactive Data File because its XBRL tags are embedded within the Inline XBRL document.
101.SCH	Inline XBRL Taxonomy Extension Schema
101.CAL	Inline XBRL Taxonomy Extension Calculation Linkbase
101.LAB	Inline XBRL Taxonomy Extension Label Linkbase
101.PRE	Inline XBRL Taxonomy Extension Presentation Linkbase
101.DEF	Inline XBRL Taxonomy Extension Definition Document
Exhibit 104	Cover Page Interactive Data File - the cover page interactive data file does not appear in the Interactive Data File because its XBRL tags are embedded within the Inline XBRL document.

SIGNATURES

Under the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, this report was signed on behalf of the Registrant by the authorized person named below.

Upjohn Inc.

Dated: May 7, 2020

By: /S/ MICHAEL GOETTLER

Michael Goettler
President (Principal Executive Officer)

Under the requirements of the Securities Exchange Act of 1934, this report was signed by the following persons on behalf of the Registrant and in the capacities and on the date indicated.

Signature	Title	Date
/S/ MICHAEL GOETTLER **Michael Goettler**	President (Principal Executive Officer)	May 7, 2020
/S/ SANJEEV NARULA **Sanjeev Narula**	Chief Financial Officer, Controller and Treasurer (Principal Financial and Accounting Officer)	May 7, 2020
/S/ BRYAN SUPRAN **Bryan Supran**	Director	May 7, 2020
/S/ MARGARET M. MADDEN **Margaret M. Madden**	Director	May 7, 2020
/S/ DOUGLAS E. GIORDANO **Douglas E. Giordano**	Director	May 7, 2020

Certification by the Principal Executive Officer Pursuant to Section 302 of the Sarbanes-Oxley Act of 2002

I, Michael Goettler, certify that:

1. I have reviewed this Special Financial Report on Form 10-K of Upjohn Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. Intentionally omitted; and

5. Intentionally omitted.

Date: May 7, 2020

/s/ MICHAEL GOETTLER
Michael Goettler
President
(Principal Executive Officer)

Certification by the Chief Financial Officer Pursuant to Section 302 of the Sarbanes-Oxley Act of 2002

I, Sanjeev Narula, certify that:

1. I have reviewed this Special Financial Report on Form 10-K of Upjohn Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. Intentionally omitted; and

5. Intentionally omitted.

Date: May 7, 2020

/s/ SANJEEV NARULA
Sanjeev Narula
Chief Financial Officer, Controller and Treasurer
(Principal Financial and Accounting Officer)

Certification by the Principal Executive Officer Pursuant to 18 U.S.C. Section 1350, as Adopted Pursuant to Section 906 of the Sarbanes-Oxley Act of 2002

Pursuant to 18 U.S.C. Section 1350, I, Michael Goettler, hereby certify that, to the best of my knowledge, the Special Financial Report on Form 10-K of Upjohn Inc. for the period from February 14 (date of incorporation) to December 31, 2019 (the "Report") fully complies with the requirements of Section 13(a) or Section 15(d) of the Securities Exchange Act of 1934, and that the information contained in that Report fairly presents, in all material respects, the financial condition and results of operations of Upjohn Inc.

/s/ MICHAEL GOETTLER
Michael Goettler
President
(Principal Executive Officer)

May 7, 2020

This certification accompanies this Special Financial Report on Form 10-K pursuant to Section 906 of the Sarbanes-Oxley Act of 2002 and shall not, except to the extent required by such Act, be deemed filed by the Company for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Such certification will not be deemed to be incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, except to the extent that the Company specifically incorporates it by reference.

Certification by the Chief Financial Officer Pursuant to 18 U.S.C. Section 1350, as Adopted Pursuant to Section 906 of the Sarbanes-Oxley Act of 2002

Pursuant to 18 U.S.C. Section 1350, I, Sanjeev Narula, hereby certify that, to the best of my knowledge, the Special Financial Report on Form 10-K of Upjohn Inc. for the period from February 14 (date of incorporation) to December 31, 2019 (the "Report") fully complies with the requirements of Section 13(a) or Section 15(d) of the Securities Exchange Act of 1934, and that the information contained in that Report fairly presents, in all material respects, the financial condition and results of operations of Upjohn Inc.

/s/ SANJEEV NARULA
Sanjeev Narula
Chief Financial Officer, Controller and Treasurer
(Principal Financial and Accounting Officer)

May 7, 2020

This certification accompanies this Special Financial Report on Form 10-K pursuant to Section 906 of the Sarbanes-Oxley Act of 2002 and shall not, except to the extent required by such Act, be deemed filed by the Company for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Such certification will not be deemed to be incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, except to the extent that the Company specifically incorporates it by reference.

December 11, 2020

Via Fed Ex

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To Whom It May Concern:

Upjohn 1 US LLC ("Upjohn") is a privately-held, New Jersey-based Virtual Manufacturer that plans to commercialize prescription drugs to bring life-changing medicines to people across the United States.

Upjohn's product portfolio contains drugs that are used in treatment for patients with COVID-19. We are requesting expedited issuance of licensure, prior to the board meeting to ensure patients do not have disruption in treatment.

Upjohn US 1 LLC is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from Upjohn US 1 LLC's office. Upjohn US 1 LLC's products do include controlled substances. Accordingly, although Upjohn does not have a DEA registration, their 3PL, Pfizer Inc., is registered with the DEA. Pfizer Inc's DEA Number is RP0303278 for its Tennessee location and RP0511623 for its Wisconsin location. At the time of this application, Upjohn US 1 LLC is only licensed in its home state of New Jersey.

I hope this narrative is helpful as you review Upjohn US 1 LLC's application. If you have a question regarding this application, please contact me at 614-370-2801 via email at stacie.borngrebe@gmail.com. Please also address all written communication to me. My address is 2123 English Turn Dr. Grove City, OH 43123.

Thank you in advance for your consideration.

Stacie Borngrebe
Licensing Analyst

DESCRIPTION OF OPERATIONS

Upjohn US 1 LLC ("Upjohn") is a New Jersey-based Virtual Manufacturer that plans to commercialize prescription drugs across the United States.

THIRD-PARTY LOGISTICS

Upjohn's products are manufactured by contract manufacturers and distributed to customers by their third-party logistics provider Pfizer Inc. Upjohn utilizes the following Pfizer facilities for distribution of product:

Pfizer Inc.
10501 80th Avenue
Pleasant Prairie, WI 53158

1855 Shelby Oaks Drive North
Memphis, TN 38134

CONTRACT MANUFACTURERS

Upjohn uses the following contract manufacturer to produce product:

Sharp Corporation
7451 Keebler Drive
Allentown, PA 18106
FEI Number: 3004161147
FEIN Expiration Date: 12/31/2020

Pharmacia & Upjohn Company LLC
7000 Portage Road
Kalamazoo, MI 49001
FEI Number: 1810189
FEIN Expiration Date: 12/31/2020

Pfizer Manufacturing Deutschland GmbH
Mooswaldallee 1
79108 Freiburg im Breisgau
Germany
FEI Number: 3002807097
FEIN Expiration Date: 12/31/2020

Pfizer Italia S.r.l.
63100 Marino Del Tronto
Ascoli Piceno, AP
FEII Number: 3003637173
FEIN Expiration Date: 12/31/2020

Pfizer Manufacturing Belgium

Rijksweg 12
2870 Puurs, Belgim
FEI Number: 1000654629
FEIN Expiration Date: 12/31/2020

Pfizer Pharmaceuticals LLC
BO Carmelita Road 689 Km 1.9
Vega Baja, PR 00693
FEI Number: 2623619
FEIN Expiration Date: 12/31/2020

Fareva Amboise
Zone Industrielle 29 route des industries
Amboise, France
FEI Number: 3000234005
FEIN Expiration Date: 12/31/2020

Farmasierra Manufacturing S.L
Carretera de Irun Km. 26,200
San Sebastian de los Reyes 28 ES
FEI Number: 3007898507
FEIN Expiration Date: 12/31/2020

PRODUCTS

As a virtual manufacturer, Upjohn does not manufacture, distribute or store product at their New Jersey facility. At no time do contact manufacturers own Upjohn's products, contract with Upjohn's customers, invoice or sell Upjohn products. Upjohn does have products are Controlled Substances. Please see attached DEA certificate for Upjohn's Third-Party Logistics Provider, Pfizer Inc.

15

15A

RECEIVED 9/30/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: **Eagle Pharmacy, Inc. d/b/a Eagle, Inc.**

Physical Address: **2200 Riverchase Center, Suite 675**

City: **Hoover** State: **AL** Zip Code: **35244**

Telephone: **205-682-7999** Fax: **205-682-7616**

Toll Free Number: **877-682-7994** (Required per NAC 639.708)

E-mail: **eaglepharmacy@gmail.com** Website: **eaglepharmacy.org**

Supervising Pharmacist: **Zahir Hamid** Nevada License #: **20667** OK exp 10/31/21

SERVICES PROVIDED

Yes/No

☐ ☒ Parenteral
☒ ☐ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☒ ☐ Other Services: **Manufactured Product Distribution**

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): **26-1499219**

Please provide the name of the facility as registered with the FDA and the registration number:
Eagle Pharmacy, Inc. 69852

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Eagle, Inc., Eagle Rx, Inc.

Please provide the name and Nevada license number of the supervising pharmacist:
Name: **Zahir Hamid** Nevada License Number: **20667**

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: _____

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

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

Robert Bradford Johnson

Print Name of Authorized Person

9.28.2020

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY Page 5

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Alabama

Parent Company if any: _____

Address: 2200 Riverchase Center, Suite 675

City: Hoover State: AL Zip: 35244

Telephone: 205-682-7999 Fax: 205-682-7616

Contact Person: Charlotte Denney

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Robert Bradford Johnson 307 Commercial St SE, Hanceville, AL 35077
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 333

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

4) What date did the corporation actually receive the cash assets? 11-29-2007

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

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Robert Bradford Johnson, President - 100% Owner

REGISTER OF STOCK CERTIFICATES

CERTIFICATE NO			SHARES IN EACH CERTIFICATE	SHAREHOLDER	ISSUE DATE	TRANSFERRED TO	NEW CERTIFICATE		CERTIFICATE SURRENDERED	
ORIGINAL	RE ISSUE	DATED					NO	NO OF SHARES	NO	NO OF SHARES
~~1~~		~~11/29/07~~	~~500~~	~~R. Brad Johnson~~		Cancelled				
~~2~~		~~11/29/07~~	~~500~~	~~Christine T. Feenker~~		Cancelled				
3		1/1/09	333 1/3	R. Brad Johnson						
4		1/1/09	333 1/3	Christine T. Feenker	1/2/2015	Eagle Pharmacy, Inc (Treasury)			4	333 1/3
5		1/1/09	333 1/3	V. Michelle Maly	1/2/2015	Eagle Pharmacy, Inc (Treasury)			5	333 1/3

Form © wallstreetdirect.com

NUMBER 3

SHARES 333 1/3

INCORPORATED UNDER THE LAWS OF THE STATE OF ALABAMA

Eagle Pharmacy, Inc.

The Corporation is authorized to issue 1,000 Common Shares -- Par Value $1.00 each

This Certifies that R. Brad Johnson is the owner of Three hundred thirty-three and one-third (333 1/3) fully paid and non-assessable Shares of the above Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and to be sealed with the Seal of the Corporation.

Dated 1-1-09

PRESIDENT

State of Alabama
Department of Revenue

Certificate of Compliance

Eagle Pharmacy, Inc. is found to be in compliance for purposes of the issuance of a Certificate of Compliance from the Alabama Department of Revenue. An examination of the Alabama Department of Revenue's records for the following accounts: Corporate Income, Excise, Pass Through Entity, Business Privilege, Business & License Tax, Withholding, International Fuel Tax Agreement, International Registration Plan, and Sales and Use Tax, reveals that the aforementioned taxpayer/entity has filed all applicable tax returns and paid the tax or taxes, interest amounts, and any penalties that were reported due for all tax returns, assessments, and/or audit liabilities that were owed, as of September 17, 2020. No representation is made as to the accuracy of the amounts reported. Like all taxpayers, this taxpayer is subject to audit and billing for additional amounts for periods within the statute of limitations.

IN WITNESS WHEREOF, I hereunto set my hand this date of September 17, 2020.

Curtis E. Stewart

Disclosure Officer

Phone: 334-242-1189
Fax: 334-242-1030

Request Date: September 17, 2020
Request Code: 20091711596127

Alabama State Board of Pharmacy

2020

This is to Certify

EAGLE, INC.
2200 RIVERCHASE CENTER SUITE 675
HOOVER, AL 35244

Permit No.
193612

Supervising Pharmacist

Is duly licensed as a

503-B Outsourcing Facility

IN CONFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD. THIS CERTIFICATE EXPIRES ON THE LAST DAY OF 12/31/2020 AND MUST BE CONSPICUOUSLY DISPLAYED.

Alabama State Board of Pharmacy

This is Your Receipt For Fee Paid As Required By Law
THIS PERMIT IS NOT TRANSFERABLE

Secretary

Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242
Phone 205-981-2280
Fax 205-981-2330
www.albop.com

Report changes of name, ownership, address or supervising pharmacist on the appropriate application/ form downloaded from our website: www.albop.com.

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

ALABAMA STATE BOARD OF PHARMACY

2020

The Controlled Substances Act of 1971 reads in part as follows:
Section 304. (Revocation and Suspension of Registration.)
(a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:
(1) has furnished false or fraudulent material information in any application filed under this Act;
(2) has been convicted of a felony under any State or Federal law relating to any controlled substance; or
(3) has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances
(4) Has violated the provisions Act 205, 1966 Special Session of Alabama Legislature (Title 46B 257 (al-a32) Code of Alabama 1940 (Recomp. 1958)

CONTROLLED SUBSTANCES REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
193612	12/31/2020	$600 00
SCHEDULES	**BUSINESS ACTIVITY**	**DATE ISSUED**
III IV V		01/01/2020

EAGLE, INC.
2200 RIVERCHASE CENTER SUITE 675
HOOVER, AL 35244

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES
THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY

EAGLE PHARMACY
2200 Riverchase Ctr. Ste. 675
Hoover, AL 35244
(205) 682-7999

May 30, 2018

Pharma Division II
404 BNA Drive, Building 200, Suite 500
Nashville, TN 37217

To Whom It May Concern,

This letter responds to the observations in the FDA 483 report issued on May 18, 2018 covering an inspection conducted by Mrs. Samantha Bradley at our facility on May 1, 2018 through May 18, 2018. We would like to acknowledge the thoroughness and the professionalism of Investigator Bradley during this inspection and our appreciation of her helpful suggestions.

This submission is intended to demonstrate Eagle Pharmacy's continued commitment to be in compliance with CGMP, related Guidance Documents, and other FDA regulations as they apply to compounding of our products and the resultant safety of our customers and patients.

We look forward to resolving the issues identified in the recent FDA 483 in a responsible timely and cooperative manner. If you should have any questions regarding this response, please do not hesitate to contact the undersigned at (205) 682-7999.

Sincerely,

Zahir Hamid, Pharm.D.
General Pharmacy Manager

Haleigh Cawood, Pharm.D.
Quality Control Manager

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

Eagle Pharmacy, Inc.
Responses to 5/18/2018 FDA 483
May

OBSERVATION 1

Laboratory controls do not include the establishment of scientifically sound and appropriate specifications and test procedures designed to assure that drug products conform to appropriate standards of identity, strength, quality, and purity.

Specifically, finished product release testing does not include preservative content for injectable drug products. All drug products are sold as multi-dose units and include preservatives, such as benzyl alcohol, benzalkonium chloride, chlorobutanol and edetate disodium.

RESPONSE

Currently Eagle Pharmacy tests the preservative content and performs antimicrobial effectiveness testing on all products as part of the stability studies. Beginning June 1, 2018, any samples sent for batch release testing will also include the potency of the antimicrobial preservative which must pass as a condition of release for the batch.

OBSERVATION 2

Appropriate procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established and followed. There is not adequate validation of the sterilization process. Specifically,

a) Pharmaceutical grade, sterilizing filters are integrity tested after use via a bubble point method which has not been validated. There are two filter types in use;
    i. Per each filter Certificate of Quality, the mdi AseptiCap KS- γ PES Membrane Capsule Filters, Type DKS-S, have a bubble point specification of $\geq$ 50 psi (3.44 Bar) when using deionized (DI) water. The bubble point being performed at Eagle uses the product which was filtered as the wetting fluid and the DI Water specification from the manufacturer. There is no assurance that bubble point results are equivalent between the different wetting fluids (i.e. product formulations and DI water). Products which are filter sterilized using this filter include Brompheniramine Maleate, Cyanocobalamin, Ketorolac Tromethamine, Sodium Bicarbonate, and Vitachrom.

    ii. Per each filter Certificate of Quality, the mdi AseptiVent TF Hydrophobic PTFE Membrane Capsule Filters, Type DTS-S, have a bubble point specification of $\geq$ 22 psi (1.52 Bar) when using 70% isopropyl alcohol

(IPA)/water solution. The bubble pont being performed at Eagle uses the product which was filtered as the wetting fluid and the IPA/water solution specification from the manufacturer. There is no assurance the bubble point results are equivalent between the different wetting fluids (i.e., product formulation and IPA/water solution). Testosterone Cypionate is filter sterilized using this filter.

RESPONSE

Effective immediately, the mdi AseptiCap KS-γ PES Membrane Capsule Filters, Type DKS-S used to filter Brompheniramine Maleate, Cyanocobalamin, Ketorolac Tromethamine, Sodium Bicarbonate, and Vitachrom (no longer made), will be flushed with DI water prior to obtaining the bubble point value for each filter.

The mdi AseptiVent TF Hydrophobic PTFE Membrane Capsule Filters, Type DTS-S used to filter Testosterone Cypionate is no longer used due to the fact that Eagle Pharmacy ceased making Testosterone Cypionate in March 2018.

b) Significant information is lacking in the records for the validated process used to sterilize injectable drug products. Two sterilization cycles are available on the Yamato SQ500C floor autoclaves, including one at 120°C for 30 minutes and one at 121°C for 45 minutes. The autoclaves are not capable of printing or retrospectively showing the cycle, the batch records lack verification the correct cycle parameters were selected, and the chemical indicator used in each batch is designed to change color after only 15 minutes at 121°C. Products which are sterilized using these autoclaves include Betamethasone, Dexamethasone Acetate, Medroxyprogesterone Acetate, and Triamcinolone Acetonide.

RESPONSE

The batch records for all products sterilized using the Yamato SQ500C autoclaves have been updated to include a double check that the correct cycle has been chosen for each product. Copies of this section of the batch record for each of the above mentioned products is included as Attachment 1. Additionally, Eagle Pharmacy has purchased Biological Indicators designed to demonstrate whether a 10^6 reduction of *Geobacillus stearothermophilus* has been attained for an effective sterilization cycle rather than a time-temperature color change utilized by a chemical indicator (Attachment 2).

OBSERVATION 3

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions. Specifically, there is no calibration of the pressure gauges, thermometers, and hygrometers used to monitor pressure differentials, temperature and relative humidity for the ISO- classified areas used for sterile compounding.

RESPONSE

Pressure, temperature, and humidity gauges used to measure the conditions of the ISO-classified environments were calibrated on May 17, 2018 and will continue to be calibrated annually with all other equipment. The calibration data is included as Attachment 3.

OBSERVATION 4

Equipment and utensils are not maintained at appropriate intervals to prevent malfunctions that would alter the safety, strength, quality, or purity of the drug product. Specifically, the analytical balance used for weighing the drug components, an Ohaus Voyager Pro, Model VP214CN, is not calibrated using a certified weight or routinely qualified for use. The 200-g weight used for weekly internal calibration is lacking traceability and certification. The balance has not been qualified to verify its performance including precision/repeatability, off-center, and linearity testing.

RESPONSE

Eagle Pharmacy purchased a certified 200g weight in May 2018 for performing weekly balance calibrations (Attachment 4). This weight was put into process immediately upon receipt. Additionally, Eagle Pharmacy has contracted a company to perform an annual calibration of the balance itself with the initial calibration to be completed on July 9, 2018 (Attachment 5).

Attachment 1

Eagle Pharmacy **Batch Record – Betamethasone 7 mg/mL**	Label:
Lot #:	

Equipment & Instruments (Must be verified by a pharmacist)

Description	Calibration Date	Person Performing Calibration	Equipment Cleaned Prior to Use *Cleaned with sterile 70% IPA	Verifier init.
Electronic Balance (EB001)				
Powder Containment Hood (PCH001)		Triangle Certification, LLC		
Powder Containment Hood (PCH002)		Triangle Certification, LLC		
Non-Viable Air Sampler (NVAS001)		Airy Technology		
Viable Air Sampler (VAS001)				
Laminar Airflow Work Area		Triangle Certification, LLC		
Baxa Repeater Pump Calibrated to dispense: 10.5 mL				
Crimper (must be 30-50 psi) Calibrated to: _____				

Autoclave Process

Autoclave ID	Calibration Date	Performed by/Date
Verification of Correct Cycle	**Verify by:**	**Verify by:**
Sterilize Liquid (45 min)		

Timing of Process			Documented By:
Start time of Autoclave Process:	Date: _____	Time: _____	
Completion of Autoclave Process:	Date: _____	Time: _____	

Eagle Pharmacy **Batch Record – Dexamethasone Acetate 8 mg/mL**	Label:
Lot #:	

Equipment & Instruments (Must be verified by a pharmacist)

Description	Calibration Date	Person Performing Calibration	Equipment Cleaned Prior to Use *Cleaned with sterile 70% IPA	Verifier init.
Electronic Balance (EB001)				
Powder Containment Hood (PCH001)		Triangle Certification, LLC		
Powder Containment Hood (PCH002)		Triangle Certification, LLC		
Non-Viable Air Sampler (NVAS001)		Airy Technology		
Viable Air Sampler (VAS001)				
Laminar Airflow Work Area		Triangle Certification, LLC		
Baxa Repeater Pump Calibrated to dispense: 10.5 mL				
Crimper (must be 30-50 psi) Calibrated to: _____				

Autoclave Process

Autoclave ID	Calibration Date	Performed by/Date
Verification of Correct Cycle	**Verify by:**	**Verify by:**
Sterilize Normal (30 min)		

Timing of Process	Documented By:
Start time of Autoclave Process: Date: _____ Time: _____ Completion of Autoclave Process: Date: _____ Time: _____	

Eagle Pharmacy **Batch Record – Methylprednisolone Acetate 40 mg/mL**	Label:
Lot #:	

Equipment & Instruments (Must be verified by a pharmacist)

Description	Calibration Date	Person Performing Calibration	Equipment Cleaned Prior to Use *Cleaned with sterile 70% IPA	Verifier init.
Electronic Balance (EB001)				
Powder Containment Hood (PCH001)		Triangle Certification, LLC		
Powder Containment Hood (PCH002)		Triangle Certification, LLC		
Non-Viable Air Sampler (NVAS001)		Airy Technology		
Viable Air Sampler (VAS001)				
Laminar Airflow Work Area		Triangle Certification, LLC		
Baxa Repeater Pump Calibrated to dispense: 10.5 mL				
Crimper (must be 30-50 psi) Calibrated to:_____				

Autoclave Process

Autoclave ID	Calibration Date	Performed by/Date
Verification of Correct Cycle	**Verify by:**	**Verify by:**
Sterilize Liquid (45 min)		

Timing of Process	Documented By:
Start time of Autoclave Process: Date: _____ Time: _____ Completion of Autoclave Process: Date: _____ Time: _____	

Eagle Pharmacy **Batch Record – Methylprednisolone 80 mg/mL**	Label:
Lot #:	

Equipment & Instruments (Must be verified by a pharmacist)

Description	Calibration Date	Person Performing Calibration	Equipment Cleaned Prior to Use *Cleaned with sterile 70% IPA	Verifier init.
Electronic Balance (EB001)				
Powder Containment Hood (PCH001)		Triangle Certification, LLC		
Powder Containment Hood (PCH002)		Triangle Certification, LLC		
Non-Viable Air Sampler (NVAS001)		Airy Technology		
Viable Air Sampler (VAS001)				
Laminar Airflow Work Area		Triangle Certification, LLC		
Baxa Repeater Pump Calibrated to dispense: 10.5 mL				
Crimper (must be 30-50 psi) Calibrated to: _____				

Autoclave Process

Autoclave ID	Calibration Date	Performed by/Date
Verification of Correct Cycle	**Verify by:**	**Verify by:**
Sterilize Liquid (45 min)		

Timing of Process	Documented By:
Start time of Autoclave Process: Date: _____ Time: _____ Completion of Autoclave Process: Date: _____ Time: _____	

Eagle Pharmacy **Batch Record – Triamcinolone Acetonide 50 mg/mL**	Label:
Lot #:	

Equipment & Instruments (Must be verified by a pharmacist)

Description	Calibration Date	Person Performing Calibration	Equipment Cleaned Prior to Use *Cleaned with sterile 70% IPA	Verifier init.
Electronic Balance (EB001)				
Powder Containment Hood (PCH001)		Triangle Certification, LLC		
Powder Containment Hood (PCH002)		Triangle Certification, LLC		
Non-Viable Air Sampler (NVAS001)		Airy Technology		
Viable Air Sampler (VAS001)				
Laminar Airflow Work Area		Triangle Certification, LLC		
Baxa Repeater Pump Calibrated to dispense: 10.5 mL				
Crimper (must be 30-50 psi) Calibrated to:_____				

Autoclave Process

Autoclave ID	Calibration Date	Performed by/Date
Verification of Correct Cycle	**Verify by:**	**Verify by:**
Sterilize Normal (30 min)		

Timing of Process	Documented By:
Start time of Autoclave Process: Date: _____ Time: _____ Completion of Autoclave Process: Date: _____ Time: _____	

Eagle Pharmacy Batch Record – Triamcinolone Acetonide 80 mg/mL	Label:
Lot #:	

Equipment & Instruments (Must be verified by a pharmacist)

Description	Calibration Date	Person Performing Calibration	Equipment Cleaned Prior to Use *Cleaned with sterile 70% IPA	Verifier init.
Electronic Balance (EB001)				
Powder Containment Hood (PCH001)		Triangle Certification, LLC		
Powder Containment Hood (PCH002)		Triangle Certification, LLC		
Non-Viable Air Sampler (NVAS001)		Airy Technology		
Viable Air Sampler (VAS001)				
Laminar Airflow Work Area		Triangle Certification, LLC		
Baxa Repeater Pump Calibrated to dispense: 10.5 mL				
Crimper (must be 30-50 psi) Calibrated to: _____				

Autoclave Process

Autoclave ID	Calibration Date	Performed by/Date
Verification of Correct Cycle	**Verify by:**	**Verify by:**
Sterilize Normal (30 min)		

Timing of Process	Documented By:
Start time of Autoclave Process: Date: _____ Time: _____ Completion of Autoclave Process: Date: _____ Time: _____	

Attachment 2

CROSSTEX®
A CANTEL MEDICAL COMPANY

SPORVIEW® SELF-CONTAINED BIOLOGICAL INDICATORS For Monitoring Steam

Crosstex Codes: SCS-100 and SCS-106

Product Description

The SporView® Self-Contained Biological Indicators (SCBIs) for monitoring Steam processes consist of:

- A thermoplastic vial and cap
- A crushable media ampoule which contains modified Trypticase® Soy Broth (TSB) with a pH indicator. The modified TSB will transition from the initial purple color to yellow and/or demonstrate turbidity in the presence of bacterial growth
- An inoculated carrier disc of *Geobacillus stearothermophilus* (Cell Line 7953) with a population level of 10^6 (SCS-100) or 10^5 (SCS-106)

Intended Use

The SCBIs may be utilized to monitor Steam sterilization process efficacy in healthcare and industrial applications.

Instructions for Use

Exposure: SCBIs may be placed inside representative materials or within the chamber directly. Package or wrap product as usual if applicable. Locate SCBIs or product in areas most difficult to sterilize, as outlined in a sterilization validation protocol or according to standard operating procedure. Run the cycle.

After sterilization or exposure, remove SCBIs or product from sterilizer.

Activation. Squeeze the sides of the unit until the glass media ampoule contained within is crushed. Ensure that the disc is immersed in the growth medium. Activate one SCBI which has not been exposed in a sterilization process as a Positive Control.

Incubation: Place the processed, activated SCBIs and the Positive Control in a vertical position in an incubator at 55°C to 60°C for a minimum of 24 hours.

Monitoring: Examine the SCBIs and record observations. All positive SCBIs should be disposed of immediately. Do not continue to incubate a positive SCBI. Continued growth may result in metabolism of amino acids in the absence of sugars, causing the pH to rise and result in color reversion that is visibly darker than a sterile unit. These should be considered as positive for growth (turbidity will be present).

For unexpected positives, it is recommended that a Gram stain be performed. Gram positive rods are characteristic of the indicator organism.

Interpretation. Control SCBI: The Positive Control SCBI should exhibit a color change to yellow and/or demonstrate turbidity. If the Positive Control does not show signs of growth, consider the test invalid.

Test SCBI: A passing sterilization cycle is indicated by no signs of turbidity and the purple color not transitioning to yellow. A failed sterilization cycle is indicated by turbidity and/or a color change to yellow.

Crosstex International, Inc. | Industrial Markets
6789 W. Henrietta Road, Rush, NY 14543 | T 800.860.1886 | F 419.666.1715 | E productorders@crosstex.com | www.SterilizationProducts.com

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Chemical Indicator (CI): The chemical indicating strip (along the center of the SCBI label) should transition from blue to brown/black when exposed to a steam process. Lack of color change or a partial change in color of the CI does not necessarily indicate failure. The CI does not prove efficacy of sterilization; the biological result should be used to gauge efficacy of the sterilization cycle.

Physical Properties

Process	Steam
Dimensions	8.4 mm x 45.5 mm
Packaging	100/Box
Chemical Indicator	Each SCBI contains a CI strip on the vial label. The CI should transition from blue to brown/black when exposed to a steam process

Monitoring Frequency

For greatest control of sterilized goods, it is recommended that one or more SCBIs be included with every load

Performance Characteristics

Population	1.0 to 5.0 x 10^5 per disc (Crosstex Code SCS-100). 1.0 to 5.0 x 10^6 per disc (Crosstex Code SCS-106).
Purity	No evidence of contamination present in sufficient numbers to adversely affect the finished product.
Steam Resistance	*D* value at 121°C ± 0.5°C 1.5 to 3.0 minutes The steam *D* value range is based on the requirements outlined in the USP, ISO 11138-3 and guidance issued by the Food & Drug Administration (FDA). Survival – Kill Times Calculated based on the formulas outlined in the USP, ISO 11138-1 and guidance issued by the FDA. *z* value ≥6°C The *z* value is based on *D* values at three temperatures in the range of 110°C to 130°C. Crosstex typically utilizes *D* values determined at 118°C, 121°C and 126°C.
Post-Market Criteria	Population: 50% to 300% of certified population *D* value: ± 20% of the certified *D* value Survival Time: All SCBIs result in growth at the certified survival time Kill Time: All SCBIs result in no growth at the certified kill time

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Compliance

ISO 11138-1 Sterilization of health care products – Biological indicators – Part 1: General requirements

ISO 11138-3 Sterilization of health care products – Biological indicators – Part 3: Biological indicators for moist heat sterilization processes

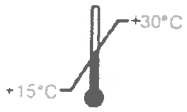
USP <55> Biological Indicators – Resistance Performance Tests

USP Biological/Official Monographs

USP Biological Indicator for Steam Sterilization, Self-Contained

Crosstex has a validated method for Total Viable Spore Count. Please inquire for the Technical Bulletin entitled *Population Verification for Paper Carrier Biological Indicators* to ensure consistent methodologies are being utilized when performing verification testing.

Storage and Shelf Life



20°C to 25°C average
Excursions 15°C to 30°C allowed

Protect from heat & radioactive sources

20% to 70% Relative Humidity

Do not freeze

Shelf Life

The shelf life of the SCBIs is based on the shorter of the two individual components (the media ampoule and inoculated carrier), which have independent expiration periods.

Short excursions outside the range of temperature and relative humidity recommended will not impact the performance of the SCBIs. Do not use damaged SCBIs. Do not use after expiration date. Do not refrigerate. The SCBIs contain live cultures and should be handled with care.

Disposal

Autoclave for not less than 30 minutes at 121°C or per other validated disposal cycle prior to discard.

SporVew™ is a registered trademark of SPSmedical Supply Corp., a wholly owned subsidiary of Crosstex International, Inc.

Trypticase® is a registered trademark owned by Becton, Dickinson and Company.

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Attachment 3

J.A. KING

PRECISION MEASUREMENT PROFESSIONALS

Certificate Of Calibration and Traceability

Certificate #: BHM-1525-1923731-1

Calibration Performed By:

J.A. King & Company
1712 12th Avenue North Suite F
Bessemer, AL 35020
Toll Free: 800-327-7727

For:

Eagle Pharmacy
2200 Riverchase Center
Birmingham, AL 35244
P. O. Number: 05042018

Procedure No.:	ICP-10-Tem. Humid Recorders	**Performed At:**	Customer Loc.
Tolerance:	±3°F and ±4%RH	**Equipment ID:**	T001/H001
Temp./RH:	68 F / 47%	**Manufacturer:**	Unknown
Cal Interval:	12 Months	**Model Number:**	Unknown
Cal Date:	5/17/2018	**Serial Number:**	Unknown
Cal Due Date:	5/17/2019	**Description:**	Temperature - Humidity Probe
Calibration Result:	Pass	**Capacity x Resolution:**	N/A
Technician:	Queen, Natasha M	**Department:**	Anteroom

Remarks: In Tolerance - Meets The Customer's Approved Specifications.

Ambient Temperature Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Temperature Accuracy	66.30	63.30	69.30	P	67.58	67.58	°F

Ambient Humidity Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Humidity Accuracy	49.10	45.10	53.10	P	47.04	47.04	%RH

P=Passed "As Found/As Left" **A=Out of Tolerance "As Found"** **F=Out of Tolerance "As Found/As Left"** **R=Report of Actual Value**

Standards Used To Calibrate Equipment

Traceability#	I.D.	Description	Last Cal.	Cal. Due Date
B6B18035	BHM46	Reference Thermometer	12/28/2017	12/28/2018
CHA-9311-769-1	CHA-040	Temperature & Humidity Indicator	4/2/2018	1/2/2019

This instrument has been processed and calibrated in accordance with the J.A. King & Company, LLC Quality Assurance manual and is traceable to the International System of Units (SI) via national metrology institutes (e.g. NIST) that are signatories to the CIPM Mutual Recognition Arrangement. Reported uncertainties are expressed as expanded uncertainty values at approximately the 95% confidence level using a coverage factor of K=2. Statements of compliance, where applicable, are based upon the test results falling within the specified limits with no reduction by the uncertainty of the measurement. The results contained herein relate only to the item calibrated. This certificate shall not be reproduced, except in full without the written permission of J.A. King & Co., LLC. Calibration due dates appearing on the Certificate of Calibration and labels are determined by the customer and do not imply continued conformance to specifications. The J.A. King & Co., LLC Quality Management system complies with the requirements of ISO/IEC 17025. View our Scope of Accreditation at www.jaking.com

Certification Done and Authorized By: **Queen, Natasha M Calibration Technician** (5/25/2018 19:37:51 UTC)

J.A. KING

PRECISION MEASUREMENT PROFESSIONALS

Certificate Of Calibration and Traceability

Certificate #: BHM-1525-1923729-1

Calibration Performed By:

J.A. King & Company
1712 12th Avenue North Suite F
Bessemer, AL 35020
Toll Free: 800-327-7727

For:

Eagle Pharmacy
2200 Riverchase Center
Birmingham, AL 35244
P. O. Number: 05042018

Procedure No.:	ICP-10-Tem/Humid Recorders	**Performed At:**	Customer Loc
Tolerance:	±3°F and ±4%RH	**Equipment ID:**	T002/H002
Temp./RH:	65 F / 51%	**Manufacturer:**	Unknown
Cal Interval:	12 Month(s)	**Model Number:**	Unknown
Cal Date:	5/17/2018	**Serial Number:**	Unknown
Cal Due Date:	5/17/2019	**Description:**	Temperature - Humidity Probe
Calibration Result:	Pass	**Capacity x Resolution:**	N/A
Technician:	Queen, Natasha M	**Department:**	Laboratory

Remarks: In Tolerance - Meets The Customer's Approved Specifications

Ambient Temperature Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Temperature Accuracy	63.50	60.50	66.50	P	65.41	65.41	°F

Ambient Humidity Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Humidity Accuracy	53.10	49.10	57.10	P	51.12	51.12	%RH

P=Passed "As Found/As Left" **A=Out of Tolerance "As Found"** **F=Out of Tolerance "As Found/As Left"** **R=Report of Actual Value**

Standards Used To Calibrate Equipment

Traceability#	I.D.	Description	Last Cal.	Cal. Due Date
B6B18035	BHM46	Reference Thermometer	12/28/2017	12/28/2018
CHA-9311-769-1	CHA-040	Temperature & Humidity Indicator	4/2/2018	1/2/2019

This instrument has been processed and calibrated in accordance with the J.A. King & Company, LLC Quality Assurance manual and is traceable to the International System of Units (SI) via national metrology institutes (e.g., NIST) that are signatories to the CIPM Mutual Recognition Arrangement. Reported uncertainties are expressed as expanded uncertainty values at approximately the 95% confidence level using a coverage factor of K=2. Statements of compliance, where applicable, are based upon the test results falling within the specified limits with no reduction by the uncertainty of the measurement. The results contained herein relate only to the item calibrated. This certificate shall not be reproduced, except in full without the written permission of J.A. King & Co., LLC. Calibration due dates appearing on the Certificate of Calibration and label are determined by the customer and do not imply continued conformance to specifications. The J.A. King & Co., LLC Quality Management system complies with the requirements of ISO/IEC 17025. View our Scope of Accreditation at www.jaking.com

Certification Done and Authorized By: **Queen, Natasha M Calibration Technician** (5/25/2018 19:39:12 UTC)

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PRECISION MEASUREMENT PROFESSIONALS

Certificate Of Calibration and Traceability

Certificate #: BHM-1525-1923735-1

Calibration Performed By:
J.A. King & Company
1712 12th Avenue North Suite F
Bessemer, AL 35020
Toll Free: 800-327-7727

For:
Eagle Pharmacy
2200 Riverchase Center
Birmingham, AL 35244
P. O. Number: 05042018

Procedure No.:	ICP-10-Tem. Humid Recorders	**Performed At:**	Customer Loc.
Tolerance:	±3°F and ±4%RH	**Equipment ID:**	T003/H003
Temp./RH:	64 F / 53%	**Manufacturer:**	Unknown
Cal Interval:	12 Months	**Model Number:**	Unknown
Cal Date:	5/17/2018	**Serial Number:**	Unknown
Cal Due Date:	5/17/2019	**Description:**	Temperature - Humidity Probe
Calibration Result:	Pass	**Capacity x Resolution:**	N/A
Technician:	Queen, Natasha M	**Department:**	Vestibule

Remarks: In Tolerance - Meets The Customer's Approved Specifications

Ambient Temperature Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Temperature Accuracy	63.30	60.30	66.30	P	63.89	63.89	°F

Ambient Humidity Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Humidity Accuracy	55.10	51.10	59.10	P	53.35	53.35	%RH

P=Passed "As Found/As Left" A=Out of Tolerance "As Found" F=Out of Tolerance "As Found/As Left" R=Report of Actual Value

Standards Used To Calibrate Equipment

Traceability#	I.D.	Description	Last Cal.	Cal. Due Date
B6B18035	BHM46	Reference Thermometer	12/28/2017	12/28/2018
CHA-9311-769-1	CHA-040	Temperature & Humidity Indicator	4/2/2018	1/2/2019

This instrument has been processed and calibrated in accordance with the J. A. King & Company, LLC Quality Assurance manual and is traceable to the International System of Units (SI) via national metrology institutes (e.g., NIST) that are signatories to the CIPM Mutual Recognition Arrangement. Reported uncertainties are expressed as expanded uncertainty values at approximately the 95% confidence level using a coverage factor of K=2. Statements of compliance, where applicable, are based upon the test results falling within the specified limits with no reduction by the uncertainty of the measurement. The results contained herein relate only to the item calibrated. This certificate shall not be reproduced, except in full without the written permission of J. A. King & Co., LLC. Calibration due dates appearing on the Certificate of Calibration and label are determined by the customer and do not imply continued conformance to specifications. The J. A. King & Co., LLC Quality Management system complies with the requirements of ISO/IEC 17025. View our Scope of Accreditation at www.jaking.com

Certification Done and Authorized By: **Queen, Natasha M Calibration Technician** (5/25/2018 19:40:21 UTC)

J.A. KING

PRECISION MEASUREMENT PROFESSIONALS

Certificate Of Calibration and Traceability

Certificate #: BHM-1525-1923733-1

Calibration Performed By:
J.A. King & Company
1712 12th Avenue North Suite F
Bessemer, AL 35020
Toll Free: 800-327-7727

For:
Eagle Pharmacy
2200 Riverchase Center
Birmingham, AL 35244
P. O. Number: 05042018

Procedure No.:	ICP-10-Tem. Humid Recorders	**Performed At:**	Customer Loc
Tolerance:	±3°F and ±4%RH	**Equipment ID:**	T004 H004
Temp./RH:	63 F / 60%	**Manufacturer:**	Unknown
Cal Interval:	12 Months	**Model Number:**	Unknown
Cal Date:	5/17/2018	**Serial Number:**	Unknown
Cal Due Date:	5/17/2019	**Description:**	Temperature - Humidity Probe
Calibration Result:	Pass	**Capacity x Resolution:**	N/A
Technician:	Queen, Natasha M	**Department:**	Cleanroom

Remarks: In Tolerance - Meets The Customer's Approved Specifications

Ambient Temperature Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Temperature Accuracy	62.00	59.00	65.00	P	62.91	62.91	°F

Ambient Humidity Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Humidity Accuracy	62.90	58.90	66.90	P	59.95	59.95	%RH

P=Passed "As Found/As Left" A=Out of Tolerance "As Found" F=Out of Tolerance "As Found/As Left" R=Report of Actual Value

Standards Used To Calibrate Equipment

Traceability#	I.D.	Description	Last Cal.	Cal. Due Date
B6B18035	BHM46	Reference Thermometer	12/28/2017	12/28/2018
CHA-9311-769-1	CHA-040	Temperature & Humidity Indicator	4/2/2018	1/2/2019

This instrument has been processed and calibrated in accordance with the J.A. King & Company, LLC Quality Assurance manual and is traceable to the International System of Units (SI) via national metrology institutes (e.g., NIST) that are signatories to the CIPM Mutual Recognition Arrangement. Reported uncertainties are expressed as expanded uncertainty values at approximately the 95% confidence level using a coverage factor of K=2. Statements of compliance, where applicable, are based upon the test results falling within the specified limits with no reduction by the uncertainty of the measurement. The results contained herein relate only to the item calibrated. This certificate shall not be reproduced, except in full, without the written permission of J.A. King & Co., LLC. Calibration due dates appearing on the Certificate of Calibration and labels are determined by the customer and do not imply continued conformance to specifications. The J.A. King & Co., LLC Quality Management system complies with the requirements of ISO/IEC 17025. View our Scope of Accreditation at www.jaking.com

Certification Done and Authorized By: **Queen, Natasha M Calibration Technician** (5/25/2018 19:41:29 UTC)

J.A. KING

PRECISION MEASUREMENT PROFESSIONALS

Certificate Of Calibration and Traceability

Certificate #: BHM-1525-1923741-1

Calibration Performed By:
J.A. King & Company
1712 12th Avenue North Suite F
Bessemer, AL 35020
Toll Free: 800-327-7727

For:
Eagle Pharmacy
2200 Riverchase Center
Birmingham, AL 35244
P. O. Number: 05042018

Procedure No.:	ICP-01 Pressure Gages: Vacuum	**Performed At:**	Customer Loc
Tolerance:	±0.005 in w.c.	**Equipment ID:**	P001
Temp./RH:	72 F / 48%	**Manufacturer:**	Dwyer
Cal Interval:	12 Months	**Model Number:**	Magnasense I (MS2-W 101)
Cal Date:	5/17/2018	**Serial Number:**	Unknown
Cal Due Date:	5/17/2019	**Description:**	Differential Pressure Transmitter
Calibration Result:	Adjusted	**Capacity x Resolution:**	N/A
Technician:	Queen, Natasha M	**Department:**	Anteroom

Remarks: Out Of Tolerance - Adjusted To Meet The Manufacturer's Published Specifications. Calibration maintains Traceability Accuracy Ratio of 1:1

Differential Pressure Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Pressure Accuracy	0.010	0.005	0.015	P	0.005	0.010	in w.c.
Pressure Accuracy	0.050	0.045	0.055	A	0.026	0.051	in w.c.
Pressure Accuracy	0.100	0.095	0.105	A	0.051	0.102	in w.c.
Pressure Accuracy	0.200	0.195	0.205	A	0.104	0.205	in w.c.
Pressure Accuracy	0.300	0.295	0.305	A	0.155	0.303	in w.c.
Pressure Accuracy	0.400	0.395	0.405	A	0.206	0.400	in w.c.
Pressure Accuracy	0.450	0.445	0.455	A	0.246	0.446	in w.c.
Decreasing Pressure Accuracy	0.200	0.195	0.205	A	0.103	0.204	in w.c.
Hysteresis	0.000	-0.005	0.005	P	-0.001	-0.001	in w.c.

P=Passed "As Found/As Left" **A=Out of Tolerance "As Found"** **F=Out of Tolerance "As Found/As Left"** **R=Report of Actual Value**

Standards Used To Calibrate Equipment

Traceability#	I.D.	Description	Last Cal.	Cal. Due Date
CHA-7821-9093-1	CHA-164	Manometer, Digital, ± 0-1 in H20	5/22/2017	5/22/2018

This instrument has been processed and calibrated in accordance with the J. A. King & Company, LLC Quality Assurance manual and is traceable to the International System of Units (SI) via national metrology institutes (e.g., NIST) that are signatories to the CIPM Mutual Recognition Arrangement. Reported uncertainties are expressed as expanded uncertainty values at approximately the 95% confidence level using a coverage factor of K=2. Statements of compliance, where applicable, are based upon the test results falling within the specified limits with no reduction by the uncertainty of the measurement. The results contained herein relate only to the item calibrated. This certificate shall not be reproduced, except in full without the written permission of J. A. King & Co., LLC. Calibration due dates appearing on the Certificate of Calibration and label are determined by the customer and do not imply continued conformance to specifications. The J. A. King & Co., LLC Quality Management system complies with the requirements of ISO/IEC 17025. View our Scope of Accreditation at www.jaking.com.

Certification Done and Authorized By: **Queen, Natasha M Calibration Technician** (5/25/2018 19:45:35 UTC)

J.A. KING

PRECISION MEASUREMENT PROFESSIONALS

Certificate Of Calibration and Traceability

Certificate #: BHM-1525-1923737-2

Calibration Performed By:
J.A. King & Company
1712 12th Avenue North Suite F
Bessemer, AL 35020
Toll Free: 800-327-7727

For:
Eagle Pharmacy
2200 Riverchase Center
Birmingham, AL 35244
P. O. Number: 05042018

Procedure No.:	ICP-01 Pressure Gages. Vacuum	**Performed At:**	Customer Loc
Tolerance:	±0.005 in w.c.	**Equipment ID:**	P002
Temp./RH:	70 F / 50%	**Manufacturer:**	Dwyer
Cal Interval:	12 Month(s)	**Model Number:**	Magnasense II (MS2-W101)
Cal Date:	5/17/2018	**Serial Number:**	Unknown
Cal Due Date:	5/17/2019	**Description:**	Differential Pressure Transmitter
Calibration Result:	Adjusted	**Capacity x Resolution:**	N/A
Technician:	Queen, Natasha M	**Department:**	Laboratory

Remarks: Out Of Tolerance - Adjusted To Meet The Manufacturer's Published Specifications. Calibration maintains Traceability Accuracy Ratio of 1:1. This amended Certificate of Calibration (BHM-1525-1923737-2) replaces original certificate (BHM-1525-1923737-1) in order to reflect correction in Department field from "Cleanroom" to "Laboratory".

Differential Pressure Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Pressure Accuracy	0.010	0.005	0.015	A	0.004	0.009	in w.c.
Pressure Accuracy	0.050	0.045	0.055	A	0.025	0.048	in w.c.
Pressure Accuracy	0.100	0.095	0.105	A	0.050	0.101	in w.c.
Pressure Accuracy	0.200	0.195	0.205	A	0.103	0.204	in w.c.
Pressure Accuracy	0.300	0.295	0.305	A	0.161	0.303	in w.c.
Pressure Accuracy	0.400	0.395	0.405	A	0.210	0.401	in w.c.
Pressure Accuracy	0.450	0.445	0.455	A	0.230	0.449	in w.c.
Decreasing Pressure Accuracy	0.200	0.195	0.205	A	0.101	0.203	in w.c.
Hysteresis	0.000	-0.005	0.005	P	-0.002	-0.001	in w.c.

P=Passed "As Found/As Left" **A=Out of Tolerance "As Found"** **F=Out of Tolerance "As Found/As Left"** **R=Report of Actual Value**

Standards Used To Calibrate Equipment

Traceability#	I.D.	Description	Last Cal.	Cal. Due Date
CHA-7821-9093-1	CHA-164	Manometer, Digital, ± 0-1 in H20	5/22/2017	5/22/2018

This instrument has been processed and calibrated in accordance with the J. A. King & Company, LLC Quality Assurance manual and is traceable to the International System of Units (SI) via national metrology institutes (e.g., NIST) that are signatories to the CIPM Mutual Recognition Arrangement. Reported uncertainties are expressed as expanded uncertainty values at approximately the 95% confidence level using a coverage factor of K=2. Statements of compliance, where applicable, are based upon the test results falling within the specified limits with no reduction by the uncertainty of the measurement. The results contained herein relate only to the item calibrated. This certificate shall not be reproduced, except in full without the written permission of J. A. King & Co., LLC. Calibration due dates appearing on the Certificate of Calibration and label are determined by the customer and do not imply continued conformance to specifications. The J. A. King & Co., LLC Quality Management system complies with the requirements of ISO/IEC 17025. View our Scope of Accreditation at www.jaking.com.

Certification Done and Authorized By: **Queen, Natasha M Calibration Technician** (5/30/2018 18:17:9 UTC)

J.A. KING

PRECISION MEASUREMENT PROFESSIONALS

Certificate Of Calibration and Traceability

Certificate #: BHM-1525-1923740-1

Calibration Performed By:
J.A. King & Company
1712 12th Avenue North Suite F
Bessemer, AL 35020
Toll Free: 800-327-7727

For:
Eagle Pharmacy
2200 Riverchase Center
Birmingham, AL 35244
P. O. Number: 05042018

Procedure No.:	ICP-01 Pressure Gages Vacuum	**Performed At:**	Customer Loc
Tolerance:	±0.005 in w.c.	**Equipment ID:**	P003
Temp./RH:	70 F / 50%	**Manufacturer:**	Dwyer
Cal Interval:	12 Month(s)	**Model Number:**	Magnasense II (MS2-W101)
Cal Date:	5/17/2018	**Serial Number:**	Unknown
Cal Due Date:	5/17/2019	**Description:**	Differential Pressure Transmitter
Calibration Result:	Adjusted	**Capacity x Resolution:**	N/A
Technician:	Queen, Natasha M	**Department:**	Vestibule

Remarks: Out Of Tolerance - Adjusted To Meet The Manufacturer s Published Specifications. Calibration maintains Traceability Accuracy Ratio of 1:1

Differential Pressure Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Pressure Accuracy	0.010	0.005	0.015	P	0.005	0.010	in w.c.
Pressure Accuracy	0.050	0.045	0.055	A	0.026	0.048	in w.c.
Pressure Accuracy	0.100	0.095	0.105	A	0.052	0.100	in w.c.
Pressure Accuracy	0.200	0.195	0.205	A	0.106	0.205	in w.c.
Pressure Accuracy	0.300	0.295	0.305	A	0.162	0.304	in w.c.
Pressure Accuracy	0.400	0.395	0.405	A	0.214	0.400	in w.c.
Pressure Accuracy	0.450	0.445	0.455	A	0.232	0.448	in w.c.
Decreasing Pressure Accuracy	0.200	0.195	0.205	A	0.106	0.204	in w.c.
Hysteresis	0.000	-0.005	0.005	P	0.000	-0.001	in w.c.

P=Passed "As Found/As Left" A=Out of Tolerance "As Found" F=Out of Tolerance "As Found/As Left" R=Report of Actual Value

Standards Used To Calibrate Equipment

Traceability#	I.D.	Description	Last Cal.	Cal. Due Date
CHA-7821-9093-1	CHA-164	Manometer, Digital, ± 0-1 in H20	5/22/2017	5/22/2018

This instrument has been processed and calibrated in accordance with the J. A. King & Company, LLC Quality Assurance manual and is traceable to the International System of Units (SI) via national metrology institutes (e.g., NIST) that are signatories to the CIPM Mutual Recognition Arrangement. Reported uncertainties are expressed as expanded uncertainty values at approximately the 95% confidence level using a coverage factor of K=2. Statements of compliance, where applicable, are based upon the test results falling within the specified limits with no reduction by the uncertainty of the measurement. The results contained herein relate only to the item calibrated. This certificate shall not be reproduced, except in full without the written permission of J. A. King & Co., LLC. Calibration due dates appearing on the Certificate of Calibration and label are determined by the customer and do not imply continued conformance to specifications. The J. A. King & Co., LLC Quality Management system complies with the requirements of ISO/IEC 17025. View our Scope of Accreditation at www.jaking.com

Certification Done and Authorized By: **Queen, Natasha M Calibration Technician** (5/25/2018 19:50:18 UTC)

J.A. KING

PRECISION MEASUREMENT PROFESSIONALS

Certificate Of Calibration and Traceability

Certificate #: BHM-1525-1923743-2

Calibration Performed By:
J.A. King & Company
1712 12th Avenue North Suite F
Bessemer, AL 35020
Toll Free: 800-327-7727

For:
Eagle Pharmacy
2200 Riverchase Center
Birmingham, AL 35244
P. O. Number: 05042018

Procedure No.:	ICP-01 Pressure Gages: Vacuum	**Performed At:**	Customer Loc
Tolerance:	±0.005 in w.c.	**Equipment ID:**	P004
Temp./RH:	72 F / 48%	**Manufacturer:**	Dwyer
Cal Interval:	12 Month(s)	**Model Number:**	Magnasense II (MS2-W101)
Cal Date:	5/17/2018	**Serial Number:**	Unknown
Cal Due Date:	5/17/2019	**Description:**	Differential Pressure Transmitter
Calibration Result:	Adjusted	**Capacity x Resolution:**	N/A
Technician:	Queen, Natasha M	**Department:**	Cleanroom

Remarks: Out Of Tolerance - Adjusted To Meet The Manufacturer's Published Specifications. Calibration maintains Traceability Accuracy Ratio of 1:1. This amended Certificate of Calibration (BHM-1525-1923743-2) replaces original certificate (BHM-1525-1923743-1) in order to reflect correction in Department field from "Laboratory" to "Cleanroom".

Differential Pressure Accuracy

Description	Nominal	Tolerance -	Tolerance +	Results	As Found	As Left	Units
Pressure Accuracy	0.010	0.005	0.015	P	0.005	0.009	in w.c.
Pressure Accuracy	0.050	0.045	0.055	A	0.024	0.049	in w.c.
Pressure Accuracy	0.100	0.095	0.105	A	0.049	0.099	in w.c.
Pressure Accuracy	0.200	0.195	0.205	A	0.100	0.200	in w.c.
Pressure Accuracy	0.300	0.295	0.305	A	0.152	0.298	in w.c.
Pressure Accuracy	0.400	0.395	0.405	A	0.203	0.397	in w.c.
Pressure Accuracy	0.450	0.445	0.455	A	0.227	0.448	in w.c.
Decreasing Pressure Accuracy	0.200	0.195	0.205	A	0.100	0.199	in w.c.
Hysteresis	0.000	-0.005	0.005	P	0.000	-0.001	in w.c.

P=Passed "As Found/As Left" A=Out of Tolerance "As Found" F=Out of Tolerance "As Found/As Left" R=Report of Actual Value

Standards Used To Calibrate Equipment

Traceability#	I.D.	Description	Last Cal.	Cal. Due Date
CHA-7821-9093-1	CHA-164	Manometer, Digital, ± 0-1 in H20	5/22/2017	5/22/2018

This instrument has been processed and calibrated in accordance with the J. A. King & Company, LLC Quality Assurance manual and is traceable to the International System of Units (SI) via national metrology institutes (e.g., NIST) that are signatories to the CIPM Mutual Recognition Arrangement. Reported uncertainties are expressed as expanded uncertainty values at approximately the 95% confidence level using a coverage factor of K=2. Statements of compliance, where applicable, are based upon the test results falling within the specified limits with no reduction by the uncertainty of the measurement. The results contained herein relate only to the item calibrated. This certificate shall not be reproduced, except in full without the written permission of J. A. King & Co., LLC. Calibration due dates appearing on the Certificate of Calibration and label are determined by the customer and do not imply continued conformance to specifications. The J. A. King & Co., LLC Quality Management system complies with the requirements of ISO/IEC 17025. View our Scope of Accreditation at www.jaking.com

Attachment 4

Certification Done and Authorized By: **Queen, Natasha M Calibration Technician** (5/30/2018 18:18:54 UTC)

Certificate No: 01008564-1

METTLER TOLEDO

METTLER-TOLEDO, LLC
201 Wolf Dr
Thorofare NJ 08086
1-800-METTLER

NVLAP CALIBRATION NVLAP LAB CODE 105013-0

ilac-MRA

Mass Calibration Certificate

Customer Information

Customer Name:	Eagle Pharmacy	*City:*	Hoover
Address:	2200 Riverchase Ctr	*State / Province:*	AL
Purchase Order:	4502441343	*Zip / Postal Code:*	35244

Measurement and Test Equipment Identification

Serial Number:	1000155037	*Date Received:*	05-MAY-2018
Manufacturer:	Mettler Toledo	*Condition:*	New
Asset Number:		*Tolerance Class:*	ASTM E617-13 Class 3

Environmental Conditions

Temperature: 21.48 °C *Barometric Pressure:* 761.79 mm Hg *Relative Humidity:* 50 %RH

The standards used to perform this calibration have been compared to reference mass standards that are traceable to the SI through the National Institute of Standards and Technology under Test No 684/289871-17.

The weights calibrated for this report have been calibrated in accordance with the calibration laboratory's process. The calibration performed meets the criteria as described in the current revisions of ASTM E617 and OIML R111. This calibration also meets specifications as outlined in ISO/IEC 17025, ANSI/NCSL Z540-1-1994, and applicable documents.

This certificate may not be partially reproduced, except with prior written permission of the issuing laboratory. This certificate must not be used by the customer to claim product endorsement by NIST, NVLAP, or any other agency of the U.S. government.

Calibration Date: 07-MAY-2018

Calibration Technician: Robotic Calibration

Signature:

Joseph Moran, Metrology Manager
Approved Signatory 07-MAY-2018

Attachment 5

RE: Balance Calibration

Inbox x

Kristen Burger <Kristen.Burger@envservices.com>
to me, Stephanie

May 29 (1 day ago)

Zahir, I have received PO 052918 for the calibration of the balance (2) technicians will be onsite 7/9 to perform this calibration

Thank You

Kristen Burger
Field Calibration Administrator
ENV Services, Inc.
2880 Berger Rd., Suite K
Hatfield, PA 19440
215-997-5080 x1154

Please visit our website www.envservices.com

ENV SERVICES, INC.
2880 BERGEY ROAD, SUITE K
HATFIELD, PA 19440
800-617-3368 / 215-997-5090 FAX

Quotation

Quotation To:

Company: EAGLE PHARMACY INC
Address: 2200 RIVERCHASE CENTER
SUITE 675
BIRMINGHAM, AL 35244
Attn:
Office: 205-682-7999
Fax: 205-682-7616
Email:

Date: May 24, 2018
Quotation #: 456-172954-1
Region: ENV-HATFIELD
Project: CALIBRATION SERVICES
Customer Number: AL0366-001

ISO 17025 Accredited
For Controlled Environment Testing
& Calibration

Item #	Qty	Description of Services	Each	Total Price
		ENV Services will provide personnel and equipment to perform the services listed below:		
1	1	CALIBRAITON OF (1) OHAUS BALANCE *PRICE REFLECTS ONSITE MINIUM* (technician can reach up to 75lbs on site)	$220.00	$220.00
2	1	ONSITE SERVICE FEE	$55.00	$55.00
		In an effort for ENV to expedite the placement of this order, please sign and fax or email this quotation with an approved method of payment referencing quotation number: 456-172954		
		Special Notes: 1. Acceptance of this quotation includes acceptance of Terms and Conditions on the following page(s). This quotation is valid for 60 days from the quote date. 2. Any repairs, additional work or delays and disruptions due to the customer, will be billed at contracted rates. 3. Emergency service performed outside normal working hours will be billed at 1.5 normal labor rate with a four (4) hour minimum. 4. ENV Services, Inc. requires a purchase order or an approved method of payment at time of scheduling.		
		Grand Total		$275.00

Quotation, Terms & Conditions
Accepted By:
Date Accepted:
Customer PO #:
Credit Card #:
CC Expiration Date _____ **Security Code:**_____

Issued by: Kristen Burger
Title: Region Assistant
Signed: Kristen Burger
eMail: Kburger@envservices.com

ENV Quotation #: 456-172954-1

ENV SERVICES, INC.
2880 BERGEY ROAD, SUITE K
HATFIELD, PA 19440
800-617-3368 / 215-997-5090 FAX

Quotation

Terms and Conditions

TERMS AND CONDITIONS

1. **EXPIRATION** This offer is valid for 60 days from the date of quotation/agreement. Any changes made after acceptance must be agreed and written on final work order. Any changes requested by the client, after acceptance of this quotation/agreement, may affect pricing.

2. **CONFIDENTIALITY** Disclosure of confidential and proprietary information including prices, technical proposal, implementation plan quotation/agreement, negotiations, reports, certificates and general correspondences submitted in response to the solicitation identified herein. All items and information submitted are considered to be confidential and proprietary and shall not be copied, reproduced, distributed or disclosed for any purpose without the expressed written consent of an authorized ENV director.

3. **PARTS** All prices for parts are FOB point of purchase, freight is pre-pay and add to invoice unless otherwise stated in this quotation/agreement. Returned or cancelled parts after acceptance of the quotation/agreement may be subject to a restocking fee. Applicable shipping/freight costs are the responsibility of the client. Applicable shipping/freight costs will be included on invoice.

4. **PAYMENT** Upon credit approval, the Client agrees to make payment to ENV Services, Inc. for the full amount invoiced. Full payment for services to be performed under this quotation/agreement is due thirty (30) days from the invoice date covering this quote, unless otherwise agreed by both parties in writing. ENV Services, Inc's remit to Address is, ENV Services, Inc., C/O Municipal Authority of South Heidelberg, PO Box 37836, Baltimore, MD 21297-7836.
   a. **FINANCE CHARGE** A finance charge of 1.5% per-month (18% APR) for invoices that remain unpaid 25 days following original due date. Credit card payments are not subject to the terms listed above for point (4.) provided payment information is given upon acceptance of the quotation/agreement.
   b. ENV Services, Inc. does not accept 10% withholding/retainage on work performed.

5. **TAXES** Any sales or use tax not invoiced is the responsibility of the customer. Taxes due are to be paid directly to the customer's local or state tax collector.

6. **HOURS** Scheduled services will generally be performed during normal working hours (generally 8:00 am to 5:00 pm Monday-Friday). Services can be scheduled at a mutually convenient time and date. Work performed outside of "normal" hours may be assessed at an increased rate.

7. **DELAY AND DISRUPTION** When an on-site event causes postponement of/or impedes upon ENV's ability to provide its services in a reasonable, timely manner, for which ENV's service personnel have been dispatched, en-route or on-site, ENV reserves the right to assess the client a delay and disruption fee (D&D fee). D&D fees are assessed on a time and material basis at the repair rate quoted. In the event material(s) with expiration date or short shelf-life are required and are unable to be used, requiring ENV to repurchase, the client will be responsible for material costs and shipping.

8. **FORCE MAJEURE** ENV will not be responsible if its performance of this quotation/agreement is interrupted or delayed by reason of Acts of God; wars; blockades; riots; explosions; strikes, lockouts or other industrial disturbances involving employees of ENV or its suppliers or subcontractors; fires; accidents to equipment; or any other causes not within its control. ENV's obligations under this quotation/agreement will be deemed timely performed hereunder when performed promptly upon removal of the effects of cause.

9. **INDEMNIFICATION** The parties recognize that the client is contracting with ENV Services, Inc. as an independent contractor for the performance of services and provision of goods hereunder. Notwithstanding that no employee or agency relationship exists between the parties, if for any reason ENV or the Client should incur vicarious liability for the negligent acts or omissions or willful acts of the other, the party which is held to have committed such negligent or intentional acts shall indemnify and hold harmless the other from, and shall be obligated to pay or reimburse the other in respect of, any losses, damages, costs and expenses (including reasonable attorney's fees) incurred or assessed against such party arising out of such negligent or willful act.

10. **SUBROGATION** Requests for Waiver of Subrogation will incur an additional $300.00 fee when not included in original quote as a line item.

11. **ASSIGNMENT.** This quotation/agreement may not be assigned by either party without the consent of the other, which will not be unreasonably withheld. This quotation/agreement will be binding upon and inure to the benefit of the parties and their successors and assigns.

12. **LIMITED WARRANTY; DISCLAIMER** ENV WARRANTS THE GOOD WORKMANSHIP OF ALL SERVICES PROVIDED UNDER THIS QUOTATION/AGREEMENT. ENV'S LIABILITY SHALL BE LIMITED TO THE REPAIR OF ANY DEFECTIVE WORKMANSHIP. THIS WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED. ENV SHALL IN NO EVENT BE RESPONSIBLE FOR CONSEQUENTIAL DAMAGES, NOR DAMAGES BEYOND THE PRICE PAID FOR ITS SERVICES. ALL PARTS PROVIDED SHALL CARRY ONLY THE WARRANTY OF THE MANUFACTURER.

13. **GOVERNING LAW; CONSENT TO JURISDICTION.** This quotation/agreement and questions relating to its validity, interpretation, performance and enforcement, shall be governed by the laws of the State of Pennsylvania, without regard to its choice of law provisions. Client hereby consents to the jurisdiction of the courts sitting in Pennsylvania, and, in any action brought by ENV to enforce this quotation/agreement, waives the defense of the lack of personal jurisdiction by such courts.
   a. **ARBITRATION** Any and all disputes between the parties arising in conjunction with this Quotation/agreement shall be submitted

15B

RECEIVED
7-30-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Fagron Compounding Services LLC dba Fagron Sterile Services LLC

Physical Address: 8710 E 34th St N

City: Wichita State: KS Zip Code: 67226

Telephone: 316-773-0405 Fax: NA

Toll Free Number: 877-405-8066 (Required per NAC 639.708)

E-mail: licensing@fagronsterile.com Website: fagronsterile.com

Supervising Pharmacist: Joy Umholtz Nevada License #: ~~Pending~~ 20657 10/31/21 applied

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): 47-1657979

Please provide the name of the facility as registered with the FDA and the registration number:
Fagron Compounding Services LLC dba Fagron Sterile Services LLC #079977249

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Fagron Compounding Services LLC dba Fagron Sterile Services LLC

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Joy Umholtz Nevada License Number: ~~pending~~ 20657

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NA

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.
The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

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

Carl Woetzel
Print Name of Authorized Person

07-29-2020
Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Missouri

Parent Company if any: Fagron Holding USA, LLC - See attached ownership memo

Address: 8710 E 34th St N

City: Wichita State: KS Zip: 67226

Telephone: 316-773-0405 Fax: NA

Contact Person: Carl Woetzel, President

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Fagron Holding USA, LLC 2400 Pilot Knob Rd, St. Paul, MN 55120
Name Address

b) NA
Name Address

c) NA
Name Address

d) NA
Name Address

2) Provide the number of shares issued by the corporation. NA-Company is an LLC

3) What was the price paid per share? NA-Company is an LLC

4) What date did the corporation actually receive the cash assets? NA-Company is an LLC

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

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

State of Missouri
Jason Kander, Secretary of State
Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

LC001415654
Date Filed: 8/13/2014
Jason Kander
Missouri Secretary of State

Articles of Organization

(Submit with filing fee of $105.00)

1. The name of the limited liability company is
Fagron Compounding Services, LLC
(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "L.L.C.," or "LLC")

2. The purpose(s) for which the limited liability company is organized:

To engage in any lawful act or activity for which limited liability companies may be organized under the Missouri Limited Liability Company Act.

3. The name and address of the limited liability company's registered agent in Missouri is:

Name	Street Address: May not use PO Box unless street address also provided	City/State/Zip
CSC-LAWYERS INCORPORATING SERVICE COMPANY	221 Bolivar Street	Jefferson City MO 65101

4. The management of the limited liability company is vested in: ☐ managers ☒ members *(check one)*

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual
(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

6. The name(s) and street address(es) of each organizer *(PO box may only be used in addition to a physical street address)*:
(Organizer(s) are not required to be member(s), manager(s) or owner(s)

Name	*Address*	*City/State/Zip*
Smith, Jeffrey H	West 48th Place Suite 900	Kansas City MO 64112

7. ☐ Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

New Series:
☐ The limited liability company gives notice that the series has limited liability.

New Series:
☐ The limited liability company gives notice that the series has limited liability.

New Series:
☐ The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 1A.)

Name and address to return filed document:

Name: Virginia L Griffith

Address: Email: vgriffith@polsinelli.com

City, State, and Zip Code:

8. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

All organizers must sign:

Jeffrey H Smith	JEFFREY H SMITH	08/13/2014
Organizer Signature	*Printed Name*	*Date of Signature*

STATE OF MISSOURI

Jason Kander
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

Fagron Compounding Services, LLC
LC001415654

filed its Articles of Organization with this office on the 13th day of August, 2014, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, Jason Kander, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 13th day of August, 2014, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 13th day of August, 2014.

JASON KANDER
Secretary of State

State of Missouri
Jason Kander, Secretary of State
Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

X001210947
Date Filed: 3/23/2015
Expiration Date: 3/23/2020
Jason Kander
Missouri Secretary of State

Registration of Fictitious Name

(Submit with filing fee of $7.00)
(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

☒ New Registration ☐ Renewal _____ *Charter number* ☐ Amendment _____ *Charter number* ☐ Correction _____ *Charter number*

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Fagron Sterile Services, LLC

Business Address: 7335 West 33rd Street N
(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Wichita, KS 67205

Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
Fagron Compounding Services, LLC	LC001415654	221 Bolivar Street	Jefferson City, MO	65101	100.00

All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo)

Fagron Compounding Services, LLC - Julie Letwat	FAGRON COMPOUNDING SERVICES, LLC - JULIE LETWAT	03/23/2015
Owner's Signature or Authorized Signature of Business Entity	*Printed Name*	*Date*

Name and address to return filed document:

Name: Virginia L Griffith

Address: Email: vgriffith@polsinelli.com

City, State, and Zip Code: _____

FSS Company & Ownership Information

Company Name:	Fagron Compounding Services, LLC d/b/a Fagron Sterile Services, LLC
Address:	8710 E 34th St N, Wichita, KS 67226
Ownership/LLC Member:	Solely owned by Fagron Holding USA, LLC
FSS LLC Managers:	Carl Woetzel Hal Weaver

FSS' LLC Member:
Fagron Holding USA, LLC is a holding company and the 100% sole member/owner of FSS.

Company Name:	Fagron Holding USA, LLC
Percentage Ownership:	100%
Address:	2400 Pilot Knob Rd., St Paul, MN 55120; County: Hennepin

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Fagron Compounding Services, LLC

LC001415654

A Missouri entity was created under the laws of this State on 8/13/2014, and is Active, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 29th day of July, 2020.

Secretary of State

Certification Number: CERT-IN11676

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4899613

Entity Name: FAGRON COMPOUNDING SERVICES, LLC

Entity Type: FOR: LTD LIABILITY COMPANY

State of Organization: MO

was filed in this office on March 10, 2015, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of July 29, 2020

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1143596 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 5014097

Entity Name: FAGRON HOLDING USA, LLC

Entity Type: FOR: LTD LIABILITY COMPANY

State of Organization: DE

was filed in this office on April 27, 2016, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of July 29, 2020

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1143610 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

Kansas State Board of Pharmacy

800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
Phone (785) 296-4056
Fax (785) 296-8420

email pharmacy@pharmacy.ks.gov
www.pharmacy.ks.gov

20-112219
BERGKAMP, JOSEPH T.
Fagron Sterile Services
8710 E 34th St N
Wichita, KS 67226

Schedules 2, 3, 3n, 4, 5

STATE OF KANSAS
STATE BOARD OF PHARMACY

N° 20-112219

OUTSOURCING FACILITY

This registration Must Be Renewed Annually by **June 30th.**

Fagron Compounding Services LLC *as owner*
and BERGKAMP, JOSEPH T. *as P.I.C.*

has complied with the Pharmacy Act of the State of Kansas providing for the registration or licensing of ***Pharmacies or Drug Store*** *within the State of Kansas, and is hereby granted a registration to establish and maintain a pharmacy*

to be known as **Fagron Sterile Services**

at **8710 E 34TH ST N** **WICHITA** **KANSAS**

from this date until **6/30/2021** *, unless this registration is surrendered, or revoked or suspended by the Kansas State Board of Pharmacy.*

The original registration issued **June 18, 2020.**

LICENSED PHARMACIST IN CHARGE

Name BERGKAMP, JOSEPH T. *Certificate No.* 1-16840

Date of Change: **6/18/2020**

KANSAS STATE BOARD OF PHARMACY

By [signature] Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSIPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge

Manufacturer Certificate of Renewal of Permit

NOTICE: Display this renewal with original certificate in a prominant location site

APPLICANT MAILING ADDRESS

JOSEPH BERGKAMP
FAGRON COMPOUNDING SERVICES D/B/A
8710 E. 34TH STREET N.
WICHITA, KS 67226

Original Permit #	4-00114
Company Name	FAGRON COMPOUNDING SERVICES D/B/A FAGRON STERILE SERVICES
Schedules	
Address	8710 E. 34TH STREET N.
City/State/Zip	WICHITA, KS 67226
Owner	FAGRON COMPOUNDING SERVICES LLC

KANSAS STATE BOARD OF PHARMACY

2020 - 2021

Expires June 30, 2021
(This is a renewal, not an original registration)

Executive Secretary
(785) 296-4056

Pharmacy Certificate of Renewal of Permit

NOTICE: Display this renewal with original certificate in a prominant location site

APPLICANT MAILING ADDRESS

BERGKAMP, JOSEPH T.
FAGRON STERILE SERVICES
8710 E. 34TH STREET N.
WICHITA, KS 67226

Original Permit #	2-13195
Pharmacy Name	FAGRON STERILE SERVICES
P.I.C. / Lic #	BERGKAMP, JOSEPH T. 1-16840
Address	8710 E. 34TH STREET N.
City/State/Zip	WICHITA, KS 67226
Owner	FAGRON COMPOUNDING SERVICES LLC

KANSAS STATE BOARD OF PHARMACY

2020 - 2021

Expires June 30, 2021
(This is a renewal, not an original registration)

Executive Secretary
(785) 296-4056

We do not engage in any patient-specific compounding. We maintain this homestate pharmacy license because some states license outsourcing facilities as pharmacies.

Distributor Certificate of Renewal of Permit

NOTICE: Display this renewal with original certificate in a prominant location site

APPLICANT MAILING ADDRESS

JOSEPH BERGKAMP
Fagron Sterile Services
8710 E. 34TH STREET N.
WICHITA, KS 67226

Original Permit #	5-31346
Schedules	NPD, NonCS, 2, 2n, 3, 3n, 4, 5
Company Name	Fagron Sterile Services
Address	8710 E. 34TH STREET N.
City/State/Zip	WICHITA, KS 67226
Owner	Fagron Compounding Services LLC

KANSAS STATE BOARD OF PHARMACY

2020 - 2021

Expires June 30, 2021
(This is a renewal, not an original registration)

Executive Secretary
(785) 296-4056

Fagron
Sterile
Services US

Director of Compliance
Food and Drug Administration, Kansas City District Office
8050 Marshall Drive, Suite 205
Lenexa, KS 66214

July 15 , 2019

Dear Director:

Fagron Sterile Services (FSS) hereby responds to the above reference Form 483 issued on 6/21/2019. We appreciate the diligent work and thoroughness and collaborative spirit throughout the inspection conducted from 06/10/2019 - 06/21/2019, as well as your detailed observations of our Quality Systems and cGMP Compliance Program. FSS takes this 483, and each individual observation and recommendation, very seriously.

As detailed in our following responses and attached supporting documentation, FSS has already taken corrective actions with regard to several of the observational compliance issues, and continues with our commitment to remedy the remaining items. We will keep FDA appraised of our progress, and of course notify the agency upon completion.

FSS is committed to continuous quality improvements with the goal of consistently compounding pharmaceutical products that meet the highest level of safety, quality, and efficacy.

Sincerely,

Jose Gomez
Quality Director, FSS
Quality Assurance

Carl Woetzel
President, FSS, General Management

Cc: Jason McGuire
Global Quality Director,
Quality and Regulatory Affairs

Fagron
Sterile
Services US

OBSERVATION 1

Equipment and utensils are not cleaned and maintained at appropriate intervals to prevent that would alter the safety, identity, strength, quality or purity of the drug product.

Specifically,
A) On 6/12/19 during a walkthrough of your firm's aseptic processing areas, I observed in horizontal laminar flow hood (Equipment ID#FSS-1050) cleanroom suite #7 a brown/black residue on the inside of the LFH bottom left polycarbonate panel between the panel and the metal bench table lip edge. (Photograph taken) Aseptic processing of Glycopyrrolate 0.2mg/ml injection 5 ml syringes, batch#C274-000010966 was being aseptically filled at this time.

B) On 6/12/19 during a walkthrough of your firm's aseptic processing areas, I observed in horizontal laminar flow hood (Equipment ID# FSS-1053) cleanroom suite #10 cracked polycarbonate side panels from the overtightening of two connecting screws. In the cracking area around the screws a brown residue was observed. (Photograph taken) Aseptic processing of Succinylcholine chloride injection 20mg/ml batch# C274-000010964 was being aseptically filled at the time.

RESPONSE TO OBSERVATION 1.A – Completed

We understand the observation identified and took immediate action to address any potential risk. Thus, as part of the corrective action, Fagron Sterile Services (hereinafter "FSS") stopped production in Fill Suite #7 to assess the brown discoloration. Production was also stopped in Fill Suite #10 to remove and replace the plexi-glass. Maintenance issued two different work orders ("WO") to cover the two laminar airflow hoods. Please see attached WO's for hoods in Fill Suite # 7, LUMAC # FSS-1050 and Fill Suite 10, LUMAC# 1053. (See Attachment 1).

In Fill Suite #7, the brown discoloration was easily removed with sterile 70/30 IPA and a sample of the discolored material was collected and analyzed. The lab results confirmed that the discoloration was a build-up of cleaning agents and solutions used as part of the routine cleaning and disinfecting of the hood. Due to fact that these are hard to reach areas, the area of discoloration was not readily accessible (See Attachment 2). The corrective actions were documented on deviation DEV-2019-056.FSS (See Attachment 3). A triple clean was performed after all activities were completed. The FSS engineering and environmental monitoring teams performed an inspection of all the laminar flow hoods in the facility and no other laminar airflow hoods were identified to have the same or similar residues.

RESPONSE TO OBSERVATION 1.B – Expected completion date: **08/31/2019**

The cracked area observed during the inspection was a result of over torqued screws that support the stainless steel support of the plexi-glass on the laminar hood. All irregularities were identified and plexi-glass has been ordered and will be used to replace the remaining material during the next shut down activities in August. A visual assessment on all the laminar flow hoods was conducted to assure the cracks did not impact the integrity of the environment. It was determined that the irregularities in the plexi-glass were smooth and, given the proximity to the fill area, would not impact aseptic processing. However, as part of routine shut down activities, every laminar hood will be re-inspected and any plexi-glass with irregularities, visible damage and/or any cracks will be replaced.

FSS has committed to enhance environmental quality and thus a Work Order was generated for the shutdown activities taking place in July/August 2019 to replace the plexi-glass identified during inspection. During shutdown, any brown discoloration or other residue will be removed and cleaned as part of routine activities. Shutdown activities will be performed semi-annually. A detailed inspection plan has been added to future shutdown activities as a preventative maintenance. In addition, periodic monitoring of each laminar airflow hood and each piece of equipment will be evaluated to ensure that such occurrences do not reoccur. See Attachment 4 for Facility Shutdown plan occurring every six months.

OBSERVATION 2

Testing and release of drug product for distribution do not include appropriate laboratory determination of satisfactory conformance to the final specifications prior to release.

Specifically,
There is no testing of the preservative content in the injectable drug products at time of release or during beyond use dating studies. The following injectable solutions contain preservatives:

- Succinylcholine Chloride 20mg/ml injection contains methylparaben as a preservative
- Neostigmine Methylsulfate I mg/ml injection contains phenol as a preservative
- Glycopyrrolate 0.2 mg/ml injection contains benzyl alcohol as a preservative
- Sodium citrate 4% solution contains benzyl alcohol as a preservative
- Sodium citrate 4%/Gentamicin 320 mcg/ml contains benzyl alcohol as a preservative
- Ketamine 50 mg/ml contains benzethonium chloride as a preservative

RESPONSE TO OBSERVATION 2 – Expected completion date: **08/31/2019**

We understand the Agency's concern for the lack of testing preservative content. Currently, we perform an in-depth Batch Record ("BR") review to assure the correct quantities of each ingredient, including preservatives, are formulated into each batch. We also use a separate equipment report as observed during the BR review, which was discussed during the inspection. This report provides additional assurance that the correct amount of material is dispensed and used on each batch.

Additionally, we adhere to the USP <51> Antimicrobial Effectiveness Test guidelines, which do not specify the need for preservative testing when a product is a single use container. Currently all products manufactured at FSS are single use units.

USP <51> also states the following:

> *"In the case of sterile articles packaged in multiple-dose containers, antimicrobial preservatives are added to inhibit the growth of microorganisms that may be introduced from repeatedly withdrawing individual doses."*
>
> *"Antimicrobial effectiveness, whether inherent in the product or produced because of the addition of an antimicrobial preservative, must be demonstrated for all injections packaged in multiple-dose containers…"*

We are evaluating other options with our product development, validation and quality teams. Currently, related to this observation, we are discussing options such as formulation changes or performing stability studies on the preservative content. We will finalize this decision no later than 08/31/2019 and provide a corresponding update to the Agency.

OBSERVATION 3

Protective apparel is not worn as necessary to protect drug products from contamination.

Specifically,
On 6/12/19 and again on 6/13/19, I observed aseptic operators in the clean room suites 9 and 2 respectively; wearing a goggle type in the ISO 5 horizontal laminar flow hood which contained numerous holes (approximately 50) for direct venting. Aseptic operators were at the time performing aseptic filling for sodium thiosulfate in 50 ml vials (Suite 2) and a development batch for morphine 3ml syringes.

RESPONSE TO OBSERVATION 3 – Completed

Fagron recognizes the importance of this observation and the concern of the potential impact due to the goggles used during aseptic processing. Thus, the goggles were removed completely from the facility as of 06/13/2019. The goggles observed were VWR Sterile Disposable Goggles No 10770-152. Those goggles were replaced with VWR Disposable Goggles No 69100-210. The replacement goggles have 4 protected vents. (See Attachment 5).

Additionally a study was conducted to assure the goggles with perforations did not negatively impact environmental conditions in any way. The environmental group challenged the sterile goggles with perforations by gowning and wearing goggles in a control environment in accordance to SOP 9.080 FSS EAST Controlled Area Garbing. Samples were collected from EM techs wearing the goggles and analyzed. The study demonstrated that the goggles originally observed did not alter the environmental quality and the results are included in Attachment 6. Nevertheless, FSS committed to remove the suspect goggles to assure we are only using the most effective goggles and will avoid potential concerns with the proper use of PPE. (See Attachment 6).

OBSERVATION 4

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically,
The monitoring for non-viable particulates is not located in close proximity to the aseptic operator located on the left side of the laminar flow hood performing aseptic manipulations. The particle counter is located on the far-right corner side of the 8-foot-long laminar flow hood. Two operators work simultaneously on the right and left side of the bench. The non-viable particle counter position is not in close proximity of the aseptic manipulations for the aseptic technician on the left side of the laminar flow hood.

RESPONSE TO OBSERVATION 4 – Expected completion date: **09/30/2019**

Although two similar activities are performed in the ISO 5 environment and there is a sampling port on one of the areas, we also recognize the intent of the observation and thus have begun activities to improve our sampling plan. To confirm that FSS had maintained appropriate levels of control of the sterile environment, a study was also performed on the left side of the laminar airflow hood where no permanent sampling port is located. The study confirmed the state of control of the entire hood. (See Attachment 7). However, we evaluated alternatives to add permanent sampling sites on both sides in the ISO 5 environment and we will be adding additional sampling points to collect environmental samples for non-viable particulate on each side of the laminar flow hood. The associated documentation will also be updated to include the new sampling process.
We have identified a contractor and we will incorporate additional sampling points to support the activities for each Technician working in the laminar airflow hood. This activity will be completed by 09/30/2019. Upon completion of the activity, a report will be provided to FDA. (See Attachment 8).

OBSERVATION 5

The responsibilities and procedures applicable to the quality control unit are not fully followed.

Specifically,
Media Fill study FSS 2018-030 (11/2018) for the 10 ml syringe, 5 ml fill does not contain information results of the incubated 1934 units and the conclusionary results of the media fill. There is no final report describing study results, if positive units were found and if the media fill met the protocol acceptance criteria.

RESPONSE TO OBSERVATION 5 – Completed

We understand the observation regarding the Media Fill Study FSS 2018-030 (11/2018) and we had already committed to the improvement of our processes. The validation department had addressed the observation and improved our documentation for the media fill process simulation. The media fill process simulation has been transferred to the validation department from the new product development. This was presented to the inspector prior to the close out meeting. The report for FSS 2018-030 (11/2018) was reviewed and completed in similar fashion as all previous media fills performed. There were no positive units identified and all media fill units passed inspection. We also completed a review of all media simulations issued with the inspector and it was confirmed that this was an isolated event at FSS. See Attachment 9 for relevant documentation.

OBSERVATION 6

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,
Investigations are not complete and do not always include a full investigation. Out of specification investigations do not include a review of the manufacturing process as required by your SOP 1.040.FSS, revision 2.0.
For example, the following OOS investigations were incomplete:

a) Neostigmine methylsulfate lot# C74-00010275 compounded on 4/30/19, Beyond Use Date 9/27/2019 received an OOS for assay with a result of 115.6% (limits 90-110%). No assignable root cause in the initial lab investigation. The original sample vial was reinjected and a revial of the original sample prep were performed; results were 115.2% and 115.5%, respectively. This confirms the original OOS. A triplicate retest was performed along with a 4th confirmatory test. All within specifications: 103.1, 102.6, 102.9, and 100.2%. A Grubbs Outlier test was applied and considered the original result an outlier. The original result was invalidated. There was no full investigation or review of the compounding formulation records and process. Batch was released.
b) Rocuronium Bromide 10 mg/ml lot# C274-000009195 compounded on 2/22/19, Beyond Use Date 8/21/2019 received an OOS for assay with a result of 84.5% (limits 90-110%). No assignable root cause in the initial lab investigation. The original sample vial was reinjected and a revial of the original sample prep were performed; results were 90.5% and 108.1%, respectively. A triplicate retest was performed along with a 4th confirmatory test. All within specifications: 99.3, 99.7, 99.7, and 102%. The root cause was an unknown sample error. There was no full investigation or review of the compounding formulation records and process. Batch was released.
c) Glycopyrrolate 0.2mg/ml lot#C274-000006719 compounded on 9/5/18, Beyond Use Date 2/2/2019 received an OOS for assay with a result of 86.2% (limits 93-107%). No assignable root cause in the initial lab investigation. The original sample vial was reinjected and a revial of the original sample prep were performed; results were 86.3% and 86.9%, respectively. Two retests and three resamples were performed. All within specifications: 103.6, 103.2, 102.6, 101.9 and 95.6%. The root cause was an unknown sample error. There was no full investigation or review of the compounding formulation records and process. Batch was released.
d) Sodium Thiosulfate 25% lot# C274-000010672 compounded on 5/23/19, Beyond Use Date 8/21/2019 received an OOS for endotoxins with a result of 4.0301 EU/ml limits are 3.0303 EU/ml. Preliminary investigation could not assign a cause to the OOS. Retesting was performed in triplicate by a second analyst. The results were within specifications. The root cause was "sample prep error or it is likely the product sample well was contaminated". There was no full investigation or review of the compounding formulation records and process. Batch was released.
e) Customer complaint 0119-01 initiated on January 2, 2019 reported one of the Succinylcholine Chloride syringes lot C274-000007865 did not have a label. There is no documentation of the investigation to the complaint.

RESPONSE TO OBSERVATION 6:

Expected completion date – Investigation: **09/30/2019**

Expected completion date – Contract Laboratory Audit: **TBD**

We understand the observation and are committed to continuously improve our processes to enhance quality oversight of the OOS process. As a result, over the last few months we have increased staff levels in the quality department. This includes a combination of expert consultants and full-time employees. Clarke Solutions consulting firm was initially contracted in October 2018 to address the backlog of deviations to assure there was no impact to the manufacturing process along with building a robust investigation team. (See Attachment 10).

Simultaneously, during this period the QA team has been restructured and dedicated teams have been established for Incoming Inspection, Manufacturing Quality (MQ), Batch Review, and Complaints, respectively. FSS has also increased the levels of expertise in the pharmaceutical fields at all levels and all departments. FSS is committed to bring adequate resources and experienced staff to improve processes and provide the necessary QA oversight.

To maintain continuous improvement of timely documentation, we have begun deviation training to other departments in the facility. We have extended Clarke Solutions scope of work to provide additional support for training, such as "training the trainer" programs.

Each of the 5 investigations mentioned above will be investigated under a new deviation to evaluate the compounding records and manufacturing process. Additionally, we will evaluate previous OOS investigations to determine if other trends have been established.

FSS has also begun discussions with the contract laboratory to establish a more robust understanding of their sampling and testing process. An audit on the contract laboratory will also be performed in coming months to further evaluate their procedures. The date in which this audit will be performed is subject to identification of mutually agreeable dates for the audit. FSS will provide updates to the Agency regarding this process.

OBSERVATION 7

Packaged and labeled products are not examined during finishing operations to provide assurance that containers and packages in the lot have the correct label.

Specifically,
Your firm does not collect a representative number of finished drug products for an evaluation and documentation of correct labeling.

RESPONSE TO OBSERVATION 7 – Expected completion date: **08/31/2019**

Fagron is currently conducting inspections on in-process finished product material, however a further detailed evaluation of the critical information on the labels will be implemented. Thus, we will improve our finished product inspection process and provide oversight to the labeling procedure by implementing an Acceptable Quality Limits ("AQL") for finished product post labeling.

We currently mitigate the risk of having labeling issues by performing label checks before issuance. There are two additional checks conducted by the pharmacists before QA verifies and releases the labels to production. There is a reconciliation process based on the serial number of each label so that we can reduce the risk of label errors. After labeling is completed, QA verifies that all steps were performed and accounted for prior to release of a batch.

Ultimately FSS is committed to having a complete inspection process for all areas, including a dedicated team to perform AQLs during post labeling inspections. We will develop the necessary procedures and an AQL inspection process by 08/31/2019 to provide enhanced and compliant labeling inspection on finished product.

OBSERVATION 8

Adverse drug event information has not been reported to FDA.

Specifically,
Your firm has received 16 complaints of serious unexpected events concerning lack of pharmacological effect which has not been reported to the FDA.

RESPONSE TO OBSERVATION 8 – Expected completion date: **09/15/2019**

FSS had conducted an internal investigation for lack of effect events listed in the observation and acknowledges not reporting these occurrences as adverse events to FDA. In each of the listed events, an investigation was performed and it was determined that the product met all quality specifications and there were no deviations or notice of events associated with the lots. Where possible, the suspect finished product was returned from the client and tested. In each of those cases, the finished product was within specification and, when compared to the retain samples tested, the results were not statistically different.

The QA department has been continuously addressing the needs of our process. We have taken steps to improve our reporting systems by evaluating and improving our forms used to capture information which may represent reportable adverse events. We have engaged the Agency to discuss our new procedure and will coordinate a training process in accordance to FDA guidelines. Furthermore, we have placed dedicated resources to each functional area within the QA department for this process.

OBSERVATION 9

Your firm compounded drugs that are essentially a copy of one or more approved drugs within the meaning of sections 503B(a)(5) and 503B(d)(2). Specifically, you compound drug products that are identical or nearly identical to an approved drug that is not on the drug shortage list in effect under section 506E at the time of compounding, distribution, and dispensing;
Examples of compounded drug products that are essentially a copy of one or more approved drugs include:

RESPONSE TO OBSERVATION 9 – Status Report: **09/15/2019**

FSS respectfully, but explicitly, denies compounding drug products that are essentially a copy of an approved drug product within the meaning of Sections 503B(a)(5) and 503B(d)(2).

In response to significant prescriber and patient demand for safer alternatives to specific commercially available drug products, FSS compounds and distributes certain drug products which are in-process sterilized and packaged in labeled, ready-to-use syringes (hereinafter collectively "OR Syringes"). These OR Syringes include the four drug products listed in Observation 9. As set forth in more detail in the FSS "Position Statement Regarding the Compounding of Drug Products that are In-Process Sterilized and Packaged in Labeled, Ready-To-Use Syringes OR Syringes," the OR Syringes better assure the safety for patients who require these formulations during surgery or other medical procedures. This Position Statement Regarding Clinical Need, which was drafted following detailed discussions with FSS customers seeking these drug products and corresponding analysis, is attached hereto as Attachment 11.

Because many OR Syringes contain the same active ingredient as a commercially-available drug product, January 2018 Guidance for Industry entitled "Compounded Drug Products That Are Essentially Copies of Approved Drug Products Under Section 503B of the Federal Food, Drug, and Cosmetic Act" ("Guidance") requires FSS to obtain an attestation regarding the clinical need of the OR Syringes relative to the comparable commercially-available

drug products.[1] *While FSS receives a specific attestation regarding a particular drug product prior to distribution of that drug product, attestations received for OR Syringes generally state as follows:*

> *In my professional judgement: the use of the below indicated compounded drug preparations that are in-process sterilized and packaged in labeled, ready-to-use syringes provides clinical and safety benefits relative to manufactured drug vials for patients who require these formulations during surgery or other medical procedures.*
>
> *In my professional judgement: the use of the below indicated compounded drug preparations that have one or more variations in: active ingredient(s), route of administration, dosage form, dosage strength, and excipient(s) from comparable manufactured drug products provides clinical and safety benefits for patients who require these formulations.*

(hereinafter collectively "the attestation"). The attestation is an encapsulation of FSS's Position Statement Regarding Clinical Need and is appropriate in noting the clinical distinctions and need of the OR Syringes relative to the comparable commercially-available drug products.

As required in the Guidance, FSS obtains the attestation from the health care practitioner who will administer the OR Syringe to a patient or, alternatively, a person able to make the representation on behalf of the health care practitioner. Such individuals include pharmacy managers and similarly situated personnel who manage the stock of drug products available for use within the hospital or clinic. In providing attestations, these individuals expressly and explicitly make representations on behalf of the health care practitioner who may choose to administer an OR Syringe instead of a comparable commercially available drug product.

The Guidance states, in pertinent part:

> *FDA is aware that a health care practitioner who orders a compounded drug from an outsourcing facility for office stock will not know the identity of the individual patients who will receive the compounded drug at the time of the order. In that case, the outsourcing facility should obtain a statement from the practitioner that specifies the change between the compounded drug and the comparable approved drug and indicates that the compounded drug will be administered or dispensed only to a patient for whom the change produces a clinical difference, as determined by the prescribing practitioner for that patient.* ***Such assurances should be provided by the health care practitioner or a person able to make the representation for the health care practitioner.***
>
> *For example, a hospital may need an FDA-approved drug combined with a particular diluent in infusion bags to administer to patients during surgery, and this preparation may not be contemplated in the approved product labeling.* ***The pharmacy manager for the hospital could order the compounded drug from an outsourcing facility and document on the order that the compounded drug will only be administered to patients for whom the prescriber determines that this formulation will produce a clinical difference from the comparable approved drug.*** *Similarly, a physician who regularly treats patients with an allergy to an inactive ingredient in a particular approved injectable drug product could order a compounded version of the drug for office use from an outsourcing facility provided that he or she includes a statement on the order that removing the particular inactive ingredient produces a clinical difference for his*

[1] FSS's compliance with the Guidance does not reflect, and should not be interpreted as, FSS's agreement or consent to the content of the Guidance or the appropriateness of the Agency's use and enforcement of Guidance in this scenario. *See* 5 USC §551 et seq. (the Administrative Procedure Act) and 21 C.F.R § 10.115, *see also* Brown Express, Inc. v. United States, 607 F.2d 695, 700 (5th Cir. 1979); Cmty. Nutrition Inst. v. Young, 818 F.2d 943, 948-49 (D.C. Cir. 1987); United States v. Bioclinical Sys., Inc., 666 F. Supp. 82, 83-84 (D. Md. 1987); Syncor Int'l Corp. v. Shalala, 127 F.3d 90, 94-95 (D.C. Cir. 1997). FSS reserves its rights.

or her individual patients and that he or she will provide the drug only to patients with that particular clinical need.

See Guidance at pp. 9-10 (emphasis added).

As noted above, the attestation and corresponding position paper are clear as to the clinical distinction and need of the OR Syringes relative to commercially-available drug products deemed to be essential copies under the Guidance. As for the attestation obtained by FSS prior to distribution of OR Syringes, the Guidance speaks specifically and unambiguously to the appropriateness of a hospital pharmacy manager ordering products for use by practitioners in the hospital. Any negative implication regarding the ordering and corresponding attestations made by a hospital pharmacy manager in this scenario, which was a verbal finding made by the inspector which likely gave rise to Observation 9, is misplaced.

Though FSS disagrees with Observation 9, FSS nevertheless intends to work collaboratively with and attempt to address concerns raised by FDA. Accordingly, without waiving its objections, FSS commits to making the following changes to its policy and procedure for obtaining attestations regarding clinical need and difference: (1) if the individual ordering the compounded preparation is not the practitioner, FSS will prospectively require additional clarity that the individual making the attestation regarding clinical need and difference has the authority to speak on behalf of practitioners who will administer the compounded preparation, and (2) FSS will prospectively require additional clarity that compounded preparations for which attestations are received will only be administered to patients for whom the practitioner determines will produce a clinical difference from the comparable approved drug. FSS will provide regular updates to the Agency regarding this process.

OBSERVATION 10

The labels of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(A). Specifically, your product labels do not include a list of active and inactive ingredients, identified by established name and the quantity or proportion of each ingredient. If there is no space on the product label, such information should be included on the container per section 503B(a)(10)(B)(i).

Examples of your drug product labels that do not contain this information:

- Sodium thiosulfate 25% injection
- Lidocaine hydrochloride 2% injection
- Lidocaine hydrochloride 1% injection
- Ketamine hydrochloride 50 mg/mL injection
- Succinylcholine chloride 20 mg/mL injection
- Neostigmine methylsulfate 1 mg/mL injection
- Glycopyrrolate 0.2 mg/mL injection
- Rocuronium bromide 10 mg/mL injection
- Sodium citrate 4% injection containing gentamicin 320 mcg/mL
- Sodium citrate 4% injection
- Ketamine hydrochloride 50 mg/mL injection

2. The containers of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(B). Specifically, your containers do not include the route of administration.

Examples of your container labels that do not contain this information:

- Sodium thiosulfate 25% injection
- Sodium citrate 4% injection containing gentamicin 320 mcg/mL
- Sodium citrate 4% injection

RESPONSE TO OBSERVATION 10 – Expected completion date: **08/31/2019**

We understand the FDA's observation and are committed to improving our process for labeling in order to meet or exceed the requirements. We have initiated a change control # 19-CC-072 to improve different levels of quality and safety of our product. As a result, we will have all labels completed and compliant with all standards including the identified items in the observation by 08/31/2019.

OBSERVATION 11

Bulk drug substances used by your outsourcing facility to compound drug products are not each manufactured by an establishment that is registered under section 510 as required by section 503B(a)(2)(C). Specifically, the Trisodium citrate dihydrate API used in the manufacture of Sodium citrate 4% solution injection and Sodium citrate 4%/Gentamicin 320 mcg/ml solution injection is not manufactured in a FDA registered facility.

RESPONSE TO OBSERVATION 11 – Expected completion date: **10/15/2019**

We recognize the observation and the importance of evaluating each manufacturer of API in accordance with Section 503B and associated rules and guidance. As soon as it was discovered that this material was non-compliant, we performed an immediate evaluation on Sodium Citrate, as well as all APIs used in FSS products. We immediately stopped using the Sodium Citrate API manufacturer identified during the inspection. We initiated investigation DEV-2019-055.FSS to capture additional details. (See Attachment 12). All impacted lots were placed on hold and only released after all USP standards were met.

Additionally, we took actions to demonstrate the safety of our finished products by analyzing the Sodium Citrate API for each affected lot number impacted for Full Monograph Testing. All API lots used for the manufacture of finished products met all USP monograph test requirements. (See Attachment 13).

Fagron
Sterile
Services US

Director of Compliance
Food and Drug Administration, Kansas City District Office
8050 Marshall Drive, Suite 205
Lenexa, KS 66214

August 30, 2019

Dear Director:

Fagron Sterile Services (FSS) hereby continues to respond to the commitments listed on the previous response dated July 15, 2019 in reference Form 483 issued on 6/21/2019. FSS has worked diligently on the observations and responses and will continue the efforts to demonstrate the improvements FSS has made to their Quality Systems and cGMP Compliance Program.

FSS has taken each individual observation and recommendation very seriously and FSS is proud of the work FSS has completed in the given timeline. In addition, FSS will continue to keep the Agency apprised of the progress, and notify you upon completion which is expected to be by September 30, 2019.

In the body of this response you will find the remaining commitments that FSS has closed and the date of the expected completion items listed per the initial submission.

Sincerely,

Jose Gomez
Quality Director, FSS
Quality Assurance

Carl Woetzel
President, FSS, General Management

Cc: Jason McGuire
Global Quality Director,
Quality and Regulatory Affairs

Cc: Hal Weaver
President, Fagron North America

OBSERVATION 1

Equipment and utensils are not cleaned and maintained at appropriate intervals to prevent that would alter the safety, identity, strength, quality or purity of the drug product

A) On 6/12/19 during a walkthrough of your firm's aseptic processing areas, I observed in horizontal laminar flow hood (Equipment ID#FSS-1050) cleanroom suite #7 a brown/black residue on the inside of the LFH bottom left polycarbonate panel between the panel and the metal bench table lip edge. (Photograph taken) Aseptic processing of Glycopyrrolate 0.2mg/ml injection 5 ml syringes, batch#C274-000010966 was being aseptically filled at this time.

B) On 6/12/19 during a walkthrough of your firm's aseptic processing areas, I observed in horizontal laminar flow hood (Equipment ID# FSS-1053) cleanroom suite #10 cracked polycarbonate side panels from the overtightening of two connecting screws. In the cracking area around the screws a brown residue was observed. (Photograph taken) Aseptic processing of Succinylcholine chloride injection 20mg/ml batch# C274-000010964 was being aseptically filled at the time.

A) Observation A completed 06/13/2019 as reported on previous response with appropriate attachments.

B) Observation B closure is still scheduled to be completed during the Summer Shut Down, which will take place in September 2019.

OBSERVATION 2

Testing and release of drug product for distribution do not include appropriate laboratory determination of satisfactory conformance to the final specifications prior to release.

Specifically,
There is no testing of the preservative content in the injectable drug products at time of release or during beyond use dating studies. The following injectable solutions contain preservatives:

- Succinylcholine Chloride 20mg/ml injection contains methylparaben as a preservative
- Neostigmine Methylsulfate I mg/ml injection contains phenol as a preservative
- Glycopyrrolate 0.2 mg/ml injection contains benzyl alcohol as a preservative
- Sodium citrate 4% solution contains benzyl alcohol as a preservative
- Sodium citrate 4%/Gentamicin 320 mcg/ml contains benzyl alcohol as a preservative
- Ketamine 50 mg/ml contains benzathonium chloride as a preservative

FSS follows the USP <51> "Antimicrobial Effectiveness Test" and the 503 guidance document as it relates to preservative effectiveness testing. Currently neither USP <51> or the 503B guidance document specifies the need for preservative testing when a product is a single use container. However, there are many statements in the introductory section where the requirement specifically references multi-dose containers. FSS wants to ensure compliance with the Agency's expectation regarding this topic and, thus, FSS is currently in discussion with the USP Liaison on this subject matter to ensure proper alignment. FSS agrees to follow the most appropriate path forward.

FSS has demonstrated in their batch records that the compounding process is robust. This includes individual weight tapes, specific volumes verified by two people, and photo identification of each Ingredient. Furthermore, FSS conducts visual inspection of each and every unit for closure integrity, an independent QA check at post labeling and a review of the manufacturing process in the Master Batch Record. Finally, the BUD conducted at FSS ensures that the integrity of the container is challenged until the expiry of the BUD is reached for the single use product.

OBSERVATION 3

Protective apparel is not worn as necessary to protect drug products from contamination.

Specifically,
On 6/12/19 and again on 6/13/19, I observed aseptic operators in the clean room suites 9 and 2 respectively; wearing a goggle type in the ISO 5 horizontal laminar flow hood which contained numerous holes (approximately 50) for direct venting. Aseptic operators were at the time performing aseptic filling for sodium thiosulfate in 50 ml vials (Suite 2) and a development batch for morphine 3ml syringes.

Observation completed as reported on previous response of July 15, 2019.

OBSERVATION 4

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically,
The monitoring for non-viable particulates is not located in close proximity to the aseptic operator located on the left side of the laminar flow hood performing aseptic manipulations. The particle counter is located on the far-right corner side of the 8-foot-long laminar flow hood. Two operators work simultaneously on the right and left side of the bench. The non-viable particle counter position is not in close proximity of the aseptic manipulations for the aseptic technician on the left side of the laminar flow hood.

A study reported on the initial response dated July 15, 2019 demonstrated FSS had maintained appropriate levels of control of the sterile environment during filling activities. FSS additionally committed to enhance their monitoring process; thus, on previous response, it was reported that the appropriate PO and scope of environmental enhancements when a vendor was identified and contracted for installation. Work is expected to be completed during the Summer Shut Down taking place in September 2019 and FSS will report completion of the non-viable monitoring enhancement.

OBSERVATION 5

The responsibilities and procedures applicable to the quality control unit are not fully followed.

Specifically,
Media Fill study FSS 2018-030 (11/2018) for the 10 ml syringe, 5 ml fill does not contain information results of the incubated 1934 units and the conclusionary results of the media fill. There is no final report describing study results, if positive units were found and if the media fill met the protocol acceptance criteria.

Observation completed as reported on previous response dated July 15, 2019.

OBSERVATION 6

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,
Investigations are not complete and do not always include a full investigation. Out of specification investigations do not include a review of the manufacturing process as required by your SOP 1.040.FSS, revision 2.0.
For example, the following OOS investigations were incomplete:

Neostigmine methylsulfate lot# C74-00010275 compounded on 4/30/19, Beyond Use Date 9/27/2019 received an OOS for assay with a result of 115.6% (limits 90-110%). No assignable root cause in the initial lab investigation. The original sample vial was reinjected and a revial of the original sample prep were performed; results were 115.2% and 115.5%, respectively. This confirms the original OOS. A triplicate retest was performed along with a 4th confirmatory test. All within specifications: 103.1, 102.6, 102.9, and 100.2%. A Grubbs Outlier test was applied and considered the original result an outlier. The original result was invalidated. There was no full investigation or review of the compounding formulation records and process. Batch was released.
Rocuronium Bromide 10 mg/ml lot# C274-000009195 compounded on 2/22/19, Beyond Use Date 8/21/2019 received an OOS for assay with a result of 84.5% (limits 90-110%). No assignable root cause in the initial lab investigation. The original sample vial was reinjected and a revial of the original sample prep were performed; results were 90.5% and 108.1%, respectively. A triplicate retest was performed along with a 4th confirmatory test. All within specifications: 99.3, 99.7, 99.7, and 102%. The root cause was an unknown sample error. There was no full investigation or review of the compounding formulation records and process. Batch was released.
Glycopyrrolate 0.2mg/ml lot#C274-000006719 compounded on 9/5/18, Beyond Use Date 2/2/2019 received an OOS for assay with a result of 86.2% (limits 93-107%). No assignable root cause in the initial lab investigation. The original sample vial was reinjected and a revial of the original sample prep were performed; results were 86.3% and 86.9%, respectively. Two retests and three resamples were performed. All within specifications: 103.6, 103.2, 102.6, 101.9 and 95.6%. The root cause was an unknown sample error. There was no full investigation or review of the compounding formulation records and process. Batch was released.
Sodium Thiosulfate 25% lot# C274-000010672 compounded on 5/23/19, Beyond Use Date 8/21/2019 received an OOS for endotoxins with a result of 4.0301 EU/ml limits are 3.0303 EU/ml. Preliminary investigation could not assign a cause to the OOS. Retesting was performed in triplicate by a second analyst. The results were within specifications. The root cause was "sample prep error or it is likely the product sample well was contaminated". There was no full investigation or review of the compounding formulation records and process. Batch was released.
Customer complaint 0119-01 initiated on January 2, 2019 reported one of the Succinylcholine Chloride syringes lot C274-000007865 did not have a label. There is no documentation of the investigation to the complaint.

Over the last few months FSS has increased staff levels in the quality department. This includes a combination of expert consultants and full time employees. Clarke Solutions consulting firm was initially contracted in October 2018 to address the backlog of deviations to assure there was no impact to the manufacturing process, along with building a robust investigation team internally. In addition to the previous response and commitments, FSS has completed the training of FSS Staff for deviations. See attached training conducted by Clarke Solutions.
FSS continues to review each of the 5 investigations observed above. Additionally, FSS has initiated discussions with the contract laboratory to establish a more robust understanding of their sampling and testing process. Furthermore, FSS has developed an SOP so staff can additionally perform an investigation on deviations reported as OOS from external testing (reference FSS-SOP-0162).

OBSERVATION 7

Packaged and labeled products are not examined during finishing operations to provide assurance that containers and packages in the lot have the correct label.

Specifically,
Your firm does not collect a representative number of finished drug products for an evaluation and documentation of correct labeling.

FSS developed and implemented a new procedure for the label examination of finished product. To support this activity, FSS hired additional staffing to perform AQL inspections on finished labeled product as an independent verification. These checks will be conducted in accordance to FSS- East Label Control SOP, FSS-SOP-0076 on every lot that is labeled and documented on form Label Reconciliation Form FSS-Form-0073. The documents referenced above are attached.

OBSERVATION 8

Adverse drug event information has not been reported to FDA.

Specifically,
Your firm has received 16 complaints of serious unexpected events concerning lack of pharmacological effect which has not been reported to the FDA.

FSS had performed an internal ADE on every ADE reported from customers, as it was described during the FDA audit. After the inspection conducted in June 2019, FSS established communication with FDA, registered the facility and successfully submitted the first adverse event report to FDA. FSS will continue to report any additional ADE in compliance with the 503B guidelines for Adverse Event Reporting. See attached ADE form.

OBSERVATION 9

Your firm compounded drugs that are essentially a copy of one or more approved drugs within the meaning of sections 503B(a)(5) and 503B(d)(2). Specifically, you compound drug products that are identical or nearly identical to an approved drug that is not on the drug shortage list in effect under section 506E at the time of compounding, distribution, and dispensing;

FSS respectfully, but explicitly, denies compounding drug products that are essentially a copy of an approved drug product within the meaning of Sections 503B(a)(5) and 503B(d)(2). FSS is currently evaluating attestations of clinical need and difference received from practitioners to assure that the attestations meet Agency expectations.

OBSERVATION 10

The labels of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(A). Specifically, your product labels do not include a list of active and inactive ingredients, identified by established name and the quantity or proportion of each ingredient. If there is no space on the product label, such information should be included on the container per section 503B(a)(10)(B)(i).

Examples of your drug product labels that do not contain this information:
Sodium thiosulfate 25% injection
Lidocaine hydrochloride 2% injection
Lidocaine hydrochloride 1% injection
Ketamine hydrochloride 50 mg/mL injection
Succinylcholine chloride 20 mg/mL injection
Neostigmine methylsulfate 1 mg/mL injection
Glycopyrrolate 0.2 mg/mL injection
Rocuronium bromide 10 mg/mL injection
Sodium citrate 4% injection containing gentamicin 320 mcg/mL
Sodium citrate 4% injection
Ketamine hydrochloride 50 mg/mL injection

2. The containers of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(B). Specifically, your containers do not include the route of administration.

As previously committed under the change control process, FSS conducted a full review and made changes to the impacted labels to be in compliance with Sections 503B(a)(10) (B) and 503B(a)(10)(A). *FSS completed change control 19-CC-072 to improve the different levels of quality and safety of their products. As result all labels were updated to be compliant with all standards, including the identified items during the observation.*

Fagron Sterile Services US
F8710 E 34th St N
Wichita, KS 67226

T 1.877.405.8066
F 1.866.405.8066

fagronsterile.com

OBSERVATION 11

Bulk drug substances used by your outsourcing facility to compound drug products are not each manufactured by an establishment that is registered under section 510 as required by section 503B(a)(2)(C). Specifically, the Trisodium citrate dihydrate API used in the manufacture of Sodium citrate 4% solution injection and Sodium citrate 4%/Gentamicin 320 mcg/ml solution injection is not manufactured in a FDA registered facility.

A new incoming materials process was implemented in months immediately prior to the inspection to meet the guidelines described in Section 503B(a)(2)(C). FSS is absolutely committed to evaluate each manufacturer of raw material in accordance to Section 503B and corresponding rules and regulations. Furthermore, FSS performed an immediate investigation on Sodium Citrate and assured the remaining APIs used in finished products came from FDA registered manufacturers. FSS immediately stopped using the Sodium Citrate raw material identified during the inspection and placed all impacted lots on hold. The finished product was released only after all USP Compendial tests were completed and verified to meet monograph requirements. The investigation was completed as reported on the original response dated July 15, 2019..

FSS has since then has been working with the Global Quality Management team in Europe and Asia to locate another source for this material. As a stop gap measure and to ensure the safety and quality of the raw material, FSS will continue to perform Full Monograph Testing on Sodium Citrate until there is an FDA approved facility as FSS continues the global search for a manufacture that is registered with FDA.

15C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: NEPHRON STERILE COMPOUNDING CENTER, LLC

Physical Address: 4500 12th Street Ext.

City: West Columbia State: SC Zip Code: 29172

Telephone: 800-443-4313 Fax: 803-926-9853

Toll Free Number: 800-443-4313 (Required per NAC 639.708)

E-mail: LICENSE@NEPHRONPHARM.COM Website: https://www.nephronpharm.com/

Supervising Pharmacist: Stuart Tolman Nevada License #: 10916 ✓

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 3-26-2020 Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): 3011158388

Please provide the name of the facility as registered with the FDA and the registration number:
NEPHRON STERILE COMPOUNDING CENTER, LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
NEPHRON 503B OUTSOURCING FACILITY

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Stuart Tolman Nevada License Number: 10916

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

X _____

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

Lou w. Kennedy

Print Name of Authorized Person

03/04/2020

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 5**

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: SOUTH CAROLINA

Parent Company if any: NEPHRON SC, INC

Address: 4500 12th Street Ext.

City: West Columbia State: SC Zip: 29172

Telephone: 800-443-4313 Fax: 803-926-9853

Contact Person: LOU W. KENNEDY

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Lou W. Kennedy — 4500 12th Street Ext. Columbia, SC 29172
Name — Address

b) William P. Kennedy — 4500 12th Street Ext. Columbia, SC 29172
Name — Address

c) Ashley Kennedy Whitner — 4500 12th Street Ext. Columbia, SC 29172
Name — Address

d) Courtney Kennedy Mcgowan — 4500 12th Street Ext. Columbia, SC 29172
Name — Address

2) Provide the number of shares issued by the corporation. 10,000

3) What was the price paid per share? No par value

4) What date did the corporation actually receive the cash assets? 11/04/2011

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

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Jenna Davis

From: Jenna Davis
Sent: Friday, November 6, 2020 5:33 PM
To: 'pharmacy@pharmacy.nv.gov'
Subject: PIC Change for Pending License

Good Afternoon,

Nephron Sterile Compounding Center submitted a 503b outsourcing facility license application with Stuart Tolman listed as the PIC/Supervising Pharmacist. Stuart Tolman is no longer with company. We would like to request a PIC Change to Jane Walker Killian, NV license number is 20499.

Let us know if any more information is needed.

Thank you,

Jenna Davis
Regulatory Affairs Associate
Nephron Pharmaceuticals Corporation
4500 12th Street Extension
West Columbia, SC 29172
jdavis@nephronpharm.com
Ext. 2809
Office: (803) 569-2809

nephron
pharmaceuticals corporation
Celebrating over 22 years
of Sterile Manufacturing!
nephron
503B outsourcing facility

South Carolina Secretary of State

Business Entities Online

File, Search, and Retrieve Documents Electronically

NEPHRON STERILE COMPOUNDING CENTER LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated State: South Carolina

Important Dates

Effective Date: 03/12/2014

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: CT CORPORATION SYSTEM

Address: 2 OFFICE PARK COURT, SUITE 103
COLUMBIA, South Carolina 29223

Official Documents On File

Filing Type	Filing Date
Amendment	04/24/2014
Organization	03/12/2014

Former Names

Name	Filing Date
NEPHRON COMPOUNDING CENTER LLC	03/14/2014

For filing questions please contact us at **803-734-2158**

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Business Entities Online

File, Search, and Retrieve Documents Electronically

NEPHRON STERILE COMPOUNDING CENTER LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated State: South Carolina

Important Dates

Effective Date: 03/12/2014

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: CT CORPORATION SYSTEM

Address: 2 OFFICE PARK COURT, SUITE 103
COLUMBIA, South Carolina 29223

Official Documents On File

Filing Type	Filing Date
Amendment	04/24/2014
Organization	03/12/2014

Former Names

Name	Filing Date
NEPHRON COMPOUNDING CENTER LLC	03/14/2014

For filing questions please contact us at **803-734-2158**

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PRC1035984

PERMIT NO. 16464
DATE ISSUED 05/20/2019

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Outsourcing Facility Permit

2019-2020

Expires 06/30/2020

NEPHRON STERILE COMPOUNDING CENTER, LLC
Permit Holder: WILLIAM P. KENNEDY
4500 12th ST EXT
WEST COLUMBIA SC 29172

Spencer A. Morris, Chairman

Eric Strauss, Vice Chairman

U.S. FOOD & DRUG ADMINISTRATION

Registered Outsourcing Facilities

Human Drug Compounding

Facilities Registered As Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 10-25-2019

- Information Concerning Outsourcing Facility Registration
- Outsourcing Facility Product Reporting Information

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table

Content current as of

Facility Name	Contact Name and Phone Number	Initial Date of Registration as an Outsourcing Facility[1]	Date of Most Recent Registration as an Outsourcing Facility[1]	End Date of Last FDA Inspection Related to Compounding[1]	Was a Form FDA 483 Issued?	Other Action, if Any Based on Last Inspection[1]	Intends to Compounds Sterile Drugs From Bulk Drug Substances[2]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Nevada State Board of Pharmacy

For licensing inquires please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

For current information on **disciplinary actions taken against licensees**, please send an email to shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov).

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
Killian	Jane	20499	West Columbia	SC		None	

License Number : 20499

Name : Killian, Jane

License Type : Pharmacist

License Status : Active

License Date : 03/18/2020

Discipline :

Expiration Date : 10/31/2021

Primary Source Verified

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State of Incorporation: South Carolina
Corporate Address:
4500 12th Street Extension
Columbia, SC 29172
Parent Company: Nephron Inc.
FEIN: 37-175-2439

Nephron Sterile Compounding Center LLC Corporate Officers

Name	Title	Business Contact Information	Date of Birth
William Kennedy	Director (49%)	4500 12th St. Ext. West Columbia, SC 29172	
Lou Kennedy	President, CEO, Owner (17%)	4500 12th St. Ext. West Columbia, SC 29172	
Ashley Kennedy Whitner	Vice President Owner (17%)	4500 12th St. Ext. West Columbia, SC 29172	
Courtney Kennedy McGowan	Vice President Owner (17%)	4500 12th St. Ext. West Columbia, SC 29172	
Daniel Stoner	Secretary/ Treasurer	4500 12th St. Ext. West Columbia, SC 29172	

NEPHRON SC, INC.

A South Carolina Corporation

STOCK TRANSFER LEDGER

Cert. No.	Date	No. of Shares	Issued To	Transfer			
				Date	To Cert. No.	To Whom Transferred	Shares
Authorized Issuance: *10,000 shares of Common Stock, of which 1,000 shares are Class A Voting Common Stock @ No Par Value and 9,000 shares are Class B Non-Voting Common Stock @ No Par Value*							
CLASS A VOTING COMMON STOCK							
1A	11/4/2011	340	Courtney Berry Kennedy McGowan and Ashley Elizabeth Kennedy, Co-Trustees of the Kennedy Family Irrevocable Trust U/A dated August 16, 2002 (IDIT)				
2A	11/4/2011	170	Lou Wood Kennedy, Trustee of the Lou Wood Kennedy Trust U/A dated September 10, 2007 (QTIP)				
3A	11/4/2011	490	William P. Kennedy, Trustee of the William Kennedy Revocable Trust dated August 16, 2002				
CLASS B NON-VOTING COMMON STOCK							
1B	11/4/2011	3,060	Courtney Berry Kennedy McGowan and Ashley Elizabeth Kennedy, Co-Trustees of the Kennedy Family Irrevocable Trust U/A dated August 16, 2002 (IDIT)				
2B	11/4/2011	1,530	Lou Wood Kennedy, Trustee of the Lou Wood Kennedy Trust U/A dated September 10, 2007 (QTIP)				
3B	11/4/2011	4,410	William P. Kennedy, Trustee of the William Kennedy Revocable Trust dated August 16, 2002				

NEPHRON SC, INC.

A South Carolina Corporation

RECORD OF SHAREHOLDERS

Name of Shareholder	Certificate No.	Date of Issuance	No. of Shares Issued (this certificate)	Total Cumulative Shares Issued	Ownership Percentage
CLASS A VOTING COMMON STOCK					
Courtney Berry Kennedy McGowan and Ashley Elizabeth Kennedy, Co-Trustees of the Kennedy Family Irrevocable Trust U/A dated August 16, 2002 (IDIT) Special Trustee: Christopher E. Erblich	1A	11/4/2011	340	340	34%
Lou Wood Kennedy, Trustee of the Lou Wood Kennedy Trust U/A dated September 10, 2007 (QTIP) Special Trustee: Christopher E. Erblich	2A	11/4/2011	170	170	17%
William P. Kennedy, Trustee of the William Kennedy Revocable Trust dated August 16, 2002 Special Trustee: Christopher E. Erblich	3A	11/4/2011	490	490	49%
TOTAL CLASS A VOTING:				1,000	100%
CLASS B NON-VOTING COMMON STOCK					
Courtney Berry Kennedy McGowan and Ashley Elizabeth Kennedy, Co-Trustees of the Kennedy Family Irrevocable Trust U/A dated August 16, 2002 (IDIT) Special Trustee: Christopher E. Erblich	1B	11/4/2011	3,060	3,060	34%
Lou Wood Kennedy, Trustee of the Lou Wood Kennedy Trust U/A dated September 10, 2007 (QTIP) Special Trustee: Christopher E. Erblich	2B	11/4/2011	1,530	1,530	17%
William P. Kennedy, Trustee of the William Kennedy Revocable Trust dated August 16, 2002 Special Trustee: Christopher E. Erblich	3B	11/4/2011	4,410	4,410	49%
TOTAL CLASS B NON-VOTING:				9,000	100%

RECAPITULATION OF VOTING AND NON-VOTING OWNERSHIP						
Shareholder	**Voting**		**Non-Voting**		**Combined Voting & Non-Voting**	
	Shares	**% of Total Shares (10,000)**	**Shares**	**% of Total Shares (10,000)**	**Shares**	**% of Total Shares (10,000)**
Courtney Berry Kennedy McGowan and Ashley Elizabeth Kennedy, Co-Trustees of the Kennedy Family Irrevocable Trust U/A dated August 16, 2002 (IDIT)	340	3.4%	3,060	30.6%	3,400	34%
Lou Wood Kennedy, Trustee of the Lou Wood Kennedy Trust U/A dated September 10, 2007 (QTIP)	170	1.7%	1,530	15.3%	1,700	17%
William P. Kennedy, Trustee of the William Kennedy Revocable Trust dated August 16, 2002	490	4.9%	4,410	44.1%	4,900	49%
TOTALS:	**1,000**	**10%**	**9,000**	**90%**	**10,000**	**100%**

15D

RECEIVED 7/14/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☑ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Wells Pharma of Houston, LLC

Physical Address: 9265 Kirby Drive

City: Houston State: TX Zip Code: 77054

Telephone: 346-888-1010 Fax: 346-888-1050

Toll Free Number: 855-935-5789 (Required per NAC 639.708)

E-mail: agonzalez@wellspharmatx.com Website: www.wellspharmatx.com

Supervising Pharmacist: Craig Woodruff Nevada License #: 20362 OK 10/31/21

SERVICES PROVIDED

Yes/No

☐ ☑ Parenteral
☑ ☐ Sterile Compounding
☑ ☐ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding
☐ ☑ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

FEI Number (From FDA application): 84-2285383

Please provide the name of the facility as registered with the FDA and the registration number:
Wells Pharma of Houston, LLC - 055774114

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
N/A

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Craig Woodruff Nevada License Number: 20362

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

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

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

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

Gary L. Shapiro
Print Name of Authorized Person

4/23/20
Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: LSE, Inc.

Address: 1400 Colorado Street, Suite C

City: Boulder City State: NV Zip: 89005

Telephone: 561-289-5789 Fax: 346-888-1050

Contact Person: Gary L. Shapiro

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Gary L. Shapiro South Ocean Blvd. Boca Raton, FL 33432
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. $3,300,000

3) What was the price paid per share? .001 (per value)

4) What date did the corporation actually receive the cash assets? 11/30/2010 & 7/14/2019

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

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

WELLS PHARMA OF HOUSTON, LLC
9265 KIRBY DR
HOUSTON TX 77054

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **33115** Expiration Date: **2/28/2022**

Balances: **5**

WELLS PHARMA OF HOUSTON, LLC
9265 KIRBY DR
HOUSTON TX 77054

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Re:	Wells Pharma of Houston, LLC
Address:	9265 Kirby Drive Houston, Texas 77054
License No.:	33115
Date Issued:	February 12, 2020
Licensure Status:	Active
Expiration Date:	February 28, 2022
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Wells Pharma of Houston, LLC (Texas Pharmacy License #33115) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan G. Holloway
Deputy General Counsel
Texas State Board of Pharmacy

July 13, 2020
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Audrey Middle: _____ Last: Cho

Mailing Address: _____ Vegas Drive, Apt. _____

City: Las Vegas State: Nevada Zip Code: 89108

Telephone: _____ E-mail Address: _____ @gmail.com

Date of Birth: _____ Place of Birth: Cleveland, Ohio

SS# or ITIN: _____ Sex: ☐ M or ☑ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State: Ohio Date of Issuance: 10/16/1996

College of Pharmacy Information

Graduation Date: 06/07/1996 (mm/dd/yy)

Degree Received: ☐ PharmD ☑ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of Cincinnati James L. Winkle College of Pharmacy

Location of School: Cincinnati, Ohio (3255 Eden Ave, Cincinnati, Ohio 45229)

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250.00 Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
Florida	PS42990	Yes ☑ No ☐			Yes ☐ No ☐
Florida	PU7801	Yes ☑ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☑

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	☑	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☐

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & **provide an**

Board Administrative Action:	State	Date:	Case #:
	OH	01/22/13	2012-1063

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☑
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

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

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

9/14/2020
Date

OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, OH 43215-6126

-Equal Opportunity Employer and Service Provider-

TEL: **614/466-4143** *E-MAIL:* **exec@bop.state.oh.us** *FAX:* **614/752-4836**
TTY/TDD: Use the Ohio Relay Service: 1-800/750-0750 *URL:* http://www.pharmacy.ohio.gov

SETTLEMENT AGREEMENT WITH THE STATE BOARD OF PHARMACY
(Case Number 2012-1063)

In The Matter Of:

Audrey Cho, R.Ph.
3rentmoor Drive
Loveland, OH, 45140
(R.Ph. No. 03-3-21665)

This Settlement Agreement is entered into by and between Audrey Cho and the Ohio State Board of Pharmacy, a state agency charged with enforcing the Pharmacy Practice Act and Dangerous Drug Distribution Act, Chapter 4729. of the Ohio Revised Code.

Audrey Cho voluntarily enters into this Agreement being fully informed of her rights afforded under Chapter 119. of the Ohio Revised Code, including the right to representation by counsel, the right to a formal adjudication hearing on the issues contained herein, and the right to appeal. Audrey Cho acknowledges that by entering into this Agreement she has waived her rights under Chapter 119. of the Revised Code.

Whereas, the Board is empowered by Section 4729.16 of the Ohio Revised Code to suspend, revoke, limit, place on probation, refuse to grant or renew an identification card or enforce a monetary penalty on the license holder for violation of any of the enumerated grounds therein.

Whereas, Audrey Cho is licensed to practice pharmacy in the State of Ohio.

Whereas, on or about January 22, 2013, pursuant to Chapter 119. of the Ohio Revised Code, Audrey Cho was notified of the allegations or charges against her, her right to a hearing, her rights in such hearing, and her right to submit contentions in writing. Audrey Cho requested a hearing; it was scheduled and continued. The January 22, 2013, Notice of Opportunity for Hearing contains the following relevant allegations or charges:

(1) Records of the State Board of Pharmacy indicate that Audrey Cho was originally licensed in the State of Ohio on October 16, 1996, pursuant to examination, and is currently licensed to practice pharmacy in the State of Ohio.

(2) Audrey Cho did, on or about January 4, 2010, by deception, procure a prescription for a dangerous drug, to wit: a NuvaRing, Rx #473817, knowing the prescription was not for her own use, but for the use of a pharmacy intern. Audrey Cho further submitted the false prescription to Walgreens Insurance Company for reimbursement. Such conduct is in violation of Section 2925.22 of the Ohio Revised Code.

(3) Audrey Cho did, on or around August 14, 2011, with purpose to deprive, knowingly obtain or exert control over dangerous drugs, the property of Walgreens Pharmacy #4733, beyond the express or implied consent of the owner, to wit: she admitted to removing four amoxicillin 500mg capsules from the pharmacy stock and providing them to a pharmacy technician without a legitimate prescription and without payment to the pharmacy. Such conduct is in violation of Section 2913.02 of the Ohio Revised Code.

(4) Audrey Cho did, on or around September 2, 2011, with purpose to deprive, knowingly obtain or exert control over dangerous drugs, the property of Walgreens Pharmacy #4733, beyond the express or implied consent of the owner, to wit: she admitted to removing one Pristiq 50mg tablet from the pharmacy stock and providing it to a pharmacy technician without payment to the pharmacy. Such conduct is in violation of Section 2913.02 of the Ohio Revised Code.

(5) Audrey Cho did, on or around July 20, 2011, with purpose to deprive, knowingly obtain or exert control over dangerous drugs, the property of Walgreens Pharmacy #4733, beyond the express or implied consent of the owner, to wit: she admitted to removing promethazine from the pharmacy stock and providing it to a pharmacy technician without a legitimate prescription or payment to the pharmacy. Such conduct is in violation of Section 2913.02 of the Ohio Revised Code.

Audrey Cho neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated January 22, 2013; however, the Board has evidence sufficient to sustain the allegations and hereby adjudicates the same.

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of a formal hearing at this time, Audrey Cho knowingly and voluntarily agrees with the State Board of Pharmacy to the following:

(A) Audrey Cho's pharmacist identification card, No. 03-3-21665, will be placed on probation for one year from the effective date of this agreement. The terms of probation are as follows:

(1) The State Board of pharmacy hereby declares that Audrey Cho's pharmacist identification card is not in good standing and thereby denies the privilege of being a preceptor and training pharmacy interns pursuant to paragraph (D)(1) of Rule 4729-3-01 of the Ohio Administrative Code.

(2) Audrey Cho may not dispense any medications to a co-worker.

(3) Audrey Cho must not violate the drug laws of the state of Ohio, any other state, or the federal government.

(4) Audrey Cho must abide by the rules of the Ohio State Board of Pharmacy.

(5) Audrey Cho must comply with the terms of this Agreement.

(B) Audrey Cho agrees to the imposition of a monetary penalty of three thousand, five hundred dollars ($3,500.00). The first required payment will be due within 30 days of the effective date of this agreement. All subsequent payments will be due on or before the 25th day of each month with the entire balance of $3,500.00 to be paid within 18 months of the effective date. Checks should be made payable to the "Treasurer, State of Ohio" and mailed with the enclosed forms to the State Board of Pharmacy, 77 South High Street, Room 1702, Columbus, Ohio 43215-6126.

(C) In addition, Audrey Cho must obtain, within 90 days from the effective date of this Agreement, twelve (12) hours of approved continuing pharmacy education in Jurisprudence and/or Ethics (1.2 CEUs), which may not also be used for license renewal.

If, in the judgment of the Board, Audrey Cho appears to have violated or breached any terms or conditions of this Agreement, the Ohio State Board of Pharmacy reserves the right to, at any time, revoke probation, modify the conditions of probation, and reduce or extend the period of probation, and/or the Board may institute formal disciplinary proceedings for any and all possible violations or breaches, including but not limited to, alleged violation of the laws of Ohio occurring before the effective date of this Agreement.

Audrey Cho acknowledges that she has had an opportunity to ask questions concerning the terms of this Agreement and that all questions asked have been answered in a satisfactory manner. Any action initiated by the Board based on alleged violation of this Agreement shall comply with the Administrative Procedure Act, Chapter 119. of the Ohio Revised Code.

Audrey Cho waives any and all claims or causes of action she may have against the State of Ohio or the Board, and members, officers, employees, and/or agents of either, arising out of matters which are the subject of this Agreement. Audrey Cho waives any rights of appeal pursuant to Chapter 119. of the Ohio Revised Code.

This Settlement Agreement shall be considered a public record, as that term is used in Section 149.43 of the Ohio Revised Code, and shall become effective upon the date of the Board President's signature below.

Pharmacist Name, Audrey Cho, R.Ph.	7-10-14 Date of Signature
Zachary Swisher, Attorney for Respondent	7/12/14 Date of Signature
Kevin J. Mitchell, R.Ph., President Ohio State Board of Pharmacy	8-5-2014 Date of Signature
Charissa D. Payer, Ohio Assistant Attorney General	8-5-2014 Date of Signature

September 2020

To: Nevada State Board of Pharmacy

My pharmacist licenses in the states of Ohio and Florida are active and in good standing.

Regarding the Nuvaring allegation, the pharmacy intern had a prescription on file at a different pharmacy but it had no refills or expired.

Regarding the amoxicillin allegation, the technician came to work sick with simultaneous strep throat and mononucleosis, which she confirmed with her doctor's office and was informed that an amoxicillin order was to follow. However, the amoxicillin prescription was not received until the next day.

Regarding the Pristiq allegation, the above technician had a prescription for Pristiq on file at a different pharmacy but forgot to take her medication for that day.

Regarding the Phenergan allegation, I honestly did not provide her a Phenergan tablet without a prescription but suggested that she contact her doctor about her symptoms.

The above three aforementioned allegations were brought forward by a technician who was being confronted for food shop-lifting and was attempting to appease her charges by making the above statements.

At Walgreens, I had worked alongside a pharmacy manager who strived for superb customer service where at times he was lax on regulations. I eventually emulated some of this loose behavior.

Albeit there is no excuse for my prior actions, I assure you that I meant no ill or ulterior intent but to help someone in need. Furthermore, I believe strongly that I have learned from my mistakes and become an advocate pharmacist from this unfortunate experience.

As a pharmacist, I promise to serve the public to the highest principles of our profession's moral, ethical, and legal conduct. My utmost responsibility and priority is to protect the health, safety, and welfare of the public.

Sincerely,

Audrey Cho

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CONTINUING EDUCATION CHECKLIST

Program Name: High-risk medications: Prescribed and Non-prescribed; Mobility and Independence: Impact of Frailty and Falls

Date of Program: 01/19/2021

Number of CE hours being requested 3.0 *accredited/acceptable(circle one)*

Name of Person Requesting Approval: Dolores Ward Cox

Contact Address: Nevada Geriatric Education Center

1664 N. Virginia St. MS 0146, Reno, NV 89557-0146

Contact Phone#: (775) 827-3262

Before the Continuing Education Committee for the Nevada State Board of Pharmacy gives approval, the board office must receive the following materials at least sixty (60) days before the program is presented.

✓ Copy of materials to be distributed to participants

✓ CV or equivalent information on presenter(s)

✓ Program syllabus or specifications/objectives of the program

_____ Statement certificate will be provided to participants

-or-

✓ Copy of certificate presented to participants

_____ Statement evaluation form will be provided to participants for the purpose of evaluating program materials

-or-

✓ Copy of evaluation form

If any information is missing everything will be returned.

****

FOLLOW-UP: Within 60 days after the program, a list of pharmacist participants must be received at the board office. This list of pharmacists can be mailed prior to receiving notification of approval.

****

FOR OFFICE USE ONLY

_____ *Date Received by Board Office*

University of Nevada, Reno
School of Medicine
Sanford Center for Aging

Memo

To: Nevada State Board of Pharmacy

From: Dolores Ward Cox, Education Coordinator, NGEC

Date: October 15, 2020

Re: Application/Checklist for Continuing Pharmacy Education

Message:

Enclosed is CEU application/checklist and the required information needed to accompany the application/checklist for the ICECAP Certificate in Interprofessional Geriatrics Care. The training will be a combined format of an on-line didactic part, and then participation in the "live" Zoom session for group discussion, along with pre/post knowledge survey offered FY21 through FY24 (anticipated to be September through May) annually. Approx. 90 to 120 minutes recorded session and 60 to 90 minutes interactive, live zoom session.

The training topic requested for 3.0 Pharmacy Continuing Education Credits is:

- Module 2: High-risk Medications: Prescribed and Non-prescribed; Mobility and Independence: Impact of Frailty and Falls
  Date: Tuesday, January 19, 2021

If you have any questions, please don't hesitate to contact me at: dmwardcox@unr.edu or 775-682-8470. Thank you.

Sanford Center for Aging
University of Nevada, Reno/0146
Reno, NV 89557-0146
(775) 784-4774
(775) 784 1814 fax
sanford@unr.edu
https://med.unr.edu/aging

REQUIRED COURSE CONTENT FORM

Course Title: Module 2: Topic 1: High-risk Medications: Prescribed and Non-prescribed / Topic 2: Mobility and Independence: Impact of Frailty and Falls
Course Date: Tuesday, January 19, 2021, 12 pm to 1:30 pm

PURPOSE: To provide social workers, case managers, medical assistants, nurses, physicians and other team members with an interactive training to understand, apply and describe evidence-based screening assessment tools, therapies and community resources that can assist primary care clinicians and care teams in identifying elders with existing or are at risk for mobility and frailty problems and, high-risk medication or polypharmacy. The training will be a combined format of an on-line didactic part, and then participation in the "live" Zoom session for group discussion, along with pre/post knowledge surveys offered FY21 through FY24 (anticipated to be September through May) annually. Approx. 90 to 120 minutes recorded session and 60 to 90 minutes interactive, live zoom session.

BEHAVIORAL OBJECTIVES	CONTENT (BRIEF OUTLINE)	TIME ALLOTTED	INSTRUCTOR	METHOD OF PRESENTATION	PARTICIPANT EVALUATION METHOD
At the end of day one of this workshop the participants will be able to: **SECTION 1: High-risk Medications: Prescribed and Non-prescribed** **OBJECTIVE 1:** Identify a medication regimen that meets the criteria of polypharmacy. **OBJECTIVE 2:** Discuss the principles surrounding medication reconciliation and completing a systematic patient interview. **OBJECTIVE 3:** Define what a high-risk medication is in the older adult population. **OBJECTVE 4:** Identify high-risk medications in older adult population and potential alternative therapies. **OBJECTVE 5:** Describe the steps and tools that can be utilized by the interprofesional team in collaboration with the patient when de-prescribing. **SECTION 2: Mobility and Independence: Impact of Frailty and Falls**	**Interprofessional Geriatrics Care: Module 2** **Objective 1** – Presentation of slides and discussion/scenarios relating to Objective 1 (15-minutes) **Objective 2** – Presentation of slides and discussion/scenarios relating to Objective 2 (15-minutes) **Objective 3** – Presentation of slides and discussion/scenarios relating to Objective 3 (10-minutes) **Objective 4** – Presentation of slides and discussion/scenarios relating to Objective 4 (20-minutes) **Objective 5** – Presentation of slides and discussion/scenarios relating to Objective 5 (30-minutes)	Recorded Session: 90 to 120 minutes Live Zoom Session: 60 to 90 minutes	Leslie Baker, PharmD, Director of MTM, Sanford Center for Aging, UNR Jessie Fisher, PT, MPT, System Director of Outpatient Therapy, NNMC Mordechai Lavi, MD Asst. Profession, Internal Medicine, Geriatric Division; Medical Director, Project ECHO Nevada Megan Pratt, MSN, APRN, FNP-BC, GS-C, Asst. Professor for Nursing, UNR Carah Solemsaas, NBC-HWC, Community Wellness Graduate Assistant, Certified Health and Wellness Coach, Sanford Center for Aging, UNR	Pre-recorded session / Live Zoom Session Lecture and discussion Slideshow Scenarios Group Activities Handouts	Evaluation with Integration into practice question Pre- and post-assessment

OBJECTIVE 1: Define frailty syndrome. **OBJECTIVE 2:** Review interventions that may reverse frailty syndrome. **OBJECTIVE 3:** Discuss screening tools to diagnose frailty syndrome. **OBJECTIVE 4:** Differentiate among, and utilize appropriate assessment tools for determining debility and fall risk among elders. **OBJECTIVE 5:** Identify the criteria for referring patients to outpatient therapy, or home health therapy services for debility, decreased functional mobility, balance impairments and falls risk. **OBJECTIVE 6:** Identify evidence-based community programs available to elders to improve strength and prevent falls.	**Objective 1** – Presentation of slides and discussion/scenarios relating to Objective 1 (15-minutes) **Objective 2** – Presentation of slides and discussion/scenarios relating to Objective 2 (20-minutes) **Objective 3** – Presentation of slides and discussion/scenarios relating to Objective 3 (15-minutes) **Objective 4** – Presentation of slides and discussion/scenarios relating to Objective 4 (15-minutes) **Objective 5** – Presentation of slides and discussion/scenarios relating to Objective 5 (15-minutes) **Objective 6** – Presentation of slides and discussion/scenarios relating to Objective 6 (10-minutes)				

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EXECUTIVE SECRETARY REPORT – March 3-4, 2021

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - COVID-19
- **REPORT TO BOARD**
  - EBAC Audit
  - Legislative Update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - Covid Vaccine update
  - Therapeutics

TEMPORARY LICENSES
(Issued since last board meeting)

Cardinal Health Nuclear Pharmacy

McKinzie Markus

Renown Health Pharmacy

Dharini Doshi

Nevada

Change of Address Business List

(Since Last Board Meeting)

Name	License Number
702 Medical Supplies	MP01615
CVS/pharmacy #8793	PH00639

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.NEW - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health	03/19/20 – postponed to 06/03/20	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21	01/29/21	
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	12/29/20
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	12/29/20
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20	01/26/21	03/03/21		
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20				
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21							
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20					

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20					
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20					
NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21					
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21					
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21							
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21							

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Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521
(775) 850-1440 • 1-800-364-2081• FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

January 26, 2021

NOTICE OF INTENT TO ACT UPON A REGULATION

Notice of Hearing for the Adoption and Amendment of
Regulations of the Nevada State Board of Pharmacy

The Nevada State Board of Pharmacy will conduct a Public Hearing on Wednesday, March 3, 2021, at 1:30 p.m. at the following location:

Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

The purpose of the hearing is to receive comments from all interested persons regarding the adoption and amendment of regulations that pertain to Chapters 453 and/or 639 of the Nevada Administrative Code.

The following information is provided pursuant to the requirements of NRS 233B.060:

Amendment of Nevada Administrative Code (NAC) 453.510: Schedule 1. The proposed amendment to NAC 453.510 will add certain benzodiazepines to the controlled substances listed in schedule 1.
(LCB File No. R143-20)

1. The need for and the purpose of the proposed regulation or amendment.

The proposed amendment to NAC 453.510 will add designer benzodiazepines (Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazolo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn); Bromazolam (some trade or other name: 8-bromo-1-methyl-6-phenyl H[1,2,4]triazolo[4,3a][1,4]benzodiazepine; XLI-268); Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam); Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448); Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4h-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin-2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one); Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine); Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine); Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one); Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128); Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370); Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine); Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367); Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin-2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat); Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam), which are not currently listed under schedule I of the federal Controlled Substances Act (21 C.F.R. § 1308.11) to the list of controlled substances listed in schedule I in conformity with federal regulations of the Uniform Controlled Substances Act.

2. Either the terms or the substance of the regulations to be adopted and amended.

A copy of the proposed regulation amendment is attached to this notice.

3. The estimated economic effect of the regulation on the business which it is to regulate and on the public:

(a) Both adverse and beneficial effects.

There should be no adverse economic impact from this regulation amendment on the regulated entities or on the public. The regulation amendment will have a beneficial effect on the regulated entities and on the public since the drugs proposed for addition to schedule I have a high potential for abuse and no accepted medical use, and the regulation amendment will benefit public health, safety and welfare.

(b) Both immediate and long-term effects.

The immediate or long-term economic effects on regulated entities and on the public will be beneficial since the drugs proposed for addition to schedule I have a high potential for abuse and no accepted medical use, and the regulation amendment will benefit public health, safety and welfare.

4. The estimated cost to the agency for enforcement of the proposed regulation.

There will be no additional or special costs incurred by the Board of Pharmacy for enforcement of this regulation amendment.

5. A description of and citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency.

The Board of Pharmacy is not aware of any similar regulations of any other state or local governmental agency that the proposed regulation amendment overlaps or duplicates.

6. If the regulation is required pursuant to federal law, a citation and description of the federal law.

This regulation is not required by federal law.

7. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

The Board of Pharmacy is not aware of any similar federal regulation amendments of the same activity in which the state regulation is more stringent.

8. Whether the proposed regulation establishes a new fee or increases an existing fee.

This regulation does not provide a new or increase of fees.

Persons wishing to comment upon the proposed action of the Board may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Board at pharmacy@pharmacy.nv.gov or to the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521. Written submissions must be received by the Board on or before March 3, 2021. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Board may proceed immediately to act upon any written submissions.

This notice and the text of the proposed regulation are also available in the State of Nevada Register of Administrative Regulations which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and on the Internet at http://www.leg.state.nv.us. Copies of this notice and the proposed regulation will also be mailed to members of the public upon request.

Pursuant to NRS 233B.064(1), upon adoption of any regulation, the Board, if requested to do so by an interested person, either before adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to Governor's Declaration of Emergency Directive 006.

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R143-20

December 14, 2020

EXPLANATION – Matter in ***italics*** is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the controlled substances listed in schedule I; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations to add, delete or reschedule controlled substances listed in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) This regulation adds certain benzodiazepines, which are not currently listed under schedule I of the federal Controlled Substances Act (21 C.F.R. § 1308.11), to the list of controlled substances in schedule I of the Uniform Controlled Substances Act.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or “LAAM”);

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Furethidine;

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Tilidine; or

Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers,

whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazolo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

Bromazolam (some trade or other names: 8-bromo-1-methyl-6-phenyl-4H[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; XLI-268);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N, N-dimethyltryptamine;4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4h-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin-2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH-018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophyenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; “DOM”; “STP”);

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin-2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxycathinone; N,N-dimethyl-β-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

Fenethylline;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1-one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α-methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

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21A

Documentation for this Agenda Item will be provided at a later date.

21B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – March 4, 2021

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.162; NRS 453.163; NRS 639.070; NRS 639.23916

A REGULATION relating to the database of the computerized program established pursuant to NRS 453.162; and providing other matters properly relating thereto.

Section. 1. NAC 453.010 is hereby amended to read as follows:

As used in this chapter, unless the context otherwise requires:

1. "Board" means the State Board of Pharmacy.

2. ***"Electronic health record" has the meaning ascribed to it in 42 U.S.C. § 17921.***

3. "Emergency situation," within the meaning of subsection 2 of NRS 453.256 and these regulations, means a situation in which a prescribing practitioner determines that:

(a) Immediate administration of the controlled substance is necessary for the proper treatment of the patient;

(b) No appropriate alternative treatment is available, including administration of a drug which is not a controlled substance under schedule II of the Uniform Controlled Substances Act; and

(c) It is not reasonably possible for the prescribing practitioner to provide a written prescription to be presented to the person dispensing the substance before he or she dispenses it.

4. "Integrate" and integration" have the meaning ascribed to them in NRS 453.162.

5. "Patient utilization report" has the meaning ascribed to it in NRS 639.23507.

6. "Prescriber activity report" means a summary of a practitioner's prescribing history in the database of the computerized program established pursuant to NRS 453.162.

Section. 2. NAC Chapter 453 is hereby amended by adding thereto a new section to read as follows:

The records of a patient in the database of the computerized program established pursuant to NRS 453.162 may be integrated with the electronic health records of a practitioner, subject to the following requirements:

1. The practitioner must be enrolled with the Board for Internet access to the database of the computerized program established pursuant to NRS 453.162;

2. The electronic health records must be maintained in conformance with all applicable federal and state laws;

3. An audit trail must be maintained of all user activity to access the database and obtain a patient utilization report;

4. The audit trail must be retained in conformance with NRS 629.051(1) and readily retrievable upon request by a representative of the Board; and

5. A delegate designated pursuant to NAC 453.070, NAC 453.074 or LCB File No. R035-19 [pharmacist] is not authorized by such designation to access electronic health records.

Section. 3. NAC Chapter 453 is hereby amended by adding thereto a new section to read as follows:

1. Access to the database of the computerized program established pursuant to NRS 453.162 to obtain a patient utilization report will be granted to:

(a) Any person employed by the United States Department of Veterans Affairs and authorized access pursuant to 38 U.S.C. §1730B;

(b) Any person authorized access under the State Medicaid Program pursuant to 42 U.S.C. §1396r–8(g) and 42 U.S.C. §1396w–3a; and

(c) Any person authorized access under an agreement for interstate data sharing entered into pursuant to NRS 453.163(2).

2. As used in this section, "Medicaid" has the meaning ascribed to it in NRS 439B.120.

Section. 4. NAC Chapter 453 is hereby amended by adding thereto a new section to read as follows:

1. Any person authorized to access the database of the computerized program established pursuant to NRS 453.162 shall review and comply with the "PMP AWARxE Requestor User Support Manual, Nevada Prescription Drug Monitoring Program, Version 2.0", effective 12/2018, which is adopted by reference and available at:

https://bop.nv.gov/uploadedFiles/bopnvgov/content/Links/12.14.18.NV%20Requestor%20User%20Support%20Manual.pdf

2. The Board will periodically review the publication adopted by reference pursuant to subsection 1 and determine within 120 days after the review whether any change made to that publication is appropriate for application in this State. If the Board does not disapprove a change to the publication within 120 days after the review, the change is deemed to be approved by the Board.

Section. 5. Chapter 453 of NAC is hereby amended by adding thereto the following provisions:

A law enforcement officer may obtain a patient utilization report or a prescriber activity report from the database of the computerized program established pursuant to NRS 453.162 by completing a form furnished by the Board certifying pursuant to NRS 453.165 that the law enforcement officer is investigating suspected illegal activity related to the prescribing, dispensing or use of controlled substances.

Section. 6. Chapter 453 of NAC is hereby amended by adding thereto the following provisions:

Any practitioner or other person granted access to the database of the computerized program established pursuant to NRS 453.162 may only access the data electronically and may not otherwise reproduce, copy or transfer the data either in hardcopy or in electronic format.

DRAFT

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