

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

Partnership - Pages 1,2,5,7

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

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Axtells Rite Value Pharmacy Inc

Physical Address: 304 1/2 Charlie Street

Mailing Address: P O Box 9

City: Whitesboro State: TX Zip Code: 76273

Telephone: 903.564.3216 Fax: 903.564.7261

Toll Free Number: 855.203.3717 (Required per NAC 639.708)

E-mail: axtellaccounting@suddenlinkmail.com Website: axtellritevalue.com

Managing Pharmacist: James T Axtell Jr License Number: 19414

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds N/A)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: N/A

All boxes must be checked
For the application to be complete

Yes/No

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

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

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

James T Axtell Jr
Print Name of Authorized Person

10-26-17
Date

Page 2

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

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: N/A

Mailing Address: P O Box 9

City: Whitesboro State: TX Zip: 76273

Telephone: 903.564.3216 Fax: 903.564.7261

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) James T Axtell Jr 304/1/2 Charlie Street, Whitesboro, TX 76273
Name Address

b) Gina R Axtell 1640 Roland Rd, Whitesboro, TX 76273
Name Address

c) N/A
Name Address

d) N/A
Name Address

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

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

4) What date did the corporation actually receive the cash assets? 12/30/1997

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

List any physician shareholders and percentage of ownership.

Name: James T Axtell Jr %: 50

Name: Gina R Axtell %: 50

Hours of Operation for the pharmacy:

Monday thru ~~Friday~~ Thursday 8:00 am 7:00 pm Friday 6:00 pm Saturday 8:00 am 1:00 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

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

' See attached '

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

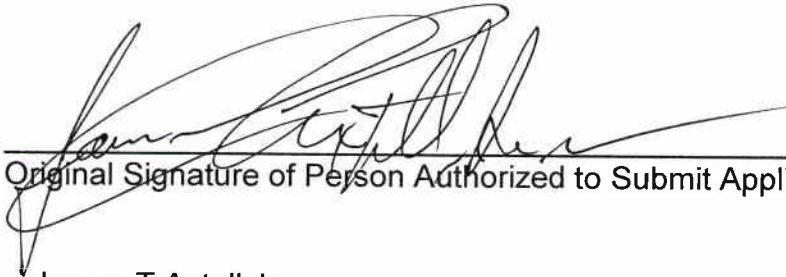
I, James T Axtell, Jr

Responsible Person of Axtells Rite Value Pharmacy 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

James T Axtell Jr

Print Name of Authorized Person

10-26-17

Date

Pharmacy	License Number	Registration Date	Expiration Date
AXTELL RITE-VALUE PHARMACY	19414	02/22/1999	02/28/2019

Pharmacist-in-Charge/President	License Number	Registration Date	Expiration Date	F/T	P/T
JAMES THOMAS AXTELL, JR	36160	08/02/1996	02/28/2019	40	

Pharmacists	License Number	Registration Date	Expiration Date	F/T	P/T
BEDOLLA, JOE	21162	01/30/1975	05/31/2019		20
MCLENDON, MICHAEL	30773	11/25/2008	07/31/2020		20
MERRILL, DAVID	35328	05/01/1995	02/28/2019	40	
HAGAN, PATRICK	54889	07/03/2014	12/31/2017	40	

Technicians	Cert#	Registration Date	Expiration Date	F/T	P/T
AHL, ASHLYNNE	210638	03/31/2014	03/31/2018	40	
BAGWELL, LAURA	114614	05/04/2004	12/31/2017	40	
DURHAM, STEPHANIE	110597	07/21/2001	10/31/2019	40	
JOHNSON, MARK	124425	09/16/2004	03/31/2019	40	
MOFFITT, NICOLE WINKLER	101495	05/20/2004	04/30/2018		20
LEVERETT, REBECCA	102131		05/31/2019	40	
LOWRY, JIEZEL	241517	03/09/2015	03/31/2018		20
MCKINNEY, TERESA	222654		09/30/2018	40	
PATTERSON, TONI	112803	05/04/2004	05/31/2018	40	
RICHARDSON, DONNA MEEKS	137292	10/30/2006	03/31/2019	40	
VANDERGRIFF, BREE	173260	03/07/2011	05/30/2018		20



**RITE-VALUE
PHARMACY**

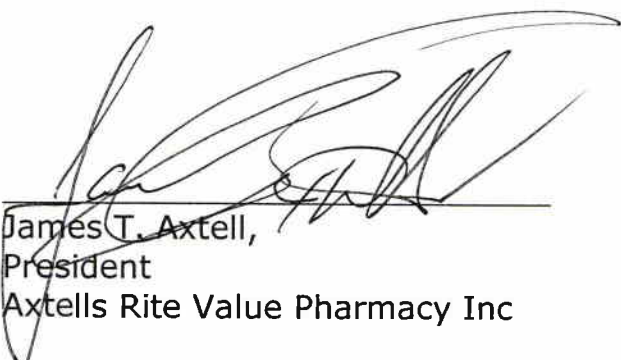
and Compounding Center

304 1/2 Charlie Drive Whitesboro, TX 76273
903-564-3216 x210 Billing FAX: 903-564-7261
Toll Free: 1-855-203-3717

Name: James T. Axtell Jr.
DOB: 02/19/1969

Arrest: October 28, 2012
Charge: Assault Family Violence
Released on Bail: October 28, 2012
Complaint Filed: January 14, 2013
Dismissed: October 28, 2014

Attorney: Keith B. Brown
124 S. Crockett St
Sherman, TX 75090
903.892.9131


James T. Axtell,
President
Axtells Rite Value Pharmacy Inc

10-26-17
Date



TEXAS STATE BOARD OF PHARMACY

Re: Axtell Rite-Value Pharmacy, Inc.
Address: 304 ½ Charlie Drive
Whitesboro, Texas 76273
License No.: 19414
Date Issued: February 22, 1999
Licensure Status: Active
Expiration Date: February 28, 2019
Type of Pharmacy: Community Sterile Compounding
Prior Disciplinary Orders: Yes

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Axtell Rite-Value Pharmacy (Texas Pharmacy License #19414) has been subject to disciplinary action by the Texas State Board of Pharmacy (see attached).

Form Completed by:

Allison Vordenbaumen Benz, R.Ph., M.S.
Director of Professional Services
Texas State Board of Pharmacy

October 26, 2017
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.

AGREED BOARD ORDER #B-11-030

RE: IN THE MATTER OF BEFORE THE TEXAS STATE
AXTELL RITE-VALUE PHARMACY INC. BOARD OF PHARMACY
(PHARMACY LICENSE #19414)

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of pharmacy license number 19414 issued to Axtell Rite-Value Pharmacy Inc. ("Respondent"), 304 ½ Charlie Drive, Whitesboro, Texas 76273.

By letter dated April 26, 2012, 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:

Section 565.001(a)(1), (2), (8), (9)(A), (12), (13) and (20); and Section 565.002(a)(3), (8), (9) and (12) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2009);

Section 281.2(7); Section 281.7(a)(6), (13) and (23)(A) and (D); Section 281.8(a)(2); Section 291.32(a)(2)(E), (F), (G) and (H); Section 291.32(b)(2); Section 291.32(c)(1)(E); Section 291.33(b)(2)(A); and Section 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2010);

Section 481.067 of the Texas Controlled Substances Act, TEX. HEALTH & SAFETY CODE ANN. (2009); and

Section 13.182(a); and Section 13.202(c) of the Texas Controlled Substances Rules, 37 TEX. ADMIN. CODE ANN. Part 1 (2010), in that allegedly:

COUNTS

- (1) On or about January 18, 2010, through on or about October 22, 2010, James Thomas Axtell Jr., while acting as an employee (pharmacist-in-charge) and corporate officer of Axtell Rite-Value Pharmacy Inc., 304 ½ Charlie Drive, Whitesboro, Texas 76273, failed to keep and maintain complete and accurate records of purchases and disposals of 54 grams (5,400 dosage units of 10 mg) of hydrocodone powder (-21.51%), a controlled substance listed in the Texas Controlled Substances Act: Hydrocodone.
- (2) The audit shortage described above in Count (1) reflects that James Thomas Axtell Jr., while acting as an employee (pharmacist-in-charge) and corporate officer of Axtell Rite-Value Pharmacy Inc., 304 ½ Charlie Drive, Whitesboro, Texas 76273, failed to establish and maintain effective controls against the diversion or loss of a controlled substance.

An informal conference was held in the office of the Texas State Board of Pharmacy on September 5, 2012, with James Thomas Axtell, R.Ph., Pharmacist-in-Charge and Corporate President of Respondent; Gina Axtell, Corporate Vice President of Respondent; and Julie A. Nelson, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: W. Benjamin Fry, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin E. Arnold, General Counsel. Caroline K. Hotchkiss, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Respondent and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to 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

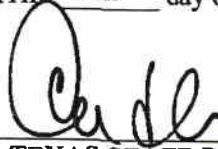
THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

- (1) Respondent shall pay an administrative penalty of one thousand dollars (\$1,000) due ninety (90) days after the entry of this Order.
- (2) Respondent shall develop and implement policies and procedures to be used by pharmacy personnel to detect shortages and to prevent theft and loss of controlled substances. A written report of such policies and procedures shall be submitted to Board staff within ninety (90) days after the entry of this Order.
- (3) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.
- (4) 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 (2011), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of November, 2012.



MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

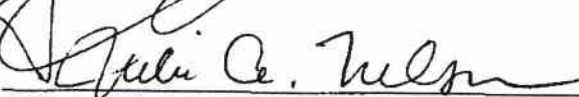


Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



James Thomas Axtel Jr., R.Ph., Corporate President of Axtell Rite-Value Pharmacy Inc.



Julie A. Nelson, Legal Counsel for Axtell Rite-Value Pharmacy Inc.
Law Office of Julie Nelson, PLLC
1305 Crestwood Road
Austin, Texas 78722

APPROVED AS TO FORM:



Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Dynamic Rx Labs, LLC

Physical Address: 923 Powell Ave SW Ste 150 Renton WA 98057

Mailing Address: 6600 Kalaniana'ole Hwy Ste 224

City: Honolulu State: HI Zip Code: 96825

Telephone: 425-255-9000 Fax: 425-228-6412

Toll Free Number: 1-844-686-5300 (Required per NAC 639.708)

E-mail: amy.endee@dynamicrxlabs.com Website: www.dynamicrxlabs.com

Managing Pharmacist: Angelique Williams License Number: 66007082

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

98543

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

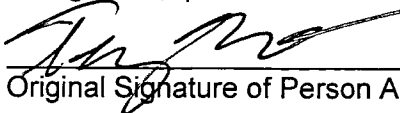
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If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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

Terry E. Harman
Print Name of Authorized Person

7/22/17
Date

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

OWNERSHIP IS A PARTNERSHIP

General _____ Limited ✓

Partnership Name: Dynamic Rx Labs, LLC

Mailing Address: 6600 Kalaniana'ole Hwy suite 224

City: Honolulu State: HI Zip Code: 96825

Telephone Number: 808-225-3817 Fax Number: 808-396-1903

Contact Person: Amy Endee

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

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Terry Harmon</u>	<u>_____</u>	<u>51%</u>
<u>James T. Axtell, Jr</u>	<u>_____</u>	<u>49%</u>

List names of 4 largest partners and percentage of ownership:

Name: <u>Terry Harmon</u>	%: <u>51</u>
Name: <u>James T. Axtell, Jr</u>	%: <u>49</u>
Name: _____	%: _____
Name: _____	%: _____

List any physician shareholders and percentage of ownership.

Name: _____	%: _____
Name: _____	%: _____
Name: _____	%: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday N/A am _____ pm
 Sunday N/A am _____ pm 24 Hours N/A

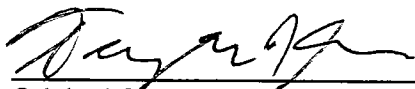
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Terry Harmon
Responsible Person of Dynamic Rx Labs
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

Terry Harmon
Print Name of Authorized Person

9/22/17
Date



**RITE-VALUE
PHARMACY**


and Compounding Center

304 1/2 Charlie Drive Whitesboro, TX 76273
903-564-3216 x210 Billing FAX: 903-564-7261
Toll Free: 1-855-203-3717

Name: James T. Axtell Jr.
DOB: 02/19/1969

Arrest: October 28, 2012
Charge: Assault Family Violence
Released on Bail: October 28, 2012
Complaint Filed: January 14, 2013
Dismissed: October 28, 2014

Attorney: Keith B. Brown
124 S. Crockett St
Sherman, TX 75090
903.892.9131


James T. Axtell,
President
Axtell's Rite Value Pharmacy Inc

11-14-15
Date



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

June 30, 2017

Amy Endee
Licensing
6600 Kalaniana'ole Hwy 224
Honolulu HI 96825
Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Pharmacy License for **Dynamic RX Labs LLC dba** Dynamic RX Labs LLC

You may see blank sections because we do not have the information in our database or it is not applicable for this credential type. This information is valid from the date of this letter.

Credential Number: PHAR.CF.60580500
Credential Type: Pharmacy License
Current Credential Status: ACTIVE
First Credential Date: 02/02/2016
Current Expiration Date: 05/31/2018
Last Renewal Date: 06/01/2017
Disciplinary Action: Yes _____ No X _____

Please call 360-236-4700 if you have questions or check our Online Provider Credential Search at:
<https://fortress.wa.gov/doh/providercredentialsearch>. Information on current profession-specific rules and laws is at
www.doh.wa.gov/licensing/default.htm.

Rochelle R Gordon, Customer Service Specialist 2

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

DYNAMIC RX LABS LLC

I FURTHER 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 3/17/2015.

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 to this state 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.

Date: September 19, 2017

UBI: 603-488-330

Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State



Washington State Department of Health

This organization

Dynamic RX Labs LLC

is authorized by RCW 18.64 to have a
Pharmacy License

To Provide

Controlled Substance

Ancillary Utilization

Operated by: **Dynamic RX Labs LLC**

Located at: **923 Powell Ave SW Ste 150
Renton, WA 98057-2941**

Pharmacy Type: **Other**



Secretary

Status
ACTIVE

Effective Date
06/01/2017

Credential Number
PHAR.CF.60580500

Expiration Date
05/31/2018

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Village Fertility Pharmacy, LLC

Physical Address: 335 Bear Hill Road, Waltham, MA 02451

Mailing Address: 335 Bear Hill Road

City: Waltham State: MA Zip Code: 02451

Telephone: 877-334-1610 Fax: 877-334-1602

Toll Free Number: 877-334-1610 (Required per NAC 639.708)

E-mail: patientcarecenter@villagepharmacy.com Website: www.villagefertilitypharmacy.com

Managing Pharmacist: O. Augustina Garrett License Number: PH233619

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

****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

Ben McElhiney

Print Name of Authorized Person

9/12/17
Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: ABD Group INC
Mailing Address: 141 Preble Street
City: Portland State: ME Zip: 04101
Telephone: 207-899-0663 Fax: 207-899-0969
Contact Person: Carrie Carney

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) Catherine Cloudman 141 Preble Street, Portland, ME 04101
Name Address
 - b) Joe Lorello 141 Preble Street, Portland, ME 04101
Name Address
 - c) Tom Madden 141 Preble Street, Portland, ME 04101
Name Address
 - d) Mark McAuliffe 141 Preble Street, Portland, ME 04101
Name Address
- 2) Provide the number of shares issued by the corporation. 17,000,000
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 08/17/2015
- 5) Provide a copy of the corporation's stock register evidencing the above information
Please note: We do not have a stock register to provide per question 5.

List any physician shareholders and percentage of ownership.

Name: NA %: _____
Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 8:00 pm Saturday 8:30 am 5:00 pm
Sunday Closed am _____ 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: _____

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. **Attached**

List of officers and directors

Benjamin McElhiney, CEO

Catherine Cloudman, CFO

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Benjamin McElhiney

Responsible Person of Village Fertility 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

Benjamin McElhiney

Print Name of Authorized Person

9/12/17

Date

For more information about the board, please visit our web site at <http://www.mass.gov/dph/boards>.

Village Fertility Pharmacy, LLC
Omogbemile Augustina Garrett
335 Bear Hill Road
Waltham MA 02451

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

**BOARD OF REGISTRATION IN
PHARMACY**

Retail Drug Store Permit

Village Fertility Pharmacy, LLC
Omogbemile Augustina Garrett
335 Bear Hill Road
Waltham MA 02451

SIGNATURE

DS90059

12/31/2017

906513

LICENSE NO.

EXPIRATION DATE

SERIAL NO.

Fold, Then Detach Along All Perforations



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, 5th Floor
Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 800-414-0168
Fax: 617-973-0983
TTY: 617-973-0988
www.mass.gov/dph/boards

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Village Fertility Pharmacy, LLC
Omogbemile Augustina Garrett
335 Bear Hill Road
Waltham MA 02451

September 20, 2017

Certified Statement of Registration

To Whom It May Concern:

The individual named below is licensed in the Commonwealth of Massachusetts as a **Retail Drug Store Permit**.

Name of Licensee:	Village Fertility Pharmacy, LLC
License Number:	DS90059
Issue Date:	09/07/2016
License Status:	Current
Expiration Date:	12/31/2017
Disciplinary Actions:	None

David Sencabaugh
Director

Board of Registration in PHARMACY SEAL

Registration verification can be obtained at <https://checkalicense.hhs.state.ma.us/>.

The information provided in this 'Certified Statement' is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the 'Certified Statement.' Disciplinary status is defined as voluntary surrender, revocation, suspension, or probation of a license.



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Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, 5th Floor
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MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Village Fertility Pharmacy, LLC
Controlled Substance Schedules II-VI
335 Bear Hill Road
Waltham MA 02451

September 20, 2017

Certified Statement of Registration

To Whom It May Concern:

The individual named below is licensed in the Commonwealth of Massachusetts as a **Controlled Substance Permit**.

Name of Licensee:	Village Fertility Pharmacy, LLC
License Number:	CS90059
Issue Date:	09/07/2016
License Status:	Current
Expiration Date:	12/31/2017
Disciplinary Actions:	None

David Sencabaugh
Director

Board of Registration in PHARMACY

SEAL

Registration verification can be obtained at <https://checklicense.hhs.state.ma.us/>.

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Commissioner

Village Fertility Pharmacy, LLC
Omogbemile Garrett
335 Bear Hill Road
Waltham MA 02451

September 20, 2017

Certified Statement of Registration

To Whom It May Concern:

The individual named below is licensed in the Commonwealth of Massachusetts as a **Certificate of Fitness**.

Name of Licensee:	Village Fertility Pharmacy, LLC
License Number:	CF90059
Issue Date:	09/07/2016
License Status:	Current
Expiration Date:	12/31/2017
Disciplinary Actions:	None

David Sencabaugh

Director

Board of Registration in PHARMACY

SEAL

Registration verification can be obtained at <https://checklicense.hhs.state.ma.us/>.

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